LCLE – DEATH IN CUSTODY REPORTING ACT

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The Death in Custody Reporting Act of 2013 requires states that receive allocations under specified provisions of the Omnibus Crime Control and Safe Streets Act of 1968 to report certain information regarding the death of any person in law enforcement custody. This may include individuals who are detained, arrested, en route to incarceration, or incarcerated in state or local facilities or a boot camp prison.

Reporting deadlines are listed below. However, you may complete the form any time during the quarter in which a death occurred, instead of waiting until due date.

Program Reports Due	Reporting Period	Quarter
January 10	October 1 – December 31	1st
April 10	January 1 – March 31	2nd
July 10	April 1 – June 30	3rd
October 10	July 1 – September 30	4th

If you have any questions or issues completing this form, please contact **Linda Gautier** at 225.342.1703.

Agency Name *

Claiborne Parish Detention Center

Contact Name *

Roxanne
First

Aubrey
Last

Contact Phone Number *

(318)-927-4201

Contact Email *

roxanne.aubrey@claibornesheriff.org

Reporting Year *

2022

Select the Reporting Period *

- ○ 1st Quarter: January 1 - March 31
- ◉ 2nd Quarter: April 1 - June 30
- ○ 3rd Quarter: July 1 - September 30
- ○ 4th Quarter: October 1 - December 31

First Name *

Kim

Middle Name

Last Name *

Robinson

Gender *

- (●) 1. Male
- ( ) 2. Female
- ( ) 3. Other gender identity

Race (Select all that apply) *

- [ ] 1. American Indian or Alaska Native
- [ ] 2. Asian
- [x] 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) *

1955

If unknown, please enter "9999"

Date of Death *

05/22/2022

Time of Death *

08:00

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

Claiborne 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 *

1415 Hwy 520

Location of Death - City *

Homer

Location of Death - State *

71040

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. *

Department of Corrections

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.). *

On Sunday May 22nd, 2022, at approximately 05:45 hrs Dorm 33 offender Kim Robinson DOC#30[illegible] was discovered unresponsive in the shower by another offender. EMT's from Pafford Ambulance arrived at the facility at approximately 0556, checked offender Robinson and found no signs of life. EMT'S started CPR with their Defib-Tech. The EMT's removed the Defib-Tech at 0619. Claiborne Paris Coroner was contacted at 0642 and Deputy Coroner Cammile Wise arrived at the facility at approximately 0750. Deputy Coroner Wise declared Offender Robinson deceased at 0810. Deputy Coroner Wise stated there was no signs of foul play and ordered an autopsy. Autopsy demonstrated no life-threatening injuries and no evidence of foul play. See attached autopsy report for full details.

789 of 5000 max characters.

Submit

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Form AM-I-4-x 12 September 2021

Louisiana Department of Public Safety and Corrections
Standardized Death Report Format

Unit Name: Claiborne Parish Detention Center

DATE OF REPORT: May 22nd, 2022

TO: James M. Le Blanc
Secretary

FROM: Warden Dusty Williams

RE: Robinson, Kim
#383863
Dorm B3
Age: 67

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

☐ Expected X Unexpected

Autopsy: Completed – Natural Causes

Medical Diagnosis: Hypertensive arteriosclerotic cardiovascular disease with a contributory factor of chronic obstructive pulmonary disease

NARRATIVE: On Sunday May 22nd, 2022, at approximately offender Kim Robinson DOC #301749, was discovered unresponsive in the shower by another offender at 0540 in dorm B3. EMT's from Pafford Ambulance arrived at the facility at approximately 0556, checked Offender Robinson and found no signs of life. EMT's started CPR with their Defib-Tech. The EMT's removed the Defib-Tech and 0619. Claiborne Parish Coroner was contacted at 0642 and Deputy Coroner Cammile Wise arrived at facility at approximately 0750. Deputy Coroner Wise declared Offender Robinson deceased at 0810. Deputy Coroner Wise stated there was no signs of foul play and ordered an autopsy. Smith Medical Services was called to remove the body to be transported to Little Rock for the autopsy. Smith Medical Services arrived at the facility at 0711 and left at 0825 with Offender Robinson's body. Autopsy demonstrated no life-threatening injuries and no evidence of foul play. See attached autopsy report for full details.

Claiborne Parish Sheriffs Office

Incident Report

Complaint #: 22-000685

Incident Seq #: 1

Summary

Case Status:	CLOSED	Clearance Type:	NOT APPLICABLE
		Clearance Date:	

Description:

CPDC inmate Kim Robinson died of natural causes (heart disease).

Date/Time From:	5/22/2022 4:01:00 AM	To:	5/22/2022 5:40:00 AM
Reported:	5/22/2022 5:40:00 AM	Date Closed:	
Reviewed By:		Review Date:	

Incident Counts:

Victims:	0	Offenses:	0	Offenders:	0		
Associates:	1	Property (Incl Vehicles:)		0			
Vehicles:	0	Stolen Vehicles:	0	Recovered Vehicles:	0		
Arrests:	0	Stolen Property:	0	Recovered Property:	0	Supplementals:	1

Associates

Associate No:	1			Association:	VICTIM		
Name:	KIM ROBINSON			Age:	67	DOB:	3/18/1955
Race:	BLACK/AFRICAN	Sex:	MALE			SSN:	[redacted]
Ethnicity:	NON-HISPANIC	Employer:					
Address:	[redacted]						
City:	WESTWEGO	State:	LOUISIANA			Zip:	70094-0000
Interviewed:	False			Statement Taken:	False		
DL Number:	[redacted]			DL State:	LOUISIANA		

Phones:

#1:		Ext:		Type:	
#2:		Ext:		Type:	

Comments:

"Robinson died of hypertensive arteriosclerotic cardiovascular disease with a contributory factor of chronic obstructive pulmonary disease."

"... there was no evidence of foul play reported."

Robinson's "autopsy demonstrated no life threatening injuries."

"The abrasions situated on the body were probably sustained as a result of the decedent's terminal collapse."

See attached autopsy report for full details

Detective Ryan Barnette - CP-9
CPSO - CID Det. =CP-9