



Bureau of Justice Statistics
U.S. DEPARTMENT OF JUSTICE

DEATHS IN CUSTODY

OMB No. 1121-0249 Exp. 03/31/2019
OMB No. 1121-0094 Exp. 01/31/2019

You are logged in as: East Baton Rouge Parish Sheriff's Office - Louisiana (10951186)

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Contact us at: 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...

- 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
Aguillard, James	11/14/14	Male	Print	Edit	Delete	Submitted
Cleveland, Paul	11/12/14	Male	Print	Edit	Delete	Submitted
Hilliard, Jeremy	4/10/14	Male	Print	Edit	Delete	Submitted
Harden, Antwain	7/27/14	Male	Print	Edit	Delete	Submitted
Count=4						

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 call Matt Bensen at 1-800-344-1387 or send an e-mail to: bjsdcrp@rti.org.

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 Title Official Address Telephone City FAX State Zip 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://bjsdcrp.rti.org>), call (800) 344-1387, or send an e-mail to bjsdcrp@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://bjsdcrp.rti.org>

E-MAIL: bjsdcrp@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 bjsdcrp@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 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

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:

- X Persons housed in facilities operated by two or more jurisdictions or those held in privately operated jails
- X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- X 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 (✓) the box beside each figure.

Inmates on
December 31,
2014

Males: ☐ Estimate

Females: ☐ 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:

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

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

New ANNUAL
admissions
during 2014

Males: ☐ Estimate

Females: ☐ 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 (✓) the box beside each figure.

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, 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 (✓) the box beside each figure.

Average daily population during 2014 **Males:** ☐ Estimate

Females: ☐ 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:

- X 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:**

Females:

Form CJ-9


**DEATHS IN CUSTODY—2014
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 **Johnny Scott** Title **Capt.**
 Official Address **2867 Brig. Gen. Isaac Smith Ave** Telephone **225 358-4033**
 City **Baton Rouge** FAX **225 358-1404**
 State **LA** Zip **70706** E-mail **jscott@ebrso.org**

Instructions for CompletionIf no deaths occurred in 2014:

- You do not need to report anything at this time.
- At the beginning of 2015, you will be asked to complete a summary form whether or not you had a death occurrence in 2014.

If you had more than one death in 2014:

- 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>
MAIL: RTI International, Attn: Data Capture
Project Number: 0213149.001.300.302.100
5265 Capital Boulevard
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- Under your jurisdiction but out to court
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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

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LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Aguillard James K
LAST FIRST MI

2. On what date did the inmate die?

1 1 1 4 2 0 1 4
MONTH DAY YEAR

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

Facility Name:

East Baton Rouge Prison

Facility City:

Baton Rouge

Facility State:

LA

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

0 7 1 7 1 9 4 1
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?

0 9 3 0 2 0 1 4
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. LRS 14:98 DWI
b. LRS 14:39.1 Negligent / Veh. Injuring
c. LRS 32:82 Driving over Median
d. LRS 32:295.1 Seat Belt Violation
e. LRS 32:861 No Insurance

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 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] →

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/infirmary
 - ☐ 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"/>
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"/>

**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:

First complaint was day of Death.

Form CJ-9


**DEATHS IN CUSTODY—2014
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 **Johnny Scott** Title **Capt.**

Official Address **2867 Brig. Gen. Isaac Smith Ave** Telephone **225 358-4033**

City **Baton Rouge** FAX **225 358-1404**

State **LA** Zip **70706** E-mail **jscott@ebrso.org**

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- Under your jurisdiction but out to court
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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

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LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Cleveland Paul
LAST FIRST MI

2. On what date did the inmate die?

1 1 1 2 2 0 1 4
MONTH DAY YEAR

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

Facility Name:

East Baton Rouge Prison

Facility City:

Baton Rouge

Facility State:

LA

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

0 7 2 0 1 9 4 2
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?

0 9 2 0 2 0 1 4
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. LRS 14:122.2 Threatening Public Official

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 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] →

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

[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:

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)
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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"/>
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"/>

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:

Form CJ-9


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- 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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LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST FIRST MI

2. On what date did the inmate die?

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?

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

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

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

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 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"/>
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 type="checkbox"/>	<input checked="" 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"/>

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:

First complaint of trouble breathing was minutes prior to emergency event.

Form CJ-9


**DEATHS IN CUSTODY—2014
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 **Johnny Scott** Title **Capt.**

Official Address **2867 Brig. Gen. Isaac Smith Ave** Telephone **225 358-4033**

City **Baton Rouge** FAX **225 358-1404**

State **LA** Zip **70706** E-mail **jscott@ebrso.org**

Instructions for CompletionIf no deaths occurred in 2014:

- You do not need to report anything at this time.
- At the beginning of 2015, you will be asked to complete a summary form whether or not you had a death occurrence in 2014.

If you had more than one death in 2014:

- 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>

MAIL: RTI International, Attn: Data Capture
Project Number: 0213149.001.300.302.100
5265 Capital Boulevard
Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): 1-866-800-9179

If you need assistance, contact 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
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LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Harden Antwain

LAST

FIRST

MI

2. On what date did the inmate die?

07 27 2014

MONTH

DAY

YEAR

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

Facility Name:

East Baton Rouge Prison

Facility City:

Baton Rouge

Facility State:

LA

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

01 27 1986

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
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☐ Some other race

Please Specify:

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

07 11 2014

MONTH

DAY

YEAR

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| 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. LRS 14:63.3 Entering/Remaining after forbidden
- 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:

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- ☐ Yes
☒ No
☐ Don't Know

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- ☐ In the jail facility or on the jail grounds

[PLEASE SPECIFY]

- ☐ In the inmate's cell/room
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- ☐ In a special mental health services unit
- ☐ Elsewhere within the jail facility

→ Please Specify:

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→ Please Specify:

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☐ 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 type="checkbox"/>	<input checked="" type="checkbox"/>	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)
b. Diagnostic tests (e.g., X-rays, MRI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

Ha emergency care during incarceration. Harden had a history of blood clots but was refusing medication and treatment during this time period.