

This inmate died

SHELBY COUNTY JAIL
ACTION REPORT

950306384

ALTERCATION	MEDICAL	FIRE	CONTRABAND
<input checked="" type="checkbox"/> INM/INM	<input type="checkbox"/> SUICIDE	<input type="checkbox"/> ARSON	<input type="checkbox"/> WEAPON
<input type="checkbox"/> OPC/INM	<input type="checkbox"/> ATTEMPT SUICIDE	<input type="checkbox"/> ACCD'T	<input type="checkbox"/> SHANK
<input type="checkbox"/> ALLEGED RAPE	<input type="checkbox"/> ACCD'T INJURY	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> DRUG
	<input type="checkbox"/> ILLNESS	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> OTHER

PLEASE CHECK APPLICABLE LINE ABOVE. IN THE NARRATIVE SECTION, STATE ALL INFORMATION IN DETAIL. (USE OF ANY CHEMICAL WILL BE ONLY BY A CERTIFIED EMPLOYEE AND COMPLETION OF THE "USE OF CHEMICAL" FORM IS MANDATORY.) WERE CHEMICALS USED? YES NO

ALL REPORTS WILL BE PROOF READ BY THE SUPERVISOR IN CHARGE.

SUPERVISOR'S SIGNATURE: [Signature]

NAME OF INMATE: STUART JACKIE

EK#: 94156050

CHARGE(S): Violation of Parole

INMATE'S DATE OF BIRTH: 03/05/56

RACE: B

SEX: M

REPORTING OFFICER: Robert Hardy

SN: 3830

DATE: 3-22-95 TIME: _____ SHIFT: _____ LOCATION OF INCIDENT: 2nd Fl-J+Pool

SHIFT COMMANDER: Capt. Gray

OUTSIDE DIVISION CONTACTED: DIVISION: GIB TIME: 11:15

JAIL ADMINISTRATION CONTACTED: PERSON: OFFICER CASH TIME: 11:00

WAS INMATE CHARGED IN THIS INCIDENT: NO YES

DISCIPLINARY CHARGE: _____

CRIMINAL CHARGE: _____

(copy of add on arrest ticket and affidavit attached)

WERE PICTURES TAKEN: NO _____ YES TAKEN BY: [Signature]
If yes, notate subject's name and booking number on the photos and turn in with this report.

OTHER INMATES INVOLVED: 1 _____ BK# _____

2 _____ BK# _____

3 _____ BK# _____

INMATE WISHES TO PRESS CHARGES: NO _____ YES

PROPERTY/CONTRABAND TAGGED IN MEMPHIS POLICE DEPARTMENT
PROPERTY ROOM

YES _____ IF YES, RECEIPT NUMBER: _____
NO _____ IF NO, DISPOSITION OF PROPERTY/CONTRABAND: _____

INJURIES (INMATE OR OFFICER)

NAME: _____ BK#/S#: _____
MEDICAL SERVICES: YES _____ NO _____ BY: _____
SENT TO OUTSIDE MEDICAL: YES _____ NO _____ BY: _____
=====

NAME: _____ BK#/S#: _____
MEDICAL SERVICES: YES _____ NO _____ BY: _____
SENT TO OUTSIDE MEDICAL: YES _____ NO _____ BY: _____
=====

NAME: _____ BK#/S#: _____
MEDICAL SERVICES: YES _____ NO _____ BY: _____
SENT TO OUTSIDE MEDICAL: YES _____ NO _____ BY: _____
=====

NARRATIVE: (GIVE SPECIFIC DETAILS OF WHAT HAPPENED AND WHY)
(LIST NAMES AND ID NUMBERS OF WITNESSES)
(DESCRIBE OBSERVED OR REPORTED INJURIES)

ON THE ABOVE DATE AT APPROXIMATELY 0615 HRS,
WHILE I WAS CONDUCTING AN ARM BAND CHECK
OF J-PAD CELL #4, INMATE STUART STUCK OUT
HIS ARM FROM UNDER HIS BLANKET TO SHOW ME
HIS ARM BAND. AT APPROXIMATELY 0730 HRS
THIS WRITER SUPERVISED THE FEEDING OF J-PAD
AND THE INMATE DIDN'T GET UP TO GET HIS
FOOD. AT APPROXIMATELY 0930 HRS, WHILE
MAKING J-PAD ROUND I NOTICED THE
FOOD WAS GONE, SO I THOUGHT INMATE
STUART WAS O.K. AT APPROXIMATELY 1015
HRS, WHILE I WAS PASSING OUT SUPPLIES,
I COULDN'T GET INMATE STUART TO RESPOND
WHEN I WAS KNOCKING ON HIS CELL DOOR.

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CONTINUATION X

SUPPLEMENTAL _____

FOLLOW UP _____

DATE: 3-21-95 SHIFT: 1st REPORTING OFFICER: R Hardy SH: 3530

SO I CALLED sgt story and notified him
of the situation. Sgt story then opened
up 4 cell in J pad, the inmate had
some apparent injuries. Sgt story
then called for the medical dept to
come over and evaluate the inmate.
Nurse Dickay, Tony, Roche, they came
over and called for the ambulance.

Cpt Gray + Insp Harper then came
on the floor to see about the situation.
at approximately 1047 hrs the ambulance
arrived on the floor and took the
inmate to the hospital. Sgt story
took pictures of the inmate before
leaving. Inmate Stuart's only statement
was that he was jumped on when
returning from the shower between
the hours of 2pm to 10pm 3-21-95

~~End of Report~~

~~R Hardy~~