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 AGE RTI INTERNATIONAL

	FORM COMPLETED BY:							
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City	Control of	1	FAX	1				
State	Zip	E-mail	No. 10 10 10 10 10 10 10 10 10 10 10 10 10	10 (S) (S)				

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.
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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 state
- 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

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What was the inmate's name? On what date was the inmate admitted to one of 8. your correctional facilities? Abbott Perry 1 LAST **FIRST** MI MONTH DAY YEAR On what date did the inmate die? 2 5 For what offense(s) was the inmate being held? MONTH DAY YEAR Second Degree Battery b. What was the name and location of the correctional facility involved? C. d. **Facility Name:** David Wade Correctional Center e. Facility City: Facility State: Claiborne LA 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes What was the inmate's date of birth? No Don't Know 9 6 8 MONTH DAY YEAR 11. Where did the inmate die? What was the inmate's sex? In a general housing unit in the facility or on ☑ Male prison grounds ☐ Female In a segregation unit ☐ In a special medical unit/infirmary within your ☐ In a special mental health services unit within Was the inmate of Hispanic, Latino, or Spanish your facility origin? ☑ In a medical center outside your facility ☐ In a mental health center outside your facility ☐ Yes While in transit v No ☐ Elsewhere Please Specify: In addition, what was the inmate's race? Please select one or more of the following racial categories: White Ø Black or African American 0 American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:

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 Q13 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 Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Autopsy report shows cause of death as hy
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
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 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:
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.	Exclu	ding emergency care provided at the time of deat ces for the medical condition that caused his/her o	h, did the death afte	inmate er admis	receive any of t sion to your co	he following medical rrectional facilities?
}	•	NOT APPLICABLE—Cause of death was accidental	injury, in	toxication	n, suicide, or hon	nicide
		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 in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the dea existing medical condition.")				
		NOT APPLICABLE—Cause of death was accidental	l injury, in	toxication	n, suicide, or hon	nicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined				
			ywa sa s		and the second of the second o	And the second s
Cł		d any additional notes regarding this death here: ed Q13 from Other Causes to Illness, Q14 fro	om Spec	cial med	lical unit to NA	A, Q15 from Morning
					(in the state of t	er mele anamaka
	16.5		E control on a		The second secon	educating gives a second contraction of

U.S. DEPARTMENT OF JUSTICE **DEATHS IN CUSTODY—2015** Form NPS-4A **BUREAU OF JUSTICE STATISTICS** STATE PRISON INMATE AND ACTING AS COLLECTION AGENT: (Addendum) DEATH REPORT RTI INTERNATIONAL FORM COMPLETED BY: Title Name Official Telephone Address FAX City State E-mail Zip

Instructions for Completion

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EXCLUDE deaths of ALL persons...

- Executed in your state
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- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

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1.	What was the inmate's name? Bell Alvin LAST FIRST MI On what date did the inmate die?	8. On what date was the inmate admitted to one of your correctional facilities? 1 0 0 6 1 9 9 7 MONTH DAY YEAR
	0 9 0 5 2 0 1 5 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Armed Robbery b.
3.	What was the name and location of the correctional facility involved? Facility Name: David Wade Correctional Center	c. d. e.
	Facility City: Facility State: Claiborne LA	10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 1 0 1 0 1 9 6 3 MONTH DAY YEAR	□ No □ Don't Know
5 .	What was the inmate's sex? ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	11. Where did the inmate die? ☐ In a general housing unit in the facility or on prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within you facility ☐ In a special mental health services unit within your facility ☐ In a medical center outside your facility ☐ In a mental health center outside your facility ☐ In a mental health center outside your facility ☐ While in transit ☐ Elsewhere Please Specify:
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:	

. 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 Q13
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 Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
✓ Illness—Exclude AIDS-related deaths [Specify] — Autopsy reports cause of death was Conge
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)
[PLEASE SPECIFY] In a special medical unit/infirmary 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:
Trissis spesify:
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. E	xclu	ding eme	ergency car e medical o	e provided ondition t	d at the tim	ne of dead d his/her	th, did th death af	e inmate er admis	receive an	y of the ur corre	followir ectional f	ng medical acilities?
3		NOT AP	PLICABLE-	-Cause of	death was	accidenta	ll injury, ir	ntoxicatio	n, suicide, d	or homic	ide	
		b. Diagnc. Mediod. Treatre. Surge	ated by phy ostic tests (cations ment/care o ery	e.g., X-rays her than m	edications					PI R	LEASE F ESPONS ACH ITE	
а	fter	admissio	of death th n? (If multip medical cor	ole conditi								e condition ting, mark
		NOT AP	PLICABLE-	-Cause of	death was	accidenta	l injury, ir	ntoxicatio	n, suicide, c	or homic	ide	
		Decease	ing medical d developed t be determ	d condition	after admis	ssion						
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Cha	nge	d Q11 fi	tional notes rom Elsew (13 from C	here - Ho	omer Hos	spital to l						ved Morning to
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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: RTI INTERNATIONAL

-	Martin Co.	FORM COMPLETED BY:	
-8		FORM COMPLETED BY.	
Name		Title	
Official Address		Telephone	
City	Conset on a sure sign of	FAX	
State	Zip	E-mail	

Instructions for Completion

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1.	What was the inmate's name?	8.			at date was the inmate admitted to one of orrectional facilities?
	Bourland		you	-	
	LAST FIRST MI		МОІ	2 vtH	1 5 1 9 8 0 DAY YEAR
2.	On what date did the inmate die?				
	0 1 1 4 2 0 1 5	9.	For	wha	at offense(s) was the inmate being held?
	MONTH DAY YEAR				Second Degree Murder
3.	What was the name and location of the			b. [
	correctional facility involved?			d. [
	Facility Name: David Wade Correctional Center			e. [
	Facility City: Facility State:				
	Homer	10.	Sin	ce a	dmission, did the inmate ever stay
			ove	_	ght in a mental health facility?
4.	What was the inmate's date of birth? 0 2 2 1 1 9 4 0 MONTH DAY YEAR				Yes No Don't Know
	MONTH DAY YEAR	11.	Wh	ere	did the inmate die?
5.	What was the inmate's sex? ☑ Male				In a general housing unit in the facility or on prison grounds
	☐ Female				In a segregation unit 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
υ.	origin?				In a medical center outside your facility In a mental health center outside your facility
	☐ Yes ☑ No				While in transit Elsewhere
				_	Please Specify:
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	The second second			
	AsianNative Hawaiian or Pacific IslanderSome other race				
	Please Specify:				

Are the re	sults of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or medical records) available to establish an official cause of death?
Y	TES → CONTINUE TO Q13 Ivaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
□ N	lo evaluation is planned → CONTINUE TO Q13
13. What was	s the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ IIIn	ess—Exclude AIDS-related deaths [Specify] ——— End Stage COPD
☐ Ac	quired Immune Deficiency Syndrome (AIDS)
☐ Ac	cidental alcohol/drug intoxication [Describe]
□ Ac	ccidental injury to self [Describe]
☐ Ac	ccidental injury by other (e.g., vehicular accidents uring transport) [Describe]
	uicide (e.g., hanging, knife/cutting instrument, tentional drug overdose) [Describe]
□ н	omicide [Describe]
	ther cause(s) [Specify] —
[PLEASE SPECIFY]	Idid the incident (e.g., accident, suicide, or homicide) causing the death take place? OT 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 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:
0 00	id 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.	Exclu servi	iding emergency ces for the medi	care provided	d at the time of d hat caused his/h	eath, did th er death af	e inmate ter admi	e receive any of ssion to your co	the following medical prectional facilities?		
		□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide								
	7 19	b. Diagnostic tec. Medications .d. Treatment/cae. Surgery	sts (e.g., X-rays	ical staffs, MRI)edications				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)		
	after		ultiple conditi					develop the condition re pre-existing, mark		
		NOT APPLICAB	LE—Cause of	death was accide	ntal injury, i	ntoxication	on, suicide, or hor	micide		
		Pre-existing med Deceased devel Could not be de	oped condition	after admission						
Ch		d any additional no ed Q13 from O			from Spe	cial Me	dical Unit to N	A, Q15 from Mornin		
-										

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:

RTI INTERNATIONAL

	Mount	2.00	The second secon
		FORM COMPLETED BY	BY:
Name	440 (40 - 40 - 40 - 40 - 40 - 40 - 40 -	NAME OF THE PARTY	Title
Official Address		Telep	ephone
City			FAX
State	Zip	E-mail	

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1.	What was the inmate's name? Curtis Willie FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 5 2 8 1 9 9 8 MONTH DAY YEAR
3.	On what date did the inmate die? 0 6 0 5 2 0 1 5 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: David Wade Correctional Center Facility City: Homer Facility State: LA What was the inmate's date of birth? 0 5 1 1 1 9 6 3 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Poss of Firearm b. Rape c. d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes No Don't Know
5.	What was the inmate's sex?	11. Where did the inmate die? In a general housing unit in the facility or on
J.	☐ Male ☐ Female	prison grounds In a segregation unit In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No	your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
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:	

12. Are the review	results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
	YES CONTINUE TO Q13
	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
2	No evaluation is planned → CONTINUE TO Q13
13. What w	vas the cause of death? *** Please SPECIFY cause of death—it is critical information***
_	llness—Exclude AIDS-related deaths [Specify] → Cancer
_	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]
0 1	Homicide [Describe]
	Other cause(s) [Specify]
2	
	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
	n 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)
[PLEASE	In a special medical unit/infirmary
SPECIFYJ	☐ 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
J	Please Specify:
e deservir e considera	
15. When	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
Ø	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)

Q

servi	uding emergency care provided at the time of death, did the inmate receive any of the following medical ces 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
	A. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A c. Medications PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f) d. Treatment/care other than medications PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f) f. Confinement in special medical unit
after	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 any 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
ALANA AL	
Dianca add	d any additional notes regarding this death here:

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			FORM COMPLE	TED BY:	
Name				Title	
Official Address				Telephone	
City				FAX	
State [Zip	E-mail	*	att 650 January 2000 State Strategy at

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- 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 state
- 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.

1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of your correctional facilities?
1	Smith Elvis O		
4	LAST FIRST MI		1 1 1 3 2 0 1 4
			MONTH DAY YEAR
			*
2.	On what date did the inmate die?		
		_	Francisco de la companya del companya de la companya del companya de la companya
	0 2 0 1 2 0 1 5	9.	For what offense(s) was the inmate being held?
i	MONTH DAY YEAR		a. Schedule II
			b.
3.	What was the name and location of the		c.
	correctional facility involved?		
	Facility Name:		d.
			e.
	David Wade Correctional Center		
	Facility City: Facility State:		
	Homer		
		10.	. Since admission, did the inmate ever stay
			overnight in a mental health facility?
			☐ Yes
4.	What was the inmate's date of birth?		□ No
			☑ Don't Know
	0 8 0 5 1 9 6 9		
	MONTH DAY YEAR		
		11	. Where did the inmate die?
-	W/L-4	'''	
5.	What was the inmate's sex?		In a general housing unit in the facility or on
	☑ Male		prison grounds In a segregation unit
	☐ Female		In a special medical unit/infirmary within your
			facility
			☐ In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish		your facility
	origin?		 In a medical center outside your facility In a mental health center outside your facility
	Yes		While in transit
	☑ No		Elsewhere
			Please Specify:
	and the second s		
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 Asian		
	Native Hawaiian or Pacific Islander		
	☐ Some other race		
	Please Specify:	-	
		1	

	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or we the of medical records) available to establish an official cause of death? CONTINUE TO 013
20 of	PES —— CONTINUE TO Q13
OF	Evaluation complete—results are pending
/	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
	□ No evaluation is planned → CONTINUE TO Q13
16	What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	☑ Illness—Exclude AIDS-related deaths [Specify] ——— Hypertensive Atherosclerotic Cardiovascula
9	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]
1	4. 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
. 2	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
7.	Please Specify:
1	5. 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)
	Evening (6 pm to Midnight)Overnight (Midnight to 6 am)

16. Excl serv	uding emergency care provided at the time of death, did the inmate receive any of the following medical ices for the medical condition that caused his/her death after admission to your correctional facilities?
0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	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 in special medical unit
after	
Please ad	d any additional notes regarding this death here:
Ť	