

Orleans Parish Sheriff

Arrest Register

Magistrate Court Copy

Arrested Person Information

Folder No.	Arrest No.	Item No.	B of I No.	Motion No.	Sec Sec No.	SID Number	FBI Number		
2302407	12040644	10739411		11539054	***-**-2649				
Arrested Person			Race/Sex	DOB Date	Height	Weight	Hair	Eyes	Skin
THOMAS, DEJUAN R			B M	11/06/1972	505	140	BRO	BLK	MED
Address		Occupation	Marital Status		Birth State	Nationality			
1740 BARGNE ST H 324			Married		LA	USA			
City	State	Employer	License No.		State	Year			
NEW ORLEANS	LA								
Alias Name(s)			Scars	Marks	Tattoos	Fingerprint Classification			

Health Information

Drug Addict		Drug Type						
Vehicle License State	Year	Vehicle Year	Make	Model	Type	Color	Vehicle ID Number	Disposition

Arrest Information

Location of Arrest	Dist/Zone	Arrest Date / Time	Booking Date / Time	Arrest Credit	Expedited
2614 TULANE AV	1	9/09/2011 3:00 PM	9/09/2011 11:21 PM	94	NO
Arresting Officer Name	Badge	Unit	Transporting Officer Name	Badge	Unit
DEP AUGUSTUS	00715	7028	DEP RICKSON	00604	7028

Charge Information

Ordinance/Statute No.	LibsCd	Affidavit No.	ATN Number/Seq	Relative To
RS 14 42			360071131297	1 AGG RAPE
RS 14 44.1			360071131297	2 SECOND DEGREE KIDNAPPING
RS 14 134.1			360071131297	3 SEXUAL MALFEASANCE IN PRISON

Court Information

Trial Court / Section	Trial Date / Time	Bond Amount
CDC M	:00	\$.00

Offense Information

Location of Offense	Offense Day / Date / Time	Weapon					
2735 PERDIDO ST	9/02/2011 6:00 PM						
Witness 1 Name	Race/Sex	DOB Date	Phone No.	Witness 2 Name	Race/Sex	DOB Date	Phone No.
STATE OF LOUISIANA				INCARCERATED	B M	6/16/1990	

Remarks

GIST:
Were you physically abused by the arresting officer? N
Known enemies in jail? NONE

Doorman	Time	Booker
ANTHONYD	08:24 PM	Anthony, Damien P

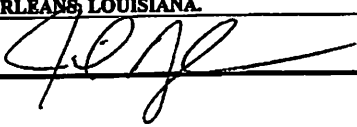
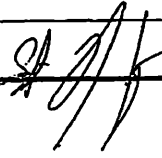


002302407

I, Julian Augustus, EMPLOYED BY THE ORLEANS PARISH SHERIFF'S OFFICE, AFTER BEING SWORN STATE:
THE ARRESTED SUBJECT DeJuan Thomas RACE B SEX M D.O.B. 11/6/72

RESIDING AT 1740 Baronne St. Apt #324 WAS ARRESTED AND CHARGED AS STATED ABOVE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 9th DAY OF September, 2011
AT NEW ORLEANS, LOUISIANA.

AFFIANT 	SUPERVISOR 
Narrative <p>On Friday, September 2, 2011, at approximately 2200 hours, Detectives received information from the House of Detention facility Watch Command that an inmate, identified as [REDACTED] had alleged that a deputy working on the tier, identified as DeJuan Thomas, allegedly forced the victim to perform oral sex while he was incarcerated.</p> <p>After receiving this information from the Watch Command, the detectives proceeded to the H.O.D. facility to meet with and conduct an interview with inmate [REDACTED]. Inmate [REDACTED] stated that he was told by Dep. Thomas that he had sick call and was immediately placed in red handcuffs, led off the tier and into a closet where the handcuffs were removed and he was asked to perform oral sex. The victim also stated that he performed oral sex on Dep. Thomas, then he was returned to his tier in handcuffs. Inmate [REDACTED] then stated he ran back to his cell and spit some of Dep. Thomas' sperm into a condom.</p> <p>On Friday, September 9, 2011, at approximately 1000 hours, the detectives met with Deputy Thomas and advised him of his Constitutional Rights per form 101684. Deputy Thomas stated that he understood those rights and signed the form, waiving them. Deputy Thomas admitted to handcuffing Inmate [REDACTED] escorting him to a closet then receiving oral sex from Inmate [REDACTED]. Deputy Thomas further stated that he did not force inmate [REDACTED] and that the act was consensual.</p> <p>The detectives advised DeJuan Thomas that he was being placed under arrest for being in violation of the State of Louisiana Revised Statutes 14:42, relative to Aggravated Rape, La. R.S. 14:44.1, relative to Second Degree Kidnapping and La. R.S. 134.1, relative to Malfesance in Office, Sexual Conduct Prohibited with persons in custody and supervision of the St. of La. Department of Public Safety and Corrections. Mr. Thomas was booked under New Orleans Police Department issued item number I-7394-11.</p> <p>Also, the detectives obtained the condom that was allegedly filled with the sperm of Dep. Thomas and a DNA Swab from Dep. Thomas, which was transported to the Louisiana State Police Crime Lab for analysis.</p>	

JUVENILE CUSTODIAL RELEASE FORM

<input checked="" type="checkbox"/> NAME (PRINT)	<input checked="" type="checkbox"/> ADDRESS (PRINT)	<input checked="" type="checkbox"/> (DATE/TIME)	<input checked="" type="checkbox"/> RELATIONSHIP
HEREBY TAKE CUSTODY OF THE ABOVE NAMED CHILD AND PROMISE TO BRING HIM/HER TO COURT, PROBATION DEPARTMENT, OR THE JUVENILE DIVISION, WHEN NOTIFIED.			
<input checked="" type="checkbox"/> RELEASED BY (PRINT)		SIGNATURE CUSTODIAN	
REPORTING OFFICER	BADGE	REPORTING OFFICER	BADGE CARUNIT #
J. Augustus	715	G. Rickson	604 7028

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

ORLEANS PARISH SHERIFF'S OFFICE		INCIDENT REPORT		ITEM NUMBER	
SIGNAL		DATE/TIME OCCURRED		STATUS	
INCIDENT		DATE/TIME OF REPORT		DISTRICT/SUB	
LOCATION OF OCCURRENCE		LIGHTING		BULLETIN REQUIRED	
2735 Perdido St.		09/02/11 1800 hrs.		G	
<input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> REPORTING PERSON <input type="checkbox"/> INTERVIEW		DATE OF BIRTH OR AGE		RACE	
HOME ADDRESS		HOME PHONE		SEX	
Incarcerated		X		B	
BUSINESS ADDRESS		BUSINESS PHONE		M	
X		X		O	
<input checked="" type="checkbox"/> VICTIM <input checked="" type="checkbox"/> WITNESS <input checked="" type="checkbox"/> REPORTING PERSON <input checked="" type="checkbox"/> INTERVIEW		DATE OF BIRTH OR AGE		RACE	
HOME ADDRESS		HOME PHONE		SEX	
X		X		M	
BUSINESS ADDRESS		BUSINESS PHONE		M	
X		X		M	
<input checked="" type="checkbox"/> ARRESTED <input type="checkbox"/> WANTED <input type="checkbox"/> MISSING <input type="checkbox"/> RUNAWAY		DATE OF BIRTH OR AGE		RACE	
Dejuan Thomas		11/06/72		B	
HOME ADDRESS		DATE/TIME OF ARREST		SEX	
1740 Baronne St. # 324		09/09/11 1500 hrs		M	
ARREST LOCATION		ARREST CREDIT		HEIGHT	
2614 Tulane Av.		94		5'5"	
ALIAS/CRIMINAL		SOCIAL SECURITY NUMBER		WEIGHT	
X		X		170	
<input type="checkbox"/> UNARMED <input type="checkbox"/> SHOTGUN <input type="checkbox"/> KNIFE <input type="checkbox"/> AUTOMATIC <input type="checkbox"/> HANDGUN <input type="checkbox"/> RIFLE <input type="checkbox"/> OTHER WEAPON <input type="checkbox"/> SEMI-AUTOMATIC		MAGISTRATE DATE/TIME		TRANSPORTED BY	
<input type="checkbox"/> CHARGES		TBD		X	
<input type="checkbox"/> ARRESTED AT TIME OF ARREST		ARREST TYPE		RESIDENT STATUS	
<input type="checkbox"/> UNARMED <input type="checkbox"/> SHOTGUN <input type="checkbox"/> KNIFE <input type="checkbox"/> AUTOMATIC <input type="checkbox"/> HANDGUN <input type="checkbox"/> RIFLE <input type="checkbox"/> OTHER WEAPON <input type="checkbox"/> SEMI-AUTOMATIC		<input type="checkbox"/> ON VIEW <input checked="" type="checkbox"/> SUBJECTS <input type="checkbox"/> EXISTING WARRANT		<input type="checkbox"/> ORLEANS RESIDENT <input type="checkbox"/> NON-RESIDENT	
<input type="checkbox"/> CHARGES		<input type="checkbox"/> JUVENILE DISPOSITION		<input type="checkbox"/> RELEASED TO PARENT <input type="checkbox"/> HELD FOR COURT	
La. R.S. 14:42, relative to Aggravated Rape		1		S	
La. R.S. 14:44.1, relative to Second Degree Kidnapping		1		S	
La. R.S. 14:134.1, relative to Malfesance in Office, Sexual Conduct Prohibited		1		S	
<input type="checkbox"/> 01 BUILD <input type="checkbox"/> 02 ODDITIES <input type="checkbox"/> 03 SCARS <input type="checkbox"/> 04 TATTOOS <input type="checkbox"/> 05 APPAREL <input type="checkbox"/> 06 SPEECH		<input type="checkbox"/> 07 ACCENT <input type="checkbox"/> 08 FACIAL CLEFTS <input type="checkbox"/> 09 EYES <input type="checkbox"/> 10 NOSE <input type="checkbox"/> 11 TEETH <input type="checkbox"/> 12 HAIR COLOR <input type="checkbox"/> 13 HAIR STYLE <input type="checkbox"/> 14 FACIAL HAIR <input type="checkbox"/> 15 COMPLEXION		<input type="checkbox"/> 01 SMALL/PETITE <input type="checkbox"/> 02 THIN <input type="checkbox"/> 03 MEDIUM <input type="checkbox"/> 04 MUSCULAR <input type="checkbox"/> 05 HEAVY/STOCKY <input type="checkbox"/> 06 FLASKY <input type="checkbox"/> 07 STOOPED SHOULDERS <input type="checkbox"/> 08 NARROW SHOULDERS <input type="checkbox"/> 09 BROAD SHOULDERS <input type="checkbox"/> 10 UNWELLPROPORT	
<input type="checkbox"/> 01 LIMB <input type="checkbox"/> 02 CROPPED ARM <input type="checkbox"/> 03 MISSING ARM <input type="checkbox"/> 04 MISSING FINGER <input type="checkbox"/> 05 MISSING HAND <input type="checkbox"/> 06 MISSING FOOT <input type="checkbox"/> 07 MISSING LEG <input type="checkbox"/> 08 ABNORMAL GENITALS <input type="checkbox"/> 09 BODY ODOR <input type="checkbox"/> 10 LEFT HANDED		<input type="checkbox"/> 01 CHEEK, LEFT <input type="checkbox"/> 02 CHEEK, RIGHT <input type="checkbox"/> 03 CHIN <input type="checkbox"/> 04 EAR, LEFT <input type="checkbox"/> 05 EAR, RIGHT <input type="checkbox"/> 06 EYEBROW, LEFT <input type="checkbox"/> 07 EYEBROW, RIGHT <input type="checkbox"/> 08 LIP UPPER <input type="checkbox"/> 09 NOSE <input type="checkbox"/> 10 NECK		<input type="checkbox"/> 01 ARM, LEFT <input type="checkbox"/> 02 ARM, RIGHT <input type="checkbox"/> 03 HAND, LEFT <input type="checkbox"/> 04 HAND, RIGHT <input type="checkbox"/> 05 WRIST, LEFT <input type="checkbox"/> 06 WRIST, RIGHT <input type="checkbox"/> 07 CHEST <input type="checkbox"/> 08 BACK <input type="checkbox"/> 09 LEG, LEFT <input type="checkbox"/> 10 LEG, RIGHT	
<input type="checkbox"/> 01 ARMA, LEFT <input type="checkbox"/> 02 ARMA, RIGHT <input type="checkbox"/> 03 HAND, LEFT <input type="checkbox"/> 04 HAND, RIGHT <input type="checkbox"/> 05 LEG, LEFT <input type="checkbox"/> 06 LEG, RIGHT <input type="checkbox"/> 07 CHEST <input type="checkbox"/> 08 NECK <input type="checkbox"/> 09 BACK <input type="checkbox"/> 10 FACE		<input type="checkbox"/> 01 CLOTH OVER FACE <input type="checkbox"/> 02 STOCKING OVER FACE <input type="checkbox"/> 03 MASK <input type="checkbox"/> 04 BARRINGS <input type="checkbox"/> 05 SUNGLASSES <input type="checkbox"/> 06 RINGS <input type="checkbox"/> 07 GLOVES <input type="checkbox"/> 08 CAPS/HAT <input type="checkbox"/> 09 MAN-FEMALE ATTIRE <input type="checkbox"/> 10 TENNIS SHOES		<input type="checkbox"/> 01 SOFT/POLITE <input type="checkbox"/> 02 RASPY/DEEP <input type="checkbox"/> 03 RAPID <input type="checkbox"/> 04 SLOW <input type="checkbox"/> 05 LOUD <input type="checkbox"/> 06 MUMBLE <input type="checkbox"/> 07 STUTTER/SLURP <input type="checkbox"/> 08 VOLGAR <input type="checkbox"/> 09 APOLOGETIC <input type="checkbox"/> 10 EFFEMINATE	
<input type="checkbox"/> 01 BROWN/BLACK <input type="checkbox"/> 02 BRUNN <input type="checkbox"/> 03 FRECKLES <input type="checkbox"/> 04 FRECKLES <input type="checkbox"/> 05 FRECKLES <input type="checkbox"/> 06 FRECKLES <input type="checkbox"/> 07 FRECKLES <input type="checkbox"/> 08 FRECKLES <input type="checkbox"/> 09 FRECKLES <input type="checkbox"/> 10 FRECKLES		<input type="checkbox"/> 01 BLUE <input type="checkbox"/> 02 BROWN <input type="checkbox"/> 03 GREEN <input type="checkbox"/> 04 GREEN <input type="checkbox"/> 05 BROWN <input type="checkbox"/> 06 BROWN <input type="checkbox"/> 07 BROWN <input type="checkbox"/> 08 BROWN <input type="checkbox"/> 09 BROWN <input type="checkbox"/> 10 BROWN		<input type="checkbox"/> 01 BLOND <input type="checkbox"/> 02 RED <input type="checkbox"/> 03 BROWN <input type="checkbox"/> 04 BLACK <input type="checkbox"/> 05 GREY/SILVER <input type="checkbox"/> 06 SALT/PEPPER <input type="checkbox"/> 07 BUILT-COOLDR <input type="checkbox"/> 08 FLAT, CROWN <input type="checkbox"/> 09 STREAKED <input type="checkbox"/> 10 GREY PATCHES	
<input type="checkbox"/> 01 BRAIDED <input type="checkbox"/> 02 BRAIDED <input type="checkbox"/> 03 BRAIDED <input type="checkbox"/> 04 STRAIGHT <input type="checkbox"/> 05 CREWCUT <input type="checkbox"/> 06 BALD <input type="checkbox"/> 07 SHORT <input type="checkbox"/> 08 MEDIUM <input type="checkbox"/> 09 LONG <input type="checkbox"/> 10 FACED/DESIGN		<input type="checkbox"/> 01 SIDEBURNS <input type="checkbox"/> 02 BUTTON CHOPS <input type="checkbox"/> 03 CURLY <input type="checkbox"/> 04 GOATEE <input type="checkbox"/> 05 MUSTACHE <input type="checkbox"/> 06 FU-BANCHU <input type="checkbox"/> 07 HAIR DIED, LIP <input type="checkbox"/> 08 UNSHAVEN <input type="checkbox"/> 09 BUSHY EYEBROWS <input type="checkbox"/> 10 CLEAN SHAVEN		<input type="checkbox"/> 01 ALBINO <input type="checkbox"/> 02 FAIR <input type="checkbox"/> 03 RUDDY <input type="checkbox"/> 04 OLIVE <input type="checkbox"/> 05 LIGHT <input type="checkbox"/> 06 BROWN <input type="checkbox"/> 07 DARK	
ADDITIONAL DESCRIPTION		X			
<input type="checkbox"/> RACE <input type="checkbox"/> VICTIM TYPE <input type="checkbox"/> SOBRIETY <input type="checkbox"/> INJURY <input type="checkbox"/> TREATED		<input type="checkbox"/> A-SPOUSE <input type="checkbox"/> B-COCON LAW <input type="checkbox"/> C-PARENT <input type="checkbox"/> D-OFFSPRING <input type="checkbox"/> E-SIBLING <input type="checkbox"/> F-GRANDPARENT		<input type="checkbox"/> G-GRANDCHILD <input type="checkbox"/> H-OTHER FAMILY <input type="checkbox"/> I-ACQUAINTANCE <input type="checkbox"/> J-NEIGHBOR <input type="checkbox"/> K-CHILD'S SIBLING <input type="checkbox"/> L-BOYFRIEND/FRIEND	
<input type="checkbox"/> M-WHITE <input type="checkbox"/> B-BLACK <input type="checkbox"/> I-AMERICAN <input type="checkbox"/> A-ASIAN <input type="checkbox"/> U-UNKNOWN		<input type="checkbox"/> S-SOCIETY <input type="checkbox"/> O-ORLEANS RESIDENT <input type="checkbox"/> A-ALCOHOL <input type="checkbox"/> D-DRUGS <input type="checkbox"/> U-UNKNOWN		<input type="checkbox"/> B-BROKEN BONES <input type="checkbox"/> H-HORIZONTAL INJURY <input type="checkbox"/> L-LACERATIONS <input type="checkbox"/> M-MAJOR <input type="checkbox"/> O-OTHER MAJOR <input type="checkbox"/> W-WEAPON	
<input type="checkbox"/> R-REFUSED <input type="checkbox"/> T-TREATED <input type="checkbox"/> H-HOSPITALIZED		<input type="checkbox"/> VICTIM RELATIONSHIP TO OFFENDER (VICTIM WAS):		<input type="checkbox"/> M-EX SPOUSE <input type="checkbox"/> N-EMPLOYER <input type="checkbox"/> O-EMPLOYER <input type="checkbox"/> P-HOMOSEXUAL <input type="checkbox"/> S-STRANGER <input type="checkbox"/> T-BOYFRIEND/FRIEND <input type="checkbox"/> U-UNKNOWN	
<input type="checkbox"/> DETECTIVE <input type="checkbox"/> CRIME LAB <input type="checkbox"/> OTHER		<input type="checkbox"/> REPORTING OFFICER <input type="checkbox"/> BADGE <input type="checkbox"/> REPORTING OFFICER <input type="checkbox"/> BADGE		<input type="checkbox"/> SUPERVISOR <input type="checkbox"/> BADGE	
X		X		X	
ADM		ADM		ADM	
J. Augustus		G. Rickson		Maj. M. Laughlin	
715		604		7028	
300					

