

Form CJ-9A


**DEATHS IN CUSTODY—2014
ANNUAL SUMMARY ON INMATES
UNDER JAIL JURISDICTION**

 U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL

FORM COMPLETED BY:

Name: L. Kelly Title: Lieutenant

Official Address: 1200 champagne St Telephone: 985 2761000

City: Covington FAX: 985 2761027

State: LA Zip: 70434 E-mail: _____

Instructions for Completion and Submission

IF YOUR JURISDICTION DID NOT HAVE A DEATH IN CALENDAR YEAR 2014:

- Complete this form and return it to RTI International. Once you complete EVERY question, your submission will be complete for 2014.

IF YOUR JURISDICTION DID HAVE ONE OR MORE DEATHS IN CALENDAR YEAR 2014:

- Please ensure that you have completed a 2014 CJ-9 (Individual Death Report form) for each death reported.
- If you need additional CJ-9 forms, please go to the DCRP Web site (<https://bjscrp.rti.org>), call (800) 344-1387, or send an e-mail to bjscrp@rti.org.

PLEASE SUBMIT your completed form within 30 days of receipt. You may submit your annual summary in one of these ways:

ONLINE: Complete this form online at: <https://bjscrp.rti.org>
E-MAIL: bjscrp@rti.org
FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture
Project Number: 0213149.001.400.402.100
5265 Capital Boulevard
Raleigh, NC 27690-1652

If you need assistance, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or bjscrp@rti.org.

What to include and exclude in this data collection

INCLUDE...

- Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles
- All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facility
- Special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms)
- Inmates held for other jurisdictions, including federal authorities, state prison authorities, and other local jail jurisdictions

EXCLUDE...

- Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment
- Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities; these jails will be contacted directly for data on deaths in their custody)

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 16 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

AGENCY ID

INMATE COUNTS AND DEATHS

NOTE: Before completing this form, please be sure there are entries for all response boxes. If the answer to an item is "none" or "zero," write 0 in the space provided.

1. How many males and females under the supervision of your jail jurisdiction were confined in your jail facilities on December 31, 2014?

INCLUDE:

- Persons on transfer to treatment facilities but who remain under your jurisdiction
- Persons out to court while under your jurisdiction
- Persons held for other jurisdictions

EXCLUDE:

- Persons housed in facilities operated by two or more jurisdictions or those held in privately operated jails
- Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- All persons in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)

When exact numeric answers are not available, provide estimates and mark (E) the box beside each figure.

Inmates on December 31, 2014

Males: 971 ☒ Estimate

Females: 88 ☒ Estimate

2. How many males and females under the supervision of your jail jurisdiction were admitted to your jail facilities during 2014?

INCLUDE:

- New admissions only (i.e., persons officially booked into and housed in your facilities by formal legal document and by the authority of the courts or some other official agency)
- Repeat offenders booked on new charges

EXCLUDE:

- Returns from escape, work release, medical appointments/treatment facilities, bail, and court appearances

When exact numeric answers are not available, provide estimates and mark (E) the box beside each figure.

New ANNUAL admissions during 2014

Males: 6800 ☒ Estimate

Females: 2010 ☒ Estimate

3. On December 31, 2014, how many persons were confined in your jail facilities on behalf of any of the following:

When exact numeric answers are not available, provide estimates and mark (E) the box beside each figure.

- a. U.S. Immigration and Customs Enforcement: 4 ☒ Estimate
- b. U.S. Marshals Service: 163 ☒ Estimate
- c. All other holds (state and federal prison, Bureau of Indian Affairs, or any holds for other jail jurisdictions): 492 ☒ Estimate

4. Between January 1, 2014, and December 31, 2014, what was the average daily population of all jail confinement facilities operated by your jurisdiction?

To calculate the average daily population, add the number of persons for each day between January 1, 2014, and December 31, 2014, and divide the result by 365.

If daily counts are not available, estimate the average daily population by adding the number of persons held on the same day of each month and divide the result by 12.

If average daily population cannot be calculated as directed above, then estimate the typical number of persons held in your jail confinement facilities each day.

When exact numeric answers are not available, provide estimates and mark (E) the box beside each figure.

Average daily population during 2014

Males: 896 ☒ Estimate

Females: 81 ☒ Estimate

5. Between January 1, 2014, and December 31, 2014, how many persons died while under the supervision of your jail jurisdiction?

INCLUDE:

- Deaths of ALL persons CONFINED in your jail facilities; or UNDER YOUR JURISDICTION but out to court or in special facilities (e.g., hospitals, halfway houses, work farms, and medical/treatment/release centers); or WHILE IN TRANSIT to or from your facilities while under your jurisdiction.

EXCLUDE:

- Deaths of persons in the process of arrest by your agency if they have not yet been booked into your jail facility.

Number of inmate deaths during 2014

Males: 0

Females: 0

AGENCY ID



OMB No. 1121-0249 Exp. 03/31/2019

You are logged in as: St. Tammany Parish Sheriff's Office - Louisiana (10957070)

Frequently Asked Questions

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Having technical problems?

Contact us at:
bjsmci@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- ✓ Confined in your jail facilities, whether housed under your own or another jurisdiction
- ✓ Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- ✓ Under your jurisdiction but out to court
- ✓ In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- X Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- X Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- X Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- X In the process of arrest by your agency, but not yet booked into your jail facility

[Click Here to Add a 2014 Death Report](#)

You may want to review the form prior to entering data. A PDF form is available [here](#).

Existing Death Records

Name	Date of Death	Gender	Actions		Submitted?
We currently have no Death Report forms for your agency. If you did not have an inmate death in 2014, you do not have to complete a Death Report form. All agencies should complete the 2014 Annual Summary form .					
Count=0					

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

If you need assistance or have any questions, please contact a member of the data collection team at 1-800-344-1387 or bjsmci@rti.org.

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INMATE COUNTS AND DEATHS

Form CJ-9A	 DEATHS IN CUSTODY—2015 ANNUAL SUMMARY ON INMATES UNDER JAIL JURISDICTION	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
FORM COMPLETED BY—		
Name	Lieutenant L. Kelly	
Title	Lieutenant	
Official Address	1200 Champagne St	
City	Covington	
State	LA	Zip 70434
Telephone	985	276-1001
FAX	985	276-1027
Email	laceykelly@stpsa.com	

Instructions for completion and submission

FOR EACH ITEM—

- If the answer to a question is "none" or "zero," write "0" in the space provided.
- When exact numeric answers are not available, provide estimates and mark (X) in the checkbox beside each number that is estimated. For example 1,234 ☒ Estimate

Please submit your completed form(s) within 30 days of receipt. You may submit your annual summary in one of these ways:

ONLINE: Complete this form online at: <https://bisdcorp.rti.org>

MAIL: RTI International, Attn: Data Capture
 Project Number: 0215015.001.100.102.100
 5265 Capital Boulevard
 Raleigh, NC 27680-1652

EMAIL: bisdcorp@rti.org

FAX (TOLL-FREE): (866) 800-9179

If you need assistance, contact Matt Benson of RTI International toll-free at 1-800-344-1387 or bisdcorp@rti.org.

What to include and exclude in this data collection

INCLUDE—

- ✓ Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles.
- ✓ All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facilities.
- ✓ Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- ✓ Temporary holding or lockup facilities if they are part of your combined function.
- ✓ Inmates held for other jurisdictions, including federal authorities, state prison authorities, and other local jail jurisdictions.

EXCLUDE—

- X Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment.
- X Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities). These jails will be contacted directly for this data collection.

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 15 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

AGENCY ID

1. On December 31, 2015, how many persons under the supervision of your jail jurisdiction were CONFINED in your jail facilities?

INCLUDE—

- ✓ Persons on transfer to treatment facilities but who remain under your jurisdiction
- ✓ Persons held for other jurisdictions
- ✓ Persons in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to jail at night
- ✓ Persons out to court while under your jurisdiction.

EXCLUDE—

- X Persons under your jurisdiction who are boarded elsewhere
- X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- X Persons in community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) who do NOT return to jail at night.

Inmates on
December 31,
2015

Males: 928 ☒ Estimate

Females: 97 ☒ Estimate

2. How many persons under the supervision of your jail jurisdiction were ADMITTED to your jail facilities during 2015?

INCLUDE—

- ✓ Persons officially booked into and housed in your jail facilities by formal legal document and by the authority of the courts or some other official agency
- ✓ Repeat offenders booked on new charges
- ✓ Persons serving a weekend sentence coming into the facility for the first time.

EXCLUDE—

- X Returns from escape, work release, medical appointments/treatment facilities, furloughs, bail/bond releases, and court appearances.

New ANNUAL
admissions
during 2015

Males: 6263 ☒ Estimate

Females: 1982 ☒ Estimate

3. On December 31, 2015, how many persons CONFINED in your jail facilities were held for—

- INCLUDE contractual, temporary, courtesy, or ad hoc holds for other agencies.
- Count persons with multiple holds only once with priority being federal, state, tribal, and local.

a. U.S. Immigration and Customs Enforcement: 1 ☒ Estimate

b. U.S. Marshals Service: 155 ☒ Estimate

c. All other holds (state and federal prison, Bureau of Indian Affairs, or any holds for other jail jurisdictions): 869 ☒ Estimate

4. Between January 1, 2015, and December 31, 2015, what was the average daily population of your jail facilities?

- INCLUDE inmates who participated in weekend programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday-Sunday).
- To calculate the average daily population, add the number of persons for each day between January 1, 2015, and December 31, 2015, and divide the result by 365.
- If daily counts are not available, estimate the average daily population by adding the number of persons held on the same day of each month and divide the result by 12.
- If average daily population cannot be calculated as directed above, then estimate the typical number of persons held in your jail confinement facilities each day.

Average daily
population
during 2015

Males: 966 ☒ Estimate

Females: 109 ☒ Estimate

5. Between January 1, 2015, and December 31, 2015, how many persons died while under the supervision of your jail facilities?

INCLUDE deaths of ALL persons—

- ✓ CONFINED in your jail facilities
- ✓ UNDER THE SUPERVISION of your jail facilities, but out to court or in special facilities (e.g., hospital, hospice, or nursing home; treatment facility; residential community center; residential work release or house arrest program; or release center)
- ✓ WHILE IN TRANSIT to or from your jail facilities while under your supervision.

EXCLUDE—


- X Deaths of persons in the process of arrest by your agency if they have not yet been booked into your jail facilities.

Number of
inmate
deaths
during 2015

Males: 2

Females: 0

AGENCY ID

Form CJ-9  **DEATHS IN CUSTODY—2015
DEATH REPORT ON INMATES
UNDER JAIL JURISDICTION** U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL

FORM COMPLETED BY:

Name: Lieutenant L Kelly Title: Lieutenant

Official Address: 1200 Champagne St Telephone: 985 276-1001

City: Covington FAX: 985 276-1027

State: LA Zip: 70434 E-mail: laceykelly@stpsa.com

Instructions for Completion

If no deaths occurred in 2015:

- You do not need to report anything at this time.
- At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence in 2015.

If you had more than one death in 2015:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: <https://busdcrp.rti.org>
E-MAIL: busdcrp@rti.org
FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture
Project Number: 0213149.001.400.402.100
5265 Capital Boulevard
Raleigh, NC 27600-1652

If you need assistance, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or busdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

BURDEN STATEMENT

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«AGENCY ID»

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?
 LAST: Nelson FIRST: Michael MI:

2. On what date did the inmate die?
 MONTH: 08 DAY: 25 YEAR: 2015

3. What was the name and location of the correctional facility involved?
 Facility Name: St. Tammany Parish Jail
 Facility City: Covington Facility State: LA

4. What was the inmate's date of birth?
 MONTH: DAY: YEAR: 1957

5. What was the inmate's sex?
☒ Male
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?
☐ Yes
☒ No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:
☐ White
☒ Black or African American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ Some other race
 Please Specify:

8. On what date was the inmate admitted to a facility under your jurisdiction?
 MONTH: 10 DAY: 26 YEAR: 2014

9. Was the inmate being confined in your jail facility on behalf of any of the following?
 PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)

	YES	NO	DON'T KNOW
a. U.S. Immigration and Customs Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. U.S. Marshals Service	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. For what offense(s) was the inmate being held?
 a. Domestic abuse/battery
 b. unauthorized entry
 c. False impersonation of a police officer
 d.
 e.

11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)
☒ Convicted—new court commitment
☐ Convicted—returned probation/parole violator
☐ Unconvicted
☐ Other
 Please Specify:

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?
☐ Yes
☒ No
☐ Don't Know

«AGENCY ID»

13. Where did the inmate die?

- ☐ In a general housing unit within the jail facility or on jail grounds
- ☐ In a segregation unit
- ☐ In a special medical unit/infirmiry within the jail facility
- ☐ In a special mental health services unit within the jail facility
- ☒ In a medical center outside the jail facility
- ☐ In a mental health center outside the jail facility
- ☐ While in transit
- ☐ Elsewhere

Please Specify:

14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

- ☒ YES → CONTINUE TO Q15
- ☐ Evaluation complete—results are pending

SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH

- ☐ No evaluation is planned → CONTINUE TO Q15

15. What was the cause of death? *** Please SPECIFY cause of death—it is critical information ***

- ☒ Illness—Exclude AIDS-related deaths [Specify] → pulmonary embolus
- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Accidental alcohol/drug intoxication [Describe] →
- ☐ Accidental injury to self [Describe] →
- ☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →
- ☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
- ☐ Homicide [Describe] →
- ☐ Other cause(s) [Specify] →

16. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

- ☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- ☐ In the jail facility or on the jail grounds
- ☐ In the inmate's cellroom
- ☐ In a temporary holding area/lockup
- ☐ In a common area within the facility (e.g., yard, library, cafeteria)
- ☐ In a segregation unit
- ☐ In a special medical unit/infirmiry
- ☐ In a special mental health services unit
- ☐ Elsewhere within the jail facility
- ☐ Outside the jail facility (e.g., while on work release or on work detail)
- ☐ Elsewhere

Please Specify:

Please Specify:

17. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- ☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- ☐ Morning (6 am to Noon)
- ☐ Afternoon (Noon to 6 pm)
- ☐ Evening (6 pm to Midnight)
- ☐ Overnight (Midnight to 6 am)

18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW	
a. Evaluation by physician/medical staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
b. Diagnostic tests (e.g., X-rays, MRI)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Medications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Treatment/care other than medications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Confinement in special medical unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- ☐ Pre-existing medical condition
- ☒ Deceased developed condition after admission
- ☐ Could not be determined

Please add any additional notes regarding this death here:

Death was from a sudden pulmonary embolism in a patient lacking history of PE/DVT and no known risk factors for PE development. recoded COD from other to illness.Changed Q16 and Q17 to NA.

Agency ORI # LA05200T1	ST TAMMANY PARISH SHERIFF'S OFFICE 1200 CHAMPAGNE ST , COVINGTON, LA, 70433	INMATE NUMBER 1151
Phone 9858982320	Inmate Release	Juvenile <input type="checkbox"/> Prior Agency Inmate <input type="checkbox"/>

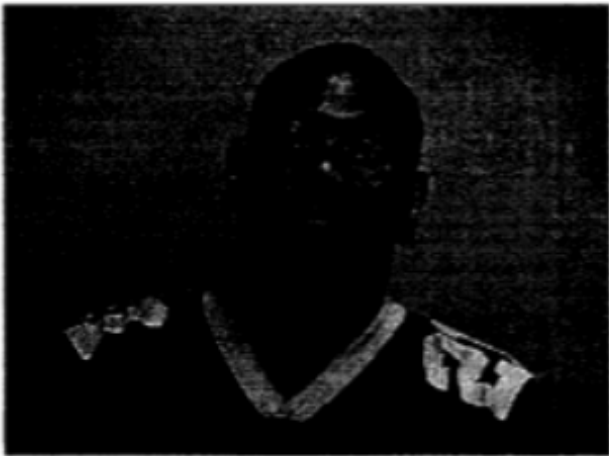
Agency ORI Number LA05200T1	Booking Number 190133	Booking Agency ST TAMMANY PARISH SHERIFF'S OFFICE	Booked By 3074
Arrested Date 10/26/2014	Arrested Time 19:43	Arrested By ID ?	Arrested By Agency / Other COVINGTO
Release Date 08/25/2015	Release Time 07:59	Released By ID 1652	Release Reason RELEASED DUE TO DEATO BOND

INMATE									
Defendant Code	Offense Indicator	Juvenile NO	Name (First Middle Last +Family) MICHAEL NELSON					Social Security Number 7708	
Maiden Name	Nickname / Street Name		Place of Birth NEW ORLEANS			Residence Phone (985) 2762180			
Address (Street, Apt. Number) 907 W 32ND AVE		City COVINGTON	State La	Zip 70433-	Business Phone (0)				
Occupation MAINTENANCE	Employer / School		Address			Residency Full Year			
Driver's License or Other ID (State - Number) La- [REDACTED]		Year Expires	Immigration and Naturalization Number		OBTS Number (Arrested)		FCIC/NCIC		
Race Black	Religion None	Date of Birth [REDACTED]/1957	Age 57	Marital Status Single	Height 509	Reported Weight 235	Eye Color BROWN	Hair Color BLACK	Hair Length Bald
Sex Male	Complexion Dark	Build Medium	Facial Hair Mustache		Teeth Good	Speech / Voice Soft/pol		Hair Style Bald	
Scars / Marks / Tattoos (Location / Describe) Tattoo WORD/NAME/PHRASE				Special Identifiers TATTOO/ LOVE LEFT ARM					

OFFENSE(S) / CHARGE(S)							
Offense 1	Offense Type FELONY	Description DOMESTIC ABUSE BATTERY/STRANGULATION			Offense Status COMMITTED	Counts 1	Statute Violation Number 14:35.3L
Original Offense Ind. 0		Related Offense Description DOMESTIC ABUSE BATTERY/STRANGULATION			Related Statute Number 14:35.3L		Domestic Violence? NO
Warrant#		Bond Type Cash Propert Surety	Bond Amount 25,000.00		Alternative Bond Type		Alternative Bond Amount 0.00

OFFENSE(S) / CHARGE(S)							
Offense 2	Offense Type FELONY	Description UNAUTHORIZED ENTRY OF AN INHABITED DWELL			Offense Status COMMITTED	Counts 1	Statute Violation Number 14:62.3
Original Offense Ind. 0		Related Offense Description UNAUTHORIZED ENTRY OF AN INHABITED DWELL			Related Statute Number 14:62.3		Domestic Violence? NO
Warrant#		Bond Type Cash Propert Surety	Bond Amount 25,000.00		Alternative Bond Type		Alternative Bond Amount 0.00

OFFENSE(S) / CHARGE(S)							
Offense 3	Offense Type FELONY	Description FALSE PERSONATION OF A POLICE OFFICER			Offense Status COMMITTED	Counts 1	Statute Violation Number 14:112.1
Original Offense Ind. 0		Related Offense Description FALSE PERSONATION OF A POLICE OFFICER			Related Statute Number 14:112.1		Domestic Violence? NO
Warrant#		Bond Type Cash Propert Surety	Bond Amount 25,000.00		Alternative Bond Type		Alternative Bond Amount 0.00

ADMINISTRATIVE		
Sworn to and subscribed before me, this 18th day of December 2018, . _____ IMMATE'S SIGNATURE		
I swear/affirm the above statements are correct and true.		
_____ OFFICER'S SIGNATURE	_____ OFFICER'S PRINTED NAME (L,F)	
ID Number 3074	Unit	

Form CJ-9


**DEATHS IN CUSTODY—2015
DEATH REPORT ON INMATES
UNDER JAIL JURISDICTION**

 U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL

FORM COMPLETED BY:

Name: Lieutenant L Kelly Title: Lieutenant
 Official Address: 1200 Champagne St Telephone: 985 276-1001
 City: Covington FAX: 985 276-1027
 State: LA Zip: 70434 E-mail: laceykelly@stpsa.com

Instructions for Completion

If no deaths occurred in 2015:

- You do not need to report anything at this time.
- At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence in 2015.

If you had more than one death in 2015:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: <https://bjscrp.rti.org>
 E-MAIL: bjscrp@rti.org
 FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture
 Project Number: 0213149.001.400.402.100
 5265 Capital Boulevard
 Raleigh, NC 27690-1652

If you need assistance, contact Matt Benson of RTI International toll-free at (800) 344-1387 or bjscrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing the form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

AGENCY ID

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Guerra George L
 LAST FIRST MI

2. On what date did the inmate die?

08 29 2015
 MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name: St. Tammany Parish Jail
 Facility City: Covington Facility State: LA

4. What was the inmate's date of birth?

1947
 MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes
☒ No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- ☒ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ Some other race
 Please Specify:

8. On what date was the inmate admitted to a facility under your jurisdiction?

09 30 2014
 MONTH DAY YEAR

9. Was the inmate being confined in your jail facility on behalf of any of the following?

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)

- | | YES | NO | DONT KNOW |
|--|--------------------------|-------------------------------------|--------------------------|
| a. U.S. Immigration and Customs Enforcement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. U.S. Marshals Service | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

10. For what offense(s) was the inmate being held?

- a. Aggravated rape
 b.
 c.
 d.
 e.

11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)

- ☐ Convicted—new court commitment
☐ Convicted—returned probation/parole violator
☒ Unconvicted
☐ Other

Please Specify:

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☐ Yes
☐ No
☐ Don't Know

AGENCY ID

13. Where did the inmate die?

- ☐ In a general housing unit within the jail facility or on jail grounds
- ☐ In a segregation unit
- ☐ In a special medical unit/infirmiry within the jail facility
- ☐ In a special mental health services unit within the jail facility
- ☒ In a medical center outside the jail facility
- ☐ In a mental health center outside the jail facility
- ☐ While in transit
- ☐ Elsewhere

Please Specify:

14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

- ☒ YES → **CONTINUE TO Q15**
- ☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

- ☐ No evaluation is planned → **CONTINUE TO Q15**

15. What was the cause of death? *** Please SPECIFY cause of death—It is critical information ***

- ☒ Illness—Exclude AIDS-related deaths [Specify] → Metastatic bladder cancer
- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Accidental alcohol/drug intoxication [Describe] →
- ☐ Accidental injury to self [Describe] →
- ☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →
- ☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
- ☐ Homicide [Describe] →
- ☐ Other cause(s) [Specify] →

16. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

- ☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

- ☐ In the jail facility or on the jail grounds
- ☐ In the inmate's cellroom
- ☐ In a temporary holding area/lockup
- ☐ In a common area within the facility (e.g., yard, library, cafeteria)
- ☐ In a segregation unit
- ☐ In a special medical unit/infirmiry
- ☐ In a special mental health services unit
- ☐ Elsewhere within the jail facility

(PLEASE SPECIFY)

Please Specify:

- ☐ Outside the jail facility (e.g., while on work release or on work detail)
- ☐ Elsewhere

Please Specify:

17. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- ☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- ☐ Morning (6 am to Noon)
- ☐ Afternoon (Noon to 6 pm)
- ☐ Evening (6 pm to Midnight)
- ☐ Overnight (Midnight to 6 am)

18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

- | | YES | NO | DON'T KNOW | |
|--|-------------------------------------|--------------------------|--------------------------|---|
| a. Evaluation by physician/medical staff | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f) |
| b. Diagnostic tests (e.g., X-rays, MRI) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Medications | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Treatment/care other than medications | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| e. Surgery | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| f. Confinement in special medical unit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- ☒ Pre-existing medical condition
- ☐ Deceased developed condition after admission
- ☐ Could not be determined

Please add any additional notes regarding this death here:


This was a longstanding illness (metastatic cancer) that occurred prior to incarceration. The inmate received chemo and radiation therapy during his incarceration. These failed. Death was expected.

Agency ORI # LA05200T1	ST TAMMANY PARISH SHERIFF'S OFFICE 1200 CHAMPAGNE ST , COVINGTON, LA, 70433	INMATE NUMBER 175237
Phone 9858982320	Inmate Release	Juvenile <input type="checkbox"/> Prior Agency Inmate <input type="checkbox"/>

Agency ORI Number LA05200T1	Booking Number 189489	Booking Agency ST TAMMANY PARISH SHERIFF'S OFFICE	Booked By 1946
Arrested Date 09/30/2014	Arrested Time 11:12	Arrested By ID ?	Arrested By Agency / Other STPSO
Release Date 08/29/2015	Release Time 12:56	Released By ID 1652	Release Reason RELEASED DUE TO DEATH BOND
Related Report Number		Booked Date 09/30/2014	Booked Time 11:12
Release Bond Type		Release Bond Amount	

INMATE			
Defendant Code	Offense Indicator	Juvenile NO	Name (First Middle Last +Family) GEORGE LIONELL GUERRA
Maiden Name	Nickname / Street Name	Place of Birth NEW ORLEANS	Residence Phone (985) 2472111
Address (Street, Apt. Number) 17134 AIRPORT RD		City AMITE	State Zip La 70422-
Occupation DISABLED	Employer / School	Address	Residency Full Year
Driver's License or Other ID (State - Number)	Year Expires	Immigration and Naturalization Number	OBTS Number (Arrested)
Race White	Religion None	Date of Birth 1/1947	Age 66
Sex Male	Complexion Medium	Build Medium	Facial Hair Unshaven
Scars / Marks / Tattoos (Location / Describe)		Special Identifiers	

OFFENSE(S) / CHARGE(S)			
Offense 1	Offense Type FELONY	Description AGGRAVATED RAPE	Offense Status COMMITTED
Original Offense Ind. 0	Related Offense Description AGGRAVATED RAPE	Counts 1	Statute Violation Number 14:42
Warrant# 387509	Bond Type CASH PROPERT SURETY	Bond Amount 250,000.00	Alternative Bond Type 0.00

ADMINISTRATIVE	
Sworn to and subscribed before me, this 18th day of December 2018, .	
IMMATE'S SIGNATURE	
I swear/affirm the above statements are correct and true.	
OFFICER'S SIGNATURE	
OFFICER'S PRINTED NAME (L,F)	
ID Number 1946	Unit
Date 12/18/2018	

INMATE COUNTS AND DEATHS

Form CJ-9A

**DEATHS IN CUSTODY—2016
ANNUAL SUMMARY ON INMATES
UNDER JAIL JURISDICTION**

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL

FORM COMPLETED BY—

Name: Lacey Kelly Title: Captain

Official Address: PO Box 908 Telephone: 985 2761075

City: Covington FAX:

State: LA Zip: 70434 Email: laceykelly@stps.com

Instructions for completion and submission

FOR EACH ITEM—

- If the answer to a question is "none" or "zero," write "0" in the space provided.
- When exact numeric answers are not available, provide estimates and mark (X) in the checkbox beside each number that is estimated. For example, 1,234 ☒

Please submit your completed form(s) within 30 days of receipt. You may submit your annual summary in one of these ways:

ONLINE: Complete this form online at: <https://bjsdcp.rti.org>

MAIL: RTI International, Attn: Data Capture
Project Number: 0215015.001.200.102.100
5265 Capital Boulevard
Raleigh, NC 27690-1552

EMAIL: bjsdcp@rti.org

FAX (TOLL-FREE): (866) 800-9179

If you need assistance, contact Matt Benson of RTI International toll-free at 1-800-344-1387 or bjsdcp@rti.org.

What to include and exclude in this data collection

INCLUDE—

- ✓ Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles.
- ✓ All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facilities.
- ✓ Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- ✓ Temporary holding or lockup facilities that are part of your combined function.
- ✓ Inmates held for other jurisdictions, including federal authorities, state prison authorities, and other local jail jurisdictions.

EXCLUDE—

- X Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment.
- X Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities). These jails will be contacted directly for this data collection.

BURDEN STATEMENT

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«AGENCY ID»

1. On December 31, 2016, how many persons under the supervision of your jail jurisdiction were CONFINED in your jail facilities?

INCLUDE—

- ✓ Persons on transfer to treatment facilities but who remain under your jurisdiction
- ✓ Persons held for other jurisdictions
- ✓ Persons in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to jail at night
- ✓ Persons out to court while under your jurisdiction.

EXCLUDE—

- X Persons under your jurisdiction who are housed elsewhere
- X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- X Persons in community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) who do NOT return to jail at night.

Inmates on
December 31,
2016

Males: 958 ☒ Estimate

Females: 97 ☒ Estimate

2. How many persons under the supervision of your jail jurisdiction were ADMITTED to your jail facilities during 2016?

INCLUDE—

- ✓ Persons officially booked into and housed in your jail facilities by formal legal document and by the authority of the courts or some other official agency
- ✓ Repeat offenders booked on new charges
- ✓ Persons serving a weekend sentence coming into the facility for the first time.

EXCLUDE—

- X Returns from escape, work release, medical appointments/treatment facilities, furloughs, bail/bond releases, and court appearances.

New ANNUAL
admission
during 2016

Males: 6320 ☒ Estimate

Females: 1871 ☒ Estimate

3. On December 31, 2016, how many persons CONFINED in your jail facilities were held for—

- INCLUDE contractual, temporary, courtesy, or ad hoc holds for other agencies.
- Count persons with multiple holds only once with priority being federal, state, tribal, and local.

a. U.S. Immigration and Customs Enforcement: 5 ☒ Estimate

b. U.S. Marshals Service: 155 ☒ Estimate

c. All other holds (state and federal prison, Bureau of Indian Affairs, or any holds for other jail jurisdictions): 449 ☒ Estimate

4. Between January 1, 2016, and December 31, 2016, what was the average daily population of your jail facilities?

- INCLUDE inmates who participated in weekend programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).
- To calculate the average daily population, add the number of persons for each day between January 1, 2016, and December 31, 2016, and divide the result by 366.
- If daily counts are not available, estimate the average daily population by adding the number of persons held on the same day of each month and divide the result by 12.
- If average daily population cannot be calculated as directed above, then estimate the typical number of persons held in your jail confinement facilities each day.

Average daily
population
during 2016

Males: 966 ☒ Estimate

Females: 105 ☒ Estimate

5. Between January 1, 2016, and December 31, 2016, how many persons died while under the supervision of your jail facilities?

INCLUDE deaths of ALL persons—

- ✓ CONFINED in your jail facilities
- ✓ UNDER THE SUPERVISION of your jail facilities, but out to court or in special facilities (e.g., hospital, hospice, or nursing home; treatment facility; residential community center; residential work release or house arrest program; or release center)
- ✓ WHILE IN TRANSIT to or from your jail facilities while under your supervision.

EXCLUDE—

- X Deaths of persons in the process of arrest by your agency if they have not yet been booked into your jail facilities.

Number of
inmate
deaths
during 2016

Males: 0

Females: 0

«AGENCY ID»



OMB No. 1121-0249 Exp. 03/31/2019

You are logged in as: St. Tammany Parish Sheriff's Office - Louisiana (10957070)

Frequently Asked Questions

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[2013 Forms](#)

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[2009 Forms](#)

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Having technical problems?

Contact us at:
bjsmci@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- ✓ Confined in your jail facilities, whether housed under your own or another jurisdiction
- ✓ Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- ✓ Under your jurisdiction but out to court
- ✓ In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- X Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- X Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- X Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- X In the process of arrest by your agency, but not yet booked into your jail facility

[Click Here to Add a 2016 Death Report](#)

You may want to review the form prior to entering data. A PDF form is available [here](#).

Existing Death Records

Name	Date of Death	Gender	Actions		Submitted?
We currently have no Death Report forms for your agency. If you did not have an inmate death in 2016, you do not have to complete a Death Report form. All agencies should complete the 2016 Annual Summary form .					
Count=0					


BURDEN STATEMENT

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If you need assistance or have any questions, please contact a member of the data collection team at 1-800-344-1387 or bjsmci@rti.org.

This Web site is funded through a grant from the Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. Neither the U.S. Department of Justice nor any of its components operate, control, are responsible for, or necessarily endorse, this Web site (including, without limitation, its content, technical infrastructure, and policies, and any services or tools provided).

INMATE COUNTS AND DEATHS

Form CJ-9A  **MORTALITY IN CORRECTIONAL INSTITUTIONS 2017
ANNUAL SUMMARY ON INMATES
UNDER JAIL JURISDICTION** U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL

FORM COMPLETED BY—

Name: Shaniqueka Weary Title: Lieutenant

Official Address: 1200 Champagne Street Telephone: 985 276-1077

City: Covington FAX: 985 276-1027

State: LA Zip: 70434 Email: shaniquekawearry@stpsso.com

Instructions for completion and submission

FOR EACH ITEM—

- If the answer to a question is "none" or "zero," write "0" in the space provided.
- When exact numeric answers are not available, provide estimates and mark (X) in the checkbox beside each number that is estimated. For example 1,234 ☒ Estimate

You may submit your annual summary in one of these ways:

ONLINE: <https://bismc.drl.org>

EMAIL: bismc@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture
Project Number: 0215015.001.300.117.102.100
5265 Capital Boulevard
Raleigh, NC 27690-1652

If you need assistance, contact the data collection team at RTI International toll-free at 1-800-344-1387 or bismc@rti.org.

What to include and exclude in this data collection

INCLUDE—

- ✓ Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles.
- ✓ All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facilities.
- ✓ Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- ✓ Temporary holding or lockup facilities that are part of your combined function.
- ✓ Inmates held for other jurisdictions, including federal authorities, state prison authorities, and other local jail jurisdictions.

EXCLUDE—

- X Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment.
- X Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities). These jails will be contacted directly for this data collection.

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«AGENCY ID»

1. On December 31, 2017, how many persons under the supervision of your jail jurisdiction were CONFINED in your jail facilities?

INCLUDE—

- ✓ Persons on transfer to treatment facilities but who remain under your jurisdiction
- ✓ Persons held for other jurisdictions
- ✓ Persons in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to jail at night
- ✓ Persons out to court while under your jurisdiction.

EXCLUDE—

- X Persons under your jurisdiction who are housed elsewhere
- X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- X Persons in community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) who do NOT return to jail at night.

Inmates on December 31, 2017

Males: 787 ☒ Estimate

Females: 110 ☒ Estimate

2. How many persons under the supervision of your jail jurisdiction were ADMITTED to your jail facilities during 2017?

INCLUDE—

- ✓ Persons officially booked into and housed in your jail facilities by formal legal document and by the authority of the courts or some other official agency
- ✓ Repeat offenders booked on new charges
- ✓ Persons serving a weekend sentence coming into the facility for the first time.

EXCLUDE—

- X Returns from escape, work release, medical appointments/treatment facilities, furloughs, bail/bond releases, and court appearances.

New ANNUAL admissions during 2017

Males: 6210 ☒ Estimate

Females: 1657 ☒ Estimate

3. On December 31, 2017, how many persons CONFINED in your jail facilities were held for—

- INCLUDE contractual, temporary, courtesy, or ad hoc holds for other agencies.
- Count persons with multiple holds only once with priority being federal, state, tribal, and local.

a. U.S. Immigration and Customs Enforcement: 5 ☒ Estimate

b. U.S. Marshals Service: 121 ☒ Estimate

c. All other holds (state and federal prison, Bureau of Indian Affairs, or any holds for other jail jurisdictions): 293 ☒ Estimate

4. Between January 1, 2017, and December 31, 2017, what was the average daily population of your jail facilities?

- INCLUDE inmates who participated in weekend programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).
- To calculate the average daily population, add the number of persons for each day between January 1, 2017, and December 31, 2017, and divide the result by 365.
- If daily counts are not available, estimate the average daily population by adding the number of persons held on the same day of each month and divide the result by 12.
- If average daily population cannot be calculated as directed above, then estimate the typical number of persons held in your jail confinement facilities each day.

Average daily population during 2017

Males: 898 ☒ Estimate

Females: 127 ☒ Estimate

5. Between January 1, 2017, and December 31, 2017, how many persons died while under the supervision of your jail facilities?

INCLUDE deaths of ALL persons—

- ✓ CONFINED in your jail facilities
- ✓ UNDER THE SUPERVISION of your jail facilities, but out to court or in special facilities (e.g., hospital, hospice, or nursing home; treatment facility; residential community center; residential work release or facility-based house arrest program; or release center)
- ✓ WHILE IN TRANSIT to or from your jail facilities while under your supervision.

EXCLUDE—

- X Deaths of persons in the process of arrest by your agency if they have not yet been booked into your jail facilities.

Number of inmate deaths during 2017

Males: 1

Females: 1

«AGENCY ID»

Form CJ-9


**DEATHS IN CUSTODY—2017
DEATH REPORT ON INMATES
UNDER JAIL JURISDICTION**

 U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL

FORM COMPLETED BY:

Name Shaniqueka Weary Title Lieutenant
 Official Address 1200 Champagne Street Telephone 985 276-1077
 City Covington FAX 985 276-1027
 State LA Zip 70434 E-mail shaniquekaweary@stpsa.com

Instructions for Completion

If no deaths occurred in 2017:

- You do not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: <https://busdcorp.rti.org>
 E-MAIL: busdcorp@rti.org
 FAX (TOLL-FREE): (866) 800-8179

MAIL: RTI International, Attn: Data Capture
 Project Number: 0215015.001.100.102.100
 5265 Capital Boulevard
 Raleigh, NC 27690-1652

If you need assistance, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or busdcorp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

BURDEN STATEMENT

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AGENCY ID

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Sanchez Johnny P
 LAST FIRST MI

2. On what date did the inmate die?

0 2 1 4 2 0 1 7
 MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name: [REDACTED]
 Facility City: Covington Facility State: LA

4. What was the inmate's date of birth?

[REDACTED] 1 9 6 3
 MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☒ Yes
☐ No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- ☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ Some other race

Please Specify:

8. On what date was the inmate admitted to a facility under your jurisdiction?

1 2 1 9 2 0 1 6
 MONTH DAY YEAR

9. Was the inmate being confined in your jail facility on behalf of any of the following?

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)

- | | YES | NO | DONT KNOW |
|---|--------------------------|-------------------------------------|--------------------------|
| a. U.S. Immigration and Customs Enforcement..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. U.S. Marshals Service..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

10. For what offense(s) was the inmate being held?

- a. "DWI 4th Subsequent Offense"
 b.
 c.
 d.
 e.

11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)

- ☒ Convicted—new court commitment
☐ Convicted—returned probation/parole violator
☐ Unconvicted
☐ Other

Please Specify:

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☐ Yes
☒ No
☐ Don't Know

AGENCY ID

13. Where did the inmate die?

- ☐ In a general housing unit within the jail facility or in a general housing unit on jail grounds
- ☐ In a segregation unit
- ☐ In a special medical unit/infirmary within the jail facility
- ☐ In a special mental health services unit within the jail facility
- ☒ In a medical center outside the jail facility
- ☐ In a mental health center outside the jail facility
- ☐ While in transit
- ☐ Elsewhere

Please Specify:

14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

- ☒ YES → CONTINUE TO Q15
- ☐ Evaluation complete—results are pending

SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH

- ☐ No evaluation is planned → CONTINUE TO Q15

15. What was the cause of death? *** Please SPECIFY cause of death—it is critical information ***

- ☒ Illness—Exclude AIDS-related deaths [Specify] → coronary artery disease
- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Accidental alcohol/drug intoxication [Describe] →
- ☐ Accidental injury to self [Describe] →
- ☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →
- ☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
- ☐ Homicide [Describe] →
- ☐ Other cause(s) [Specify] →

16. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

- ☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

- ☐ In the jail facility or on the jail grounds
- ☐ In the inmate's cellroom
- ☐ In a temporary holding area/flockup
- ☐ In a common area within the facility (e.g., yard, library, cafeteria)
- ☐ In a segregation unit
- ☐ In a special medical unit/infirmary
- ☐ In a special mental health services unit
- ☐ Elsewhere within the jail facility

Please Specify:

- ☐ Outside the jail facility (e.g., while on work release or on work detail)
- ☐ Elsewhere

Please Specify:

17. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- ☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

- ☐ Morning (6 am to Noon)
- ☐ Afternoon (Noon to 6 pm)
- ☐ Evening (6 pm to Midnight)
- ☐ Overnight (Midnight to 6 am)

18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW	
a. Evaluation by physician/medical staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
b. Diagnostic tests (e.g., X-rays, MRI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Treatment/care other than medications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Confinement in special medical unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- ☒ Pre-existing medical condition
- ☐ Deceased developed condition after admission
- ☐ Could not be determined

Please add any additional notes regarding this death here:


Patient with known coronary artery disease s/p CABG in the past. Patient was asymptomatic until the PM of his death when he experienced acute tachypnea and hypoxemia. Sent immediately to the hospital.

Agency ORI # LA05200T1	ST TAMMANY PARISH SHERIFF'S OFFICE 1200 CHAMPAGNE ST , COVINGTON, LA, 70433	INMATE NUMBER 45182
Phone 9858982320	Inmate Release	Juvenile <input type="checkbox"/> Prior Agency Inmate <input type="checkbox"/>

Agency ORI Number LA05200T1	Booking Number 207540	Booking Agency ST TAMMANY PARISH SHERIFF'S OFFICE	Booked By 1620
Arrested Date 12/19/2016	Arrested Time 13:46	Arrested By ID ?	Arrested By Agency / Other DEPARTME
Release Date 02/14/2017	Release Time 15:12	Released By ID 1946	Release Reason RELEASED DUE TO DEATH BOND

INMATE			
Defendant Code	Offense Indicator	Juvenile NO	Name (First Middle Last +Family) Johnny Paul Sanchez
Maiden Name	Nickname / Street Name	Place of Birth SRACELAND	Residence Phone (985) 3865428
Address (Street, Apt. Number) 21387 FOREST LANE	City PONCHATOULA	State La	Zip 70458-0000
Occupation MECHANIC	Employer / School	Address	Residency Full Year
Driver's License or Other ID (State - Number) La- [REDACTED]	Year Expires	Immigration and Naturalization Number	OBTS Number (Arrested)
Race White	Religion Catholic	Date of Birth [REDACTED]/1963	Age 53
Sex Male	Complexion	Build Slender	Facial Hair
Scars / Marks / Tattoos (Location / Describe)	Special Identifiers WORD- ALEXIS R FOREARM TAZ -L. ARM		

OFFENSE(S) / CHARGE(S)			
Offense 1	Offense Type FELONY	Description DWI FOURTH/SUBSEQUENT OFFENSE	Offense Status COMMITTED
Original Offense Ind. 1	Related Offense Description DWI FOURTH/SUBSEQUENT OFFENSE	Counts 1	Statute Violation Number 14:98.4
Warrant#	Bond Type NO BOND	Bond Amount 0.00	Alternative Bond Type
			Alternative Bond Amount 0.00

ADMINISTRATIVE	
Sworn to and subscribed before me, this 18th day of December 2018, . _____ INMATE'S SIGNATURE I swear/affirm the above statements are correct and true. _____ OFFICER'S SIGNATURE	
_____ OFFICER'S PRINTED NAME (L,F)	_____ Date 12/18/2018

Form CJ-9


**DEATHS IN CUSTODY—2017
DEATH REPORT ON INMATES
UNDER JAIL JURISDICTION**

 U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL

FORM COMPLETED BY:

Name Shaniqueka Weary Title Lieutenant
 Official Address 1200 Champagne Street Telephone 985 276-1077
 City Covington FAX 985 276-1027
 State LA Zip 70434 E-mail shaniquekawearry@stpsa.com

Instructions for Completion

If no deaths occurred in 2017:

- You do not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: <https://jdsdcorp.rti.org>
 E-MAIL: jdsdcorp@rti.org
 FAX (TOLL-FREE): (866) 800-9178

MAIL: RTI International, Attn: Data Capture
 Project Number: 0215015.001.100.102.100
 5265 Capital Boulevard
 Raleigh, NC 27690-1652

If you need assistance, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or jdsdcorp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

AGENCY ID

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST Harrison FIRST Cherie MI W
 MONTH DAY YEAR

2. On what date did the inmate die?

MONTH 1 0 DAY 0 4 YEAR 2 0 1 7
 MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name: St. Tammany Parish Jail
 Facility City: Covington Facility State: LA

4. What was the inmate's date of birth?

MONTH 1 9 DAY 8 4 YEAR
 MONTH DAY YEAR

5. What was the inmate's sex?

- ☐ Male
☒ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes
☒ No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- ☒ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ Some other race

Please Specify:

8. On what date was the inmate admitted to a facility under your jurisdiction?

MONTH 1 0 DAY 0 3 YEAR 2 0 1 7
 MONTH DAY YEAR

9. Was the inmate being confined in your jail facility on behalf of any of the following?

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)

- | | YES | NO | DON'T KNOW |
|---|--------------------------|-------------------------------------|--------------------------|
| a. U.S. Immigration and Customs Enforcement..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. U.S. Marshals Service..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

10. For what offense(s) was the inmate being held?

- a. Obstruction Of Justice
 b. Accessory After The Fact
 c. Failure To Report The Commission Of Crime
 d.
 e.

11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)

- ☒ Convicted—new court commitment
☐ Convicted—returned probation/parole violator
☐ Unconvicted
☐ Other

Please Specify:

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☐ Yes
☒ No
☐ Don't Know

AGENCY ID

13. Where did the inmate die?

- ☐ In a general housing unit within the jail facility or in a general housing unit on jail grounds
- ☐ In a segregation unit
- ☐ In a special medical unit/infirmiry within the jail facility
- ☐ In a special mental health services unit within the jail facility
- ☒ In a medical center outside the jail facility
- ☐ In a mental health center outside the jail facility
- ☐ While in transit
- ☐ Elsewhere

Please Specify:

14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

- ☒ YES → CONTINUE TO Q15
- ☐ Evaluation complete—results are pending

SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH

- ☐ No evaluation is planned → CONTINUE TO Q15

15. What was the cause of death? *** Please SPECIFY cause of death—it is critical information ***

- ☒ Illness—Exclude AIDS-related deaths [Specify] → Acute Myocardial Infarction complicated by diab
- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Accidental alcohol/drug intoxication [Describe] →
- ☐ Accidental injury to self [Describe] →
- ☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →
- ☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
- ☐ Homicide [Describe] →
- ☐ Other cause(s) [Specify] →

16. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

- ☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

- ☐ In the jail facility or on the jail grounds
- ☐ In the inmate's cellroom
- ☐ In a temporary holding area/lockup
- ☐ In a common area within the facility (e.g., yard, library, cafeteria)
- ☐ In a segregation unit
- ☐ In a special medical unit/infirmiry
- ☐ In a special mental health services unit
- ☐ Elsewhere within the jail facility

Please Specify:

- ☐ Outside the jail facility (e.g., while on work release or on work detail)
- ☐ Elsewhere

Please Specify:

17. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- ☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

- ☐ Morning (6 am to Noon)
- ☐ Afternoon (Noon to 6 pm)
- ☐ Evening (6 pm to Midnight)
- ☐ Overnight (Midnight to 6 am)

18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW	
a. Evaluation by physician/medical staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
b. Diagnostic tests (e.g., X-rays, MRI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Treatment/care other than medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Confinement in special medical unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- ☒ Pre-existing medical condition
- ☐ Deceased developed condition after admission
- ☐ Could not be determined

Please add any additional notes regarding this death here:

Agency ORI # LA05200T1	ST TAMMANY PARISH SHERIFF'S OFFICE 1200 CHAMPAGNE ST , COVINGTON, LA, 70433	INMATE NUMBER 190557
Phone 9858982320	Inmate Release	Juvenile <input type="checkbox"/> Prior Agency Inmate <input type="checkbox"/>


Agency ORI Number LA05200T1	Booking Number 214822	Booking Agency ST TAMMANY PARISH SHERIFF'S OFFICE	Booked By 3074
Arrested Date 10/03/2017	Arrested Time 17:48	Arrested By ID ?	Arrested By Agency / Other 22ND JUD
Release Date 10/04/2017	Release Time 14:59	Released By ID 3225	Release Reason RELEASED DUE TO DEAT
Related Report Number		Booked Date 10/03/2017	Booked Time 17:48
Release Bond Type		Release Bond Amount	

INMATE			
Defendant Code	Offense Indicator	Juvenile NO	Name (First Middle Last +Family) Cherie WILLIAMS HARRISON
Maiden Name	Nickname / Street Name	Place of Birth VICKSBURG, MS	Residence Phone (985) 9562326
Address (Street, Apt. Number) 201 AZALEA LN	City VICKSBURG	State Ms	Zip 39180-
Occupation LABORER	Employer / School	Address	Residency Full Year
Driver's License or Other ID (State - Number)	Year Expires	Immigration and Naturalization Number	OBTS Number (Arrested)
Race White	Religion None	Date of Birth /1984	Age 33
Sex Female	Complexion Medium	Build Medium	Facial Hair No
Scars / Marks / Tattoos (Location / Describe)	Special Identifiers N/A	Teeth Good	Speech / Voice Soft/pol
Marital Status Separate	Height 500	Reported Weight 150	Eye Color BROWN
Hair Color BROWN	Hair Length Short	Hair Style Curly	

OFFENSE(S) / CHARGE(S)			
Offense 1	Offense Type FELONY	Description OBSTRUCTION OF JUSTICE	Offense Status COMMITTED
Original Offense Ind. 0	Related Offense Description OBSTRUCTION OF JUSTICE	Related Statute Number 14:130.1	Domestic Violence? NO
Warrant#	Bond Type NO BOND	Bond Amount 0.00	Alternative Bond Type 0.00

OFFENSE(S) / CHARGE(S)			
Offense 2	Offense Type FELONY	Description ACCESSORY AFTER THE FACT	Offense Status COMMITTED
Original Offense Ind. 0	Related Offense Description ACCESSORY AFTER THE FACT	Related Statute Number 14:25	Domestic Violence? NO
Warrant#	Bond Type NO BOND	Bond Amount 0.00	Alternative Bond Type 0.00

OFFENSE(S) / CHARGE(S)			
Offense 3	Offense Type FELONY	Description FAILURE TO REPORT THE COMMISSION OF CERT	Offense Status COMMITTED
Original Offense Ind. 0	Related Offense Description FAILURE TO REPORT THE COMMISSION OF CERT	Related Statute Number 14:131.1	Domestic Violence? NO
Warrant#	Bond Type NO BOND	Bond Amount 0.00	Alternative Bond Type 0.00

ADMINISTRATIVE	
Sworn to and subscribed before me, this 18th day of December 2018, . _____ IMMATE'S SIGNATURE I swear/affirm the above statements are correct and true. _____ OFFICER'S SIGNATURE	 _____ OFFICER'S PRINTED NAME (L,F) ID Number 3074
Unit	Date 12/18/2018

Form CJ-9A


**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018
ANNUAL SUMMARY ON INMATES
UNDER JAIL JURISDICTION**

 U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL
FORM COMPLETED BY—

Name	Shaniqueka Weary	Title	Lieutenant
Official Address	1200 Champagne st	Telephone	985 276-1077
City	Covington	FAX	985 276-1021
State	LA	Zip	70434
		Email	shaniquekawearly@stpso.com

Instructions for completion and submission**FOR EACH ITEM—**

- If the answer to a question is "none" or "zero," write "0" in the space provided.
- When exact numeric answers are not available, provide estimates and mark (X) in the checkbox beside each number that is estimated. For example 1,234 ☒

You may submit your annual summary in one of these ways:

 ONLINE: <https://bjsmci.rti.org>

 EMAIL: bjsmci@rti.org

FAX (TOLL-FREE): (866) 800-9179

 MAIL: RTI International, Attn: Data Capture
Project Number: 0215015.001.300.117.102.100
5265 Capital Boulevard
Raleigh, NC 27690-1652

 If you need assistance, contact the data collection team at RTI International toll-free at 1-800-344-1387 or bjsmci@rti.org.
What to include and exclude in this data collection**INCLUDE—**

- ✓ Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles.
- ✓ All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facilities.
- ✓ Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- ✓ Temporary holding or lockup facilities that are part of your combined function.
- ✓ Inmates held for other jurisdictions, including federal authorities, state prison authorities, and other local jail jurisdictions.

EXCLUDE—

- X Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment.
- X Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities). These jails will be contacted directly for this data collection.

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 15 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

INMATE COUNTS AND DEATHS

1. On December 31, 2018, how many persons under the supervision of your jail jurisdiction were **CONFINED** in your jail facilities?

INCLUDE—

- ✓ Persons on transfer to treatment facilities but who remain under your jurisdiction
- ✓ Persons held for other jurisdictions
- ✓ Persons in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to jail at night
- ✓ Persons out to court while under your jurisdiction.

EXCLUDE—

- X Persons under your jurisdiction who are housed elsewhere
- X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- X Persons in community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) who do NOT return to jail at night.

Inmates on
December 31,
2018

Males: ☒ Estimate

Females: ☒ Estimate

2. How many persons under the supervision of your jail jurisdiction were **ADMITTED** to your jail facilities during 2018?

INCLUDE—

- ✓ Persons officially booked into and housed in your jail facilities by formal legal document and by the authority of the courts or some other official agency
- ✓ Repeat offenders booked on new charges
- ✓ Persons serving a weekend sentence coming into the facility for the first time.

EXCLUDE—

- X Returns from escape, work release, medical appointments/treatment facilities, furloughs, bail/bond releases, and court appearances.

New ANNUAL
admissions
during 2018

Males: ☒ Estimate

Females: ☒ Estimate

3. On December 31, 2018, how many persons **CONFINED** in your jail facilities were held for—

- INCLUDE contractual, temporary, courtesy, or *ad hoc* holds for other agencies.
- Count persons with multiple holds only once with priority being federal, state, tribal, and local.

a. U.S. Immigration and Customs Enforcement: ☒ Estimate

b. U.S. Marshals Service: ☒ Estimate

c. All other holds (state and federal prison, Bureau of Indian Affairs, or any holds for other jail jurisdictions): ☒ Estimate

4. Between January 1, 2018, and December 31, 2018, what was the average daily population of your jail facilities?

- INCLUDE inmates who participated in weekend programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).
- To calculate the average daily population, add the number of persons for each day between January 1, 2018 and December 31, 2018, and divide the result by 365.
- If daily counts are not available, estimate the average daily population by adding the number of persons held on the same day of each month and divide the result by 12.
- If average daily population cannot be calculated as directed above, then estimate the typical number of persons held in your jail confinement facilities each day.

Average daily
population
during 2018

Males: ☒ Estimate

Females: ☒ Estimate

5. Between January 1, 2018, and December 31, 2018, how many persons died while under the supervision of your jail facilities?

INCLUDE deaths of ALL persons—

- ✓ **CONFINED** in your jail facilities
- ✓ **UNDER THE SUPERVISION** of your jail facilities, but out to court or in special facilities (e.g., hospital, hospice, or nursing home; treatment facility; residential community center; residential work release or facility-based house arrest program; or release center)
- ✓ **WHILE IN TRANSIT** to or from your jail facilities while under your supervision.

EXCLUDE—

- X Deaths of persons in the process of arrest by your agency if they have not yet been booked into your jail facilities.

Number of
inmate
deaths
during 2018

Males:

Females:

Form CJ-9



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 **DEATH REPORT ON INMATES** **UNDER JAIL JURISDICTION**

U.S. DEPARTMENT OF JUSTICE
 BUREAU OF JUSTICE STATISTICS
 AND ACTING AS COLLECTION AGENT:
 RTI INTERNATIONAL

FORM COMPLETED BY:

Name	Shaniqueka Weary	Title	Lieutenant
Official Address	1200 Champagne st	Telephone	985 276-1077
City	Covington	FAX	985 276-1021
State	LA	Zip	70434
		E-mail	shaniquekawearly@stpso.com

Instructions for Completion

If no deaths occurred in 2018:

- You do not need to complete this form.

If you had more than one death in 2018:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: <https://bjsmci.rti.org>

E-MAIL: bjsmci@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture
 Project #: 0215015.001.300.117.102.100
 5265 Capital Boulevard
 Raleigh, NC 27690-1652

If you need assistance, contact the data collection team at RTI International toll-free at (800) 344-1387 or bjsmci@rti.org.

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Rollins James A
LAST FIRST MI

2. On what date did the inmate die?

01 12 2018
MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

St. Tammany Parish Jail

Facility City:

Covington

Facility State:

LA

4. What was the inmate's date of birth?

1969
MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes
☒ No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- ☐ White
☒ Black or African American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ Some other race

Please Specify:

8. On what date was the inmate admitted to a facility under your jurisdiction?

08 24 2017
MONTH DAY YEAR

9. Was the inmate being confined in your jail facility on behalf of any of the following?

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)

- | | YES | NO | DON'T KNOW |
|---|-------------------------------------|-------------------------------------|--------------------------|
| a. U.S. Immigration and Customs Enforcement..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. U.S. Marshals Service..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. For what offense(s) was the inmate being held?

- a. THEFT OF GOODS / 5YRS H/L
b. THEFT OF GOODS / 5YRS H/L
c.
d.
e.

11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)

- ☒ Convicted—new court commitment
☐ Convicted—returned probation/parole violator
☐ Unconvicted
☐ Other

Please Specify:

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☐ Yes
☒ No
☐ Don't Know

13. Where did the inmate die?

- ☐ In a general housing unit within the jail facility or in a general housing unit on jail grounds
- ☐ In a segregation unit
- ☐ In a special medical unit/infirmarary within the jail facility
- ☐ In a special mental health services unit within the jail facility
- ☒ In a medical center outside the jail facility
- ☐ In a mental health center outside the jail facility
- ☐ While in transit
- ☐ Elsewhere

→ Please Specify:

14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

- ☒ YES → **CONTINUE TO Q15**
- ☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

- ☐ No evaluation is planned → **CONTINUE TO Q15**

15. What was the cause of death? * Please SPECIFY cause of death—it is critical information *****

- ☒ Illness—Exclude AIDS-related deaths [Specify] → Pulmonary Thromboembolism due to deep vein
- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Accidental alcohol/drug intoxication [Describe] →
- ☐ Accidental injury to self [Describe] →
- ☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →
- ☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
- ☐ Homicide [Describe] →
- ☐ Other cause(s) [Specify] →

16. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

- ☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

- ☐ In the jail facility or on the jail grounds
 - ☐ In the inmate's cell/room
 - ☐ In a temporary holding area/lockup
 - ☐ In a common area within the facility (e.g., yard, library, cafeteria)
 - ☐ In a segregation unit
 - ☐ In a special medical unit/infirmarary
 - ☐ In a special mental health services unit
 - ☐ Elsewhere within the jail facility

[PLEASE SPECIFY]

→ Please Specify:

- ☐ Outside the jail facility (e.g., while on work release or on work detail)
- ☐ Elsewhere

→ Please Specify:

17. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- ☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- ☐ Morning (6 am to Noon)
- ☐ Afternoon (Noon to 6 pm)
- ☐ Evening (6 pm to Midnight)
- ☐ Overnight (Midnight to 6 am)

18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW	
a. Evaluation by physician/medical staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
b. Diagnostic tests (e.g., X-rays, MRI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Treatment/care other than medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Confinement in special medical unit.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- ☐ Pre-existing medical condition
- ☐ Deceased developed condition after admission
- ☒ Could not be determined

Please add any additional notes regarding this death here:


Agency ORI # LA05200T1	ST TAMMANY PARISH SHERIFF'S OFFICE 1200 CHAMPAGNE ST , COVINGTON, LA, 70433	INMATE NUMBER 7791
Phone 9858982320	INMATE RELEASE	Juvenile <input type="checkbox"/> Prior Agency Inmate <input type="checkbox"/>

Agency ORI Number LA05200T1	Booking Number 213895	Booking Agency ST TAMMANY PARISH SHERIFF'S OFFICE	Booked By 3074
Arrested Date 08/24/2017	Arrested Time 10:06	Arrested By ID ?	Arrested By Agency / Other 22ND JUD
Release Date 01/12/2018	Release Time 09:36	Released By ID 1728	Release Reason RELEASED DUE TO DEAT

INMATE									
Defendant Code	Offense Indicator	Juvenile NO	Name (First Middle Last +Family) James ADRIAN ROLLINS					Social Security Number -4823	
Maiden Name	Nickname / Street Name		Place of Birth INDEPENDENCE			Residence Phone (985) 5430286			
Address (Street, Apt. Number) 207 PINE DR		City HAMMOND		State Zip La 70401-		Business Phone (0)			
Occupation JANITOR	Employer / School		Address			Residency Full Year			
Driver's License or Other ID (State - Number) LA-		Year Expires	Immigration and Naturalization Number		OBTS Number (Arrested)		FCIC/NCIC		
Race Black	Religion None	Date of Birth /1969	Age 47	Marital Status Married	Height 600	Reported Weight 250	Eye Color BROWN	Hair Color BLACK	Hair Length Bald
Sex Male	Complexion Medium	Build Medium	Facial Hair Unshaven		Teeth Gold		Speech / Voice Soft/pol		Hair Style Bald
Scars / Marks / Tattoos (Location / Describe)				Special Identifiers NONE					

OFFENSE(S) / CHARGE(S)						
Offense 1	Offense Type FELONY	Description THEFT OF GOODS	Offense Status COMMITTED	Counts 1	Statute Violation Number 14:67.10	
Original Offense Ind. 0	Related Offense Description THEFT OF GOODS			Related Statute Number 14:67.10		Domestic Violence? NO
Warrant#	Bond Type NO BOND	Bond Amount 0.00	Alternative Bond Type		Alternative Bond Amount 0.00	

OFFENSE(S) / CHARGE(S)						
Offense 2	Offense Type FELONY	Description THEFT OF GOODS	Offense Status COMMITTED	Counts 1	Statute Violation Number 14:67.10	
Original Offense Ind. 0	Related Offense Description THEFT OF GOODS			Related Statute Number 14:67.10		Domestic Violence? NO
Warrant#	Bond Type NO BOND	Bond Amount 0.00	Alternative Bond Type		Alternative Bond Amount 0.00	

ADMINISTRATIVE		
Sworn to and subscribed before me, this 31st day of October 2019, . _____ INMATE'S SIGNATURE		
I swear/affirm the above statements are correct and true. _____ OFFICER'S SIGNATURE		
_____ OFFICER'S PRINTED NAME (L,F)		
ID Number 3074	Unit	