Form NPS-4A (Addendum)



#### **DEATHS IN CUSTODY—2015** STATE PRISON INMATE **DEATH REPORT**

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

	TOTICE STATE		RITINTERNATIONAL
		FORM COMPLETED BY:	
Name		Titl	е -
Official Address		Telephon	e
City		FAX	
State	Zip	E-mail	

## Instructions for Completion

#### If no deaths occurred in 2015:

- You will 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://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, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

#### What deaths should be reported?

#### INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

#### EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

#### **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.

# STATE PRISON INMATE DEATH REPORT

1				
1.	What was the inmate's name?  Nelson Charles	8.	On wha	at date was the inmate admitted to one of orrectional facilities?
		1		
	LAST FIRST MI	1	0 1	
			MONTH	DAY YEAR
2.	On what date did the inmate die?			
۷.				
	0 7 1 0 2 0 1 5	9.	For wha	at offense(s) was the inmate being held?
	MONTH DAY YEAR		a.	Distribution of Cocaine
			L	
2	What was the name and leastion of the		b.	1
3.	What was the name and location of the correctional facility involved?		С.	
	Estissional money involved.		d. [	
	Facility Name:		u.	
	Allen Correctional Center		e.	
	Facility City: Facility State:			
	Kinder LA			
	LA	10	Since	dmission, did the inmate over etay
			overnio	dmission, did the inmate ever stay that in a mental health facility?
				Yes
4.	What was the inmate's date of birth?		0	No
				Don't Know
		- J.		
	MONTH DAY YEAR			
	gradina garante en la comitación de la c	11.	Where	did the inmate die?
5.	What was the inmate's sex?		_	
٥.			V	In a general housing unit in the facility or on prison grounds
	☑ Male □ Female	1		In a segregation unit
	- Tofficial	1		In a special medical unit/infirmary within your
				facility
6.	Was the inmate of Hispanic, Latino, or Spanish			In a special mental health services unit within your facility
f	origin?	9,500 %		In a medical center outside your facility
	☐ Yes			In a mental health center outside your facility
	☑ No			While in transit
			ت	Elsewhere
				Please Specify:
7.	In addition, what was the inmate's race? Please	1		
	select one or more of the following racial			
	categories:			
	White	1		
	☐ Black or African American	1 2		
	American Indian or Alaska Native	į		
	<ul><li>☐ Asian</li><li>☐ Native Hawaiian or Pacific Islander</li></ul>			
	Some other race			
	Please Specify:			
	, rouse speediff.	100		
		7.		

No. Annaly	
12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, o review of medical records) available to establish an official cause of death?	r
YES CONTINUE TO Q13	
Evaluation complete—results are pending  SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED A	T 1
LATER TIME FOR THE CAUSE OF DEATH	1 4
□ No evaluation is planned → CONTINUE TO Q13	. 1
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***	- 1
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Cardiac arrest	
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]	
14. 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 prison facility or on the prison 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 special medical unit/infirmary	
SPECIFY]  In a special mental health services unit  In a segregation unit	
On death row, special unit awaiting capital punishment	
Elsewhere within the prison facility	
Please Specify:	
Outside the prison facility (e.g., while on work release or on work detail)	
Elsewhere  Please Specify:	
Please Specify.	
Toping to the second of the se	1 3 3 4
15. 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)	

16.	Exclude services	ding emergency care provided at the time of death, did the inmate receive any of the following medical es 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
		VEC. NO TOUT WOW
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement is available at the first staff and the first staff are staff ar
le.		f. Confinement in special medical unit
17.		the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark 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
Plea	se ado	any additional notes regarding this death here:
		, and the regarding this death here.
-		

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#### **DEATHS IN CUSTODY—2015** STATE PRISON INMATE **DEATH REPORT**

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

	FORM COMPL	ETED BY:	
Name		Title	
Official ddress		Telephone	
City		FAX	
State	Zip E-mail		

## Instructions for Completion

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- You will not need to report anything at this time.
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Project Number: 0213149.001.400.402.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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## What deaths should be reported?

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- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
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#### EXCLUDE deaths of ALL persons...

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- Confined in local jail facilities, whether located in or out of state
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## STATE PRISON INMATE DEATH REPORT

- JA:

1.	What was the inmate's name?	2777 是重	8. On wh	at dat	e was the inr	nate adm	nitted to one of
	Shepard Alfred		your c	orrect	ional facilitie	s?	01/
	LAST	MI	1 C		9 1	9 9	6
-			MONTH	D	AY YEAR	?	
2.	On what date did the inmate die?	9					
	had all the state of the state	7 2 2	1.				
	0 7 1 0 2 0 1 5	_	9. For wh			74 6	te being held?
	MONTA DAY TEAN		a.	Mole	estation of a	Juveni	le
0			b.,	Forc	eible Rape		*
3.	What was the name and location of the	he	C.				
	correctional facility involved?						
2	Facility Name:		d.	,			
-	Allen Correctional Center	2	е.				
	Facility City:	Facility State:				man and a second	100
	Kinder	LA	1	111			
		MI /			sion, did the		
	- an expression of the		*4.8.4		a mental hea	Ith facilit	ty?
4.	What was the inmate's date of birth?			Yes			
	0 1 1 3 1 9 5 3		77. 5		't Know		
	MONTH DAY YEAR			, sh.		788	
					A SIL		
	PERMIT		11. Where	did th	ie inmate die	?	
5.	What was the inmate's sex?					ng unit in	the facility or on
	☑ Male	a bar-action as			on grounds segregation u	nit	
Pougar s	property and the second of the	rain annotation and the same		In a	special medic		rmary within your
				facili In a		l health s	ervices unit within
6.	Was the inmate of Hispanic, Latino,	or Spanish	315 ANT 19	your	facility		
	origin?						your facility itside your facility
	☐ Yes. ☐ No	Barrisma		Whil	e in transit		
N. T.	ro to id an intra-defeations without lague	to divis		Else	where	Link it is	
			in diting.	4	Please Specify:		2 2
7.	In addition, what was the inmate's ra			1	s in any or the	Control of the	dentem of the second
	select one or more of the following rategories:			de la company			* sping bar *
	White Design to the second					and security in	
	Black or African American		- W94				
	American Indian or Alaska Nat	ive	المراجد أما				
	<ul><li>Asian</li><li>Native Hawaiian or Pacific Isla</li></ul>	nder					
	Some other race		14 14 14				
	Please Specify:				- 1		
	See the second s	The second of th				15 916	

the results of a medical examiner's or coroner's evaluation of medical records) available to establish an official	ation (such as an autopsy, postmortem exam, or
YES CONTINUE TO Q13	y death.
Evaluation complete—results are pending  SKIP REMAINING QUESTIONS AND SUBM	IT THIS FORM—YOU WILL BE CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEATH	The Column too the BE contine tell har the
□ No evaluation is planned → CONTINUE TO Q13	
13. 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]	Closed head injuries complicating acute str
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]	
Explanation from the state of t	
14. Where did the incident (e.g., accident, suicide, or homicide	
<ul> <li>□ NOT APPLICABLE—Cause of death was illness, intoxic</li> <li>□ In the prison facility or on the prison grounds</li> </ul>	ation, or AIDS-related
☐ In the inmate's cell/room	
☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard,	library, cafeteria)
[PLEASE   In a special medical unit/infirmary   In a special mental health services unit	
☐ In a segregation unit ☐ On death row, special unit awaiting capital puni	shmant
Elsewhere within the prison facility	Similar Control of the Control of th
Please Specify:	
Outside the prison facility (e.g., while on work release Elsewhere	or on work detail)
Please Specify: Rapides Medical Center	
Napides Wedical Center	
15. When did the incident (e.g., accident, suicide, or homicide)  NOT APPLICABLE—Cause of death was illness, intox	
☑ Morning (6 am to Noon)	
Afternoon (Noon to 6 pm)	
Evening (6 pm to Midnight)  Overnight (Midnight to 6 am)	

16.	Exclu servi	uding ices fo	emerger or the me	cy card	provide ondition	ed at the that ca	e time aused h	of deat is/her	h, did t death a	he inm fter ad	nate Imiss	receive a sion to y	ny of our co	the foll	owing m nal facili	edical ties?
	•	NOT	APPLIC	ABLE-	Cause	of death	was ac	cidenta	l injury,	intoxic	ation	, suicide,	or hor	nicide		
		b. D c. N d. T e. S	valuated liagnostic ledication reatment urgery	tests (e	e.g., X-ra	medica	l) itions						KNÓM	RESP	SE PRO ONSE F I ITEM (	OR
17.	after "Pre-	NOT Pre- Dec	ssion? (I ing medi	f multip cal con ABLE— nedical veloped	dition." Cause conditio	litions of ) of death n	was ac	the dea	th and	any o	f the	did the in conditio	ns we	re pre-	p the ce	ondition g, mark
P_ 2.88 pt.	Bill the plant	Factor of A	St.			rever a segment	Marie Control of the	0 10 10		100 E		<u> </u>	post.			1 20
Th	e inn	mate	additiona sustain ere it wa	ed inju	ries in	our fac	cility an	nd was	transp be add	oorted mitted	l by l in c	ambula critical c	nce to	o Allen on. (re	Parish sult of	n a fall)
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U.S. DEPARTMENT OF JUSTICE **BUREAU OF JUSTICE STATISTICS** AND ACTING AS COLLECTION AGENT:

	North Control		RITINIERNATIONAL
		FORM COMPLETED BY:	
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Official			
Address		Telephone	
City		FAX	
State	Zip	E-mail	

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# STATE PRISON INMATE DEATH REPORT

	8. On what date was the inmate admitted to one
1. What was the inmate's name? Thurman William	8. On what date was the minds your correctional facilities?
LAST FIRST MI	0 1 2 0 2 0 0 4
	MONTH DAY YEAR
2. On what date did the inmate die?	
0 9 2 0 2	No inmate being held?
MONTH DAY YEAR	9. For what offense(s) was the inmate being held?
3. What was to	Posession of a firearm by a convicted
Trial was the m-	Aggravated Burglary
wy involved?	c. Simple Burglary
Facility Name: Allen Correctional Center	d.
Facility City:	e.
Kinder Facility State:	The state of the s
LA	
	10. Since admission, did the inmate ever stay
4. What was the inmate's date of birth?	overnight in a mental health facility?
1 0 0 0 1	D No
MONTH DAY YEAR	D- Don't Know
5. What was the inmate's sex?	11. Where did the inmate die?
☑ Male	In a general housing unit in the facility or on
Female	In a segregation unit
	In a special medical unit/infirmary within your facility
6. Was the inmate of Hispanic, Latino, or Spanish origin?	In a special mental health services unit with
'Yes	In a medical center outside your facility
□ No	In a mental health center outside your facility  While in transit
	Elsewhere
7. In addition, what was the inmate's race? Please	Please Specify:
select one or more of the following racial categories:	
White-	The state of the s
☐ Black or African American	
Black or African American  American Indian or Alaska Native	
Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian or Pacific Islander	
Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race	
Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian or Pacific Islander	

Are the results of a medical examiner's or coroner's evalued review of medical records) available to establish an official	ation (such as an autopsy, postmortem exam, or
YES CONTINUE TO Q13	" cause of death?
Evaluation complete—results are pending	
LATER TIME FOR THE CAUSE OF DEATH	IT THIS FORM—YOU WILL BE CONTACTED AT A
No evaluation is planned → CONTINUE TO Q13	
	Special Control of the Control of th
13. What was the cause of death? *** Please SPECIFY cause	of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify]	Natural Unexpected/Acute Event- Heart At
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]	
	2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
14. Where did the incident (e.g., accident, suicide, or homicid  NOT APPLICABLE—Cause of death was illness, intoxi	
☐ In the prison facility or on the prison 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)
SPECIFY In a special mental health services unit	
In a segregation unit On death row, special unit awaiting capital pur	nishment
Elsewhere within the prison facility	
Please Specify:	
Outside the prison facility (e.g., while on work release	e or on work detail)
Please Specify:	1
The state of the s	
15. When did the incident (e.g. agaident quiside as hemiside	a) causing the death occur?
15. When did the incident (e.g., accident, suicide, or homicide NOT APPLICABLE—Cause of death was illness, into	
☐ Morning (6 am to Noon)	
Afternoon (Noon to 6 pm)  Evening (6 pm to Midnight)	
Overnight (Midnight to 6 am)	

NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide  YES NO DON'T KNOW  a. Evaluated by physician/medical staff	16. Excluding e services fo	emergency care provided at the time of death, did the inmate receive any of the following medical r the medical condition that caused his/her death after admission to your correctional facilities?
a. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A RESPONSE FOR c. Medications PEACH ITEM (a-f) d. Treatment/care other than medications e. Surgery PEACH ITEM (a-f) f. Confinement in special medical unit 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	□ NOT	APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
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:	b. Di c. Mo d. Tr e. Su	valuated by physician/medical staff
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:		Visited and the second and the secon
	after admis "Pre-existin  NOT  Pre-e	sion? (If multiple conditions caused the death and any of the conditions were pre-existing, marking medical condition.")  APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide existing medical condition assed developed condition after admission
	Please add any a	dditional notes regarding this death here:
	, rease and diffy a	

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