Χ.					OMB No. 1121-0249 Approval Expires 03/31/2019
Form NPS-4A (Addendum)		DEATHS IN CUSTO STATE PRISON I DEATH REPO	NMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL	
			FORM COMPLET	ED 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.

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: <u>https://bjsdcrp.rti.org</u> E-MAIL: <u>bjsdcrp@rti.org</u> 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

INCL	UDE deaths of ALL persons	EXCLUDE 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	 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 			
4 . Transfer	a service a sub-particular providence and the service of the service and the service of the serv	 Bridan International Departmenting for the part of th			

What deaths should be reported?

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. What was the inmate's name? Hubbard Alfred LAST FIRST	 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
2. On what date did the inmate die? 1 2 1 2 2 0 1 5 MONTH DAY YEAR	 9. For what offense(s) was the inmate being held? a. Simple Burglary b. Illegal Poss of stolen goods and cocain
3. What was the name and location of the correctional facility involved?	c
Facility Name: Raymond Laborde Correctional Center	e.
Facility City: Facility State: Cottonport 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 3 0 1 9 6 2 MONTH DAY YEAR	□ Yes □ No ☑ Don't Know
장승규 양일 것은 것이 가지 않는 것이 하는 것이 없다.	11. Where did the inmate die?
 5. What was the inmate's sex? ☑ Male ☑ Female 	 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
 6. Was the inmate of Hispanic, Latino, or Spanish origin? Yes No 	 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
☑ No	Elsewhere Please Specify:
 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 	
 American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander 	

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.2.	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?
	Ø	YES CONTINUE TO Q13 Evaluation complete—results are pending
	U	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 w	as the cause of death? *** Please SPECIFY cause of death—it is critical information***
	II آ	Iness—Exclude AIDS-related deaths (Specify) Liver Disease- secondary to Hepatitis
	- A	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, ntentional drug overdose) [Describe]
	Πŀ	Homicide [Describe]
		Other cause(s) [Specify]
14.		did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	_	n the prison facility or on the prison grounds
	- i	□ 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
54	ECIFY	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:

- Morning (6 am to Noon)
 Afternoon (Noon to 6 pm)
 Evening (6 pm to Midnight)
 Overnight (Midnight to 6 am)

16.	Exclu servic	dir	ng emergency care provided at the time of c s for the medical condition that caused his/h	leath, did th ner death aff	e inmate ter admi	e receive any of t ssion to your co	the following medical rrectional facilities?
	0		OT APPLICABLE—Cause of death was accide				
		b. c. d. e.	Evaluated by physician/medical staff Diagnostic tests (e.g., X-rays, MRI) Medications Treatment/care other than medications Surgery Confinement in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	Was t	the	e cause of death the result of a pre-existing	medical cor	ndition o	or did the inmate	develop the condition

"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

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Please add any additional notes regarding this death here:

Form NPS- (Addendum		DEATHS IN CUSTODY- STATE PRISON INM DEATH REPORT		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLETED	BY:	
Name			Title	
Official ddress		Te	lephone	
City		5.	FAX [
State	Zip	E-mail		
		Instructions for Com	pletion	n an Albert an Alberta an
	occurred in 2015: not need to report anyth	ing at this time.		
			form wheth	her or not you had a death occurrence in 2015
	ore than one death in 20			
	pies of this form for eac the entire form for eac			
		mplete, there are several ways to su	bmit a dea	ath report
E-MAIL	E: Complete the report of bjsdcrp@rti.org DLL-FREE): (866) 800-9	nline at: <u>https://bjsdcrp.rti.org</u> 179	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

INCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
 Confined in your correctional facilities, whether housed under your jurisdiction or that of another state 	Executed in your state
Under your jurisdiction but housed in private correctional	 Confined in local jail facilities, whether located in or out of state
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 your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms) 	Under probation or parole supervision in your state
 In transit to or from your facilities while under your supervision 	 Under your jurisdiction but on AWOL or escape-status at the time of death

What deaths should be reported?

BURDEN STATEMENT

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STATE	PRISON	INMATE	DEATH	REPORT
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1.	What was the inmate's name? Kingsby Elton LAST FIRST MI		On what date was the inmate admitted to one of your correctional facilities? 0 8 3 0 1993 MONTH DAY YEAR
2.	On what date did the inmate die? $ \begin{array}{c c} 0 & 3 \\ \hline 0 & 3 \\ \hline 0 & 2 & 7 \\ \hline 0 & 2 & 0 & 1 & 5 \\ \hline 0 & 0 & YEAR \end{array} $	9. I	For what offense(s) was the inmate being held? a. Manslaughter b.
3.	What was the name and location of the correctional facility involved? Facility Name: Raymond Laborde Correctional Center Facility City: Facility State: Cottonport LA		cd d e Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 1 2 1 2 AY YEAR	1. 	 ☐ Yes ☐ No ☑ Don't Know
-	What was the inmate's sex?	11. V	Vhere did the inmate die? In a general housing unit in the facility or on
5.	 ✓ Male □ Female 		 prison grounds In a segregation unit In a special medical unit/infirmary within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No		 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:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: Uhite Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:		

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	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?
	Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT 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?
14.	 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
10.000	In a common area within the facility (e.g., yard, library, cafeteria)
	DECIFY
	 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)
	Please Specify:

- Morning (6 am to Noon)
 Afternoon (Noon to 6 pm)
 Evening (6 pm to Midnight)
 Overnight (Midnight to 6 am)

"AGENICV ID"

16.	Exclu	ding emergency care provided at the time of death, did the inmate receive any of t ces for the medical condition that caused his/her death after admission to your co	the following medical rrectional facilities?
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hom	
		YES NO DON'T KNOW a. Evaluated by physician/medical staff	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)
;	after	he cause of death the result of a pre-existing medical condition or did the inmate admission? (If multiple conditions caused the death and <u>any</u> of the conditions were existing medical condition.")	
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hom	nicide
	Ø	Pre-existing medical condition	

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Deceased developed condition after admission
 Could not be determined

Please add any additional notes regarding this death here:

		DMB No. 1121-0249 Approval Expires 03/31/2019
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 Official Address City State Zip	Title Telephone FAX	
	E-mail	
	Instructions for Completion	
ONI INE: Complete the report of	aline at: https://biodeco.et	n report:
ONLINE: Complete the report or E-MAIL: <u>bjsdcrp@rti.org</u> FAX (TOLL-FREE): (866) 800-91 If you need assistance, call		RTI International, Attn: Data Capture Project Number: 0213149.001.400.402.100 5265 Capital Boulevard Raleigh, NC 27690-1652
E-MAIL: <u>bjsdcrp@rti.org</u> FAX (TOLL-FREE): (866) 800-91	179	RTI International, Attn: Data Capture Project Number: 0213149.001.400.402.100 5265 Capital Boulevard Raleigh, NC 27690-1652

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STATE PRISON INMATE DEATH REPORT

A second se	
1. What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
Cain Micheal	
LAST FIRST MI	
	MONTH DAY YEAR
2. On what date did the inmate die?	
	9. For what offense(s) was the inmate being held?
MONTH DAY YEAR	a. Forcible Rape
	b.
3. What was the name and location of the	С.
correctional facility involved?	d. [
Facility Name:	u.
Avoyelles Correctional Center	е.
Facility City: Facility State:	a start part of the start of the
CottonPort	
	10. Since admission, did the inmate ever stay overnight in a mental health facility?
4. What was the inmate's date of birth?	Don't Know
0 8 2 3 1 9 6 4	
MONTH DAY YEAR	
Marke Rices And	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	11. Where did the inmate die?
5. What was the inmate's sex?	In a general housing unit in the facility or on
Male Male	prison grounds
Female	In a segregation unit
research the research to a serie of the second states	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	
	Please Specify:
7. In addition, what was the inmate's race? Please	
select one or more of the following racial categories:	
White	Pages Hickory
 Black or African American American Indian or Alaska Native 	
Native Hawaiian or Pacific Islander	
Some other race	
Please Specify:	
a service the service state and the service states	Environment (Construction Construction Const

"AGENICV ID"

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?
review of medical records) available to establish an official cause of death?
$2/2$ YES \longrightarrow CONTINUE TO 0.13
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
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
 In the inmate's cell/room In a temporary holding area/lockup In a temporary holding area/lockup
□ In a common area within the facility (e.g., yaid, library, outcome)
SPECIFY]
 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:

14.1

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15. When c	lid the <u>incident</u> (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 servic	ding emergency care provided at the time of death, did the inmate receive any of the following medical ses 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		
17.	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 <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		
		d any additional notes regarding this death here:		

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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
	FORM COMPLETED BY:	
Name	Title	
Official Idress	Telephone	
City	FAX	
State Zip	E-mail	
If you had more than one death in 2015: Make copies of this form for each ad	asked to complete a summary form whethe	er or not you had a death occurrence in 201
 You will not need to report anything At the beginning of 2016, you will be <u>If you had more than one death in 2015:</u> Make copies of this form for each ad Complete the entire form for each in 	at this time. asked to complete a summary form whethe ditional death.	

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	EXCLUDE deaths of ALL persons		
 Confined in your correctional facilities, whether house under your jurisdiction or that of another state Under your jurisdiction but housed in private correction 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 	 Executed in your state Confined in local jail facilities, whether located in or out of state 		

BURDEN STATEMENT

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STATE PRISON INMATE DEATH REPORT

_		1 Burn
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Ware Calvin	your correctional facilities :
	LAST FIRST MI	1 2 0 9 2 0 0 4
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	1 2 1 8 2 0 1 5	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Attempted Forcible Rape
		b.
3.	What was the name and location of the	c.
	correctional facility involved?	
	-	d
	Facility Name:	
	Avoyelles Correctional Center	e.
	Facility City: Facility State:	
	CottonPort	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
	· · · · · · · · · · · · · · · · · · ·	U Yes
4.	What was the inmate's date of birth?	
	1 2 0 1 1 9 4 3	Don't Know
	MONTH DAY YEAR	2. 2019년 4월 2019년 3월 2011년 2011년 1월 201
		11. Where did the inmate die?
5.	What was the inmate's sex?	In a general housing unit in the facility or on
	_	prison grounds
	 Male Female 	□ 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	your facility
	origin?	In a mental health center outside your facility
	🖸 Yes	While in transit
	☑ No	
		Please Specify:
7.	In addition, what was the inmate's race? Please	
	select one or more of the following racial	
	categories:	
	☑ White	the second of the second se
	Black or African American	
	American Indian or Alaska Native	a star and the second of the second sec
	Asian	
	 Native Hawaiian or Pacific Islander Some other race 	
	Please Specify:	
		 A. The Action of the Action of

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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

1:	3. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information ***
6		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?

 				the tradient	or AIDS-related
 -		Course of d	ooth was illnes	s intoxication	, OF AIDS-Felated
NOT AF	PPLICABLE-	-Cause of u	eath was innee	.,	, 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:
the state of the second s
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere
Please Specify:
Cardet In Context In
La cardina de

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
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 <u>any</u> 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: