SAM DOWIES
CLAIBORNE PARISH SHERIFF

613 East Main Street • Homer, Louisiana 71040 • Office: 318-927-2011 • Fax: 318-927-2550

October 14, 2020

[redacted]

REF: Public Records Request September 1, 2020

Via email: [redacted]

Ms. [redacted],

I am responding to your public records request sent be mail, received September 9,2020, sent to the Claiborne Parish Sheriff's Office as well as the clarification email sent, October 13, 2020.

In response to your request of "any and all copies of forms submitted to the DOJ concerning or detailing deaths of inmates while in custody, including form CJ-9, at first you sent requesting years "2014 through 2019" and second request was "2014 through 2020".

The Claiborne Parish does not fill out specific forms at the Jail (in house) for Females or Males.

The Claiborne Parish Sheriff's office does not have a women's facility.

However, they do fill out forms on the DOJ web site. I do not have access to online web site for the DOJ.

With that said, I have gathered information I was provided and are listed on a separate page.

With response to "deaths in custody" in house of or elsewhere/ transport, hospital/ ambulance.

No in-house deaths occurred. Only 2 where elsewhere, see next page

I hope this finds you satisfied.

Sincerely,

Patsy Bailey

Civil Deputy

Records Liaison

October 14, 2020

Name of inmate	cause of death	date and time of death	location of death
James White	unknown	June 23, 2017	Medical center outside of jail facility
Raymond Taylor	unknown	August 5, 2017	Medical center outside of jail facility

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Taylor	Raymond	
LAST	FIRST	MI

2. On what date did the inmate die?

0 8	0 5	2 0 1 7
MONTH	DAY	YEAR

3. What was the name and location of the correctional facility involved?

Facility Name: Claiborne Parish Detention Center

Facility City: Homer

Facility State: LA

4. What was the inmate's date of birth?

0 2	1 7	1 9 7 5
MONTH	DAY	YEAR

5. What was the inmate's sex?

- ☑ Male
- ☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes
- ☑ No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- ☑ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Some other race

→ *Please Specify:*

8. On what date was the inmate admitted to a facility under your jurisdiction?

0 2	1 1	2 0 1 7
MONTH	DAY	YEAR

9. Was the inmate being confined in your jail facility on behalf of any of the following?

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–c)

	YES	NO	DON'T KNOW
a. U.S. Immigration and Customs Enforcement	☐	☑	☐
b. U.S. Marshals Service	☐	☑	☐
c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction	☐	☑	☐

10. For what offense(s) was the inmate being held?

a. Simple Burglary

b. Theft of a Firearm

c.

d.

e.

11. What was the inmate's legal status at time of death? *(For inmates with more than one status, report the status associated with the most serious offense.)*

- ☐ Convicted—new court commitment
- ☐ Convicted—returned probation/parole violator
- ☑ Unconvicted
- ☐ Other

→ *Please Specify:*

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☐ Yes
- ☑ No
- ☐ Don't Know

«AGENCY ID»

CPSO002

13. Where did the inmate die?

- ☐ In a general housing unit within the jail facility or in a general housing unit on jail grounds
- ☐ In a segregation unit
- ☐ In a special medical unit/infirmary within the jail facility
- ☐ In a special mental health services unit within the jail facility
- ☑ In a medical center outside the jail facility
- ☐ In a mental health center outside the jail facility
- ☐ While in transit
- ☐ Elsewhere

→ *Please Specify:*

14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

- ☑ YES → ***CONTINUE TO Q15***
- ☐ Evaluation complete—results are pending

  → ***SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH***
- ☐ No evaluation is planned → ***CONTINUE TO Q15***

15. What was the cause of death? * *Please SPECIFY cause of death—it is critical information* *****

- ☐ Illness—Exclude AIDS-related deaths [*Specify*] →
- ☑ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Accidental alcohol/drug intoxication [*Describe*] →
- ☐ Accidental injury to self [*Describe*] →
- ☐ Accidental injury by other (e.g., vehicular accidents during transport) [*Describe*] →
- ☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [*Describe*] →
- ☐ Homicide [*Describe*] →
- ☐ Other cause(s) [*Specify*] →

16. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?

- ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- ☐ In the jail facility or on the jail grounds

  [PLEASE SPECIFY] →
  - ☐ In the inmate's cell/room
  - ☐ In a temporary holding area/lockup
  - ☐ In a common area within the facility (e.g., yard, library, cafeteria)
  - ☐ In a segregation unit
  - ☐ In a special medical unit/infirmary
  - ☐ In a special mental health services unit
  - ☐ Elsewhere within the jail facility

  → *Please Specify:*
- ☐ Outside the jail facility (e.g., while on work release or on work detail)
- ☐ Elsewhere

→ *Please Specify:*

17. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

- ☐ Morning (6 am to Noon)
- ☐ Afternoon (Noon to 6 pm)
- ☐ Evening (6 pm to Midnight)
- ☐ Overnight (Midnight to 6 am)

18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluation by physician/medical staff	☑	☐	☐
b. Diagnostic tests (e.g., X-rays, MRI)	☐	☑	☐
c. Medications	☑	☐	☐
d. Treatment/care other than medications	☐	☑	☐
e. Surgery	☐	☑	☐
f. Confinement in special medical unit.	☐	☑	☐

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)

19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? *(If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")*

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

- ☑ Pre-existing medical condition
- ☐ Deceased developed condition after admission
- ☐ Could not be determined

Please add any additional notes regarding this death here:

Contributory Factor: Acquired Immune Deficiency Syndrome.