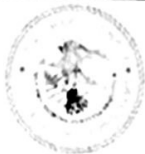


Form NPS-4A
(Addendum)



**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

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

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 bjsdcrp@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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STATE PRISON INMATE DEATH REPORT

2. Are REV

1. What was the inmate's name?

Hubbard	Alfred	T
LAST	FIRST	MI

2. On what date did the inmate die?

1	2	1	2	2	0	1	5
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?

1	0	3	0	1	9	6	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

↳

8. On what date was the inmate admitted to one of your correctional facilities?

1	1	1	7	2	0	1	0
MONTH	DAY	YEAR					

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

- a.
- b.
- c.
- d.
- e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- Yes
- No
- Don't Know

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/infirmery within your 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
- While in transit
- Elsewhere

↳

2. 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] → Liver Disease- secondary to Hepatitis
- 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/infirmery
 - 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) ↳ 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. 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. Evaluated by physician/medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Treatment/care other than medications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Confinement in special medical unit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

17. 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 NPS-4A
(Addendum)DEATHS IN CUSTODY—2015
STATE PRISON INMATE
DEATH REPORTU.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

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.

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- Make copies of this form for each additional death.
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Raleigh, NC 27690-1652*If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bjsdcrp@rti.org*

What deaths should be reported?

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- 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
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- Under your jurisdiction but on AWOL or escape-status at the time of death

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STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Kingsby	Elton	
LAST	FIRST	MI

2. On what date did the inmate die?

0	3	2	7	2	0	1	5
MONTH		DAY		YEAR			

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

Facility Name:
Raymond Laborde Correctional Center

Facility City: Cottonport Facility State: LA

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

1	2	1	2	1	9	3	9
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 one of your correctional facilities?

0	8	3	0	1	9	9	3
MONTH		DAY		YEAR			

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

- a. Manslaughter
b. _____
c. _____
d. _____
e. _____

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- Yes
 No
 Don't Know

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 your 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
 While in transit
 Elsewhere

↳ Please Specify: _____

2. 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] → Heart Attack
- 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

[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 special medical unit/infirmery
- 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. 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. Evaluated by physician/medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Treatment/care other than medications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Confinement in special medical unit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

17. 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 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

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

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:

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

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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 bjsdcrp@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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STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Cain	Micheal	
LAST	FIRST	MI

2. On what date did the inmate die?

1	1	0	9	2	0	1	5
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?

0	8	2	3	1	9	6	4
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 one of your correctional facilities?

0	5	1	2	1	9	9	7
MONTH		DAY		YEAR			

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

- a.
- b.
- c.
- d.
- e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- Yes
- No
- Don't Know

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/infirmery within your 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
- While in transit
- Elsewhere

↳ 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] → Accute respiratory failure secondary to asp

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

[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 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. 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. Evaluated by physician/medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Treatment/care other than medications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Confinement in special medical unit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**PLEASE PROVIDE A
RESPONSE FOR
EACH ITEM (a-f)**

17. 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 NPS-4A
(Addendum)DEATHS IN CUSTODY—2015
STATE PRISON INMATE
DEATH REPORTU.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

Instructions for Completion

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- 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
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- Under your jurisdiction but on AWOL or escape-status at the time of death

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STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Ware Calvin
LAST FIRST MI

2. On what date did the inmate die?

1 2 1 8 2 0 1 5
MONTH DAY YEAR

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

Facility Name:

Avoyelles Correctional Center

Facility City:

CottonPort

Facility State:

LA

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

1 2 0 1 1 9 4 3
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 one of your correctional facilities?

1 2 0 9 2 0 0 4
MONTH DAY YEAR

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

- a. Attempted Forcible Rape
b.
c.
d.
e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- Yes
 No
 Don't Know

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/infirmery within your 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
 While in transit
 Elsewhere

↳ Please Specify:

2. 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] → 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] →

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

(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 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. 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. Evaluated by physician/medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Treatment/care other than medications	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Confinement in special medical unit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**PLEASE PROVIDE A
RESPONSE FOR
EACH ITEM (a-f)**

17. 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: