



KITSAP COUNTY SHERIFF'S OFFICE JAIL

**UNEXPECTED FATALITY REVIEW  
COMMITTEE REPORT**

UNEXPECTED FATALITY REVIEW  
REPORT TO THE LEGISLATURE  
*Pursuant to RCW 70.48.510*

Release Date: May 14, 2024

Incident Date: November 8, 2023

1. COMMITTEE MEETING DATES

February 29, 2024

March 19, 2024, via Teams

April 23, 2024, via Teams

2. COMMITTEE MEMBERS IN ATTENDANCE

Medical Professionals

- Marc Stern, MD, MPH  
Affiliate Assistant Professor, School of Public Health,  
University of Washington  
Clinical Professor, School of Public Health  
University of Albany  
Consultant in Correctional Health Care
  
- Elliot Wade, MD
- Regional Corporate Medical Director  
Everhealth Health, LLC
  
- Rebecca Villacorta  
Director of Operations  
Everhealth Health, LLC
  
- Elizabeth Starlight  
Health Services Administrator  
Everhealth Health, LLC

Kitsap County Risk Management

- Tim Perez  
Risk Manager

Kitsap County Sheriff's Office Corrections

- Penelope Sapp  
Chief of Corrections

3. COMMITTEE RECORDS

Scope of review includes, but is not limited to, the following records and/or topics:

- Various custody policies
- Medical Examiner reports and photographs
- Inmate profile and file
- Jail booking and assessments
- Jail logs
- Medical records

- Booking documents
- Fire and EMS Records
- Property reports
- Law enforcement reports
- 911 calls, radio, and cad logs
- Jail audio and video recordings
- Supervision (e.g., security checks, kite requests)
- Classification and housing
- Staffing levels and schedules
- Jail incident reports
- Life saving measures taken
- Jail and medical policies and processes

4. INMATE INFORMATION

The inmate was a 43-year-old white female who had been homeless with a history of drug and alcohol abuse. She was arrested for possession of methamphetamine. She arrived at the Kitsap County Sheriff’s Office Jail at approximately 01:13 am on November 7, 2023.

5. INCIDENT OVERVIEW

Bremerton Police were dispatched to a burglary in progress on November 7, 2023, at 0022 hours. A female had walked into a residence uninvited. The occupants of the residence did not know her. When officers made contact with a white female matching the suspect description, she stated: “I’m having an alien invasion” and “the medical devices all around me are helping me lose this. She further admitted entering the residence. When asked if she had been using drugs, she replied “probably”. When asked if she used Meth, she answered “probably”. When searched, officers found methamphetamine and a small amount of cannabis in her possession. She was subsequently arrested and booked into the jail at 12:23 am for drug possession. She was housed in isolation on detoxification watch.

On November 8, 2023, she was brought to court at 8:07 am, where it was determined that she was to be released from custody that day. When she returned from court at 10:27 am, she appeared fine and told the corrections officer that she was tired and asked that they wake her when it was time for her to be released. She was placed in alone in a cell with the door locked.

During cell check at 10:43 am, she was found lying under a blanket. She was unresponsive and did not appear to be breathing. Corrections and medical staff used life support measures – advanced cardiac life support was provided for 20 minutes with CPR and chest compressions, along with five doses of Narcan. The inmate intubated, and intravenous and intraosseous vascular access were unsuccessfully attempted twice. At 11:13 am further resuscitation was discontinued.

6. CAUSE OF DEATH

On November 10, 2023, pathologist Micheline Lubin conducted the autopsy for Kitsap County. The pathologist concluded the cause of death was acute combined fentanyl and methamphetamine intoxication. The manner of death was accidental.

7. RESULTS OF THE REVIEW

Although unrelated to the cause of death, the following committee recommendations have been made and are being implemented.

Collaborative Training. It would be beneficial for healthcare and corrections staff to participate collaboratively in annual tabletop exercises to promote communication.

Refresher Training. Annual training for healthcare and corrections staff should include refresher training in the use of the AED, emergency triage, and report writing.

Medical forms. Medical forms should be modified to include a narrative section.

8. LEGISLATIVE DIRECTIVE, DISCLOSURE

RCW 70.48.510 Unexpected fatality review--Records—Discovery

(1)(a) A city or county department of corrections or chief law enforcement officer responsible for the operation of a jail shall conduct an unexpected fatality review in any case in which the death of an individual confined in the jail is unexpected.

(b) The city or county department of corrections or chief law enforcement officer shall convene an unexpected fatality review team and determine the membership of the review team. The team shall comprise of individuals with appropriate expertise including, but not limited to, individuals whose professional expertise is pertinent to the dynamics of the case. The city or county department of corrections or chief law enforcement officer shall ensure that the unexpected fatality review team is made up of individuals who had no previous involvement in the case.

(c) The primary purpose of the unexpected fatality review shall be the development of recommendations to the governing unit with primary responsibility for the operation of the jail and legislature regarding changes in practices or policies to prevent fatalities and strengthen safety and health protections for individuals in custody.

(d) Upon conclusion of an unexpected fatality review required pursuant to this section, the city or county department of corrections or chief law enforcement officer shall, within 120 days following the fatality, issue a report on the results of the review, unless an extension has been granted by the chief executive or, if appropriate, the county legislative authority of the governing unit with primary responsibility for the operation of the jail. Reports must be distributed to the governing unit with primary responsibility for the operation of the jail and appropriate committees of the legislature, and the department of health shall create a public website where all unexpected fatality review reports required under this section must be posted and maintained. An unexpected fatality review report completed pursuant to this section is subject to public disclosure and must be posted on the department of health public website, except that confidential information may be redacted by the city or county

department of corrections or chief law enforcement officer consistent with the requirements of applicable state and federal laws.

(e) The city or county department of corrections or chief law enforcement officer shall develop and implement procedures to carry out the requirements of this section. ....