LOCAL JAIL INMATE DEATH REPORT

What was the inmate's name?

LAST	FIRST	MI
Makowsky	Matthew	M

2. On what date did the inmate die?

MONTH	DAY	YEAR
12	15	2017

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

Facility Name: Bienville Parish Jail

Facility City: Arcadia

Facility State: LA

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

MONTH	DAY	YEAR
09	09	1991

5. What was the inmate's sex?

- [x] Male
- [ ] Female

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

- [ ] Yes
- [x] No

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

- [x] 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	DAY	YEAR
11	12	2016

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	☐	☑	☐
b. U.S. Marshals Service	☐	☑	☐
c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction	☐	☑	☐

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

a. Violation of Protection Order

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

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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*] ⟶
- ☐ 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*] ⟶ Contraband Narcotics Overdose

16. Where did the <u>incident</u> (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

  [PLEASE SPECIFY] →
  - ☑ 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/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:*

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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	☑	☐	☐
b. Diagnostic tests (e.g., X-rays, MRI)	☑	☐	☐
c. Medications	☐	☐	☑
d. Treatment/care other than medications	☐	☐	☑
e. Surgery	☐	☑	☐
f. Confinement in special medical unit.	☑	☐	☐

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

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 inmate obtained illegal narcotic from a new inmate. He was discovered nonresponsive and transported to local Emergency room. He then was immediately transferred to University Health Hospital.

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