

CORONER'S OFFICE, IN AND FOR THE
COUNTY OF CASCADE, STATE OF MONTANA

IN THE MATTER OF THE
INQUIRY INTO THE DEATH OF:

ALEESHA MAE KEMPA,

Deceased.

NO. MC 22-09-01

TRANSCRIPT OF THE PROCEEDINGS HEARD BEFORE
R.J. (DICK) BROWN, ACTING AS CASCADE COUNTY CORONER

Great Falls, Montana
February 16, 2023
12:02 P.M. - 2:08 P.M.

APPEARANCES:

CASCADE COUNTY ATTORNEY
121 Fourth Street North, Suite 2A
Great Falls, Montana 59401
By: JOSHUA A. RACKI
KORY V. LARSEN
PHOEBE MARCINEK
Attorneys for Cascade County

JURY PANEL:

Jessica Douglas
Kimberly Linn
Margaret Nitschke
Nancy Waldenberg
Maurice Frey
Brandon McMillan
Levi Gerth

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1 WHEREUPON, the proceedings were had as follows:

2 CORONER BROWN: This inquest into the death
3 of Aleesha Mae Kempa will now come to order. It's
4 the 16th of February, 2023. It is 12:02 hours.
5 We're in the University Center at the University of
6 Providence, Great Falls, Cascade County, Montana.

7 I will now swear in the jurors. The jurors
8 will all rise, raise your right hand, and face me,
9 please.

10 (The jurors were sworn in.)

11 CORONER BROWN: Please be seated.

12 I am Richard J. Brown. I'm the Petroleum
13 County Coroner, and I will be conducting this
14 inquest.

15 An inquest is a formal inquiry into the
16 causes of and circumstances surrounding the death of
17 a person and is conducted by the coroner before a
18 coroner's jury. This inquest is being conducted in
19 accordance with Montana Code Annotated
20 46-4-201(2)(a). An inquest is required when a
21 person's death occurs in a prison, jail, or other
22 correctional facility and is not caused by a terminal
23 condition or the execution of a death penalty upon a
24 person while that person is incarcerated.

25 Deputy Cascade County Attorney Kory Larsen

1 will now give an opening statement.

2 MR. LARSEN: Good afternoon. Again, my name
3 is Kory Larsen. I'm the chief deputy criminal
4 attorney for the Cascade County Attorney's Office.
5 Assisting me today will be Phoebe Marcinek, who is
6 one of our deputy county attorneys in the civil side
7 of our service. Josh Racki, the county attorney, is
8 here. He'll be running the computer for us for the
9 exhibits this afternoon.

10 The first case we have -- Both cases are
11 jail suicides, and both of them involve hangings. I
12 think we briefly discussed that a little bit this
13 morning just to make sure you were comfortable
14 sitting on that sort of a -- or hearing that sort of
15 evidence.

16 The first person we're going to be talking
17 about is Aleesha Kempa. She was in the Cascade
18 County Detention Center. You'll hear from a couple
19 of the detention officers who interacted with her,
20 one of the nurses who was involved, and then the
21 medical examiner and Agent Bruce McDermott from the
22 Division of Criminal Investigation, who assists us
23 with investigations of the in-custody deaths.

24 This inquest -- I know a few of you sat
25 through the one this morning, so you kind of have a

1 feel for what it is we're doing today, but these are
2 designed to provide transparency for the community
3 and to show that, if there is an in-custody death,
4 that we investigate those to determine if there's
5 criminal means. And that's what your job today is,
6 is to make that determination. We'll talk about that
7 a little bit more at the end after you've heard the
8 evidence.

9 With that, we'll get started. Our first
10 witness is actually -- is joining us over the video
11 screen as he's out of town today. He is Sergeant
12 Mike Lenahan.

13 And Phoebe, if you would ask him questions.

14 CORONER BROWN: Reminders to the jurors.
15 You do have a chance to ask questions, but you have
16 to state your name before you ask the question. And
17 if we do take a break or anything, just remember to
18 sit where you're seated now so she has you in the
19 right place and knows who you are. Okay?

20 MS. MARCINEK: Hi. Good morning -- or good
21 afternoon, I guess. It's past noon. If you are not
22 appearing via Zoom, could you turn off your video,
23 just so we can have the jury focus? You know, we'll
24 have some hurdles with appearing via Zoom, so that
25 would be wonderful.

1 Okay. Maybe we could turn it off from our
2 end. Maybe not.

3 Oh. Perfect. That's fine too. Thank you.

4 Please let me know if for some reason you
5 can't hear an answer that Sergeant Lenahan gives or
6 if you can't hear a question that I pose. You know,
7 sometimes, these things get a little mingled.

8 Okay. Detention Sergeant Michael Lenahan,
9 could you please introduce yourself to the jury?

10 CORONER BROWN: First, he's got to get sworn
11 in.

12 MS. MARCINEK: Oh. Yes.

13 CORONER BROWN: Can you hear us all right?

14 THE WITNESS: Yes, sir. I can.

15 CORONER BROWN: Okay. Would you raise your
16 right hand, please?

17 (The witness was sworn in.)

18 CORONER BROWN: Please state your full name
19 and occupation for the record and spell your last
20 name, please.

21 THE WITNESS: Michael Lenahan.

22 L-E-N-A-H-A-N. I'm a detention sergeant with the
23 Cascade County Sheriff's Office.

24 CORONER BROWN: Go ahead.

25 ///

///

1 MICHAEL LENAHAN,
2 having been duly sworn, testified upon his oath as
3 follows:

4 EXAMINATION

5 BY MS. MARCINEK:

6 Q So could you, Sergeant Lenahan, please
7 explain some of your main job duties as a detention
8 sergeant?

9 A My primary responsibilities as a staff -- as
10 a shift sergeant are to monitor and direct the
11 activities of my detention officers on my shift.
12 Those activities include care and custody of
13 approximately 400 inmates.

14 Q Great. Thank you.

15 How long have you worked for the
16 Cascade County Detention Center?

17 A I've been with the Cascade County Sheriff's
18 Office for 11 years.

19 Q Do you have any prior law enforcement
20 experience?

21 A Prior to this, I was with the Georgia
22 Department of Corrections for seven years.

23 Q So you have a significant amount of time
24 working in detention centers.

25 A Yes, ma'am.

1 Q So what kind of training did you receive as
2 a sergeant for the Detention Center?

3 A All detention officers are certified through
4 the peace, through the POST, peace officers, I forget
5 what it's called. P-O-S-T, POST certification. I've
6 gotten 40 hours -- I'm sorry, 40 hours initially at
7 the police academy, and then ongoing training every
8 year for the last 16 years.

9 Q And are you also first aid and
10 CPR certified?

11 A I have been certified in CPR and first aid
12 every year for the last 16 years.

13 Q And that has to be re-upped every year, is
14 my understanding?

15 A Yes, ma'am.

16 Q So how many jail-related deaths have you
17 experienced?

18 A 17.

19 Q And have you experienced any other
20 jail-related suicides?

21 A Five or six, I believe.

22 Q Okay. How long had you been working as a
23 sergeant when the event with Ms. Kempa occurred?

24 A Our shift started at 8:00 p.m., I come in at
25 7:30 p.m., and we work 12-hour shifts. So this was

1 towards the end of our shift.

2 Q Okay. So you actually started shift on
3 September 2nd, the evening of September 2nd?

4 A Correct.

5 Q And where were you working during your
6 shift?

7 A My duties take me throughout the entire
8 facility all throughout my shift. Since it was
9 towards the end of the shift, I was in my office
10 preparing my daily reports and doing my paperwork
11 about 20 feet away from the entrance to the pod where
12 Ms. Kempa was housed.

13 Q Is that often referred to as Station 2?

14 A Yes. Station 2.

15 Q So earlier that evening and then the morning
16 of September 3rd, did you have any interactions with
17 Ms. Kempa?

18 A Not that I specifically recall. As part of
19 my duties, I, I generally put eyes on every inmate at
20 some point during my shift. I walk through the pods.
21 I look in the lockdown units in the cells. I
22 interact with the inmates before they get locked down
23 at night. I most likely did interact with Ms. Kempa,
24 but I don't recall it. If I did, it was nothing,
25 nothing memorable, nothing that has stuck out in my

1 memory.

2 Q Great. So you have a significant amount of
3 experience in the Detention Center. If an inmate
4 were to indicate in any way that they were suicidal,
5 what is the protocol and procedure at the
6 Cascade County Detention Center?

7 A We've got very, very specific procedures,
8 and we do not vary from them ever. If an inmate
9 indicates to any officer or to any staff member, or
10 even through another inmate, that they are suicidal
11 or that they are feeling like they might hurt
12 themselves, we immediately put them in an isolation
13 unit.

14 We confiscate all of their clothing and
15 anything that was in their cell. We give them a
16 safety smock to cover themselves with; it's a smock
17 that is untearable. And if they're actively trying
18 to hurt themselves, we've got a padded cell where we
19 would put them until they were assessed by our mental
20 health department and determined not to be actively
21 trying to hurt themselves anymore.

22 Once somebody is placed on suicide watch --
23 that's what we call it, suicide watch -- an officer
24 must put eyes on them every 15 minutes all 24 hours.
25 And they're generally assessed by mental health or by

1 medical within the first 12 hours.

2 Q And you have mental health services and
3 medical services housed inside the jail; correct?

4 A Yes. Yes, ma'am.

5 Q So we're going to get down to more specifics
6 of Ms. Kempa and where she was located. So where was
7 Ms. Kempa's cell located?

8 A She was housed in J Block, Pod 2, Station 2.
9 There's four different pods, and she was housed in
10 J Block. She was in J10, the cell No. J10, which is
11 on the second tier, the top tier, a little bit more
12 than halfway down the tier from the staircase.

13 Q So it's on the upper floor?

14 A On the upper floor. Yes, ma'am.

15 Q Did Ms. Kempa occupy the cell with anyone
16 else?

17 A She had no, no cellmates that day. I don't
18 believe she had any cellmates the entire time that
19 she had been there.

20 Q Okay. And how often were walk-throughs
21 conducted of J Pod?

22 A Because there was nobody in J Pod that was
23 currently on suicide watch, walk-throughs on that
24 block would have been conducted every 30 minutes
25 because it was a lockdown unit.

1 Q And so when were you first alerted to what
2 was happening in J Block?

3 A I heard a code medical go out over the
4 radio. I believe it was, if memory serves, at
5 6:39 a.m. Officer Kent called for a code medical in
6 J Block, which generally means that all available
7 officers are to respond immediately to J Block. And
8 because of the code medical, all medical staff would
9 respond also.

10 Q Great. And so what did you specifically do
11 when the code medical was called that day?

12 A I was sitting at my desk, as I said earlier,
13 preparing my end-of-shift reports. I heard the code
14 medical, and I immediately jumped up and ran to
15 J Block -- or ran to Station 2, which was literally
16 right across the hallway from my desk.

17 I asked the station officer who was sitting
18 on station, "What's going on?" And he said he didn't
19 know. Officer Kent was serving meals in J Block and
20 he called the code, he didn't know why.

21 While I was waiting for the door to be
22 opened, which usually takes about five or
23 eight seconds, several other officers, I want to say
24 two other officers, arrived at Station 2 also, and we
25 all went into J Block together.

1 Q And then was the pod locked down at that
2 point?

3 A The pod was locked down. However,
4 Officer Kent was serving meals, serving breakfast at
5 that time, and he had two inmate workers assisting
6 him with distributing the meal trays to the, to the
7 locked cells. So the pod was locked down, but there
8 were two inmates in the dayroom with Officer Kent.

9 Q So Officer Kent was on that second level at
10 the cell door, Ms. Kempa's cell door, and you were
11 second on the scene; is that correct?

12 A Correct.

13 Q And what did you do when you first got to
14 the cell door?

15 A As I was running up towards the cell door,
16 Officer Kent told me that -- I said, "What's going
17 on?"

18 And he said, "She's standing by the door" --
19 No. I'm sorry. He said, "She's at the door. She's
20 got something around her neck."

21 So I immediately took my rescue hook off my
22 belt. It's a, it's a special tool that we use
23 specifically for cutting ligatures off of people who
24 are trying to hurt themselves. It's made
25 specifically for prisons. It has no sharp points or

1 anything that could be used as a weapon.

2 I took that off my belt as I was approaching
3 the door. When I got to the door, I called for Pod 2
4 officer to open J10. As I reached for the door, the
5 door popped open, the lock popped open, and I pulled
6 the door open. As I was pulling the door, I could
7 feel resistance on the other side, so I immediately
8 looked inside to see what was happening. I saw
9 Ms. Kempa hanging by her neck from the door, and I
10 reached in with my rescue hook and cut the ligature,
11 and she fell to the floor.

12 As soon as I saw that she was unconscious, I
13 mean, maybe a second, I rolled her over and I started
14 CPR; I spotted that there was no breathing, and I
15 immediately started CPR.

16 Q So Ms. Kempa had made a loop with her
17 bedsheet around her neck; is that correct?

18 A Correct. It was tied off -- both ends were
19 tied off to the, to the vent holes in the door, and
20 it made a loop, and it looked like she had slipped
21 her head inside of the loop. It wasn't tied around
22 her neck. It was tied to the door on both ends.

23 Q Through the vent in the door?

24 A Correct.

25 Q And what typically is the purpose for that

1 vent in the door?

2 A That's so that officers and the inmates
3 inside the cell can communicate -- it's on every cell
4 door, it's the only opening in the door because
5 there's a glass window in the door -- and also to
6 circulate air.

7 Q Okay. So I want to get back to something
8 you said about this rescue hook. Does each station
9 have a rescue hook?

10 A There's a rescue hook at each station, every
11 corporal carries one on his belt, and every sergeant
12 carries one on his belt.

13 Q So you were carrying this tool when you
14 first found Ms. Kempa?

15 A Yes. That tool had been on my belt since I
16 arrived on shift at 7:30 the previous evening.

17 Q Can you describe anything else that you saw
18 when you were with Ms. Kempa?

19 A There was a blanket tied around her waist,
20 and I don't know what the significance of that was.
21 After the nurses -- after the medical staff arrived
22 and took over the lifesaving attempt, one of the
23 nurses tried to remove the blanket from her waist and
24 she couldn't get it off of her, and she asked me to
25 cut it off. So I used my rescue hook to cut the

1 blanket off of her waist also.

2 I do know that her body -- I don't know how
3 else to say it. She was still warm and her coloring
4 looked a little pale, but not unusually so, and she
5 wasn't stiff or anything like that. I got the
6 impression -- and I haven't -- Even though I've seen
7 a lot of, a lot of deaths in my career, I have only
8 one other time where I've had to do CPR and actually
9 put my hands on a dead person. And I got the
10 impression immediately that she hadn't been dead for
11 very long.

12 Q So you went into the cell with Officer Kent
13 and you started chest compressions. When did you
14 stop doing those?

15 A I started chest compressions. Other
16 officers arrived in the pod. Somebody called for an
17 AED. Medical came in -- And I was starting to tire.
18 It took them a couple minutes to get there. I was
19 starting to tire, so I asked another officer to
20 relieve me with the chest compressions, and he did.
21 And then very shortly after that, medical arrived and
22 took over chest compressions, and they had the Ambu
23 bag and were able to do the rescue breaths with that.

24 Q And so there were continuous chest
25 compressions the whole time --

1 A Oh, yeah. From the very first time I had my
2 eyes on her until after the EMS determined that she
3 couldn't be resuscitated, chest compressions never
4 stopped.

5 Q So you mentioned this a little bit, that you
6 haven't necessarily been first in the cell very
7 often. As a sergeant, what typically is your role
8 during a code medical?

9 A Typically, I try not to get in the way of
10 the medical staff once they arrive. My officers are
11 generally the first on the scene, and my job is to
12 oversee them, make sure that everything is getting
13 done, make sure that everybody is doing what they
14 need to do, and make sure that there is no extra
15 officers just hanging around getting in the way.

16 If, if an ambulance needs to be called, I
17 have to make that call, to have central control call
18 an ambulance. And then I have to do all of the
19 associated commands that go with having an inmate
20 escorted out of the facility into the ambulance.

21 So my job is mostly overseeing and managing
22 what's happening rather than actually going hands on.

23 Q And so this situation was unique because of
24 the location of your office, is what I understand?

25 A Correct. Because I was literally the

1 closest officer, other than Officer Kent, who could
2 respond, it never occurred to me to, you know, wait
3 for someone else to show up or anything like that.
4 She needed CPR, I did CPR. It's what we're trained
5 for.

6 Q So is it common that you have more than one
7 officer going into a cell?

8 A So -- no. J Pod is a lockdown unit, and the
9 inmates that are in J Pod are in there for multiple
10 different reasons. Some of them are on disciplinary
11 segregation. Some are on administrative segregation.
12 Some are in there because their custody level doesn't
13 allow them to mingle with general population.

14 Any time an inmate is in a segregation unit,
15 we typically don't open the door unless there are
16 more officers than there are inmates. So if there
17 were two inmates in a cell, we would have three
18 officers there before we opened the door. In
19 Ms. Kempa's case, she was the only one in the cell,
20 so Officer Kent had to wait until I arrived before he
21 could open up the door.

22 Q And that policy is in place to protect the
23 detention staff as well as the inmates, I imagine?

24 A Exactly. Yes. It protects staff and the
25 inmates also.

1 Q So did you -- What were the final steps that
2 you observed after medical came?

3 A Well, when medical came, they initiated --
4 they told me to call for an ambulance, which I did.
5 I can't make that call until medical tells me that
6 they need an ambulance there. But they made that
7 call immediately upon arriving. After that, I
8 noticed that there were several officers who had
9 responded to the code who were just standing in the
10 dayroom. I really didn't have any duties that I
11 could assign to them. There were no tasks that
12 needed to be done, so I sent them back to their
13 stations, because we did have 390 other inmates that
14 needed our attention.

15 When we call a code, we only have one
16 officer on each station, and that's not safe for the
17 inmates or the officers. So I wanted to get them
18 back as quickly as possible to their regular duties.
19 Several officers remained behind. Like I said,
20 somebody went and got the AED. And then I had to
21 assign another officer to go let the EMTs in when
22 they arrived, because they have to be escorted from
23 the entry to the cell. But mostly, I just stood back
24 and stayed out of everybody's way to let them do the
25 jobs that they were trained in.

1 Q And then you stayed with Ms. Kempa's body
2 until it was removed?

3 A I stayed with Ms. Kempa's body until, until
4 EMS declared her dead, and then I assigned another
5 officer to stay with her.

6 Q Okay.

7 A At that point, I had to, I had to go back to
8 my office so I could get a deputy down. Because
9 obviously, once there's been a death in the facility,
10 we have to have our deputies respond, so I had to go
11 make that happen.

12 Q And then finally, based on your training,
13 all policies and procedures were followed by
14 detention staff; is that correct?

15 A Absolutely. I watched the video. I had to
16 cut a copy of the video for the deputies. And from a
17 supervisor, I watched the video multiple times
18 looking for things that we could have done better,
19 things that we could have done differently, things
20 that might have caused a different outcome. And this
21 is typical. We do this every time there's any kind
22 of a code, and we use that as a training tool.

23 But I was not able to see anything that
24 could have been done differently, anything that was
25 done outside of policy. Everything happened --

1 everything that we could do, we did. Everything that
2 we were required to do and everything that we could
3 do, even beyond what we were required to do, was
4 done.

5 MS. MARCINEK: Thank you. I have no further
6 questions, but the jury may.

7 CORONER BROWN: Any of the jurors have any
8 questions for this witness?

9 Please state your name before you ask your
10 question.

11 JUROR WALDENBERG: Nancy Waldenberg.

12 Q (By Juror Waldenberg) I have a couple
13 questions. You said there was 400 inmates. Was
14 there 400 inmates that day?

15 A I don't know if that's the exact count.
16 Obviously, it fluctuates hour by hour. Typically,
17 we're between 370 and 420 inmates on any given day
18 over the last 6 or 8 months. I don't know what the
19 exact count was that night.

20 Q And how many officers are on duty during
21 that typical shift?

22 A On night shift, we're required to have a
23 minimum of 10 officers. We very rarely have more
24 than that because staffing is critically low, or was
25 at the time. It's getting better now, but it was at

1 the time critically low. So we had 10 officers,
2 maybe 11 officers on duty that night.

3 Q The other question I had is, you said that
4 the sheet was knotted through the door vent. Was it
5 visible --

6 A Correct.

7 Q -- from the outside, outside of the cell?

8 A I didn't notice, but I would say it had to
9 be. But that's, that's not uncommon. The way our
10 cell doors are designed, they are designed to be
11 closed from the outside by an officer. They're not
12 designed to be closed from the inside by the inmate.
13 There's nothing on the inside of the door for an
14 inmate to grab onto to pull their door closed. It's
15 just a poor design, but it's been like that since the
16 place was built.

17 Every inmate ties a little -- usually ties a
18 piece of string to their door, and they use that as a
19 door pull to pull the door closed from the inside.
20 If they don't do that, the only way they can close
21 the door from the inside is to grab it as they walk
22 in and pull it shut behind them and let it swing
23 closed on its own.

24 But when they do that, it closes loud -- it
25 slams hard and it closes loud, and that annoys the

1 other inmates. And typically, you don't want to
2 annoy the other inmates. So every door in the
3 facility, without exception, has something tied to
4 the, to the grill. Usually -- and it's always, it's
5 always visible from the outside because it's just a
6 thin piece of steel.

7 But even if I had looked at it, I wouldn't
8 have thought it was unusual.

9 Q (By Juror Waldenberg) To see knots of the
10 sheet hanging out?

11 A The holes in the grill are maybe, I want to
12 say maybe the size of a BB, maybe even smaller. So
13 it's not like there was a whole sheet sticking out of
14 the grill that we would have seen. It would have
15 been just a very thin piece that would have been
16 pushed through and tied up on the outside.

17 JUROR WALDENBERG: Thank you.

18 A But again, I'm just speculating. I didn't
19 actually notice how it was attached. I just noticed
20 that it was attached at that point.

21 MS. MARCINEK: And we will have a couple
22 other witnesses that may be able to answer that
23 question.

24 JUROR NITSCHKE: Margaret Nitschke.

25 Q (By Juror Nitschke) You said that there's a

1 walk-through every 30 minutes. Does that happen on
2 the hour and the half hour?

3 A Not necessarily. Our officers are required
4 to be random in their walk-through times so that the
5 inmates aren't expecting us. We don't want them, you
6 know, hiding their contraband because they know it's
7 11:59 and we're going to be walking in in one minute.

8 So generally, it's within five minutes of
9 the top of the hour before or after, five or
10 ten minutes, and within five or ten minutes of the
11 bottom of the hour, or after. Never more than
12 20 minutes between, between walks, though.

13 Q Okay. The reason I asked that question, you
14 said the code was called at 6:39.

15 A Correct.

16 Q And then there was a time that you had to
17 wait for another officer to come before the door
18 could be unlocked?

19 A Uh-huh.

20 Q Do you have an idea of how many minutes that
21 was between your arrival and the --

22 A Oh. It was, it was seconds. I mean, maybe
23 five or ten seconds.

24 As I said, when I got to the door, I asked
25 the station officer who sits at the station and opens

1 the door for us, I asked him what was going on. In
2 the time it took him to tell me that he didn't know,
3 others officers had shown up.

4 JUROR NITSCHKE: Okay. Thank you.

5 CORONER BROWN: Any other questions --

6 A But I misspoke earlier. Excuse me. I
7 misspoke earlier. I'd said no more than 20 minutes
8 between walks. I meant no less than 20 minutes
9 between walks.

10 CORONER BROWN: Any other questions from the
11 jurors?

12 All right. Thank you. You may be excused.

13 MS. MARCINEK: Thank you.

14 THE WITNESS: Thank you.

15 CORONER BROWN: Call your next witness.

16 MS. MARCINEK: We are going to be calling
17 Detention Officer Kent.

18 CORONER BROWN: Please stand and raise your
19 right hand.

20 (The witness was sworn in.)

21 CORONER BROWN: Please be seated and state
22 your name and occupation for the record and spell
23 your last name.

24 THE WITNESS: My name is Brian Kent.
25 K-E-N-T. I'm a detention officer at the Cascade

1 County Sheriff's Office.

2 BRIAN KENT,

3 having been duly sworn, testified upon his oath as
4 follows:

5 EXAMINATION

6 BY MS. MARCINEK:

7 Q Good afternoon, Officer Kent. Could you
8 just, please, again introduce yourself to the jury?

9 A My name is Brian Kent. I am a detention
10 officer with the Cascade County Sheriff's Office.

11 Q Could you please explain some of your main
12 duties as a detention officer, as the jury may not
13 understand what detention officers do?

14 A Main duties would include keeping the safety
15 and security of the facility, getting inmates to
16 court, checking on the wellbeing of inmates, that
17 kind of stuff.

18 Q And how long have you worked at the
19 Detention Center?

20 A Three years.

21 Q Three years?

22 A Yes.

23 Q What kind of training did you receive as a
24 detention officer for the Detention Center?

25 A We did a four week in-house training that

1 goes over the duties of the job, and then within the
2 first year, I went to the Montana Law Enforcement
3 Academy for four weeks. The same thing, but they
4 give us a broader spectrum of what our job entails.

5 Q Do you actually help train other officers at
6 this point?

7 A I do. I'm one of the training officers. I
8 got selected to be a training officer, so I do the
9 three-week class. It's now three weeks, the in-house
10 training. Yes.

11 Q And do you go over some suicide training
12 within that training?

13 A Yes, we do.

14 Q Okay. How many jail-related deaths have you
15 experienced?

16 A I have been on shift for three.

17 Q How long had you been working on the floor
18 when the event with Ms. Kempa occurred?

19 A Just shy of my three-year mark. I hit my
20 three-year in January. This happened in September.

21 Q So were you working at the Cascade County
22 Detention Center during the early morning of
23 September 3rd, 2022?

24 A Yes.

25 Q And what time did your shift start that

1 morning?

2 A I came in early for overtime.

3 Sergeant Lenahan's shift was short that day; he had a
4 couple people on vacation, so I volunteered to come
5 in. I believe I came in at, it was either 4:00 or
6 5:00 in the morning.

7 Q Did you have a shift prior that evening as
8 well? Sorry. I should say the evening of
9 September 2nd.

10 A Yes. I left the jail at 8:00 p.m.

11 Q Okay. So the evening of September 2nd, the
12 day before this suicide, did you have any
13 interactions with Ms. Kempa?

14 A I did. Yes. I was working Station 2 where
15 Ms. Kempa was housed, and I was in J Block collecting
16 the dinner trays that we hand out. And Ms. Kempa was
17 out for her time out, and -- she was out, we were
18 interacting, talking, and going about our day.

19 Q Okay. Just explain this concept of time
20 out.

21 A So the housing unit where Ms. Kempa was
22 housed, we call it our segregation unit. They are
23 locked in their cells for 22 hours a day. They get
24 two hours out to make their phone calls, do their
25 showers, that kind of stuff. And it's used for

1 inmates who could be taken advantage of in general
2 population, inmates with mental disabilities, inmates
3 with sex crimes that can't be housed around general
4 population inmates.

5 Q I'm going to skip ahead and then I'll go
6 back, but why was Ms. Kempa in J Pod?

7 A Ms. Kempa was in J Pod because she has --
8 When Ms. Kempa comes in, we and try put her in
9 population. She usually lasts a day or two, and
10 then --

11 Q Excuse me. When you say "population," what
12 do you mean?

13 A General population. With the other inmates
14 that are out from, you know, about 6:30, and then
15 they're locked down at 10:00. They walk around the
16 dayroom and have TVs and that kind of stuff.

17 We'll try and put her in there, get her
18 around other people, and she -- I don't know how to
19 explain it. Her previous stays, she's always ended
20 up in J Block for her safety. She gets taken
21 advantage of sometimes. People steal her money, that
22 kind of stuff. So for her safety, we put her in
23 J Block.

24 Q So Ms. Kempa has had previous stays at the
25 Detention Center and has stayed in J Block?

1 A Yes.

2 Q Okay. So I want you to speak a little bit
3 more about these interactions with Ms. Kempa that
4 evening.

5 A Okay.

6 Q How was she acting? What was she doing?

7 A She was -- she had her radio on. I remember
8 she had her radio on, she had her headphones in, and
9 she was dancing around the dayroom. She was singing
10 to me and the other officer that was in there with me
11 helping me collect. She was telling us all
12 sorts of -- her stories, and she was proud of her kid
13 that she just had. And she seemed happy when I saw
14 her on that time out.

15 Q Did anything seem out of the ordinary?

16 A No.

17 Q And how long have you known Ms. Kempa?

18 A My, my entire time working at the jail. She
19 comes in and out. She's one of our, we call them
20 repeat offenders. She comes in, stays a couple
21 months, and then she gets out -- gets her meds
22 correct, and then she leaves and then comes back.

23 Q So you would say you've known her about
24 three years?

25 A Yes. Yes.

1 Q Okay. And is it correct that you only work
2 in Station 2?

3 A No. I moved around, but I primarily worked
4 Station 2. I kind of moved where they needed help.
5 Being one of the more senior officers, I could work
6 just about anywhere.

7 Q So pretty much every time that Ms. Kempa was
8 in the Detention Center and in J Pod, Station 2, you
9 were interacting with her?

10 A Yes. At some point or another, yes.

11 Q So you have substantial knowledge of her
12 behaviors and moods?

13 A Yes.

14 Q So did Ms. Kempa express to you in any way
15 suicidal ideations or intentions?

16 A No, she did not. Not this time.

17 Q If Ms. Kempa had mentioned suicide to any of
18 the detention officers, including you, what would you
19 have done?

20 A I would have -- for her safety, I would have
21 handcuffed her behind her back. It's for her safety.
22 I would have put her in a visitation booth where I
23 could observe her. It's right across the hall from
24 where we sit on station. I would have informed my
25 sergeant, started the process of putting her on

1 suicide watch, and called booking, gotten a cell
2 ready for her, and then escorted her down there and
3 put her on suicide watch.

4 Q And I just want to make this clear: That
5 evening, Ms. Kempa did not mention any suicidal
6 ideations when you interacted with her?

7 A No, she did not.

8 Q And then we've already kind of gone over
9 that Ms. Kempa's cell was located in J Pod. Is there
10 anything else kind of unique about J Pod that you
11 would like to let us know about?

12 A Not really. It's, it's a typical -- it's a
13 ten-cell block. That's about it.

14 Q Okay. And did Ms. Kempa occupy the cell
15 with anyone else?

16 A No, she did not.

17 Q And so did you do a walk-through around
18 6:00 a.m. the morning of September 3rd?

19 A I personally did not. The other station
20 officer, Officer Deck, did. It is a 6 o'clock count.
21 We do counts -- at night we do them at 10:00,
22 midnight, 3:00, and 6:00 a.m.; we go count all the
23 inmates. And he had done it at 6:00 a.m., and then I
24 went back in after to do breakfast.

25 Q So you went in around 6:30 to do breakfast?

1 A Yes.

2 Q And what does that look like?

3 A In J Block, I start at the bottom, on the
4 bottom tier, so the bottom cells. I open the food
5 ports. I have two workers that are hired by the jail
6 to help feed. They pass the trays, give them milk
7 for breakfast, and then I follow them and shut the
8 food ports that are on the cell doors. And then I
9 went upstairs to the top tier and did the same thing
10 across the top tier.

11 Q And so what happened when you first got to
12 the cell door?

13 A When I got to the cell door, I knocked on
14 the door and, you know, called out to Ms. Kempa that
15 it was breakfast, and I got no response. So I took
16 the keys that we use to open and I tapped on the
17 window.

18 Some inmates like to wear headphones when
19 they sleep, so you make a little louder bang. When I
20 didn't get a response then, I opened the food port,
21 because a lot of times that will wake them up as
22 well. And that's when myself and the inmate that was
23 helping pass out noticed Ms. Kempa's -- I could see
24 about from chest to about the neck when I leaned
25 down; I could see her body.

1 Q And that was when you opened the food port?

2 A The food port. Yes.

3 Q Okay. Did you observe any body movement
4 whatsoever?

5 A I did not.

6 Q Okay. And then what happened?

7 A I called a code medical to J Block. I sent
8 my two workers back to their, their respective
9 housing units, and I waited for responding officers.

10 Q Okay. And then Officer Lenahan came and
11 assisted?

12 A Sergeant Lenahan. Yes.

13 Q Sergeant Lenahan. Excuse me. And he
14 carried with him a rescue hook; is that true?

15 A Yes, he did.

16 Q And do you actually have a rescue hook with
17 you?

18 A I do have one.

19 Q Okay. And what do you use this -- I mean,
20 so why do you have one here today?

21 A For an example of the device that we use.
22 It's called a rescue hook. It's made by a company
23 for jails and prisons. It's a knife-like device that
24 is used to -- if somebody has something around their
25 neck, you can slide it in and cut whatever is around

1 their neck. This one is a little dull. We have
2 newer, sharper ones. But that's why I have this one,
3 for training. I can pass it around to my new hires
4 and I can show them that this is what it's for. It
5 hooks in and then we can cut whatever is around their
6 neck.

7 Q And why does the facility carry them?

8 A For this exact reason. A lot of times if we
9 find somebody, we can cut them down and save their
10 lives. I've seen it used a couple times where
11 somebody was close and we were able to get the rescue
12 hook in there and keep them from committing suicide.

13 Q Okay. And so you not only have seen them,
14 but you actually train other people to use them?

15 A Yes, ma'am.

16 Q So after retrieving the rescue hook and
17 Lenahan cutting her down, what happened?

18 A So I had trouble -- So Lenahan and the other
19 responding officers arrived in the J Block. I called
20 them up. I could see just what looked like a
21 bedsheet, a torn piece of bedsheet around her neck,
22 so I yelled at Sergeant Lenahan and everybody that I
23 think she has something around her neck.

24 I couldn't get the door open, so
25 Sergeant Lenahan helped me get the door open. He cut

1 her down and started CPR. And Corporal Loomis told
2 me to go get the AED.

3 Q And so you went to get the AED?

4 A Yes, I did.

5 Q And then did you bring it back into the
6 cell?

7 A Yeah. I brought it back, and when I got
8 back, medical had taken over CPR efforts, so I handed
9 it to the medical staff, and Sergeant Lenahan told
10 myself and another officer to go prepare for a
11 medical transport.

12 Q Okay. And then when EMS arrived, did you
13 transport them?

14 A I did. I took them down to where she was at
15 and waited until they got her on the gurney, if that
16 was what they were going to do, to get her to the
17 hospital.

18 Q And I'm just going to ask you a couple of
19 conclusory questions.

20 A Uh-huh.

21 Q So the deceased person at issue here is
22 Aleesha Mae Kempa; is that correct?

23 A Yes.

24 Q And how do you know this?

25 A By her -- by previous knowledge, her coming

1 in and out of the facility. And every time an inmate
2 is booked into our facility, they take pictures and
3 use their ID to identify them.

4 Q Okay. And then finally, based on your
5 training, all policies and procedures were followed
6 by detention staff?

7 A Correct.

8 MS. MARCINEK: I have no further questions
9 for you, but the jury may.

10 CORONER BROWN: Do the jurors have any
11 questions for this witness?

12 JUROR WALDENBERG: I have one.

13 CORONER BROWN: Pull the mic over and state
14 your name, please.

15 JUROR WALDENBERG: Nancy Waldenberg.

16 Q (By Juror Waldenberg) So you were there at
17 the cell and you waited for Mr. Lenahan to get there?

18 A Yes.

19 Q Okay. I guess I was under the understanding
20 that Lenahan was waiting for someone else to get
21 there to go in together.

22 A So per our policy at the, at the sheriff's
23 office, we cannot enter a cell by ourselves when
24 somebody is hanging. We've had officers attacked in
25 the past. When they enter the cell by themselves and

1 cut them down, a lot of times the inmate will attack
2 them. So it's a safety thing for us. So we wait
3 until backup arrives, and then we go in.

4 MS. MARCINEK: So I think I can clear this
5 up a bit.

6 Q (By Ms. Marcinek) You were actually the
7 first to find her --

8 A Yes, I was.

9 Q -- as you were passing out breakfast?

10 A Yes.

11 Q So you then called for backup --

12 A Code medical. Yes.

13 Q -- and Lenahan came?

14 A Yes.

15 Q (By Juror Waldenberg) Then how long did it
16 take for him to arrive, in your estimation?

17 A 30 seconds. It felt like an eternity, to be
18 honest, but it was probably about 30 seconds.
19 Because where Sergeant Lenahan's office is, is right
20 across the hallway from where I was, so it wouldn't
21 have taken him very long.

22 MS. MARCINEK: Are there any further
23 questions?

24 Q (By Juror Douglas) You said you count the
25 inmates at 6:00 a.m. every morning?

1 A Yes.

2 Q And is breakfast served at the same time
3 every day as well?

4 A Yes.

5 Q So they know that you're coming at 6:00 to
6 count them, and then they know you're coming back at
7 6:30 for breakfast?

8 A Yes.

9 JUROR DOUGLAS: Thank you.

10 MS. MARCINEK: I don't think there are any
11 further questions.

12 CORONER BROWN: Any other questions?

13 JUROR FREY: I have one.

14 CORONER BROWN: All right.

15 JUROR FREY: Maurice Frey.

16 Q (By Juror Frey) You had mentioned that what
17 you would do in the scenario if Ms. Kempa had
18 expressed suicidal tendencies or thoughts and what
19 you would do. Had she done that in the previous
20 three years?

21 A Yes she had.

22 Q She had.

23 A Yes.

24 JUROR FREY: That's all I had. Thank you.

25 CORONER BROWN: Any other questions?

1 All right. Thank you. You may be excused.

2 Your next witness.

3 MR. LARSEN: Rita Moyer.

4 CORONER BROWN: Raise your right hand.

5 (The witness was sworn in.)

6 CORONER BROWN: Go ahead and have a seat and
7 state your name and occupation for the record and
8 spell your last name, please.

9 THE WITNESS: Okay. Rita Moyer. I'm an RN.
10 The last name is M-O-Y-E-R.

11 CORONER BROWN: Thank you.

12 RITA MOYER,

13 having been duly sworn, testified upon her oath as
14 follows:

15 EXAMINATION

16 BY MR. LARSEN:

17 Q And Rita, you've been employed up at the
18 jail on the medical staff for a while now; is that
19 right? How long have you been up there?

20 A About a year now. About 13 months.

21 Q So you've worked for Alluvion, who was the
22 previous medical folks up there, and now it's
23 Turn Key, is the name of the company that runs it?

24 A Yes.

25 Q In fact, this was, like, the third day when

1 you had been working for Turn Key?

2 A Yes.

3 Q You're an RN. So what are the sorts of
4 things that you assist with in the facility?

5 A I do medications, I do assessments, medical
6 intakes. I make sure that people are getting meds
7 that they need, so I have to follow up with the
8 doctors and other pharmacies and things like that.

9 Q Do you also, on occasion, from a mental
10 health standpoint, do determinations of whether or
11 not somebody needs to be on suicide watch and that
12 sort of thing?

13 A Yes. I do.

14 Q And you said you've been up there 13 months.
15 You had prior medical before that, though; is that
16 right?

17 A Yes. I've been an RN for nine years.

18 Q Not in a jail setting. This is just the
19 last, a little over a year?

20 A Uh-huh.

21 Q And I know that you got your general
22 training as an RN. Is there any specific training
23 you've been through related to jail facilities in
24 particular? Do they do any specific stuff, or it's
25 kind of the same sort of thing you would do just as

1 an RN anywhere?

2 A Yeah. Generally, it's the same principles
3 as an RN; you would apply that anywhere.

4 Q You treat them as patients as you --

5 A Absolutely.

6 Q Let's turn to Ms. Kempa's case. You were
7 working that morning on September 3rd; is that right?

8 A I was getting off work.

9 Q Just getting off work.

10 A Yes.

11 Q So you had been on since what time?

12 A 6:00 p.m.

13 Q 6:00 p.m. And this is the next morning, so
14 you're just about to clock out?

15 A Yep. I was actually outside the secure side
16 of the facility getting ready to clock out when I got
17 called from central to come back in.

18 Q Okay. So what did you know when you were on
19 your way in? Anything?

20 A All I knew, that it was a code medical and
21 that they needed me in J Pod.

22 Q And what sorts of things do you get called
23 in for on a code medical? It's not always a suicide,
24 obviously.

25 A No. It's, like, complaint of chest pain,

1 shortness of breath, low blood sugars, seizure
2 activity. Any multitude of things.

3 Q It could be all sorts of medical issues;
4 right? So you didn't know what you were walking into
5 when you walked in there?

6 A No.

7 Q What did -- I assume there's some equipment
8 or things like that that you grab on the way?

9 A Depends on what it is. But because I was
10 coming from outside of the secure side, I didn't grab
11 anything. I just ran immediately into there, because
12 I had my other bag with me.

13 Q Okay. When you got -- What did you find
14 when you got to the J Pod?

15 A When I first got in there, I seen -- up on
16 the top tier, I saw a female laying down. I wasn't
17 sure who it was at that time. And I saw officers
18 performing CPR.

19 Q Okay. What did you do to assist?

20 A I immediately yelled back to call 9-1-1 and
21 get an AED and ran up the stairs and took over
22 compressions.

23 Q There was other medical staff that came and
24 helped you do that?

25 A Yes. Probably within 30 seconds or so.

1 Q And that's kind of the typical process, is
2 the detention officers are going to be in there first
3 and you guys come in and relieve them, I guess, for
4 lack of a better term?

5 A Yeah.

6 Q Did you recognize the female when you got
7 there?

8 A Yes.

9 Q You knew Ms. Kempa from -- And how did you
10 know her?

11 A Because she's been -- she had been in the
12 facility; and before she had been incarcerated and
13 things like that, I had seen her down at the clinic
14 when I worked at Alluvion's clinic.

15 Q So you'd seen her as a patient on numerous
16 occasions.

17 A (Nodding head.)

18 Q Had you interacted with her when she was in
19 the facility on this stay prior to that day?

20 A Just minimal, just because she wasn't -- she
21 didn't call -- She didn't need much help, she was
22 saying, so...

23 Q Were there times in the past that she had
24 requested a lot of medical assistance?

25 A Yes.

1 Q So you were aware of what problems she had
2 and that sort of thing?

3 A Yes. I was very aware of her --

4 Q She had been on suicide watch in the
5 facility prior to that date?

6 A Multiple times. Yes.

7 Q Okay. And you had -- there was an
8 assessment done in that regard. Had she undergone
9 the assessment when she was booked in just prior to
10 this incident?

11 A Yes. Whenever anybody comes into the
12 facility, they are automatically screened for
13 suicide.

14 Q Okay. Every inmate that comes in the
15 facility gets that; right?

16 A Uh-huh.

17 Q And there were no findings in that survey
18 that made any indication that she needed to be on
19 suicide watch when she came in the facility for that
20 stay?

21 A No.

22 Q She had been on suicide watch in the past,
23 like you said.

24 A Yes.

25 Q In any of your contact with her prior to

1 that morning, if she had expressed anything along
2 those lines, there is a process you have; right?

3 A Yes.

4 Q And if she had made any of those statements
5 or was showing any of those signs, something would
6 have been done under the policy of the jail?

7 A Immediately. Yes.

8 Q What sorts of things do you keep an eye out
9 for?

10 A We do watch for, like, behaviorisms or the
11 little comments they might make that might be
12 implying something. We watch how much they eat, with
13 the officers letting us know if they're not eating,
14 that kind of stuff. So just certain little I guess
15 telltale signs.

16 Q And none of that was documented for her in
17 the days preceding that when she was in the facility?

18 A No. There was no indication that this was
19 going to occur.

20 Q And they have the ability at any time to
21 contact medical if they need assistance?

22 A Absolutely.

23 Q And what's the process for that?

24 A Most of the time, all they have to do is
25 say, "Hey, I need to see medical," and then the

1 officers will actually call us.

2 Q And there's somebody from medical staff on
3 24 hours a day every day?

4 A Yes.

5 Q So if somebody does need help, there is a
6 process to get them that help pretty much
7 immediately?

8 A Yes.

9 Q Or within a few minutes, I guess.

10 A Absolutely.

11 Q And again, based on your review of the file
12 here, she hadn't made any of those requests in the
13 days preceding this; is that right?

14 A No. Not to my knowledge.

15 Q But she certainly knew how to do that,
16 because she'd done it in the past?

17 A Yes.

18 Q Turning back to -- You're there and you take
19 over doing CPR for the detention officers. Were you
20 present when the AED was hooked up?

21 A Yes. I was actually doing compressions
22 while they were hooking that up.

23 Q And do you recall what it was saying to do
24 in that regard?

25 A Well, you have to have it analyze, and so we

1 have to stop the compressions momentarily. And it
2 said "no shock advised," so we resumed compressions.

3 Q Okay. And you kept that up until EMS
4 arrived?

5 A Absolutely. Yep.

6 Q Did you ever get any response that, that
7 there were no signs of life or anything like that,
8 that you saw?

9 A No.

10 Q And after you completed doing that CPR, you
11 turned her over to the EMS guys, and that was the end
12 of your involvement?

13 A Yes. Once the EMS people were there, we
14 just sat back and let them -- if they needed
15 anything, we would help, but for the most part, they
16 just take over doing everything else.

17 MR. LARSEN: I don't have any other
18 questions for you. The jury may have a couple of
19 questions.

20 So anyone?

21 CORONER BROWN: Do the jurors have any
22 questions for this witness?

23 JUROR WALDENBERG: Nancy Waldenberg.

24 Q (Juror Waldenberg) I guess I'm curious as
25 to what type of mental health assessments or protocol

1 are in place. It sounds like she was in and out.
2 Was she under the care of a physician for maybe
3 mental illness?

4 A Yes. We had a mental health that was there,
5 a mental health counselor, and then our actual
6 provider.

7 MR. LARSEN: And I can answer that a little
8 more fully for her. She had been assessed on several
9 occasions by mental health professionals and had
10 been -- There's sort of a complicated procedure about
11 fitness for trial when you're awaiting criminal
12 charges.

13 She had been to the State Hospital a few
14 times and was actually awaiting transport to the
15 State Hospital at the time of this. So she was under
16 care from the folks at the jail in the process of
17 getting her down to the State Hospital for more
18 treatment.

19 Any other questions?

20 JUROR FREY: I just have one. Maurice Frey.

21 Q (Juror Frey) How many days had she been in
22 the facility prior to this event --

23 A That I can't tell you.

24 Q -- on this occasion?

25 A I don't know the exact amount of days.

1 MR. LARSEN: Agent McDermott, when he
2 testifies, can give you give that.

3 JUROR FREY: Okay.

4 CORONER BROWN: Any other questions from the
5 jurors?

6 JUROR LINN: Kimberly Linn.

7 Q (By Juror Linn) You said they were awaiting
8 transport to the State Hospital. What was the
9 diagnosis for her transport to go to the State
10 Hospital?

11 MR. LARSEN: You know, I don't recall off
12 the top of my head what her diagnoses are. We can
13 try and find that out.

14 THE WITNESS: I know.

15 MR. LARSEN: Oh. You do.

16 THE WITNESS: I do know that she had
17 schizoaffective disorder for one, depression,
18 anxiety, PTSD.

19 MR. LARSEN: Schizoaffective disorder is the
20 first thing she said.

21 Q (By Juror Douglas) So if we knew that she
22 had those issues, wouldn't that prompt more
23 supervision for her?

24 A That's why they actually had her in J Pod,
25 because she had more rounding checks than in general

1 pop.

2 Q But she wouldn't have been checked more
3 often in the J Block being that she was, she was
4 ready to travel to a facility?

5 A No. The officers would have checked her,
6 and then we'd also made our rounds on her during med
7 pass and other times.

8 MR. LARSEN: She would have been 30-minute
9 checked. The suicide watch is 15 minutes. That's
10 the only major difference there.

11 Q (By Juror Nitschke) I don't know if you can
12 answer this, but approximately how long does it take
13 a person to asphyxiate?

14 A Actually, it only takes a few minutes for
15 you to go unconscious, and if the pressure is not
16 relieved, then it's less than, like, four minutes.

17 JUROR NITSCHKE: Less than four minutes?
18 Okay.

19 MR. LARSEN: Anything else?

20 CORONER BROWN: Any further questions?

21 UNIDENTIFIED SPEAKER: Can we ask questions?

22 MR. LARSEN: No. Only the jury.

23 UNIDENTIFIED SPEAKER: Okay. Just
24 wondering.

25 CORONER BROWN: Thank you. You may be

1 excused.

2 Call your next witness.

3 MR. LARSEN: We'll call Dr. Kemp.

4 (The witness was sworn in.)

5 CORONER BROWN: Please take a seat and state
6 your name and occupation for the record, spelling
7 your last name.

8 THE WITNESS: Walter Kemp. Last name is
9 spelled K-E-M-P. And I'm a forensic pathologist.

10 DR. WALTER KEMP,
11 having been duly sworn, testified upon his oath as
12 follows:

13 EXAMINATION

14 BY MR. LARSEN:

15 Q Dr. Kemp, I know that we had you do it this
16 morning, but we'll do it again. Where do you work?

17 A I work at the Eastern Montana Crime Lab in
18 Billings.

19 Q And what is your capacity there? What do
20 you do there?

21 A I'm a forensic pathologist, so I do -- my
22 main job is doing autopsies for the county coroners.

23 Q And how many autopsies do you do, on
24 average, a year?

25 A In Billings, the last couple years, we've

1 done between 359 last year to 375 the first year I
2 was there, December 2020.

3 Q And since you've been a medical examiner, I
4 know it's in excess of 3,000 or something like that?

5 A I would guess I've done about 3,000
6 autopsies.

7 Q What sort of training do you have to have to
8 be a forensic pathologist?

9 A You have to go to medical school. Do you
10 want me to go through my specific training?

11 Q Yeah, if you would.

12 A So I'm from Libby, Montana. I went to
13 Carroll College for my undergrad degree in Helena. I
14 went to Creighton University School of Medicine in
15 Omaha, Nebraska, for my MD. I went to the University
16 of Texas Southwestern Medical Center in Dallas,
17 Texas, for my residency training in anatomic and
18 clinical pathology for five years.

19 Then I stayed at UT Southwestern and the
20 Dallas County Medical Examiner's Office for a year
21 for my forensic fellowship training in forensics.
22 I'm board-certified in anatomic, clinical, and
23 forensic pathology by the American Board of
24 Pathology. I'm licensed to practice medicine in the
25 states of Montana, Texas, North Dakota, South Dakota,

1 and Minnesota. And when I was in Missoula as the
2 deputy state medical examiner, I got my PhD in
3 anthropology from the University of Montana.

4 Q You conducted the autopsy on Aleesha Kempa
5 in this matter on September 6th of 2022; is that
6 right?

7 A I did.

8 MR. LARSEN: And there's a copy there on the
9 table. I only have two, so you'll have to share a
10 little bit.

11 Q (By Mr. Larsen) You made some pathological
12 diagnoses in this case. Could you just tell the jury
13 what those were?

14 A So our pathologic diagnoses are just our
15 findings from the autopsy. So my main finding was
16 hanging. The features that I found were what I
17 describe as a near circumferential furrow. It's
18 where the ligature pinches the skin, compresses it,
19 and it makes a little ring on the skin that you can
20 see.

21 Q And we have a picture.

22 MR. LARSEN: If you want to put that up,
23 Josh.

24 Q (By Mr. Larsen) That's what you're
25 describing there; is that correct?

1 A Yeah. So it's basically compression of the
2 skin where it's in contact with the weight of the
3 head against it.

4 Then I say I saw no petechial hemorrhages,
5 which are little pinpoint red spots in the eye.
6 Those are commonly associated with strangulation.
7 You can see them in a hanging. It's from blood flow.
8 If blood flow is completely cut off, you don't get
9 them; if there is some blood flow, the capillaries
10 converse and you get them. You can see them in
11 hanging, but oftentimes you don't.

12 I also saw no breaks in the neck bones, the
13 thyroid cartilage or the hyoid bone. And I saw no
14 hemorrhage in the muscle. So the reason we do that
15 is because if somebody strangles somebody and then
16 puts a rope around their neck and hangs them to make
17 it look like a hanging, they can try and conceal a
18 strangulation. And she had no features of that, so I
19 didn't find anything that would indicate that it was
20 anything other than a hanging.

21 Q So, in other words, you expect to find those
22 neck bones broken when it's a little more violent
23 event?

24 A It's not 100 percent absolute, but usually,
25 yeah. I mean, if somebody is strangling somebody and

1 they're struggling against it, you usually have
2 injuries to the neck, hemorrhage in the muscle of the
3 neck. It can break those bones. Like I say, it's
4 not absolute, but as far as I could tell, there was
5 no struggle by her against the ligature.

6 Q Sure. Your second finding there starts with
7 status post resuscitation attempt. Can you describe
8 what that means?

9 A So when they did resuscitation, they
10 actually tore the heart. Since the sternum is your
11 bone right here (indicating) and the vertebral column
12 is your backbone, they're basically compressing the
13 heart in between the two. And I've seen this a
14 couple times now, where they've actually torn the
15 heart. And then because of that, there was blood in
16 the heart sac around the heart, and there was blood
17 in the right pleural cavity by the right lung. And
18 that came from CPR.

19 Q Those are CPR injuries; you see those
20 somewhat commonly when there's been --

21 A Not very commonly, but we do see them. And
22 it would make sense. I mean, you're pushing the
23 heart, which is a soft tissue, between two layers of
24 bone. To me, it just implies how aggressive the
25 resuscitation was in the attempt to resuscitate the

1 individual.

2 Q You also, in your findings, reviewed the
3 toxicology report here; is that correct?

4 A Correct.

5 Q And what were the findings in that regard?

6 A There was citalopram and hydroxyzine.
7 Citalopram is an antidepressant, what they call one
8 of the SSRIs, serotonin specific reuptake inhibitors.
9 And the hydroxyzine is oftentimes for itching.

10 Q And the amounts there are therapeutic based
11 on your knowledge, or do you know?

12 A I'd have to look, but they're insignificant.
13 They did not cause her death.

14 Q Okay. You did find the cause of death here,
15 though; is that correct?

16 A Yes.

17 Q And what is that?

18 A Hanging.

19 Q And you listed no other significant
20 conditions or any medical issues or anything like
21 that that you saw that contributed here?

22 A Yeah. I didn't feel that there was anything
23 that contributed to her death.

24 Q And manner of death in this case is suicide;
25 is that right?

1 A Correct.

2 Q And you talked about it a little bit this
3 morning. There's several manners of death that are
4 used by forensic pathologists to describe how that
5 person died. There's homicide and suicide. This
6 wouldn't be considered accidental or anything like
7 that?

8 A No. So the death certificate in Montana
9 allows five manners of death: Homicide, suicide,
10 accident, natural, and undetermined.

11 So natural is entirely due to a natural
12 disease process, like cancer or stroke. Homicide is
13 where somebody commits a harmful act directly at
14 another person, intending to harm them, kill them,
15 scare them, and causes their death. Suicide is a
16 harmful act directed at themselves to cause their own
17 death.

18 Accident is where there's a harmful act but
19 there's no intent. So, for example, somebody is
20 walking along and falls off something, that's a
21 harmful act, but they didn't intend to fall. And
22 then undetermined means from our investigation, from
23 a coroner's investigation, we're not certain.

24 So when somebody puts a rope around their
25 neck and sits in a position where it puts pressure on

1 the neck, we consider that -- I mean, unless there's
2 something else like -- It is possible, there's things
3 like autoerotic asphyxia, where people asphyxiate
4 themselves to enhance the pleasure. That would be
5 considered an accident that happened at that time.
6 But we don't have any evidence of that, because this
7 was suicide.

8 Q The finding here is suicide.

9 And you're made generally aware of the
10 circumstances surrounding the death in all of
11 these --

12 A Yes.

13 Q -- autopsies; correct?

14 Those enter into your findings, obviously?

15 A Yes.

16 Q Based upon those circumstances and the
17 evidence you found during the autopsy, is there
18 anything suspicious or unexplained or anything in
19 this one?

20 A No. I saw no other injuries. There was,
21 like, an abrasion of the chin, a small abrasion. So
22 when they are putting the ligature in place, it's
23 possible for it to catch skin. So I didn't see
24 anything.

25 Like I said, we looked inside to make sure

1 there wasn't anything inside that might go along with
2 somebody had done something to her before she was
3 placed in that position. And I found nothing in my
4 autopsy, outside or inside, that made me concerned
5 that it's anything other than what it appears to be,
6 that she hung herself.

7 MR. LARSEN: I don't have any other
8 questions for Dr. Kemp.

9 Any questions from the jury?

10 Seeing none.

11 CORONER BROWN: One question, Dr. Kemp.

12 Q (By Coroner Brown) A juror asked this of
13 the nurse, but maybe you could explain it a little
14 better. When someone hangs themselves, you know, how
15 long from the time they do it until they actually
16 die, generally speaking?

17 A So the brain is really sensitive to a lack
18 of oxygen, and so my understanding, in having seen a
19 video of it, basically as soon as that tightens
20 around -- Because what happens in a hanging, like, if
21 somebody executes somebody and hangs them, it breaks
22 their neck, and that's totally different than what we
23 see in this situation.

24 What happens in a suicidal hanging, with
25 rare exception, is the noose around the neck puts

1 pressure on the artery and vein and pinches blood
2 flow to and from brain, so the brain gets deprived of
3 oxygen. The brain is very sensitive to a lack of
4 oxygen, and, literally, within seconds -- My
5 understanding is that before they had Taser, the
6 officers could go around and knock people out with a
7 choke hold, and literally seconds is all it takes.

8 Now, once the person is out, my
9 understanding is it takes a few minutes for the cells
10 in the brain to start dying. So if they get to them
11 within a couple minutes, potentially they can
12 recover, although there is some argument about that.
13 But usually, I think the first cells in the
14 hippocampus, which is part of the brain that plays a
15 role in your education and learning, very sensitive
16 minutes. So if they can be recovered right away,
17 they could, but the brain gets out and then damaged
18 pretty quickly.

19 THE WITNESS: Does that explain it?

20 CORONER BROWN: Any of the jurors have any
21 questions?

22 All right. Thank you, Dr. Kemp. You may be
23 excused.

24 THE WITNESS: Thank you.

25 MR. LARSEN: We will call Agent McDermott.

1 (The witness was sworn in.)

2 CORONER BROWN: Take a seat and state your
3 name and occupation for the record, spelling your
4 last name.

5 THE WITNESS: My name is Bruce McDermott.
6 M-C-D-E-R-M-O-T-T. I am an agent with the
7 Montana Department of Justice, Division of Criminal
8 Investigation, Major Crimes Unit, and I'm based out
9 of Great Falls.

10 BRUCE McDERMOTT,
11 having been duly sworn, testified upon his oath as
12 follows:

13 EXAMINATION

14 BY MR. LARSEN:

15 Q And how long have you been in law
16 enforcement, Bruce?

17 A 34 years.

18 Q You've been with DCI for about ten of those?

19 A Ten.

20 Q And prior to that, you worked here at the
21 Great Falls Police Department; is that right?

22 A Yes. For 24 years.

23 Q In the course of that time, how much of that
24 time have you been a detective?

25 A About 22 years.

1 Q And what sorts of things do you primarily
2 investigate?

3 A When I was at the police department, it
4 could be any range of violent crimes or serious
5 crimes; burglaries, thefts, robberies, kidnappings.
6 But mostly now, and even when I was in the police
7 department, like, violent crimes; person-against-
8 person, homicides, and in the last ten years, a lot
9 of officer-involved shootings and custodial deaths,
10 whether it be overdoses in a jail environment or
11 suicides.

12 Q And sometimes medical emergencies in the
13 jail too you investigate?

14 A Yes.

15 Q And is that something that's unique to the
16 Cascade County Detention Center, jail deaths?

17 A Is it unique to them?

18 Q Yeah. Is that only place we have them?

19 A No. It's all over the state.

20 Q So you've traveled all over Montana for
21 suicides?

22 A Yes.

23 Q Potentially homicides in the jail, you might
24 investigate those?

25 A Yes. And basically, those objectives are --

1 I can pretty much say in every one of those cases, is
2 at the hands of the person who is deceased or at the
3 hands of another. And if it's at the hands of
4 another, it's going to have to either be jail staff
5 or one of the fellow inmates. It's a pretty basic
6 approach.

7 Q Turning to -- Do you have any estimate of
8 how many jail deaths you've investigated over the
9 last ten years?

10 A 40 to 50.

11 Q And how many of those -- Are those primarily
12 suicides?

13 A Yes.

14 Q Turning to this investigation, did you
15 identify the deceased?

16 A Yes.

17 Q And there's a booking photo there in front
18 of you, and the jurors have a copy as well. That is
19 the person that's involved in this investigation?

20 A Yes. Aleesha Kempa.

21 Q Do you recall when you got involved in this
22 one?

23 A I'm sorry?

24 Q Do you recall what time -- or when you got
25 involved in this one?

1 A I believe 7:03.

2 Q It was that same day?

3 A Yes. I believe within 30 minutes.

4 Q And where was the location that you were
5 sent to?

6 A The Cascade County Detention Center.

7 Q And the purpose of your investigation is to
8 look into criminal means, if that's the cause of
9 death in these sorts of things?

10 A Exactly.

11 Q Also to provide some outside investigatory
12 skills. You look and see how this came about?

13 A Yes.

14 Q Okay. Is there a standard procedure you
15 follow when you get called in on one of these?

16 A Sometimes when we arrive, the body is there;
17 other times, the body has been transported to the
18 hospital. You know, if the body is present, I'll
19 try to -- They're pretty good about cordoning off the
20 area before we get there. I'll do as much as I can
21 to document the body in position and record as much
22 information as I can through photographs,
23 measurements, whatnot, and then try to extradite the
24 body out of the area.

25 Q And in this case, was Ms. Kempa still there

1 when you arrived?

2 A Yes. Her body was on scene.

3 Q So she had been declared dead on scene?

4 A Correct.

5 Q Do you recall what, what time that was?

6 A The exact time, I'm not sure.

7 Q Sometime after 6:39, when she was found?

8 A Yes. I know it was 6:39 when he arrived at
9 the door, and once they got the EMS up there, or
10 medical, you know, they continued to work on her, but
11 they realized that was to no avail.

12 Q Within a half hour or 45 minutes or so?

13 A Yes.

14 Q You had the opportunity to see the body in
15 place, though; is that right?

16 A I did.

17 MR. LARSEN: Could you please put that
18 ligature mark photo back up, Josh?

19 Q (By Mr. Larsen) And you took that photo on
20 scene; is that correct?

21 A I did.

22 Q And that, as Dr. Kemp described, is the
23 ligature mark that results from when your skin gets
24 pinched --

25 A It is.

1 Q -- in one of these instances?

2 The body was collected from the jail and
3 then taken for an autopsy with Dr. Kemp; right?

4 A Yes. And to dovetail into what one of the
5 jailers or the detention officers said here, by the
6 time I got up there, she was still warm as well.

7 Q You went into the cell?

8 A Yes.

9 Q And you took some pictures; is that right?

10 A Yes.

11 MR. LARSEN: Let's start with the screen 1
12 there. Actually, do the cell door first.

13 Q (By Mr. Larsen) So that -- it's a two-deck
14 facility, so there's a lower deck with five cells,
15 upper deck with five cells; right?

16 A And that's a picture on the upper tier. If
17 you look directly below that cell, you can see the
18 beginning of the next cells below on the base floor.
19 So you have to walk up a stairway to get up to that.

20 Q And we'll watch the redacted video that kind
21 of captures this here in a minute too, but that's the
22 cell; is that correct?

23 A It is.

24 Q And that shows how those doors open, so
25 there's kind of two doors together, they open out

1 away from each other?

2 A Yes. This one swings out this way, and then
3 there's another cell, and this will swing out to this
4 way (indicating).

5 Q So the one there on the left with the open
6 door was the cell she was in?

7 A Yeah.

8 Q And that's J10.

9 A And you can see her body in its position.

10 MR. LARSEN: Let's jump out to other
11 pictures of the door there, Josh. Let's go to
12 screen 1.

13 Q (By Mr. Larsen) So that is the interior of
14 that cell door with the, whatever it was that was
15 hanging. Did you ever determine what that material
16 was?

17 A Yes.

18 Q And what is it?

19 A It's the piping from the collar or the waist
20 of the issued jail, the blue jail scrubs I guess that
21 they give them to wear. On the neck area and the
22 waist area, there's a piping, a thicker section of
23 piping, and so that was ripped away. But it wasn't
24 consistent with the clothing that she had in there,
25 so that had preexisted.

1 Q So that had been there -- based on what you
2 could tell, that had been there. And you heard one
3 of the detention officers, I think it was Sergeant
4 Lenahan, said that the inmates often put those on
5 there so they can close the door from the inside;
6 right?

7 A That answered that for me, because I was
8 perplexed. Also, that -- You know, at first I'm
9 approaching this from the position of how could
10 somebody on the inside fish that through. Because
11 these are, as stated, the size of a BB, each of these
12 little holes. It's just a port that you can talk
13 through and maybe get fresh air from.

14 Q How big is that screen; do you recall?

15 A That's probably 4 inches by 4 inches, if I
16 had to guess. But to be able to push that through
17 and then feed it back, how are you going to hook it
18 to pull it back? So it's clear that that had to be
19 put in place when the door was open. And so yeah,
20 that had been in position for some period of time;
21 and, like was testified, it was a method by which
22 they create a handle to pull the door closed if they
23 need to.

24 Q And so you were satisfied, based on what you
25 saw and based on the clothing she had that wasn't

1 torn up, that that preexisted her probably being --

2 A Yeah. It didn't come from any of the scrubs
3 that I found in the -- or on her person.

4 MR. LARSEN: Screen 2.

5 Q (By Mr. Larsen) That's a little further
6 away. That is, again, the interior of the door; is
7 that correct?

8 A Yeah. That's the full -- that's the
9 interior of the door, and that's the full length of
10 that ligature after it was cut.

11 Q Okay. So a portion of that was around, I
12 presume was around her neck?

13 A Yes.

14 Q Okay. And then can you describe the other
15 features there?

16 A There's the feeding port that they talked
17 about. So that's -- from the outside, there's a key
18 section, and they would just open it and it drops
19 down to the outside, and that's what they push the
20 tray through when they get their food. That's the
21 door that they dropped when they looked in and they
22 saw her chin and realized that she was hanging there.

23 Q And then above that screen, there's kind of
24 a light. What's that?

25 A That's the window that allows them to look

1 in and the inmates to look out.

2 Q And then the silver thing there to the left
3 is sort of a --

4 A Like a door handle, but it's just -- it's a
5 depressed section, but it's not something that you
6 can grab onto.

7 Q Can't grab anything on that; right?

8 A Correct.

9 MR. LARSEN: Let's go to the next one.

10 Q (By Mr. Larsen) Bruce, I apologize because
11 it isn't a -- The lighting up there isn't ideal for
12 photography; is that fair to say, Bruce?

13 A Plus the lighting in here subtracts from the
14 ability --

15 Q But that's from the exterior of the door
16 showing how that's pushed through?

17 A Yes. So if you can imagine, when they feed
18 it through, or whoever had fed it through from the
19 inside, pushes it through one of these holes, and
20 then now that you're on this side, you push it back
21 through that hole. So you could use, like, one of
22 the issued pens or -- you know, I can't remember what
23 they, what they supply. You know, they have pens,
24 but they don't have a full pencil, they can't harm
25 themselves.

1 By whatever method they use, they just work
2 at it and work at it until they put it through, and
3 then they can strip it through and it just remains
4 there for a period of time as that handle until
5 somebody wants to repurpose it for this kind of a
6 means.

7 And I don't know where we're at with the
8 ligature, but I feel it's important to demonstrate
9 how it's created. Because the one thing I've been
10 finding out -- So if you can imagine, one thinks that
11 they're going to tie it off to one end or, in this
12 example, use the one end and then tie it, make a knot
13 here (indicating); right? Like, tie it around the
14 neck and create a knot, like a neckerchief. Well,
15 then if you cut them with a rescue hook, they should
16 still have it around their neck; right?

17 Well, what we're finding, and what I've been
18 finding, is that when they use the rescue hook, they
19 fall free. And so you ask, how can they rig that up?

20 THE WITNESS: If I may borrow your --

21 Q (By Mr. Larsen) Headphones?

22 A The headphones. Thank you. Sorry. I
23 couldn't figure the terminology.

24 So it's really simple. Once they have it
25 hooked through there, and this happens in pretty much

1 most of the cases anymore, they create the loop, they
2 tie it off here (illustrating). So now you have your
3 loop in there. So what they'll do is create a
4 figure-eight. They will double the figure-eight
5 over. So you've got a figure-eight, and then they
6 will flip it over like this (illustrating). Okay?
7 And then when you put your neck through, there's your
8 ligature. But when you cut the ligature here
9 (indicating), everything comes free.

10 So I just figured I'd front load this
11 information in case you're wondering how can that --
12 without creating a knot, how can you create that?
13 And that's what I've been finding on most of these
14 anymore. And necessity is the mother of invention
15 and they figure this out, or they talk to one
16 another.

17 Q Sure.

18 MR. LARSEN: Can you go over to that one
19 called "Ligature" up there?

20 There you go.

21 Q (By Mr. Larsen) This was part of a piece
22 that was cut out that you found on the floor; is that
23 correct?

24 A Yes. And I was able to answer what that was
25 all about, having talked to others.

1 Q And then what was that? That wasn't part of
2 the actual ligature itself --

3 A No.

4 Q -- is that correct?

5 A When you heard the jailer talk about she had
6 something around her waist, in talking to other
7 inmates, they said the day before, she was dancing
8 around, happy, and had that around her waist at one
9 point and then also around her head, you know, like
10 a --

11 Q Headband?

12 A -- like a hippie band just around her head
13 and was in a good mood. And so immediately when I
14 started talking to the other inmates and they had
15 described that she was dancing around, that answers
16 to me what that was. It didn't really play a part, I
17 don't think, in this.

18 Q You initially thought it might be, but after
19 talking to the witnesses, it was just the loop that
20 was in the door that was used --

21 A And having talked to the jailer, it was
22 still around her waist.

23 Q So Dr. Kemp indicates that the autopsy
24 report and the medical evidence support this being a
25 suicide. What other evidence did you find in the

1 cell itself that would support that finding?

2 A There were notes that she left.

3 Q Okay. She had been in the Detention Center,
4 unfortunately, several times over the preceding
5 months; is that correct?

6 A Yeah. Quite a few times, I understood.

7 Q And she had, in those prior incidents,
8 occasionally made threats that she wanted to harm
9 herself; right?

10 A Yes. And even inmates knew that; she'd talk
11 about that.

12 Q But on this occasion, she hadn't made any of
13 those comments, based on your investigation?

14 A Not at all. Not to any of the inmates.

15 MR. LARSEN: The bottom one there that says
16 "Table With Notes," Josh.

17 Q (By Mr. Larsen) Can you describe where that
18 is in the cell and what you found there?

19 A Those are her writings as they were found on
20 the bench. You know, it was an eating bench, you
21 know, a table that's affixed to the wall and a bench
22 on each side that are permanently attached to the
23 wall. But she had laid them out prominently or to be
24 seen.

25 Q Very well-organized.

1 A Yes.

2 MR. LARSEN: Let's go to note No. 1.

3 Can you do a little bit of zoom so we can
4 read what's there?

5 Q (By Mr. Larsen) Could you read that?

6 A If you wish --

7 Q Yeah.

8 A -- for those who may not be able -- Do not
9 resuscitate me, meaning revive me, from being gone or
10 dead and do not put me on life support. This is my
11 demand and wish for my last will and testament.
12 Thank you. And then: Love you all. Give all my
13 love or hugs and kisses to my kids and immediate
14 family. And I think it says --

15 Q Something about --

16 A Oh, yeah. Something about my funeral.

17 Q I think it's at my funeral.

18 A Yeah. And then XOXO.

19 MR. LARSEN: Let's open the other one, Josh.

20 And if you could zoom in on that one a
21 little bit.

22 Q (By Mr. Larsen) I know it's hard to read up
23 there at the top, but --

24 A I can probably read it from my report.

25 Q Yeah. If you would.

1 A Okay. It says: My, Aleesha Mae Kempa's,
2 last testament and will. Please have my older
3 sister, Danielle Lazure, have full responsibility and
4 care of my godson. Unreadable, and then Tida Kempa
5 Kelly (phonetic). I want her to be able to have and
6 parent my godson. She has kinship over him. I want
7 him to go with her to live with and be his mom now
8 until we can be together again.

9 I think that's pretty much -- I think that
10 was it.

11 Q So while she wasn't making outward
12 expressions, she obviously had planned to do this
13 based upon those documents; is that fair to say?

14 A That's to be expected, in my experiences.

15 Q In how many of these cases do you find notes
16 left behind?

17 A Sometimes we don't, but quite a few,
18 especially in this environment, in the jail
19 environment.

20 Q More often than not?

21 A Yes. But you're not -- you would not expect
22 them to be talking about suicide when they really
23 want -- Once they've reconciled themselves and made
24 the decision that they want to, it would be
25 counterproductive to talk about suicide, because they

1 know the protocol. If they even mention it -- and
2 they don't even mention it to fellow inmates because
3 there might be somebody who is trying to do them a
4 favor and rescue them.

5 So at the times when they have talked about
6 suicide, it's that cry for help; they want some
7 intervention. But by the time that they do it,
8 they've already committed themselves that they want
9 out of the pain that they experience on this earth.

10 And also, one other thing is that, you know,
11 she was prancing around happily and such, and that's
12 another variable that we see, is a lot of times
13 people, once they've made their peace with it and
14 they know that that's what they want to do, they're
15 happy and they show no outward sign of distress.
16 It's unusual, it's hard to understand, but we're
17 using our rational minds to understand this
18 irrational decision.

19 Q You had the opportunity to review the video
20 from inside the -- There's no video inside the cells;
21 right?

22 A Yeah. None inside the cell, but I did watch
23 the exterior.

24 Q That's for inmate privacy?

25 A Yes.

1 Q They don't have cameras. But there is a
2 video.

3 MR. LARSEN: If you want to start that,
4 Josh.

5 And this will show a couple of the checks
6 and then the incident as it occurs, so let's let
7 that...

8 (The video was played.)

9 Q (By Mr. Larsen) Which cell is it, Bruce?

10 A It is this one right here (indicating).

11 Q There was I think a day or so worth of this
12 video that you had access to; is that correct?

13 A Yes. She was placed into her cell the
14 previous night at five -- let's just say around
15 5:30 p.m. And since there's a 23-hour lockdown, that
16 cell stayed closed until when it was opened during
17 the discovery.

18 Q And just to be clear, there were a lot of
19 checks done. We just clipped out a few of them so
20 that you could see what occurs on those checks?

21 A That's correct.

22 Q To the best of your knowledge, they followed
23 their policy and procedure as to how often they were
24 supposed to be checking --

25 A Yes.

1 Q -- on this one?

2 And folks ask this: That blank box down
3 there in the lower right corner, why is that there?

4 A That's for privacy. That's the shower area,
5 and I think there's also a bathroom section that it
6 blocks out because, you know, male guards.

7 Q There's no audio on these; right?

8 A No.

9 Q About how far back are the cells, just
10 distance-wise, from the door to the back?

11 A I want to say about ten feet.

12 Q Based on your investigation, almost all of
13 those cells that day were occupied only by one
14 person?

15 A No. There was others that had multiples,
16 but she was one of the singles.

17 Q And that's Detention Officer Kent.

18 A This is when they were doing the breakfast.
19 He has his trustee or the person, inmate helping.
20 He'll announce, he'll look in, he'll open the slot,
21 and she will pass it through.

22 At this point, he is instructing them to go
23 back to their own housing units.

24 And as per policy, remember the plus one.
25 There always has to be one more of them than the

1 people in the cell.

2 Q It continues on for quite a while after that
3 when EMS arrives, and, actually, it shows you as
4 well. But you reviewed all that video; is that
5 correct?

6 A Yes.

7 Q Based upon your investigation and review of
8 the -- I assume a lot of those folks wrote reports
9 that you read?

10 A Yes.

11 Q Based upon all of that, did it appear that
12 all the policies and procedures of the Detention
13 Center had been followed that day?

14 A Yes.

15 Q On the video, there's a check at about 6:01,
16 a detention officer looks in her cell, and then it's
17 about 6:39-ish when the meal pass is beginning. So
18 somewhere in that time frame is when she committed
19 the act, based on your investigation; is that
20 correct?

21 A I believe so. Because she was still warm
22 even when I got there.

23 Q You've had some training and experience in
24 how long it takes for somebody to, how long it takes
25 for brain death to occur --

1 A Yes.

2 Q -- when you hang yourself?

3 Can you just describe how quickly that can
4 occur?

5 A Well, and we had the benefit of watching
6 videos. This sounds morbid, but, you know, a lot of
7 times we'll have the availability of videos of people
8 doing it. And much like when a -- I don't know if --
9 If you've ever been choked out by somebody playing
10 around, messing around, or whatever, it goes fast.
11 Before ten seconds, you'll lose consciousness. And
12 then in the next four minutes -- Generally, when
13 we're talking about a hanging with a ligature in this
14 way, within the next four minutes, you'll start to
15 have hypoxia, and then anoxia is when you have the
16 brain death.

17 And when you're in a state of hypoxia from
18 the ten seconds you pass out, and every second after
19 that, your brain is deprived of oxygen, it's causing
20 damage to the brain. And the body fights to recover,
21 but the person who is dying from a hanging does not
22 know it's happening, because literally as soon as you
23 pass out, you're not in any pain. It's just the
24 body's way -- It's called decorticate posturing and
25 decerebrate posturing. When you witness it, it looks

1 awful.

2 But the point to make here is that it's just
3 a common-sense approach. I mean, if you're committed
4 that you're going to kill yourself by this method,
5 number one, it's a very somewhat peaceful -- Other
6 than what you think about when you think of
7 full-suspension hanging, most of the hangings that we
8 deal with are hangings such as this where feet are
9 touching the ground, knees are touching the ground,
10 it's just the weight of your body creating the
11 restriction with the ligature. And once you pass out
12 within those few seconds, that's it.

13 And speaking to the actual recovery aspect,
14 if they're found within four minutes -- And I think
15 people in the jail environment, they talk, they
16 learn, they know that if you time it right, even with
17 the 15-minute cell checks on somebody who is on
18 suicide watch, if they're able to find a way to
19 create a ligature, they will generally watch when the
20 cell checks -- I've had cases where they report
21 knowing when they come to a nighttime cell check;
22 they see the pass of the light into their cell. And
23 as soon as that light leaves, they know they have
24 15 minutes.

25 Well, if they have that ligature ready to go

1 the way I demonstrated, start the process, they have
2 already basically rendered themselves deceased with
3 ten minutes to go. So if they want to do it, they're
4 going to get it done.

5 Q This could happen pretty quickly?

6 A It does.

7 Q And in this circumstance, this wasn't -- A
8 lot of people think of hanging that you're dangling
9 from the ceiling kind of a thing. Under these
10 circumstances, she tied that ligature around the door
11 and then just sort of --

12 A Her bodyweight did the rest. Basically
13 lowering herself into the process where it constricts
14 her jugular and her carotid and then deprives oxygen
15 to the brain and you pass out. Well, when you pass
16 out, the full weight of your body keeps the process
17 going. That's where we're at.

18 Q The notes and the will that you found, those
19 hadn't been seen prior to you going in that cell?

20 A No.

21 Q You earlier said you've been involved in
22 several investigations involving jail suicides. I
23 think you said 30 or 40?

24 A Yes.

25 Q And you say those happen, unfortunately, in

1 pretty much every facility we have in the state; is
2 that correct?

3 A It does.

4 Q Based upon your training and expertise, in
5 your opinion, did Aleesha Kempa commit suicide by
6 hanging herself in this circumstance?

7 A She did.

8 Q And no one else was involved?

9 A She was the only one in that cell from the
10 time that that door closed -- at or around 5:30 the
11 previous night to this point when the door was
12 opened, she was the only one in there.

13 Q And based on your investigation, the
14 deceased person is Aleesha Kempa?

15 A Yes.

16 Q And based on your investigation, she died at
17 the Cascade County Detention Center, sometimes called
18 the Cascade County Regional Jail, in Great Falls,
19 Cascade County, sometime between 6:01 a.m. and
20 7:30 a.m.?

21 A Yes.

22 Q And that was on September 3rd, 2022?

23 A It was.

24 Q I think you already said this: She was
25 alone in the cell; she didn't have a cellmate or

1 anything like that?

2 A That's correct.

3 Q She used a piece of waistband material to
4 create a ligature and hang herself from the door?

5 A Yes. It was, like, a piping, the thicker
6 piping section.

7 Q And it's your opinion that she did not die
8 by criminal means?

9 A She did not die by criminal means.

10 Q Suicide?

11 A Pardon me?

12 Q Suicide is the cause --

13 A It was by suicide, by her own hand.

14 Q Anything else you think the jury needs to
15 know?

16 A I don't know -- Just really quick, the fact
17 she was a longtime drug user. One of the inmates
18 said that on a previous occasion, she would always
19 talk about, you know, I want to just go take an
20 overdose of fentanyl and end it all. You know, when
21 she was on the outside, she had thought about that
22 many times.

23 She was homeless at this point. She'd given
24 birth to a baby who I believe was just turning one
25 that was taken away from her because of her drug

1 addiction. And so she'd struggled with drug
2 addiction for quite some time, not to mention that
3 she was I believe categorized as schizophrenic.

4 But if you know anything about addiction,
5 people are addicted to drugs or whatever, alcohol,
6 drugs, or whatnot, to medicate and not have to feel.
7 And when they're in the jail environment, they're
8 deprived of their go-to, so they're stuck with their
9 thoughts and they're stuck with having to feel when
10 they would normally medicate otherwise by using
11 drugs. And so that's sort of a perfect storm for a
12 lot of people in jail.

13 I listen to their phone calls on
14 investigations. I hear how they struggle. And it's
15 a tough place to be for anybody, especially if you
16 have an addiction, because you can't go to your old
17 friend, the drug that you utilize.

18 Q And your investigation showed that she was
19 awaiting transport to the State Hospital a few days
20 after this?

21 A That's correct.

22 MR. LARSEN: I don't have any other
23 questions.

24 Does the jury have any questions for
25 Agent McDermott?

1 JUROR WALDENBERG: Nancy Waldenberg.

2 Q (By Juror Waldenberg) So the cell had the
3 cord hanging from the vent and you guys knew it was
4 there. Was that not deemed a dangerous item to have
5 been left there?

6 A I questioned the same thing. I didn't know
7 it was there. I sort of developed that when I was
8 trying to figure out how it was pushed through and
9 then how a person inside the cell could pull it back.
10 And as I think it was Lenahan, the sergeant jailer or
11 detention officer said, it had become a practice. To
12 which I said, "Well, you know, because of the
13 availability, I mean, if this is a practice they use
14 to create so that they can close the door, it's sort
15 of making it easier for a person."

16 He goes, "Oh. Agreed. But we've gone
17 through the process of cutting them down and they end
18 up right back up." He says as soon as they cut them
19 down, they're back up. And sure enough, I looked at
20 some of these others and they're in place.

21 The persons that are in jail, they have
22 nothing but time on their hands. So the jail staff
23 has been combatting that, and they will continue to
24 try to combat that.

25 Q Has anyone else ever committed suicide in

1 that fashion in this facility?

2 A Through one of those -- You know, I don't
3 know. Because, you know, they've had cording or
4 whatever that was in place, and I don't know if it
5 was preexisting or done at the hand of the person who
6 was killing themselves.

7 But there are so many ways to fashion
8 ligatures. Had it not been for this available pull
9 thing, probably -- Actually, in the next one, you'll
10 see that there's another method by which -- and if
11 that method wasn't available, I can tell you another
12 method on the end of a, either a water or a gas pipe.

13 I had one in our interview room in the
14 police department on a square table, and the guy was
15 in there, and I was having a moment before I went
16 back in with him. He took his shirt off and twisted
17 it around his neck and hung it from the corner of the
18 table. And as soon as he lowered himself, that his
19 bodyweight was in full effect against that corner, he
20 actually stayed suspended. It was amazing.

21 So it's so -- They always figure a way, it
22 seems. They have nothing but time to think. And if
23 they're gonna want to get it done, they're gonna get
24 it done. And notwithstanding the fact -- I have yet
25 to see it, but I have heard about it. An inmate

1 could go on the upper bunk and do a swan dive right
2 onto their head onto that concrete floor. So yeah.

3 MR. LARSEN: I can tell you that I've done
4 almost all the inquests for our office now for
5 15 years. This isn't the first time I've seen this
6 as the method. There have been a few. There's a
7 heating and air conditioning grate that's above their
8 sink, and they commonly will use that.

9 There is a -- the bunk beds, which you'll
10 see in the next case, have a hole in them for
11 cleaning purposes, and they'll put the ligature
12 through that hole. The metal table that's there,
13 I've seen one where somebody hung themselves off the
14 corner of one of those in that time.

15 So it's nearly impossible to eliminate all
16 the places that somebody can do that sort of thing in
17 those sorts of cells. They do have the segregation
18 cell in booking that has the padded walls and nothing
19 like that. But if you really want to harm yourself,
20 it's very difficult to keep somebody from doing it.

21 JUROR WALDENBERG: Thank you.

22 CORONER BROWN: Any other questions from any
23 of the jurors?

24 All right. Thank you. You may be excused.

25 MR. LARSEN: We have no other witnesses.

1 CORONER BROWN: Do you have a closing
2 statement?

3 MR. LARSEN: Just briefly.

4 Ladies and gentlemen, I don't think we said
5 it at the outset, thank you for coming and
6 participating in this process. As you can see, it's
7 important. You're doing the community a great
8 service by being here today.

9 These ones of the inquests we do, and we do
10 anywhere from two to three or sometimes more a year
11 of these like this, are difficult. They're tragic.
12 But the determination you're making today is whether
13 or not there's criminal means. Whether you think
14 that perhaps the jail could do something more, that's
15 a discussion for another forum rather than this one.

16 The purpose we're here to determine is, did
17 somebody else cause this death? And I think it's
18 pretty clear here, based upon all the available
19 evidence, it's a tragedy. And it is somewhat of a
20 societal tragedy that the mental health issues that
21 we have permeate through the criminal justice system
22 that we see on a regular basis. We see a lot of
23 people in the jail that probably shouldn't be there,
24 but they also were causing harm to people in the
25 community, so we have to do something with those

1 folks, and the jail is about the only alternative we
2 have.

3 Unfortunately, the State Hospital is
4 overburdened. We're not the only community that is
5 sending people there, so there are often wait lists
6 and things like that that we can't get people
7 immediately to that facility, which is a better
8 facility than ours to treat their underlying
9 condition and offer them some help.

10 There are mental health services available
11 at the jail, and they do a lot of business up there
12 with this sort of thing. Ms. Kempa knew those
13 services were available, and, on this occasion, she
14 chose not to avail herself of those, unfortunately.
15 Had anyone up there seen any sign or symptom here, if
16 they'd seen those notes ahead of time, she made some
17 comment -- As you heard, she'd been placed on suicide
18 watch a number of times when she'd been up there.

19 So I think this one -- Unfortunately, we're
20 going to jump right back into another one that's just
21 a little bit different. But while tragic, these are
22 noncriminal means cases, so we'd ask you to make that
23 finding.

24 Thank you.

25 CORONER BROWN: All right. The deputy will

1 give you a verdict form. The first thing you'll need
2 to do is elect a foreperson amongst you. You have to
3 complete that form, and all of you need to sign it.
4 It doesn't have to be a majority vote -- or it does
5 have to be a majority vote. It doesn't have to be
6 unanimous, but you all have to sign it. And if it's
7 not by a unanimous vote, then we'll see who voted
8 which way.

9 So at this time, we'll all leave and leave
10 you in here. This will be your jury room. And when
11 you make a decision or if you have any questions,
12 just knock on the door and get the deputy's attention
13 and we'll come back.

14 So we'll stand in recess.

15 (Jury deliberations.)

16 CORONER BROWN: We're back in session.

17 Did the jury elect a foreperson?

18 Could you please rise?

19 JUROR NITSCHKE: Margaret Nitschke.

20 CORONER BROWN: What is your verdict?

21 JUROR NITSCHKE: We determined that there
22 was no criminal means.

23 CORONER BROWN: Is that a unanimous vote?

24 JUROR NITSCHKE: That was a unanimous vote.

25 CORONER BROWN: Have all of you signed the

1 second page there?

2 JUROR NITSCHKE: We have.

3 CORONER BROWN: Okay. Give that to the
4 deputy, please.

5 I want to thank you for this today. I'm
6 going to go ahead and leave you sworn in. We'll take
7 a short break so you can use the restroom or
8 anything, and then we'll get started right away.

9 So we'll take about 15 minutes. Okay?

10 (The proceedings concluded at 2:08 p.m.)

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COURT REPORTER'S CERTIFICATE

STATE OF MONTANA)
) ss.
COUNTY OF LEWIS AND CLARK)

I, CHERYL ROMSA, Court Reporter, residing in Helena, Montana, do hereby certify:

That the foregoing proceedings were reported by me in shorthand and later transcribed into typewriting; and that the foregoing -94- pages constitute a true and accurate transcription of my stenotype notes of the proceedings.

DATED this the 16th day of March, 2023?

/s/Cheryl A. Romsa
CHERYL A. ROMSA

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