

**Death in Custody Reporting Act - Entry #40**

**Agency Name**

WBR SHERIFF'S OFFICE

**Contact Name**

RHONDA ALLEMAN

**Contact Phone Number**

(225)-346-6400

**Contact Email**

RHONDA\_ALLEMAN@WBRSHERRIFF.ORG

**Reporting Year**

2021

**Select the Reporting Period**

2nd Quarter: January 1 - March 31

**First Name**

ZEBBIE

**Last Name**

BERTHELOT

**Gender**

1. Male

**Race (Select all that apply)**

5. White

**Ethnicity**

3. Unknown

**Birth Year (YYYY)**

1976

**Date of Death**

03/25/2021

**Time of Death**

15 30

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

OUR LADY OF THE LAKE HOSPITAL

**Location of Death - Street Address**

5000 HENNESSY

**Location of Death - City**

BATON ROUGE

**Location of Death - State**

LA

**Zip Code**

70808

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

Please list the name of the department or agency that detained, arrested, or was in the process of arresting the deceased.

WEST BATON ROUGE DETENTION CENTER

Please indicate the manner of death (Mark only one).

G. Unavailable, investigation pending

If manner of death is unavailable, please report the agency conducting the investigation and an approximate end date.

WEST BATON ROUGE SHERIFF'S OFFICE, UNKNOWN DATE

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.).

UNCONSCIOUS INMATE AT WEST BATON ROUGE DETENTION CENTER

LCLE