Form AM-I-4-x-1
24 September 2023

Medical Summary Report

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

DATE: 1-28-25

TO: DPS&C Chief Medical Officer

FROM: Dr Huey Moak
Medical Director or Health Care Practitioner/Provider

FACILITY: Concordia Parish Correctional Housing Unit: Hotel Dorm

Name/DOC#: William Clemones

Age/DOB: 67 9-19-57 Date of Death: 1-25-2025

Place of Death: Trinity Medical Center
(Facility)

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

Medical Conditions: HTN, HDL

MAR:

Medical Summary:

On 1-25-25 at approximately 10:45am I received a call from Lt. Randy Collier on offender William Clemones C/O not feeling well advised to check vitals B/P 99/81 HR 67 O2 95%. Advised to encourage fluids & monitor and Medical would see him Monday or to call back for further assistance. 1-25-25 at 1550 I received call from Lt. Randy Collier on offender William Clemones at this time he advised me that offender was not responding well. I advised Lt Randy Collier to send offender to Trinity Medical ER.