Form AM-I-4-x 12 September 2021

Louisiana Department of Public Safety and Corrections
Standardized Death Report Format

Unit Name:

DATE OF REPORT: 05/17/2025

TO: James M. Le Blanc
Secretary

FROM:
Kevin Wyles

Warden

RE:
Offender's Name: Joshua C. Tyrney

Offender's DOC #: 489103

Housing Unit: Caldwell Correctional Center

Age:

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

X Expected ☐ Unexpected

Autopsy: Pending

Medical Diagnosis: STROKE, HEART ATTACK

NARRATIVE: inmate had stroke at facility then another at hospital. CPR performed then placed on life support.

TRANSFER INFORMATION

ASSIGNED LOCATION	PHYSICAL LOCATION	FROM DATE	TYPE SUPV	
COVINGTON DISTRICT	COVINGTON DISTRICT	09/06/17	G	COMMIT/PROB/GTPS/PAR
COVINGTON DISTRICT	ST. TAMMANY PJ	05/22/20	G	JAIL
OAS/SOUTH JAILS	ST. TAMMANY PJ	03/11/22	A	REVOC OF SUPV/NEW FE
OAS/NORTH JAILS	CALDWELL CORR CTR.	04/29/22	A	TRANSFER (INTRA UNIT
OAS/SOUTH JAILS	ST. TAMMANY PJ	04/13/23	A	TRANSFER (INTRA UNIT
OAS/SOUTH JAILS	CALDWELL CORR CTR.	10/04/23	A	TRANSFER (INTRA UNIT
OAS/SOUTH JAILS	DECEASED	05/19/25	A	TRANSFER (INTRA UNIT

CALD02

PRINTED BY 01/20/26

DATE: 01/20/26 DPS&C CORRECTIONS SERVICES TIME: 09:32
AMENDED: 07/10/25 MASTER RECORD PAGE 1

---------- D E S C R I P T I O N ----------

DOC #..: 00489103 CURRENT LOC: DECEASED
NAME: TYRNEY, JOSHUA C W/M DOB.....: 01/10/1979

[redacted]

DRIVER LIC: - STRIKE.....: NO
HGT.....: 5`09 WEIGHT....: 175 HAIR.....: BROWN
EYES.....: HAZEL COMPLEXION: FAIR/LIGHT SHOE SIZE.: 100
PRIMARY LANGUAGE:

[redacted]

PB ACTION..: TOTAL SENTENCE
MS ON TOTAL LOSS OF GT 021YRS/ 06MTH/ 00DAYS
TYPE ACTION: TO DATE:
ACTION DATE: RESTORED: 0
CTRP Release Factor: 165 DAYS
COMMENTS: UNDRSTNDNG & REDUCNG FEELNGS- LA RISK PH 1 &2

DETAINER: N DETAINER INFO:

WARRANT.: WARRANT DATE.: WANTED FLASH.:

---------- O F F E N S E I N F O R M A T I O N ----------