○ 3rd Quarter: July 1 - September 30

○ 4th Quarter: October 1 - December 31

Decedent Information

Please provide the following decedent information. If you have multiple deaths in custody, you will report one at a time.

First Name *

Jennifer

Middle Name

Gail

Last Name *

Krumholt

Gender *

○ 1. Male

◉ 2. Female

○ 3. Other gender identity

Race (Select all that apply) *

☐ 1. American Indian or Alaska Native

☐ 2. Asian

☐ 3. Black or African American

☐ 4. Native Hawaiian or Other Pacific Islander

☑ 5. White

☐ 6. Unknown

Ethnicity *

○ 1. Hispanic, Latino, or Spanish Origin

◉ 2. Not of Hispanic, Latino, or Spanish Origin

○ 3. Unknown

Birth Year (YYYY) *

1991

If unknown, please enter "9999"

Date of Death *

03/14/2024

Time of Death *

07:15

Location of Death - Location Name (if not applicable, enter N/A) *

Assumption Parish Detention Center

This could be the name of a facility, place of business, or other designation for the location of death.

Location of Death - Street Address *

233 Highway 1008

Location of Death - State *

LA

Zip Code *

70390

If the event causing the death occurred in any of the following facilities, please indicate the appropriate facility below. If the event causing the death did not occur in one of the facilities listed below, please use the "None of the above" answer choice. *

- (●) 1. Municipal or county jail
- ( ) 2. State prison
- ( ) 3. State-run boot camp prison
- ( ) 4. Contracted boot camp prison
- ( ) 5. Any state or local contract facility
- ( ) 6. Other local or state correctional facility (to include any juvenile facilities)
- ( ) 7. None of the above

Please list the name of the department or agency that detained, arrested, or was in the process of arresting the deceased. *

Assumption Parish Sheriff's Office

Please indicate the manner of death (Mark only one). *

- ( ) A. Execution
- ( ) B. Accident
- ( ) C. Death attributed to use of force by a law enforcement or corrections officer
- ( ) D. Homicide (e.g., an incident between two or more incarcerated individuals resulting in a death)
- (●) E. Natural causes
- ( ) F. Suicide
- ( ) G. Unavailable, investigation pending
- ( ) H. Other

Please provide a brief description of the circumstances leading to the death (e.g., details surrounding an event that may have led to the death, the number and affiliation of any parties involved in an incident, the location and characteristics of an incident, other context related to the death, etc.). *

Jennifer was being treated by the Nurse with the opioid withdrawal protocol medication. On the morning of March 14, 2024, Jennifer was located deceased in a temporary holding cell. Pathologist's findings: Seizure with asperation of gastric contents, possibly due to polysubstance abuse as methamphetamine, amphetamine, promethazine, & THC were detected in toxicology.

0 of 5000 max characters.

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