**Form AM-I-4-x**
**22 February 2023**

**Louisiana Department of Public Safety and Corrections**
**Standardized Death Report Format**

**Unit Name:** Louisiana Transitional Center Women

DATE OF REPORT: 11/14/23

TO: James M. Le Blanc
Secretary

FROM: Chris Stinson
Unit Head or Designee

Warden
Title

RE: Bethany Holmes
Inmate's Name

[redacted]
Inmate's DOC #

INDIA
Housing Unit

Age: 24

**Manner of Death: (Please check one of the following boxes)**

☐ Expected ■ Unexpected

Autopsy: Dr. Thomas Neuman

Medical Diagnosis: Overdose

NARRATIVE:

See attachment.

**Form AM-I-4-x-1**
**16 March 2023**

## Medical Summary Report for a Deceased Inmate

(Must be submitted within 72 hours of death excluding weekends and holidays)

DATE: 11/14/23

TO: DPS&C Chief Medical Officer

FROM: Stevie Burney FNP/ Deb Ash RN
Medical Director or Treating Physician

FACILITY: LTCW Housing Unit: _____

Name/DOC#: BETHANY HOLMES

Age/DOB: 24[redacted] Date of Death: 11/9/23

Place of Death: MADISON PARISH HOSPITAL
(Facility)

_____
(Other) (Attach ER, D/C summary, Hospital notes, etc.)

Medical Conditions:

MAR: _____

# Timeline of Events

Bethany N. Holmes-DOC #00741639

Barrack I-9

November 9, 2023

2030 hrs. Lt. Wynona Johnson enter Barrack I-9 for rounds and found Offender.

Holmes was unresponsive.

2035 hrs. Major John Murray was notified by Lt. Johnson.

2039 hrs. Control Operator Frances Royal was instructed to notify Northeast Ambulance Service.

2046 hrs. Northeast Ambulance Service arrived on compound.

2049 hrs. Major Murray notified Warden Eric Stott.

2050 hrs. Major Murray notified Warden Chris Stinson.

2105 hrs. Ambulance exited the compound with the offender- Captain Quenton Hudson and Cornisha Sanders

accompany the ambulance.

2108 hrs. Major Tommy Farmer arrived at the compound.

2139 hrs. Dr. Derrick Brooks at Madison Parish Hospital pronounced offender death.

2153 hrs. Major Murray notified Mr. Trey Varner (Executive Officer).

2235 hrs. Coroner Tommy Neumann pronounce Offender Holmes time of death.

2237 hrs. Major Murray notified Beckwith Funeral Home to pick up the remains of Offender Bethany Holmes

at Madison Parish Hospital Emergency Room.

2302 hrs. Major Murray notified Offender Holmes emergency contact Beradette Holmes at (318) 305-2275.

2325 hrs. Major Murray notified Kaleb Badon (DOC Duty Officer).

2327 hrs. Beckwith Funeral Home picked up the remains of Bethany Holmes at Madison Parish Hospital Emergency Room.

2340 hrs. Major Murray notified MSG Alicia Dunn (Hunts Duty Officer).

John Murray, Major

LTCW

Chief of Security

(318) 434-0500

# Transitional Work Program Medical Screening Form

Date of Screening: 10/13/23

Offender Name: Holmes, Bethany DOC#: [redacted]

Date of Birth: [redacted] Height: 5'3" Weight: 170

Do you want to participate in the Transitional Work Program? (YES) NO

Are you willing to work at a place of employment, such as a chicken plant? (YES) / NO

Can you work with a knife? (YES) / NO

Have you had any prior work experience? What kind of skills do you have?

Fast food Pizza Preston Hamble in Pineville LA.

Please circle any condition(s) that you currently have or have had in the past:

| | | | |
|---|---|---|---|
| High Blood Pressure | Stroke | Arthritis | Hernia |
| Lung Disease / problems | Cancer | Kidney Disease | Carpal Tunnel Syndrome |
| Heart Disease / problems | Diabetes | Liver Disease | Circulation / Bleeding problems |
| Asthma / Allergies | Pacemaker | Hepatitis C | Fibromyalgia |
| Seizures | Bipolar | | |
| Psychological problems | | | |

List all current medications and what they are for:

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List past surgeries and dates:

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Do you have any pins, rods, or metal from previous surgeries? YES / (NO)

Do you have any nerve damage? YES / (NO)

Have you ever been cut, stabbed, or shot? YES (NO) If yes, please provide details:

_____

Can you stand for long periods of time? (YES) NO

Can you work with your hands with no limitations? (YES) NO

Can you adapt to working in cold environments? (YES) NO

Have you ever had any broken bones? YES (NO)

Details: _____

HIV Status (if applicable): _____

TB Test

Date Given: 2021 Lot #: ✓ Expiration Date: ✓

Date Read: ✓ Results: POSITIVE (NEGATIVE)

Administered / Read By: ✓

Do you approve this offender for the Transitional Work Program? (YES) NO

I understand that my failure to answer truthfully, any of the above questions, may result in my forfeiture of TWP status.

Offender Signature

Medical Staff Signature