			OMB	No. 1121-0249 Approval Expires 03/31/2019
Form NPS-4A (Addendum)		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			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.
- 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

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, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

INCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons		
Confined in your correctional facilities, whether housed	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 facilities, whether located in or out of state 	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		

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.

What deaths should be reported?

		1	ter and the second s
1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of your correctional facilities?
	Bauer Frank		
	LAST FIRST MI		0 8 1 4 2 0 0 3
			MONTH DAY YEAR
1			
2.	On what date did the inmate die?		
		9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		
			a. Forcible Rape
			b. Simple Burglary
3.	What was the name and location of the		c. Carnal Knowledge- Juvenile
	correctional facility involved?		
	Facility Name:		d.
	Raymond Laborde Correctional		e.
n			
	Facility City: Facility State:		
	CottonPort		
		10.	Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth?		☐ Yes □ 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
	🖸 Male		general housing unit on prison grounds
	Female	1	 In a segregation unit In a special medical unit/infirmary within your
			facility
	We do in the full marie lefter on Oraciah		In a special mental health services unit within the service of
6.	Was the inmate of Hispanic, Latino, or Spanish origin?		your facility In a medical center outside your facility
	□ Yes		In a mental health center outside your facility
	□ res ☑ No		 While in transit Elsewhere
		°, -9	Please Specify:
7.	In addition, what was the inmate's race? Please		
	select one or more of the following racial categories:		
1. A.	 White Black or African American 		
	American Indian or Alaska Native		
	 Asian Native Hawaiian or Pacific Islander 	20	
~	 Native Hawaiian or Pacific Islander Some other race 		
	Please Specify:		
5			

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] — Natural Expected/ Chronic Illness with Norr
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 <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
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)
[PLEASE] 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 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
\square Morning (6 am to Noon)

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

16	. Exclu servi	uding emergency care provided at the time of dea ces for the medical condition that caused his/her	ith, did th death af	ie inmate ter admi	e receive any of ssion to your co	the following medical rrectional facilities?
	D	NOT APPLICABLE—Cause of death was accidenta	al injury, ir	ntoxicatic	on, suicide, or hor	nicide
		 a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit 	······		·······	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)
_						
17	after	the cause of death the result of a pre-existing me admission? (If multiple conditions caused the de existing medical condition.")				
		NOT APPLICABLE—Cause of death was accidenta	al injury, ir	ntoxicatio	n, suicide, or hon	nicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined		,		

Please add any additional notes regarding this death here:

Offender presened to infirmary with weakness, and vomiting and a history of 20 lb weight loss over one month.

Form NPS-4A (Addendum)			ATHS IN CUSTO TATE PRISON I DEATH REPO	NMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL
		F	ORM COMPLET	ED BY:	
Name				Title	
Official ddress				Telephone	
City				FAX	
State	Zip		E-mail		

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.....

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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

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

What deaths should be reported?

BURDEN STATEMENT

1 percent

		Vienne	-
	STATE PRISON INM	ATE DEATH REPORT	
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of	1
	Cannon	your correctional facilities?	F
	LAST FIRST MI	0 7 0 7 2 0 0 3	A A A A A A A A A A A A A A A A A A A
		MONTH DAY YEAR	
			E anti-
2.	On what date did the inmate die?		1.
	0 8 2 0 2 0 1 6	9. For what offense(s) was the inmate being held?	
	MONTH DAY YEAR	^{a.} Forcible Rape	
		b. Simple Burglary	
3.	What was the name and location of the	c.	
	correctional facility involved?		
	Facility Name:	d.	
	Raymond Laborde Correctional	e	
	Facility City: Facility State:		
	CottonPort		1
		10. Since admission, did the inmate ever stay	
		overnight in a mental health facility?	
4.	What was the inmate's date of birth?	Ves No	
	0 7 3 1 1 9 6 2	Don't Know	
	MONTH DAY YEAR		
5.	What was the inmate's sex?	11. Where did the inmate die?	
5.	Male Male	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	
	Westhe investo of Historia Lating on Cranish	In a special mental health services unit within users facility.	
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	your facility In a medical center outside your facility	
	□ Yes	 In a mental health center outside your facility While in transit 	
	☑ No		į
		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:		

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					
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 <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related 					
 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) 					
[PLEASE] 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 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				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				
e. Surgery				
f. Confinement in special medical unit				

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.")

D 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:

					OMBN	No. 1121-0249 Approval Expires 03/31/2019
Form (Adde	NPS-4A ndum)		STATE	N CUSTO PRISON I ATH REPO		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
			FORM	COMPLET	TED BY:	
Name					Title	
Official Address				_	Telephone	
City					FAX	
State		Zip		E-mail		
		•		l		

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MAIL: RTI International, Attn: Data Capture

5265 Capital Boulevard

Raleigh, NC 27690-1652

Project Number: 0215015.001.100.102.100

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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		
	•	L			

What deaths should be reported?

BURDEN STATEMENT

1.	What was the inmate's name? Cobb David LAST FIRST	 8. On what date was the inmate admitted to one of your correctional facilities? 1 2 0 6 2 0 1 1 MONTH DAY YEAR
2.	On what date did the inmate die? $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	 9. For what offense(s) was the inmate being held? a. Indecent Behavior- Juveniles b. c. d.
	Facility Name: Raymond Laborde Correctional Facility City: Facility State: Cottonport LA	e
4.	What was the inmate's date of birth? 1 0 2 1 1 9 5 4 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 In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	facility

	Are the review	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
7		
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
ſ	13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	r	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]
	Ø	e 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/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:
Γ	15. When	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
	Ø	
1		Morning (6 am to Noon)

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

16. Exclu servi	ding 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?
	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) PLEASE PROVIDE A c. Medications PLEASE FOR d. Treatment/care other than medications PLEASE PROVIDE A e. Surgery PLEASE provide A f. Confinement in special medical unit PLEASE provide A
after	he 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:

			OMB N	o. 1121-0249 Approval Expires 03/31/2019
/ .	NPS-4A ndum)	DEATHS IN CUSTO STATE PRISON I DEATH REPO	NMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLET	ED BY:	
Name			Title	,
Official Address			Telephone	
City			FAX	
State	Zip	E-mail		
• Y • A <u>If you</u> • N • C	had more than one death in 2016 lake copies of this form for each a complete the entire form for each i	e asked to complete a summ <u>:</u> idditional death. nmate death.	ary form wheth	ner or not you had a death occurrence in 2015.
	nce your death records are comp			
	DNLINE: Complete the report onli	ne at: <u>https://bjsdcrp.rti.org</u>	MAIL	RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652
F	AX (TOLL-FREE): (866) 800-917	9		
	If you need assistance, call M	att Bensen of RTI Internation	al toll-free at (8	300) 344-1387 or <u>bjsdcrp@rti.org</u>

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

What deaths should be reported?

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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? Granstaff Danny LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 7 1 1 2 0 1 3 MONTH DAY YEAR
2.	On what date did the inmate die? 1 0 2 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Manslaughter
3.	What was the name and location of the correctional facility involved?	b
	Facility Name: Raymond Laborde Correctional Facility City: Facility State: Cottonport LA	e
4.	What was the inmate's date of birth? 0 5 1 4 1 9 5 8 MONTH DAY YEAR	overnight in a mental health facility? ☐ 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: 	

1.1

^{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?
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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]
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[PLEASE] In a special medical unit/infirmary
SPECIFY
 In a segregation unit On death row, special unit awaiting capital punishment
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D Elsewhere
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		YES NO DON'T KNOW a. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A c. Medications PLEASE PROVIDE A d. Treatment/care other than medications PLEASE PROVIDE A e. Surgery PLEASE PROVIDE A f. Confinement in special medical unit PLEASE PROVIDE A		
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")		
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide		
		Pre-existing medical condition Deceased developed condition after admission Could not be determined		

Please add any additional notes regarding this death here:

- -

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



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	
Official Address		Telephone	
City		FAX	
State	Zip E-mail		

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What deaths should be reported?

INCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons	
 Confined in your correctional facilities, whether housed under your jurisdiction or that of another state 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) 	 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 	
 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

1.	What was the inmate's name? Lacombe Owen LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 8 1 9 2 0 3 MONTH DAY YEAR
2.	On what date did the inmate die? 1 1 0 2 0 1 6 MONTH DAY YEAR	 9. For what offense(s) was the inmate being held? a. Attempted Manslaugter b. Aggravated Battery
3.	What was the name and location of the correctional facility involved? Facility Name: Raymond Laborde Correctional Facility City: Facility State:	c
	Cottonport	 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes
4.	What was the inmate's date of birth? 0 9 0 2 1 9 5 4 MONTH DAY YEAR	☐ No ④ 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 In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	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] → Heart Attack
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? Image: Not APPLICABLE—Cause of death was illness, intoxication, or AIDS-related Image:
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)

		uding emergency care provided at the time of death, did the inmate receive any of the following med ces for the medical condition that caused his/her death after admission to your correctional facilitie NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide	
		YES NO DON'T KNOW a. Evaluated by physician/medical staff PLEASE PROVID b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVID c. Medications PLEASE PROVID d. Treatment/care other than medications PLEASE PROVID e. Surgery PLEASE PROVID f. Confinement in special medical unit PLEASE PROVID	
	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the cond admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, m 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	
Plea	se ado	d any additional notes regarding this death here:	

OMB No. 1121-0249 Approva	l Expires 03/31/2019
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MAIL: RTI International, Attn: Data Capture

5265 Capital Boulevard

Raleigh, NC 27690-1652

Project Number: 0215015.001.100.102.100

	NPS-4A endum)		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				Title	
Official Address				Telephone	
City				FAX	
State		Zip	E-mail		
			Instructions for C	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

E-MAIL: 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

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

BURDEN STATEMENT

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of	
"	Richardson	your correctional facilities?	
	LAST FIRST MI		
		MONTH DAY YEAR	
2.	On what date did the inmate die?		
	1 2 1 9 2 0 1 6	9. For what offense(s) was the inmate being held?	_
	MONTH DAY YEAR	^{a.} Sexual Battery	
		b.	Ī
3.	What was the name and location of the	c.	\exists
	correctional facility involved?		_
	Facility Name:	d.	
	Raymond Laborde Correctional	e.	
	Facility City: Facility State:		_
	Cottonport LA		
		10. Since admission, did the inmate ever stay	
		overnight in a mental health facility?	
		□ Yes ☑ No	
4.	What was the inmate's date of birth?	I I No □ Don't Know	
	0 9 2 6 1 9 5 1		
	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	ι
	Male	general housing unit on prison grounds	
		□ In a special medical unit/infirmary within you	r
		facility In a special mental health services unit withi	_
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility	'
	origin?	□ In a medical center outside your facility	
	□ Yes	 In a mental health center outside your facilit While in transit 	1
	☑ No	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:	1	
		J	
			- 5.2

Are	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or new of medical records) available to establish an official cause of death?
7	 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
12 14/1	
ראר (יוס. איז די	at 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]
(C	Homicide [Describe]
	Other cause(s) [Specify]
15. ∍Wh	 en 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)

16. Exclu servi	uding 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?
Ø	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW a. Evaluated by physician/medical staff
after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	Pre-existing medical condition Deceased developed condition after admission Could not be determined
Please ad	d any additional notes regarding this death here:

				OMB	No. 1121-0249 Approval Expires 03/31/2019
	NPS-4A endum)		DEATHS IN CU STATE PRIS DEATH R	ON INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
			FORM COMF	LETED BY:	
Name				Title	
Official Address				Telephone	
City				FAX	
State		Zip	E-m	ail	

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

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

BURDEN STATEMENT

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Sigers Willie M	your correctional facilities?
	LAST FIRST MI	0 9 1 6 2 0 0 9
		MONTH DAY YEAR
2.	On what date did the inmate die?	
2.		9. For what offense(s) was the inmate being held?
	$\begin{bmatrix} 0 & 7 \\ MONTH \end{bmatrix} \begin{bmatrix} 1 & 4 \\ DAY \end{bmatrix} \begin{bmatrix} 2 & 0 & 1 & 6 \end{bmatrix}$	
		Simple Robbery
		b.
3.	What was the name and location of the correctional facility involved?	С.
	-	d.
	Facility Name:	e.
	Raymond Laborde Correctional	
	Facility City: Facility State:	
	Cottonport	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
	 Male Female 	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
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility
	origin?	 In a medical center outside your facility In a mental health center outside your facility
	□ Yes ☑ No	 While in transit Elsewhere
		Please Specify:
-	la seletiti an anhatana dha immatais maa 2 Blassa	
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 	
4	Asian	
	 Native Hawaiian or Pacific Islander Some other race 	
	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] — Heart Attack
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
□ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
 14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the prison facility or on the prison grounds 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.		ding 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?
	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.	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined

Please add any additional notes regarding this death here:

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 COMPL	ETED BY:	
Name				Title	
Official Address				Telephone	
City				FAX	
State		Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2016:

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- 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

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

Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652

MAIL: RTI International, Attn: Data Capture

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

INCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
Confined in your correctional facilities, whether h	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 corr	rectional 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.	
medical/treatment/release centers, halfway hous 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 you 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? Zinamon Jesse LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 1 2 2 0 1 9 8 4 MONTH DAY YEAR
2.	On what date did the inmate die? 0 3 0 5 2 0 1 6 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: Raymond Laborde Correctional	9. For what offense(s) was the inmate being held? a. Second Degree Murder b.
4.	Facility City: Facility State: Cottonport LA What was the inmate's date of birth? 1 2 0 9 1 9 5 9 MONTH DAY YEAR	 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?
5.	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
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:	

inclu

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 <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? Image: 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)
SPECIFY
In a segregation unit On death row, special unit awaiting capital punishment
Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere Please Specify:
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)

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?					
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				
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:					