				1-0249 Approval Expires 03/31/2019
Form NPS-4A (Addendum)		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	TED BY:	
Name	. (Da 22		Title	
dress			Telephone	
City			FAX	
State	Zip	E-mail		
and a second and a second and				and the month of the second
If no deaths occurr		Instructions for C	ompletion	
	ed to report anythin ng of 2018, you will l		nary form whether o	r not you had a death occurrence in 20
	an one death in 201 of this form for each			
Complete the	entire form for each		to submit a death re	port:

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 bisdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed
 under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state

5265 Capital Boulevard

Raleigh, NC 27690-1652

- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

STATE PRISON INMATE DEATH REPORT

	ATE DEATH REPORT
STATE PRISON INM	ATE DEATH REPORT
1. What was the inmate's name? Coats Lloyd LAST FIRST	 8. On what date was the inmate admitted to one of your correctional facilities? 0 8 1 1 2 0 1 4 MONTH DAY YEAR
 2. On what date did the inmate die? 0 4 1 6 2 0 1 7 3. What was the name and location of the correctional facility involved? Facility Name: AVOYELLES CORRECTIONAL CENTER Facility City: Facility State: COTTONPORT LA 	9. For what offense(s) was the inmate being held? a. Forcible Rape b. 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? 1 2 2 9 1 9 5 7 MONTH DAY YEAR	☐ Yes ④ No ☐ Don't Know
 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: 	 11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:

•	Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or
	review of medical records) available to establish an official cause of death?

□ YES -----> CONTINUE TO Q13

%

Evaluation complete—results are pending

SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH

☑ No evaluation is planned → CONTINUE TO Q13

\checkmark	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?

ONT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

[PLEASE SPECIFY] In the prison facility or on the prison grou In the inmate's cell/room In a temporary holding area/loc In a common area within the fac In a special medical unit/infirma In a special mental health servic In a segregation unit On death row, special unit awai Elsewhere within the prison fac Please Specify:	kup sility (e.g., yard, library, cafeteria) ry ses unit ting capital punishment
 Outside the prison facility (e.g., while of Elsewhere Elsewhere Please Specify: 	n work release or on work detail)

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)

"AGENICV ID"

16.	Exclu servi	cluding emergency care provided at the time of death, did the inmate receive any of the vices for the medical condition that caused his/her death after admission to your corre	e following medical ctional facilities?
	D	D NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homici	ide
		b. Diagnostic tests (e.g., X-rays, MRI)	LEASE PROVIDE A ESPONSE FOR ACH ITEM (a-f)
17.	after	s the cause of death the result of a pre-existing medical condition or did the inmate dever admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing medical condition.")	velop the condition pre-existing, mark
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide	de
		Deceased developed condition after admission	
Plea	ase ad	add any additional notes regarding this death here:	

			OMB No. 1	1121-0249 Approval Expires 03/31/2019
Form NPS-44 (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		n an an an an an An Church Para an	Title	
Official ddress			Telephone	
City	n an		FAX	
State	Zip	E-mail		

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

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 bisdcrp@rti.org

NCLUDE 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) In transit to or from your facilities while under your supervision 	 Executed in your state Confined in local jail facilities, whether located in or out of state Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility Under probation or parole supervision in your state Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

What deaths should be reported?

1.	What was the inmate's name? Lacking Tyrone LAST FIRST	 8. On what date was the inmate admitted to one of your correctional facilities? 0 6 1 6 2 0 1 6 MONTH DAY YEAR
2.	On what date did the inmate die?	 9. For what offense(s) was the inmate being held? a. Poss Schedule II b. Simple Arson
3.	What was the name and location of the correctional facility involved? Facility Name: AVOYELLES CORRECTIONAL CENTER Facility City: Facility State: COTTONPORT LA	c
		 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 5 2 4 1 9 8 6 MONTH DAY YEAR	 ☑ 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	 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:	* Anter Constant Press of States
	 White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify: 	
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STATE PRISON INMATE DEATH REPORT

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12. <i>/</i>	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] ——— Cardiac Arrest
	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]
rangettige och	
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)
	EASE L In a special medical unit/infirmary
SPE	ECIFY]
	 In a segregation unit On death row, special unit awaiting capital punishment
	C Elsewhere within the prison facility
	Please Specify:
	Outside the prison facility (e.g., while on work release or on work detail)
	C Elsewhere
	Please Specify:
 Internet and 	
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.	Exclu servi	uding emergency care provided at the time of d ces for the medical condition that caused his/h	eath, did th er death af	ie inmat ter adm	e receive any of ission to your co	the following medical prrectional facilities?
8	D	NOT APPLICABLE—Cause of death was accident	ntal injury, i	ntoxicati	on, suicide, or hor	micide
		 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 a	the cause of death the result of a pre-existing m admission? (If multiple conditions caused the c existing medical condition.")	edical con leath and <u>a</u>	dition o ny of th	r did the inmate le conditions we	develop the condition re pre-existing, mark
		NOT APPLICABLE—Cause of death was accider	ital injury, ir	ntoxicatio	on, suicide, or hon	nicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined			n guinnea - Uir Guinnea - Uir Guinnea	
		any additional notes regarding this death here:			A Constant of the second s	

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Form NPS. Addendun	1) (1)	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:	
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ress			Telephone	
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State		E-mail	· · · · · · · ·	
	Zip			Constant Constant Constant
	occurred in 2017:	Instructions for C	Completion	- MAR some for state - Andrew State and a some for state - Andrew State - Andre
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You will At the b At the b Make cc Complet Once yo ONLINE E-MAIL	not need to report anythir eginning of 2018, you will ore than one death in 201 opies of this form for each the the entire form for each our death records are com E: Complete the report on	ng at this time. be asked to complete a summ <u>7:</u> additional death. inmate death. plete, there are several ways line at: <u>https://bjsdcrp.rti.org</u>	mary form wheth	her or not you had a death occurrence in 20 ath report: .: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.1 5265 Capital Boulevard
 You will At the b At the b Make cc Complet Once yc ONLINE E-MAIL FAX (To 	not need to report anythir eginning of 2018, you will ore than one death in 201 opies of this form for each be the entire form for each our death records are com E: Complete the report on bisdcrp@rti.org DLL-FREE): (866) 800-91	ng at this time. be asked to complete a sumr <u>7:</u> additional death. inmate death. plete, there are several ways line at: <u>https://bjsdcrp.rti.org</u> 79	nary form whet to submit a dea MAIL	her or not you had a death occurrence in 20 ath report: .: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.1 5265 Capital Boulevard Raleigh, NC 27690-1652

NCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
 Confined in your correctional facilities, whether hounder your jurisdiction or that of another state Under your jurisdiction but housed in private correfacilities, whether located in or out of state 	 Executed in your state Confined in local jail facilities, whether located in or out of
 Under your jurisdiction but in special facilities (e.g medical/treatment/release centers, halfway house police/court lockups, or work farms) 	 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 you supervision 	 Under your jurisdiction but on AWOL or escape-status at the time of death

What deaths should be reported?

BURDEN STATEMENT

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STATE PRISON INMATE DEATH REPORT

LAST FIRST LAST FIRST MI O O A O T O A O T O A O T O A O T O A O T O A O T O A O T O	ne inmate's name?	TE DEATH REPORT 8. On what date was the inmate admitted to one of the second se
AST FIRST MI On what date did the inmate die? O O O <td< th=""><th></th><th></th></td<>		
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 D 4 0 7 2 0 1 7 ANNTH DAY YEAR 9. For what offense(s) was the inmate being h a. Aggravated Battery b. Sex Offender Register Violation c d d d e d d d e OYOYELLES CORRECTIONAL CENTER acility City: Facility State: COTTONPORT LA 10. Since admission, did the inmate ever stay overnight in a mental health facility? Pres No Don't Know 11. Where did the inmate die? In a general housing unit in the facility general housing unit on prison ground In a special mental health services un your facility In a special mental health services un your facility In a special mental health services un your facility In a mental health center outside your While in transit Elsewhere Please Specify: 		MONTH DAY YEAR
NONTH DAY YEAR Aggravated Battery . Aggravated Battery . Sex Offender Register Violation . correctional facility involved? . acility Name: . VOYELLES CORRECTIONAL CENTER . acility City: Facility State: COTTONPORT LA 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yhat was the inmate's date of birth? 0 5 0 5 2 4 1 9 0 5 0 5 0 5 0 5 0 5 0 6 0 5 10. Since admission, did the inmate ever stay overnight in a mental health facility? 11. Where did the inmate die? 11. Where did the inmate die? In a general housing unit in the facility 10. a special medical unit/infirmary with facility 11. In a medical center outside your your facility 11. a metical center outside your facility <td< td=""><td>e did the inmate die?</td><td></td></td<>	e did the inmate die?	
 Aggravated Battery b. Sex Offender Register Violation c) 7 2 0 1 7	9. For what offense(s) was the inmate being held?
//hat was the name and location of the orrectional facility involved? acility Name: VOYELLES CORRECTIONAL CENTER acility City: acility City: COTTONPORT LA 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yhat was the inmate's date of birth? 0 5 2 4 1 9 0 Male Female //hat was the inmate of Hispanic, Latino, or Spanish rigin? Yes No No Addition, what was the inmate's race? Please elect one or more of the following racial ategories:	IAY YEAR	a. Aggravated Battery
c. acility Name: VOYELLES CORRECTIONAL CENTER acility City: pacility City: COTTONPORT In a general housing unit in the facility? In a segregation unit In a special mental health services un your facility In a mental health center outside your facility In a mental health center outside your facility In a mental health center outside your facility In a addition, what was the inmate's race? Please elect one or more of the following racial ategories:		b. Sex Offender Register Violation
acility Name: VOYELLES CORRECTIONAL CENTER acility City: CorronPORT LA In Since admission, did the inmate ever stay overnight in a mental health facility? Phat was the inmate's date of birth? O 5 O 5 O 5 O 4 D 5 O 5 O 5 O 5 O 4 D 7 Pay YEAR In a general housing unit in the facility general housing unit on prison ground in a segregation unit In a special medical unit/infirmary with facility In a mental health services un your facility In a mental health center outside your facility Please Specify:		C.
VOYELLES CORRECTIONAL CENTER acility City: GOTTONPORT LA In acility City: Correct Control (LA) In a special mental health facility? Pres Control (LA) In a special metal health facility? Pres In a special metal health facility? In a special metal health services un your facility In a metal health center outside your facility In a mental health center outside your facility	그 사람이 한 것이 없는 것이 있는 것을 가지?	d.
COTTONPORT LA In a general housing unit on prison ground In a general housing unit on prison ground In a general housing unit on prison ground In a segregation unit In a mental health services un your facility Yes No Addition, what was the inmate's race? Please elect one or more of the following racial ategories:		e.
 In Since admission, did the inmate ever stay overnight in a mental health facility? Yes Yes Yes Yes Yes Yes Yes Yes No 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes Yes Yes No 11. Where did the inmate die? 11. Where did the inmate die? In a general housing unit on prison ground in a segregation unit In a segregation unit In a special medical unit/infirmary with facility In a mental health services un your facility In a medical center outside your faciliti In a mental health center outside your facility In a mental health center outside your facility In a medical center outside your facility In a mental health center outside your facility In a didition, what was the inmate's race? Please elect one or more of the following racial ategories: 	Facility State:	
Image: Preside of the initial indext of the initial initial initial indext of the initial initial initial initial initial		10 Since educing the state of t
Image: Antiperiodic and the initial attegories: Image: Antiperiodic antiperiod		overnight in a mental health facility?
0 5 2 4 1 9 6 0 AONTH DAY YEAR 1 9 6 0 Vhat was the inmate's sex? Image: Sex?	a inmato's data of hirth?	
 <i>In a general housing unit in the facility general housing unit in the facility general housing unit in the facility general housing unit on prison ground in a segregation unit</i> <i>In a special medical unit/infirmary with facility</i> <i>In a medical center outside your facilitity</i> <i>In a medical center outside your facility</i> <i>In a medical center outside your facility</i><		
 What was the inmate's sex? Male Female In a general housing unit in the facility general housing unit on prison ground In a segregation unit In a special medical unit/infirmary with facility In a special mental health services un your facility In a mental health center outside your faciliti In a mental health center outside your While in transit Elsewhere Please Specify: 		
 Male Female Nas the inmate of Hispanic, Latino, or Spanish rigin? Yes No In a special mental health services un your facility In a mental health center outside your faciliti In a mental health center outside your faciliti Elsewhere Please Specify: 		11. Where did the inmate die?
 □ Female □ Female □ In a segregation unit □ In a special medical unit/infirmary with facility □ In a special mental health services un your facility □ In a medical center outside your facility □ In a medical center outside your facilities □ Yes ○ No □ While in transit □ Elsewhere □ Please Specify: 		3
Vas the inmate of Hispanic, Latino, or Spanish rigin? □ In a special mental health services un your facility □ Yes □ In a medical center outside your facilitie □ Yes □ In a mental health center outside your □ No □ While in transit □ addition, what was the inmate's race? Please elect one or more of the following racial ategories: Please Specify:		In a segregation unit
Vas the inmate of Hispanic, Latino, or Spanish your facility In a medical center outside your facilit In a medical center outside your While in transit Elsewhere Please Specify: Please Specify:	있는 것 같은 것이 가지 않는 것이 한 것을 것이다. 같은 것은 것이 가지 않는 것이 한 것을 것이다.	facility
 Yes No In a mental health center outside your While in transit Elsewhere Please Specify: 	nate of Hispanic, Latino, or Spanish	your facility
 ✓ No ✓ addition, what was the inmate's race? Please elect one or more of the following racial ategories: 		In a mental health center outside your facility
n addition, what was the inmate's race? Please elect one or more of the following racial ategories:		
elect one or more of the following racial ategories:		Please Specify:
U White		
 Black or African American American Indian or Alaska Native 		
 Asian Native Hawaiian or Pacific Islander 		

	LATER TIME FOR THE CAUSE OF DEATH
2 14/1 4	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
S. What	Illness—Exclude AIDS-related deaths [Specify] ——— Sepsis Secondary to Pneumonia and Myod
	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]
1.1.1	e 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
0	In the prison facility or on the prison grounds
[PLEASE SPECIFY]	In a segregation unit
	 On death row, special unit awaiting capital punishment Elsewhere within the prison facility
	Please Specify:
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	Please Specify:
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- 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
17.	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
Ple	ase adu	any additional notes regarding this death here:

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Form NPS-4 (Addendum)		DEATHS IN CUSTOD STATE PRISON IN DEATH REPOR	MATE		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS D ACTING AS COLLECTION AGENT RTI INTERNATIONAL
		FORM COMPLETE	D BY:		
lame			Title		
ficial tress			Telephone		Rent Contractor Contractor
City			FAX		5 (7 State 2011, 2020)
State	Zip	E-mail			
		Instructions for Co	mpletion		 A second sec second second sec
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If no deaths oc • You will no • At the beg	curred in 2017: ot need to report anythin inning of 2018, you will	ng at this time. be asked to complete a summa	en de setuertet Roca e de Sa Roca	ner or not you	had a death occurrence in 20
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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) In transit to or from your facilities while under your supervision 	 Executed in your state Confined in local jail facilities, whether located in or out of state Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility Under probation or parole supervision in your state Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

What deaths should be reported?

	a la
	IATE DEATH REPORT
1. What was the inmate's name? Tassin LAST FIRST	ATE DEATH REPORT 8. On what date was the inmate admitted to one of your correctional facilities? 0 5 1 8 2 0 0 1 MONTH DAY YEAR
2. On what date did the inmate die? 0 1 2 5 2 0 1 7 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. First Degree Robery
3. What was the name and location of the correctional facility involved? Facility Name: AVOYELLES CORRECTIONAL CENTER Facility City: Facility State: COTTONPORT LA	 b. Simple Burglary c
4. What was the inmate's date of birth? 0 6 2 2 1 9 5 6 MONTH DAY YEAR	overnight in a mental health facility? ☐ Yes ☐ No ☑ Don't Know
 5. What was the inmate's sex? Male Female 6. 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
 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: 	Please Specify:

Are the results of a medical examiner's or coronar's evaluation (such as an autonous postmentem exam or
 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] Alzheimers Dementia- High Blood Pressure
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 special medical unit/infirmary In a special metal health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within 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?
In Structure (e.g., accident, surcide, or homedae) causing the death occur is 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)

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C	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homi	cide
	a. Evaluated by physician/medical staff	PLEASE PROVIDE RESPONSE FOR EACH ITEM (a-f)
afte	s the cause of death the result of a pre-existing medical condition or did the inmate der admission? (If multiple conditions caused the death and <u>any</u> of the conditions were e-existing medical condition.")	evelop the conditio pre-existing, mark
C	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homi	cide
	 Pre-existing medical condition Deceased developed condition after admission 	
C	Could not be determined	n
		n i Santa Santa Santa Santa
	Could not be determined	