			OMB No. 1121-0249 Approval Expires 03/31/2019		
	NPS-4A ndum)		DEATHS IN CUSTO STATE PRISON DEATH REP	INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
			FORM COMPLE	TED BY:	
Name				T 141	
Name				Title	
Official Address				Telephone	
City				FAX	
State		Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2016:

- You will not need to report anything at this time.
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- Complete the entire form for each inmate death.
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ONLINE: Complete the report online at: <u>https://bjsdcrp.rti.org</u>

E-MAIL: bjsdcrp@rti.org

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

5265 Capital Boulevard Raleigh, NC 27690-1652

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

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

BURDEN STATEMENT

1.	What was the inmate's name? Armstrong Ervin S LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 2 2 5 2 0 0 9 MONTH DAY YEAR
2.	On what date did the inmate die? 0 3 2 8 2 0 1 6 MONTH DAY YEAR	 9. For what offense(s) was the inmate being held? a. Manslaughter b.
3.	What was the name and location of the correctional facility involved?	C.
	Facility Name: Allen Correctional Center Facility City: Facility State:	d
	Kinder	10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 9 1 2 1 9 8 7 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
		11. Where did the inmate die?
5.	What was the inmate's sex? Male Female	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your
6.	Was the inmate of Hispanic, Latino, or Spanish origin? □ Yes ☑ No	 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:
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]					
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] → Suicide					
Homicide [Describe]					
□ Other cause(s) [Specify]					
14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?					
O 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:					
D Outside the prison facility (e.g. while on work release or on work detail)					

15. When did 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)

Please Specify:

L

Elsewhere

6. 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 PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) RESPONSE FOR c. Medications EACH ITEM (a-f) d. Treatment/care other than medications EACH ITEM (a-f) f. Confinement in special medical unit Each intervention				
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:				
Offender was found in his cell suspended in the air form what appeared to be a sheet attached to a				

Offender was found in his cell suspended in the air form what appeared to be a sheet attached to a metal bracket the corner of the cell.

				OMB No.	1121-0249 Approval Expires 03/31/2019	
Form NPS-4A (Addendum)			DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH REPORT		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL	
			FORM COMPLE	TED BY:		
Name				Title		1
Official Address				Telephone]
City				FAX]
State		Zip	E-mail]/
			Instructions for C	Completion		

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What deaths should be reported?

NCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons	
Confined in your correctional facilities, whether housed	Executed in your state	
under your jurisdiction or that of another state	 Confined in local jail facilities, whether located in or out of state 	
 Under your jurisdiction but housed in private correctional facilities, whether located in or out of state 	 Under your jurisdiction but housed in a state-operated 	
Under your jurisdiction but in special facilities (e.g.,	correctional facility in another state or in a federal facility	
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 	

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.

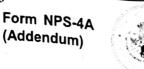
1.	What was the inmate's name? Clifton	8. On what date was the inmate admitted to one of your correctional facilities?
	LAST FIRST MI	0 5 1 3 2 0 1 4 MONTH DAY YEAR
		MONTH DAY YEAR
2.	On what date did the inmate die?	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Aggrav Incest
3.	What was the name and location of the	b.
J.	correctional facility involved?	c
	Facility Name: Allen Correctional Center	e.
	Facility City: Facility State:	
	Kinder LA	10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
4.	What was the inmate's date of birth?	☐ No ☑ Don't Know
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	In a general housing unit in the facility or in a general housing unit on prison grounds
		 In a segregation unit In a special medical unit/infirmary within your
6.	Was the inmate of Hispanic, Latino, or Spanish	facility In a special mental health services unit within your facility
	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 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 				
☑ 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] — Respiratory 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 special medical unit/Infirmary □ In a special medical unit/Infirmary □ In a special mental health services unit □ In a special mental health services unit □ In a special unit awaiting capital punishment □ Specify: □ Outside the prison facility (e.g., while on work release or on work detail) □ Elsewhere ↓ □ Please Specify:				
15. When did 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)

		5			
16.	Exclu servi	ding emergency care provided at the time of death, did the inmate receive any of the following medic ^{al} ces for the medical condition that caused his/her death after admission to your correctional facilities?			
	٥	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide			
		YES NO DON'T KNOW a. Evaluated by physician/medical staff Image: Construction of the state			
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:



DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH REPORT

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

RTI INTERNATIONAL

FORM CC	MPL	ETED	BY:	
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Name		Title	
Official Address] Telephone	
City		FAX	
State	Zip E-mail		

Instructions for Completion

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NCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
Confined in your correctional facilities, whether housed	Executed in your state
under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of
Under your jurisdiction but housed in private correctional	state
facilities, whether located in or out of state	 Under your jurisdiction but housed in a state-operated
 Under your jurisdiction but in special facilities (e.g., 	correctional facility in another state or in a federal facility
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 	Under your jurisdiction but on AWOL or escape-status at
supervision	the time of death
· · · · · · · · · · · · · · · · · · ·	

What deaths should be reported?

BURDEN STATEMENT

1.	What was the inmate's name? Hayes Joseph LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 7 2 6 2 0 1 0 MONTH DAY YEAR
2.	On what date did the inmate die? 0 4 1 3 2 0 1 6 MONTH DAY	 9. For what offense(s) was the inmate being held? a. Aggravated Battery b.
3.	What was the name and location of the correctional facility involved? Facility Name:	c
	Allen Correctional Center	e.
	Facility City: Facility State: Kinder 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 9 1 9 6 5 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
		11. Where did the inmate die?
5.	What was the inmate's sex?	In a general housing unit in the facility or in a
	MaleFemale	general housing unit 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 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, o	۶r
review of medical records) available to establish an official cause of death?	

□ YES ---- CONTINUE TO Q13

□ In a segregation unit

D Elsewhere within the prison facility

Please Specify:

On death row, special unit awaiting capital punishment

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. Wher	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
Ø	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
[PLEASE SPECIFY	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

	Elsewhere	prison facility (e.g., wh e Specify:	ile on work release or	on work detail)	
15. When c ☑			icide, or homicide) c ath was illness, intoxic		
		,			

16. Exclu servi	Iding 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?
0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW a. Evaluated by physician/medical staff Image: Construction of the state
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
0	Pre-existing medical condition Deceased developed condition after admission Could not be determined

Please add any additional notes regarding this death here:

OMB No. 1121-0249 Approval Expires 03/31/2019

	NPS-4A endum)		DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH REPORT		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
			FORM COMPLE	TED BY:	
Name Official Address				Title Telephone	
City			n see	FAX	
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INC	LUDE deaths of ALL persons	EXCL	UDE deaths of ALL persons
	Confined in your correctional facilities, whether housed	•	Executed in your state
	under your jurisdiction or that of another state	•	Confined in local jail facilities, whether located in or out of
•	Under your jurisdiction but housed in private correctional		state
	facilities, whether located in or out of state	•	Under your jurisdiction but housed in a state-operated
•	Under your jurisdiction but in special facilities (e.g.,		correctional facility in another state or in a federal facility
	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	•	Under your jurisdiction but on AWOL or escape-status at
	supervision		the time of death

What deaths should be reported?

BURDEN STATEMENT

	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name? Mccall Bryan LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 6 1 8 2 0 0 9 MONTH DAY YEAR
2.	On what date did the inmate die? 0 2 1 7 2 0 1 6 MONTH DAY YEAR	 9. For what offense(s) was the inmate being held? ^{a.} III Poss Stolen Things ^{b.} Schedule I
3.	What was the name and location of the correctional facility involved? Facility Name: Allen Correctional Center Facility City: Facility State: Kinder LA	 c. Schedule II d e 10. Since admission, did the inmate ever stay overnight in a mental health facility? Q Yes
4.	What was the inmate's date of birth? 1 0 8 1 9 7 0 MONTH DAY YEAR	☐ No ☑ Don't Know
		11. Where did the inmate die?
5. 6.	 What was the inmate's sex? ☑ Male □ Female Was the inmate of Hispanic, Latino, or Spanish origin? □ Yes ☑ No 	 In a general housing unit in the facility or in a general housing unit 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:
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	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	\rightarrow	CONTINUE TO (213
-			

Evaluation complete—results are pending L

→ 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. Wha	at was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Ē	Illness—Exclude AIDS-related deaths [Specify] Cancer
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
	Accidental injury to self [Describe]
E	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
6] Homicide [Describe]
] Other cause(s) [Specify]
14. Whe	
[PLEASI SPECIF	 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

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 servi	uding e ices for	emergenc r the medi	care prov cal conditi	vided at th on that ca	e time of de used his/he	ath, did th r death af	ie inmate ter admi	e receive ar ssion to yo	ny of t our coi	he following medicat rrectional facilities?
	÷	NOT	APPLICA	LE—Caus	e of death	was acciden	tal injury, i	ntoxicatio	on, suicide, o	or hon	nicide
		b. Dia c. Me d. Tre e. Su	agnostic te edications eatment/ca irgery	sts (e.g., X are other th	-rays, MRI	aff) tions it	······		······································		PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)
17.	after	admiss	sion? (If r	th the rest nultiple co l condition	nditions c	e-existing me aused the de	edical cor eath and g	ndition o any of th	r did the in e condition	mate d is wer	develop the condition re pre-existing, mark
		NOT	APPLICA	BLE—Caus	e of death	was acciden	tal injury, i	ntoxicatio	n, suicide, d	or hom	icide
	$\mathbf{\mathbf{\nabla}}$	Pre-e	xisting me	dical condi	tion						

- Deceased developed condition after admission
 Could not be determined

1

Please add any additional notes regarding this death here:

1			OMB N	o. 1121-0249 Approval Expires 03/31/2019
Form NPS-4A (Addendum)		DEATHS IN CUSTO STATE PRISON DEATH REPO	NMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
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What deaths should be reported?

BURDEN STATEMENT

1.	What was the inmate's name? Simmons Donald LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 3 0 7 2 0 0 1 MONTH DAY YEAR 				
2.	On what date did the inmate die?	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: Allen Correctional Center Facility City: Facility State: Kinder LA	c. d. d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?				
4.	What was the inmate's date of birth? 0 6 2 1 9 8 0 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know				
5.	What was the inmate's sex? ☑ Male □ Female	 11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit 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 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 evalu- review of medical records) available to establish an officia	lation (such as an autopsy, postmortem exam, or al cause of death?
✓ YES → CONTINUE TO Q13	
Evaluation complete—results are pending	
SKIP REMAINING QUESTIONS AND SUBM LATER TIME FOR THE CAUSE OF DEATH	NIT THIS FORM—YOU WILL BE CONTACTED AT A
□ No evaluation is planned → CONTINUE TO Q13	
13. What was the cause of death? *** Please SPECIFY caus	e 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 homicid	le) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intox	ication, 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) 	l library cafeteria)
<i>IPLEASE</i> 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 put 	nishment
Elsewhere within the prison facility	
Please Specify:	
 Outside the prison facility (e.g., while on work release Elsewhere 	e or on work detail)
Please Specify:	
	·
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) 	

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?						
	۵	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
	2 1996 - 2	YES NO DON'T KNOW a. Evaluated by physician/medical staff						
17.	after <i>"Pre-</i>	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						

Please add any additional notes regarding this death here: