

Form CJ-9



**DEATHS IN CUSTODY—2016
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	JOE SMITH	Title	SUPERINTENDENT	
Official Address	755 hope st	Telephone	318	6737139
City	SHREVEPORT	FAX		
State	LA	Zip	71101	
E-mail	JOE.SMITH@SHREVEPORTLA.GOV			

Instructions for Completion

If no deaths occurred in 2016:

- 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 2016:

- 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://bjsdcrp.rti.org>
E-MAIL: bjsdcrp@rti.org
FAX (TOLL-FREE): (866) 800-9179

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 bjsdcrp@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
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- 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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LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

greer	issac	e
LAST	FIRST	MI

2. On what date did the inmate die?

1	2	1	6	2	0	1	6
MONTH	DAY	YEAR					

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

Facility Name:

Facility City: Facility State:

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

0	1	1	0	1	9	5	8
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	4	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	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.

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

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] →
- 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/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 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 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:

inmate was a double amputee



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[Click Here to Add a 2015 Death Report](#)

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

Existing Death Records

Contact us at:
bjsmci@rti.org

Name	Date of Death	Gender	Actions		Submitted?
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We currently have no Death Report forms for your agency. If you did not have an inmate death in 2015, you do not have to complete a Death Report form. All agencies should complete the [2015 Annual Summary form](#).

Count=0

BURDEN STATEMENT

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[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

Contact us at:
bjsmci@rti.org

Name	Date of Death	Gender	Actions	Submitted?
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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

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[Click Here to Add a 2017 Death Report](#)

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bjsmci@rti.org

Name	Date of Death	Gender	Actions	Submitted?
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We currently have no Death Report forms for your agency. If you have not had an inmate death in 2017, you do not have to complete a Death Report form.

Count=0

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[Click Here to Add a 2018 Death Report](#)

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