

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 COMPLETED BY:**

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

**Instructions for Completion**
**If no deaths occurred in 2016:**

- 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 2016:**

- 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>
**MAIL:** RTI International, Attn: Data Capture  
 Project Number: 0215015.001.100.102.100  
 5265 Capital Boulevard  
 Raleigh, NC 27690-1652

**E-MAIL:** [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)
**FAX (TOLL-FREE):** (866) 800-9179

*If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or [bjsdcrp@rti.org](mailto: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?

LAST FIRST MI

2. On what date did the inmate die?

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?

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?

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 in a general housing unit 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

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
  - 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)</b>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Surgery .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:

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STATE PRISON INMATE  
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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
- Under probation or parole supervision in your state
- 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?

Cotton	Kenneth	
LAST	FIRST	MI

2. On what date did the inmate die?

0	2	2	0	2	0	1	6
MONTH		DAY		YEAR			

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

Facility Name:  
David Wade Correctional Center

Facility City: Homer Facility State: LA

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

0	2	0	6	1	9	7	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	5	0	8	2	0	0	6
MONTH		DAY		YEAR			

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

- a. Aggravated Burglary  
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 in a general housing unit 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:

12. 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] →
- 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/infirmiry
  - 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 type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:*

Offender was assaulted and struck in the head multiple times with a lock while he was sleeping.

Form NPS-4A  
(Addendum)



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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
- Under probation or parole supervision in your state
- 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?

Cox	Jimmy	
LAST	FIRST	MI

2. On what date did the inmate die?

0	1	2	1	2	0	1	6
MONTH		DAY		YEAR			

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

Facility Name:  
David Wade Correctional Center

Facility City: Homer Facility State: LA

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

0	1	1	0	1	9	5	6
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	0	2	2	0	1	4
MONTH		DAY		YEAR			

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

- a. Indecent Behavior- Juveniles
- 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 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: \_\_\_\_\_

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

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)</b>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:

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# STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Fricke	Irvin	
LAST	FIRST	MI

2. On what date did the inmate die?

0	9	1	4	2	0	1	6
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	7	2	6	1	9	3	5
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	0	2	8	2	0	0	3
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 in a general housing unit on prison grounds
- In a segregation unit
- In a special medical unit/infirmiry 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

↳

12. 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] → Acute Cardiac Event
- 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:
- 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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—2016  
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 2016:**

- 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 2016:**

- 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>
**MAIL:** RTI International, Attn: Data Capture  
 Project Number: 0215015.001.100.102.100  
 5265 Capital Boulevard  
 Raleigh, NC 27690-1652

**E-MAIL:** [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)
**FAX (TOLL-FREE):** (866) 800-9179

*If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or [bjsdcrp@rti.org](mailto: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**

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?

Goudeau	Terrance	
LAST	FIRST	MI

2. On what date did the inmate die?

0	6	1	2	2	0	1	6
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	1	1	1	1	9	9	1
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	3	2	1	2	0	1	2
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 in a general housing unit 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:

12. 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] →
- 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 type="checkbox"/>	<b>PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)</b>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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—2016  
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"/>	

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**MAIL:** RTI International, Attn: Data Capture  
Project Number: 0215015.001.100.102.100  
5265 Capital Boulevard  
Raleigh, NC 27690-1652

**E-MAIL:** [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

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

*If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)*

## What deaths should be reported?

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- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
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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?

Taylor	Flanders	
LAST	FIRST	MI

2. On what date did the inmate die?

0	9	3	0	2	0	1	6
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	2	2	5	1	9	5	6
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	1	2	7	1	9	8	3
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 in a general housing unit 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:

12. 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] → Sickle Cell Anemia

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

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In a special medical unit/infirmiry

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