Form NPS-4A (Addendum)



DEATHS IN CUSTODY—2017 STATE PRISON INMATE DEATH REPORT

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

FORM COMPLETED	BY:
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Name			Title	
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City			FAX	
State	Zip	E-mail		And the second second of the s

Instructions for Completion

If no deaths occurred in 2017:

- · You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- · 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

What deaths should be reported?

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...

- 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

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	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name? Ballard Darrell LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 9 0 1 1 9 9 8
2.	On what date did the inmate die? 0 5 0 9 2 0 1 7 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? Facility Name: DAVID WADE CORRECTIONAL CENTER Facility City: Facility State: LA	b. Forcible Rape c. d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 9 1 5 1 9 6 5 MONTH DAY YEAR	☐ Yes ☑ No ☐ Don't Know
5.6.	What was the inmate's sex? ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	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:
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
42 Miles and the Company SPECIEV course of death little critical information the
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?
O NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds
☐ In the inmate's cell/room ☐ In a temporary holding area/lockup
☐ In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE] In a special medical unit/infirmary
SPECIFYI
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:
riease 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)

						756
16.	Exclu servi	uding emergency care provided at the time of d ices for the medical condition that caused his/h	eath, did th ier death af	e inmate re ter admissi	ceive any of on to your co	the following medical prectional facilities?
2		NOT APPLICABLE—Cause of death was accide	ntal injury, ir	ntoxication,	suicide, or hor	nicide
		a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
5 - 30					A	
17.	after	the cause of death the result of a pre-existing radmission? (If multiple conditions caused the existing medical condition.") NOT APPLICABLE—Cause of death was accide Pre-existing medical condition Deceased developed condition after admission Could not be determined	death and <u>a</u>	any of the c	onditions we	re pre-existing, mark
-		And the second s				
Plea	ase add	d any additional notes regarding this death here:				
1						

Form NPS-4A



DEATHS IN CUSTODY—2017 STATE PRISON INMATE

U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS

10 (0.1)	amount of the second	DEATH REP		RTI INTERNATIONAL
		FORM COMPLE	TED BY:	
Name			Title	,
Official Address			Telephone	
City	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	v	FAX	\$ 2 A
State	Zip	E-mail	8	

Instructions for Completion

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- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

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- Complete the entire form for each inmate death.
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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

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

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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
- 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?	8. On what date was the inmate admitted to one of
	Evans Anthony L	your correctional radiation
	LAST FIRST MI	0 6 1 5 2 0 1 2 MONTH DAY YEAR
		MONTH DAY TEXT
2.	On what date did the inmate die?	
	0 8 1 5 2 0 1 7	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Sexual Battery
		b
3.	What was the name and location of the correctional facility involved?	c.
		d.
	Facility Name: DAVID WADE CORRECTIONAL CENTER	e.
	Facility City: Facility State:	
	in the state of th	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
	1 0 1 4 1 9 5 7	☐ 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	☐ In a segregation unit☐ In a special medical unit/infirmary within your☐
		facility
6.	Was the inmate of Hispanic, Latino, or Spanish	In a special mental health services unit within your facility
	origin?	In a medical center outside your facility
	☐ Yes	In a mental health center outside your facility While in transit
	☑ 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:	

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] ——— 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]
44 Where did the incident (any position and position and position the death take place?
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/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.	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 accident	tal injury, i	ntoxicatio	n, suicide, or nor	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	YES	2	DON'T KNOW	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	atter	the cause of death the result of a pre-existing meadmission? (If multiple conditions caused the deexisting medical condition.") NOT APPLICABLE—Cause of death was accidented a pre-existing medical condition. Deceased developed condition after admission could not be determined.	eath and g	any of the	e conditions wei	e pre-exioning, main
		Codia not be determined				
Plea	ase ado	d any additional notes regarding this death here:				

Form NPS-4A (Addendum)



DEATHS IN CUSTODY—2017 STATE PRISON INMATE DEATH REPORT

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

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			FORM COMPLE	TED BY:		
Name	, , ,		70 - 100 - 1 - 10 - 17 - 1	Title	· · · · · · · · · · · · · · · · · · ·	
	,		to a configuration of the conf	Title		
Official Address				Telephone		
City	V			FAX	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
State		Zip	E-mail	9 494		/

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STATE PRISON INMATE DEATH REPORT

-	We have the second the second the deposit community of the second benefit if the	of medica
	STATE PRISON INMA	122
1.	What was the inmate's name? Hawthorne Joe FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 1 0 1 0 2 0 0 8 MONTH DAY YEAR
2.	On what date did the inmate die? 1 0 0 7 2 0 1 7 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Simple Burglary
3.	What was the name and location of the correctional facility involved? Facility Name: DAVID WADE CORRECTIONAL CENTER Facility City: Facility State: LA	b. Armed Robbery c. d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 6 2 4 1 9 5 1 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex? ☑ Male ☐ Female	11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No	☐ In a special mental health services unit within your facility ☐ In a medical center outside your facility ☐ In a mental health center outside your facility ☐ While in transit ☐ Elsewhere ☐ Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

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] ——— 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) [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)

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			
		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			
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			
Plea	se add	any additional notes regarding this death here:			

Form NPS-4A (Addendum)



DEATHS IN CUSTODY—2017 STATE PRISON INMATE DEATH REPORT

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

	Avr. wick			KITIKIEKKATIONAE
		FORM COMPLET	ED BY:	37
	the second second			
Name		And the second s	Title	
Official Address	15 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Telephone	
City	Section 1		FAX	*
State	Zip	E-mail	· · · · · · · · · · · · · · · · · · ·	

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Are the re

STATE PRISON INMATE DEATH REPORT

1.	What was the inmate's name? Hicks Adolph LAST FIRST MI		On what date was the inmate admitted to one of your correctional facilities? 0 6 0 2 1 9 8 3 MONTH DAY YEAR
 3. 	On what date did the inmate die? 1 1 2 8 2 0 1 7 MONTH DAY YEAR What was the name and location of the correctional facility involved?	9.	For what offense(s) was the inmate being held? a. Second Degree Murder b. c.
	Facility Name: DAVID WADE CORRECTIONAL CENTER Facility City: HOMER Facility State: LA		d. e. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 1 0 0 1 1 9 5 3 MONTH DAY YEAR		☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex? ☑ Male ☐ Female	11.	Where did the inmate die? ☐ In a general housing unit in the facility or in a general housing unit on prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No		☐ In a special mental health services unit within your facility ☐ In a medical center outside your facility ☐ In a mental health center outside your facility ☐ While in transit ☐ Elsewhere ☐ Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: □ White □ Black or African American □ American Indian or Alaska Native □ Asian □ Native Hawaiian or Pacific Islander □ Some other race □ Please Specify:		

	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or v of medical records) available to establish an official cause of death?
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
13 What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
IS. What	Illness—Exclude AIDS-related deaths [Specify] ——— Cancer
	the state of the s
	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]
_	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)
15. When	Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)

16.	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?					
4		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide				
		a. Evaluated by physician/medical staff				
9.04						
17.	after a "Pre-e	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 any 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				
Plea	ase add	any additional notes regarding this death here:				
- *		a see to the stage of the stage of the see that the see that the see that the second of the second o				
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1						