



Bureau of Justice Statistics
U.S. DEPARTMENT OF JUSTICE

MORTALITY IN CORRECTIONAL INSTITUTIONS

OMB No. 1121-0249 Exp. 03/31/2019

You are logged in as: East Baton Rouge Parish Sheriff's Office - Louisiana (10951186)

[Frequently Asked Questions](#)

[Bureau of Justice Statistics Home Page](#)

[Home](#)

[2018 Forms](#)

[2017 Forms](#)

[2016 Forms](#)

[2015 Forms](#)

[2014 Forms](#)

[2013 Forms](#)

[2012 Forms](#)

[2011 Forms](#)

[2010 Forms](#)

[2009 Forms](#)

[Logout](#)

Having technical problems?

Contact us at: bjismci@rti.org

2017 Data Submission East Baton Rouge Parish Sheriff's Office - Louisiana

Enter the contact information for the primary person responsible for submitting data to the Mortality in Correctional Institutions. We may use this information to follow up on your reports.

FORMS COMPLETED BY:				
NAME	Johnny Scott		TITLE	Captain
OFFICIAL ADDRESS	Number and street address			2867 Brig. Gen. Isaac Smith Ave.
	City	State	ZIP Code	
	Baton Rouge	Louisiana	70807	
TELEPHONE	Area Code	Number	FAX NUMBER	Area Code Number
	225	358-4033		225 358-4104
E-MAIL ADDRESS	jscott@ebrso.org			Save 'Forms Completed By' Information

[Click Here to Complete/Edit/View 2017 Annual Summary Form](#)

[Click Here to Complete/Edit/View 2017 Death Reports](#)

[Reference Form Annual Summary Form](#)

[Reference Form Death Report](#)

If you need assistance or have any questions, please contact a member of the data collection team at 1-800-344-1387 or bjismci@rti.org.

This Web site is funded through a grant from the Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. Neither the U.S. Department of Justice nor any of its components operate, control, are responsible for, or necessarily endorse, this Web site (including, without limitation, its content, technical infrastructure, and policies, and any services or tools provided)



MORTALITY IN CORRECTIONAL INSTITUTIONS

OMB No. 1121-0249 Exp. 03/31/2015

You are logged in as: East Baton Rouge Parish Sheriff's Office - Louisiana (10951186)

[Frequently Asked Questions](#)

[Bureau of Justice Statistics Home Page](#)

[Home](#)

[2018 Forms](#)

[2017 Forms](#)

[2016 Forms](#)

[2015 Forms](#)

[2014 Forms](#)

[2013 Forms](#)

[2012 Forms](#)

[2011 Forms](#)

[2010 Forms](#)

[2009 Forms](#)

[Logout](#)

Having technical problems?

Contact us at: bismci@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...

- X Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- X 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)
- X Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- X In the process of arrest by your agency, but not yet booked into your jail facility

[Click Here to Add a 2017 Death Report](#)

You may want to review the form prior to entering data. A PDF form is available [here](#).

Existing Death Records

Name	Date of Death	Gender	Actions			Submitted?
Fano, Louis	2/5/2017	Male	Print	Edit	Delete	Submitted
Jones, Edward	1/9/2017	Male	Print	Edit	Delete	Submitted
Whatley, Ricky	7/14/2017	Male	Print	Edit	Delete	Submitted
Hayward, Calvin	12/20/2017	Male	Print	Edit	Delete	Submitted
Howard, Joseph	8/7/2017	Male	Print	Edit	Delete	Submitted
Scott, Jeffery	3/18/2017	Male	Print	Edit	Delete	Submitted

Count=6

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.

If you need assistance or have any questions, please contact a member of the data collection team at 1-800-344-1387 or bismci@rti.org.

This Web site is funded through a grant from the Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. Neither the U.S. Department of Justice nor any of its components operate, control, are responsible for, or necessarily endorse, this Web site (including, without limitation, its content, technical infrastructure, and policies, and any services or tools provided)

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Fano	Louis	
LAST	FIRST	MI

2. On what date did the inmate die?

0	2	0	5	2	0	1	7
MONTH		DAY		YEAR			

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

Facility Name:

Facility City: Facility State:

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

0	7	2	1	1	9	8	9
MONTH		DAY		YEAR			

5. What was the inmate's sex?

- Male
 Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- Yes
 No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Pacific Islander
 Some other race

↳ Please Specify:

8. On what date was the inmate admitted to a facility under your jurisdiction?

1	0	3	1	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.
- 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
 - 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)

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

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:

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Jones	Edward	
LAST	FIRST	MI

2. On what date did the inmate die?

0	1	0	9	2	0	1	7
MONTH		DAY		YEAR			

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

Facility Name:

Facility City: Facility State:

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

0	7	1	6	1	9	5	5
MONTH		DAY		YEAR			

5. What was the inmate's sex?

Male
 Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

Yes
 No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Pacific Islander
 Some other race

↳ Please Specify:

8. On what date was the inmate admitted to a facility under your jurisdiction?

0	9	2	1	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.

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/infirmery 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
 - 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/infirmery
 - In a special mental health services unit
 - Elsewhere within the jail facility

{PLEASE SPECIFY}

↳ 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLEASE PROVIDE A RESPONSE FOR 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Confinement in special medical unit	<input 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:

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Whatley	Ricky	
LAST	FIRST	MI

2. On what date did the inmate die?

0	7	1	4	2	0	1	7
MONTH		DAY		YEAR			

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

Facility Name:

Facility City: Facility State:

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

0	5	1	7	1	9	6	8
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	1	1	2	0	1	7
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.

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
 - 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)

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

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:

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Hayward	Calvin	
LAST	FIRST	MI

2. On what date did the inmate die?

1	2	2	0	2	0	1	7
MONTH		DAY		YEAR			

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

Facility Name:

Facility City: Facility State:

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

0	5	2	9	1	9	6	5
MONTH		DAY		YEAR			

5. What was the inmate's sex?

Male
 Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

Yes
 No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Pacific Islander
 Some other race

↳

8. On what date was the inmate admitted to a facility under your jurisdiction?

0	8	2	8	2	0	1	7
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.

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

↳

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
 - 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]

↳ 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLEASE PROVIDE A RESPONSE FOR 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Confinement in special medical unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST FIRST MI

2. On what date did the inmate die?

MONTH DAY YEAR

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

Facility Name:

 Facility City: Facility State:

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

MONTH DAY YEAR

5. What was the inmate's sex?

Male
 Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

Yes
 No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Some other race

8. On what date was the inmate admitted to a facility under your jurisdiction?

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.....	<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.
- 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

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
 - 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)

↳ 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLEASE PROVIDE A RESPONSE FOR 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Confinement in special medical unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST
 FIRST
 MI

2. On what date did the inmate die?

MONTH
 DAY
 YEAR

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

Facility Name:

Facility City:
 Facility State:

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

MONTH
 DAY
 YEAR

5. What was the inmate's sex?

Male
 Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

Yes
 No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Pacific Islander
 Some other race

8. On what date was the inmate admitted to a facility under your jurisdiction?

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.

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

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
 - 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]

↳ 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLEASE PROVIDE A RESPONSE FOR 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 type="checkbox"/>	<input checked="" 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: