

# LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Nations Timothy

LAST FIRST MI

2. On what date did the inmate die?

0 9 1 9 2 0 1 6

MONTH DAY YEAR

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

Facility Name:

East Baton Rouge Parish Work Release

Facility City:

Baton Rouge

Facility State:

LA

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

1 0 0 7 1 9 7 0

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 a facility under your jurisdiction?

0 7 0 6 2 0 1 6

MONTH DAY YEAR

9. Was the inmate being confined in your jail facility on behalf of any of the following?

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

DON'T  
YES NO KNOW

- a. U.S. Immigration and Customs Enforcement.....☐.....☒.....☐  
b. U.S. Marshals Service.....☐.....☒.....☐  
c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction.....☐.....☒.....☐

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

a. PWID Cocaine

b.

c.

d.

e.

11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)

- ☐ Convicted—new court commitment  
☒ Convicted—returned probation/parole violator  
☐ Unconvicted  
☐ Other

Please Specify:

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☐ Yes  
☒ No  
☐ Don't Know



**13. Where did the inmate die?**

- ☐ In a general housing unit within the jail facility or in a general housing unit on jail grounds
- ☐ In a segregation unit
- ☐ In a special medical unit/infirmiry within the jail facility
- ☐ In a special mental health services unit within the jail facility
- ☒ In a medical center outside the jail facility
- ☐ In a mental health center outside the jail facility
- ☐ While in transit
- ☐ Elsewhere

→ Please Specify:

**14. 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 Q15**
- ☐ 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 Q15**

**15. 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] →

**16. 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 jail facility or on the jail 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 segregation unit
- ☐ In a special medical unit/infirmiry
- ☐ In a special mental health services unit
- ☐ Elsewhere within the jail facility

→ Please Specify:

- ☐ Outside the jail facility (e.g., while on work release or on work detail)
- ☐ Elsewhere

→ Please Specify:



17. 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)

18. 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?

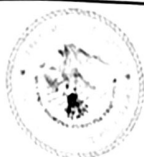
- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

|  | YES                                 | NO                                  | DON'T KNOW                          |   |
|--|-------------------------------------|-------------------------------------|-------------------------------------|---|
| a. Evaluation by physician/medical staff ..... | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | PLEASE PROVIDE A<br>RESPONSE FOR<br>EACH ITEM (a-f) |
| b. Diagnostic tests (e.g., X-rays, MRI) .....  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   |
| c. Medications .....                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |   |
| d. Treatment/care other than medications ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| e. Surgery .....                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| f. Confinement in special medical unit. ....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |

19. 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"/> |

## 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 27690-1652E-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?

Nation Timothy MI  
LAST FIRST MI

2. On what date did the inmate die?

0 9 1 9 2 0 1 6  
MONTH DAY YEAR

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

Facility Name:

East Baton Rouge Transitional Work Program

Facility City:

Baton Rouge

Facility State:

LA

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

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

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

- a. Schedule II  
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] → na

☐ 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—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?

O'Neill

LAST

Michael

FIRST

S

MI

2. On what date did the inmate die?

08

MONTH

05

DAY

2016

YEAR

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

Facility Name:

East Baton Rouge Transitional Work Program

Facility City:

Baton Rouge

Facility State:

LA

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

04

MONTH

30

DAY

1970

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?

02

MONTH

16

DAY

2016

YEAR

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

a. Oper-Vehicle-Intoxicated

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:



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] → na

☐ 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 CJ-9


**DEATHS IN CUSTODY—2016  
DEATH REPORT ON INMATES  
UNDER JAIL JURISDICTION**

 U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL
**FORM COMPLETED BY:**

|                  |                                   |                  |              |              |
|------------------|-----------------------------------|------------------|--------------|--------------|
| Name             | Johnny Scott                      | Title            | Captain      |              |
| Official Address | 2867 BVrig, Gen. Isaac Smith Ave. |                  | Telephone    | 225 358-4033 |
| City             | Baton Rouge                       | FAX              | 225 358-4104 |              |
| State            | LA                                | Zip              | 70807        |              |
| E-mail           |                                   | jscott@ebrso.org |              |              |

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

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

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

*If you need assistance, contact 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 jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

**EXCLUDE deaths of ALL persons...**

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

**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.



# LOCAL JAIL INMATE DEATH REPORT

## 1. What was the inmate's name?

O'Neill Michael MI  
LAST FIRST MI

## 2. On what date did the inmate die?

0 8 2 0 2 0 1 6  
MONTH DAY YEAR

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

Facility Name:

East Baton Rouge Transitional Work Program

Facility City:

Baton Rouge

Facility State:

LA

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

0 4 3 0 1 9 7 0  
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 a facility under your jurisdiction?

0 2 1 6 2 0 1 6  
MONTH DAY YEAR

## 9. Was the inmate being confined in your jail facility on behalf of any of the following?

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

- |   | YES                      | NO                                  | DON'T KNOW               |
|---|--------------------------|-------------------------------------|--------------------------|
| a. U.S. Immigration and Customs Enforcement.....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. U.S. Marshals Service.....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

- a. Serving LA DOC time
- b.
- c.
- d.
- e.

## 11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)

- ☐ Convicted—new court commitment  
☒ Convicted—returned probation/parole violator  
☐ Unconvicted  
☐ Other

→ Please Specify:

## 12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☐ Yes  
☒ No  
☐ Don't Know



**13. Where did the inmate die?**

- ☐ In a general housing unit within the jail facility or in a general housing unit on jail grounds
- ☐ In a segregation unit
- ☐ In a special medical unit/infirmiry within the jail facility
- ☐ In a special mental health services unit within the jail facility
- ☒ In a medical center outside the jail facility
- ☐ In a mental health center outside the jail facility
- ☐ While in transit
- ☐ Elsewhere

→ Please Specify:

**14. 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 Q15**
- ☐ 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 Q15**

**15. 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] →

**16. 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 jail facility or on the jail 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 segregation unit
- ☐ In a special medical unit/infirmiry
- ☐ In a special mental health services unit
- ☐ Elsewhere within the jail facility

→ Please Specify:

- ☐ Outside the jail facility (e.g., while on work release or on work detail)

- ☐ Elsewhere

→ Please Specify:



**17. 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)

**18. 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. Evaluation by physician/medical staff ..... | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>PLEASE PROVIDE A<br/>RESPONSE FOR<br/>EACH ITEM (a-f)</b> |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/>            |  |

**19. 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:*