OMB No. 1121-0249 Approval Expires 12/31/2012

Form CJ-9

DEATHS IN CUSTODY—2012
DEATH REPORT ON INMATES UNDER JAIL JURISDICTION

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

DATA SUPPLIED BY:

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Please correct any error in name or mailing address

Instructions for Completion

- If no deaths occurred, you will not need to report anything at this time. At the beginning of the next calendar year, you will be asked to complete a summary form whether you had a death occurrence or not.
- If you had more than 1 death, make copies of pages 2 and 3 for each additional death.
- Complete questions 1 through 16 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): 1-866-800-9179

MAIL: RTI International, Attn: Kim Aspinwall
Project Number: 0213149.001.102
3040 Cornwallis Road, PO Box 12194
Research Triangle Park, NC 27709-2194

- If you need assistance, call Kim Aspinwall of RTI International toll-free at 1-800-344-1387 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, and 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 non-residential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs);
- Under your jurisdiction but on AWOL, escape, or long-term transfer to other 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 5 minutes per response for jurisdictions reporting zero deaths and 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?

LAST	FIRST	MI
Heinbach	Robert	C

2. On what date did the inmate die?

MONTH	DAY	YEAR
02	16	2012

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

MONTH	DAY	YEAR
06	17	1981

4. What was the inmate's sex?

- [x] Male
- [ ] Female

5. What was the inmate's race/ethnic origin?

- [x] White *(not of Hispanic origin)*
- [ ] Black or African American *(not of Hispanic origin)*
- [ ] Hispanic or Latino
- [ ] American Indian/Alaska Native *(not of Hispanic origin)*
- [ ] Asian *(not of Hispanic origin)*
- [ ] Native Hawaiian or Other Pacific Islander *(not of Hispanic origin)*
- [ ] Two or more races
- [ ] Additional categories in your information system
  - *Please Specify:*
- [ ] Race/Ethnicity Not Known

6. On what date had the inmate been admitted to a facility under your jurisdiction?

MONTH	DAY	YEAR
02	16	2012

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

a. Distrubing the peace

b.

c.

d.

e.

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

- [ ] Convicted—new court commitment
- [ ] Convicted—returned probation / parole violator
- [x] Unconvicted
- [ ] Other
  - *Please Specify:*

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

- [ ] Yes
- [ ] No
- [x] Don't Know

10. Where did the inmate die?

- [x] In a general housing within the jail facility or on jail grounds
- [ ] In a segregation unit
- [ ] In a special medical unit/infirmary within jail facility
- [ ] In a special mental health services unit within jail facility
- [ ] In a medical center outside jail facility
- [ ] In a mental health center outside jail facility
- [ ] While in transit
- [ ] Elsewhere
  - *Please Specify:*

11. 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
- [x] In the jail facility or on the jail grounds
  - [SPECIFY]
    - [ ] In the inmate's cell/room
    - [x] In a temporary holding area/lockup
    - [ ] In a common area within the facility (e.g., yard, library, cafeteria, etc.)
    - [ ] 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, etc.)
- [ ] Elsewhere
  - *Please Specify:*

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12. Had the deceased been receiving treatment for the medical condition after admission to your correctional facilities? Exclude emergency care provided at time of death.

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

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff	☐	☐	☐
b. Had diagnostic tests (e.g., X-rays, MRI)	☐	☐	☐
c. Received medications	☐	☐	☐
d. Received treatment/care other than medications	☐	☐	☐
e. Had surgery	☐	☐	☐
f. Confined in special medical unit	☐	☐	☐

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a – f).

13. 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)

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

☑ YES → ***CONTINUE TO Q15***

☐ Evaluation complete—results are pending

↳ ***SKIP REMAINING QUESTIONS—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 as it is critical information*** ***

☐ Illness—Exclude AIDS-related deaths [*Specify*] →	
☐ Acquired Immune Deficiency Syndrome (AIDS)	
☐ Accidental alcohol/drug intoxication [*Specify*] →	
☐ 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*] →	Hanging
☐ Homicide [*Please provide description*] →	
☐ Other cause(s) [*Specify*] →	

16. 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, select "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 here:

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