1	NPS-4A ndum)		RECTIONA E PRISON II EATH REPO	NMATE	IONS 2018	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL	\
		FORM	M COMPLET	ED BY:			
Name				Title			
Official Address			1	Telephone			
City				FAX			
State	Zip		E-mail				/

## Instructions for Completion

#### If no deaths occurred in 2018:

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#### If you had more than one death in 2018:

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- Complete the entire form for each inmate death.
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ONLINE: Complete the report online at: https://bjsmci.rti.org

1

MAIL: RTI International, Attn: Data Capture

Project #: 0215015.001.300.117.102.100 5265 Capital Boulevard

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsmci@rti.org

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

If you need assistance, contact the data collection team at RTI International toll-free at (800) 344-1387 or bismci@rti.org

## What deaths should be reported?

## INCLUDE deaths of ALL persons...

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

## EXCLUDE deaths of ALL persons...

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

#### **BURDEN STATEMENT**

1	William		
1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of your correctional facilities?
	Ammons		
	LAST FIRST MI		0 4 1 8 2 0 1 8
			MONTH DAY YEAR
2.	On what data did the immeter dia?		
۷.	On what date did the inmate die?		
	1 0 2 4 2 0 1 8	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		a. Schedule 2
			b.
3.	What was the name and location of the		
	correctional facility involved?		C
	- W. M.		d.
	Facility Name:  DAVID WADE CORRECTIONAL CENTER		e.
	DAVID WADE CORRECTIONAL CENTER		
	Facility City: Facility State:		
	HOMER		
		10.	Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth?		☐ Yes ☐ No
••			☑ Don't Know
	0 8 2 7 1 9 5 8 MONTH DAY YEAR		
	MONTH DAT TEAR		
		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		<ul><li>In a segregation unit</li><li>In a special medical unit/infirmary within your</li></ul>
			facility
^	Man the immete of Historia Letina on Conside		☐ In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?		your facility  In a medical center outside your facility
	☐ Yes		In a mental health center outside your facility
	☑ No		<ul><li>☐ While in transit</li><li>☐ Elsewhere</li></ul>
			Please Specify:
			r rouse openiny.
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		
	<ul><li>Asian</li><li>Native Hawaiian or Pacific Islander</li></ul>		
	Some other race		
	Please Specify:		
	7.		

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)  In a special medical unit/infirmary
[PLEASE   In a special medical unit/infirmary   SPECIFY] In a special mental health services unit
☐ In a segregation unit
On death row, special unit awaiting capital punishment  Elsewhere within the prison facility
Please Specify:
☐ Outside the prison facility (e.g., while on work release or on work detail)☐ Elsewhere
Please Specify:
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?  NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm)
☐ Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

16.	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?		
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide	
		A. Evaluated by physician/medical staff	
17.	after "Pre-	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	
Ple	ase ad	d any additional notes regarding this death here:	
ś			



## **MORTALITY IN CORRECTIONAL INSTITUTIONS 2018** STATE PRISON INMATE DEATH REPORT

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

	Martinata		
	FORM COMPL	ETED BY:	
		¬	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip E-mai	1	

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- 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**

_		
1.	What was the inmate's name?  Burgess John  LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities?  1 0 0 9 2 0 1 7  MONTH DAY YEAR
2.	On what date did the inmate die?  1 0 0 9 2 0 1 8  MONTH DAY YEAR	9. For what offense(s) was the inmate being held?  a. Sexual Battery  b.
3.	What was the name and location of the correctional facility involved?  Facility Name:  DAVID WADE CORRECTIONAL CENTER  Facility City:  HOMER  Facility State:	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 8 1 5 1 9 5 8  MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex?  ☑ Male ☐ Female	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:	

2. Are the review	eresults of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
1 0	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 v	vas 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]
*	
I	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
_	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	In the prison facility or on the prison grounds ┃  ſ ☐ In the inmate's cell/room
	☐ In a temporary holding area/lockup
[PLEASE	In a common area within the facility (e.g., yard, library, cafeteria) 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:
· · · · · · · · · · · · · · · · · · ·	
_	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 Neon)
	Morning (6 am to Noon) Afternoon (Noon to 6 pm)
	Evening (6 pm to Midnight)  Overnight (Midnight to 6 am)

16. Exc serv	5. 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?			
C	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide			
	YES NO DON'T KNOW  a. Evaluated by physician/medical staff			
afte	Pre-existing medical condition  Deceased developed condition after admission			
k				
Please ad	dd any additional notes regarding this death here:			

5	e v			C.	
9 3		奶	-		
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		Po +3	Bar. Ka		

## **MORTALITY IN CORRECTIONAL INSTITUTIONS 2018** STATE PRISON INMATE **DEATH REPORT**

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

	A STATE OF THE STA	, , , , , , , , , , , , , , , , , , , ,	KITIKIEKKATIONAE
		FORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City	Francisco Francisco	FAX	
State	Zip	E-mail	

## **Instructions for Completion**

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## 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**

	A CONTRACTOR OF THE CONTRACTOR	a source of the company of the compa
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Harrel Albert	your correctional facilities?
	LAST FIRST MI	0 4 1 0 2 0 1 7
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 7 0 2 2 0 1 8	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. III-Poss of stolen firearm
		b.
3.	What was the name and location of the correctional facility involved?	c.
	Facility Names	d.
	Facility Name:  DAVID WADE CORRECTIONAL CENTER	e.
	Facility City: Facility State:	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
	What was the law at 1- data of high O	☐ Yes ☐ No
4.	What was the inmate's date of birth?	☐ Don't Know
	0 3 0 1 1 9 5 9 MONTH DAY YEAR	
	WOMIN DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	☐ In a general housing unit in the facility or in a
	☑ Male □ Female	general housing unit on prison grounds  In a segregation unit
	La l'elliale	☐ In a special medical unit/infirmary within your
		facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility
	origin?	<ul> <li>☑ In a medical center outside your facility</li> <li>☑ In a mental health center outside your facility</li> </ul>
	☐ Yes ☑ No	☐ 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	
	<ul><li>☐ Black or African American</li><li>☐ American Indian or Alaska Native</li></ul>	
	American Indian of 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 of medical records) available to establish an official cause of death?
Q	YES CONTINUE TO Q13
	- and all of the state of the s
	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] ——— Cardiovascular Disease and COPD(emphy
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe] ———
0	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]
E	Other cause(s) [Specify]
14. Where	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
0	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
0	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:
[	,
1	Elsewhere  Please Specify:
	Thouse openly.
15 When	did the incident (e.g., accident, suicide, or homicide) causing the death occur?
	,

16. Excluding emergency care provided at the time of dear services for the medical condition that caused his/her	th, did the death afte	e inmate er admis	receive any of t sion to your co	the following medical rrectional facilities?
NOT APPLICABLE—Cause of death was accidenta	al injury, in	toxication	, suicide, or hon	nicide
a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
<ul> <li>17. Was the cause of death the result of a pre-existing me after admission? (If multiple conditions caused the de "Pre-existing medical condition.")</li> <li>□ NOT APPLICABLE—Cause of death was accidented</li> <li>□ Pre-existing medical condition</li> <li>□ Deceased developed condition after admission</li> <li>□ Could not be determined</li> </ul>	ath and <u>a</u>	ny of the	conditions we	re pre-existing, mark
Please add any additional notes regarding this death here:	0.50			
	3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5			



# MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE DEATH REPORT

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

		FORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City	4 1000 0 100	FAX	
State	Zip	E-mail	

## **Instructions for Completion**

## If no deaths occurred in 2018:

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

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> 5265 Capital Boulevard Raleigh, NC 27690-1652

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- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
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## EXCLUDE deaths of ALL persons...

- Executed in your state
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- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

#### **BURDEN STATEMENT**

	what is a surrection with the contraction of the co	and the second s
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Huber   Torre	your correctional facilities?
	LAST FIRST MI	0 7 0 3 2 0 1 3 MONTH DAY YEAR
		NONTH DAY YEAR
2.	On what date did the inmate die?	
	0 7 2 2 2 0 1 8	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	<sup>a.</sup> Vehicular Homicide
		b. First Degree Vehicular Neg Injury
3.	What was the name and location of the correctional facility involved?	c.
	이 보이 하는 사람들은 사람들이 가지 않는 것이 없다면 되었다.	d.
	Facility Name:  DAVID WADE CORRECTIONAL CENTER	e
	Facility City: Facility State:	
	HOMER	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
4.	0 3 1 1 1 9 6 9	☐ 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  In a segregation unit
	☐ Female	☐ 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?	your facility  In a medical center outside your facility
	☐ Yes	In a mental health center outside your facility
	☑ No	☐ 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:	
	<ul> <li>☑ White</li> <li>☐ Black or African American</li> <li>☐ American Indian or Alaska Native</li> <li>☐ Asian</li> <li>☐ Native Hawaiian or Pacific Islander</li> <li>☐ Some other race</li> </ul>	
	Please Specify:	

review	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
	YES <del>→ CONTINUE TO Q13</del>
6	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
42 14/14	
	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
V	Illness—Exclude AIDS-related deaths [Specify] ——— COPD as well as being overweight
	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	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
<b>2</b>	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
0	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:
0	Outside the prison facility (e.g., while on work release or on work detail)
	Please Specify:
La Maria Maria	
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
ō	Afternoon (Noon to 6 pm)
	Evening (6 pm to Midnight)
2	Overnight (Midnight to 6 am)

16. Exclu servi	ding emergency care provided at the time of deat ces for the medical condition that caused his/her o	h, did the death afte	inmate i er admiss	receive any of t sion to your co	the following medical rrectional facilities?
0	NOT APPLICABLE—Cause of death was accidental	l injury, int	oxication	, suicide, or hon	nicide
		YES		DON'T KNOW	
	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)
			3- 3-		
after	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the dea existing medical condition.")	dical cond ath and <u>ar</u>	lition or one	did the inmate o	develop the condition re pre-existing, mark
0	NOT APPLICABLE—Cause of death was accidental	l injury, int	oxication	, suicide, or hom	nicide
000	Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Please ad	d any additional notes regarding this death here:				

0 Ad



## **MORTALITY IN CORRECTIONAL INSTITUTIONS 2018** STATE PRISON INMATE **DEATH REPORT**

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

	· · · · · · · · · · · · · · · · · · ·	FORM COMPLE	TED BY:	
Name			Title	
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City			FAX	
State	Zip	E-mail		

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## What deaths should be reported?

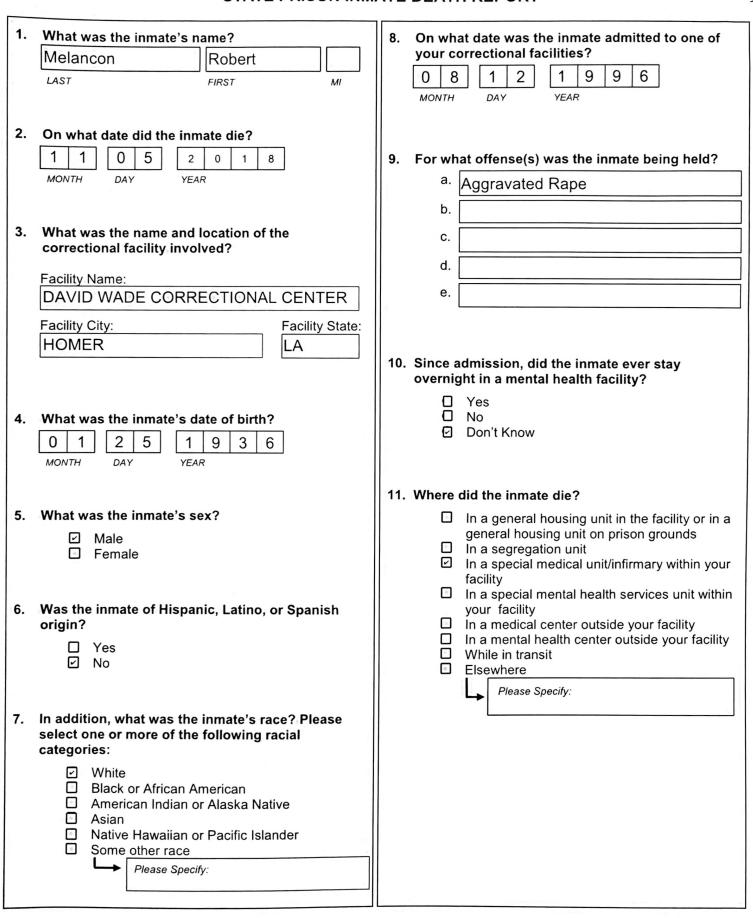
#### INCLUDE deaths of ALL persons...

- 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**



1		e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
/		
1	-	The second secon
		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
	\$ - 100	
1		was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	V	Illness—Exclude AIDS-related deaths [Specify] ——— Diverticular Disease
		Acquired Immune Deficiency Syndrome (AIDS)
		Accidental alcohol/drug intoxication [Describe] ———
	Q	Accidental injury to self [Describe]
		Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	7	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
		Homicide [Describe] —
		Other cause(s) [Specify]
Г		
	_	re did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	0	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
		In the prison facility or on the prison grounds
		In a temporary holding area/lockup
	[PLEASE	☐ In a common area within the facility (e.g., yard, library, cafeteria) ☐ In a special medical unit/infirmary
	SPECIFY	ŋ │ │ 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:
	C	Outside the prison facility (e.g., while on work release or on work detail)
		Elsewhere
		Please Specify:
_		
	_	n 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)
5		Overnight (Midnight to 6 am)

16.	Excluservi	Iding 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?
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		A. Evaluated by physician/medical staff
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")  NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	000	Pre-existing medical condition Deceased developed condition after admission Could not be determined
Plea	ise ado	d any additional notes regarding this death here:
N. O. W. W.		



## MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE DEATH REPORT

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

	The state of	4 9		
		FORM COMPLE	TED BY:	· · · · · · · · · · · · · · · · · · ·
Name		4 3 m m m m m m m m m m m m m m m m m m	Title	
Official Address			Telephone	
City	F		FAX	
State	Zip	E-mail		

## **Instructions for Completion**

#### If no deaths occurred in 2018:

You do not need to complete this form.

#### If you had more than one death in 2018:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
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ONLINE: Complete the report online at: https://bjsmci.rti.org

E-MAIL: bjsmci@rti.org

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

MAIL: RTI International, Attn: Data Capture

Project #: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact the data collection team at RTI International toll-free at (800) 344-1387 or bjsmci@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
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EXCLUDE deaths of ALL persons...

- Executed in your state
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- 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

_			
1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of your correctional facilities?
	Rapp Howard		
	LAST FIRST MI		1 1 2 1 1 9 6 8
			MONTH DAY YEAR
2.	On what date did the inmate die?		
	1 1 2 9 2 0 1 8	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR	] <del>9</del> .	a. Aggravatd Burglary
			b. Aggravated Rape
3.	What was the name and location of the correctional facility involved?		c.
	derrectional racinty involved.		d.
	Facility Name:		
	DAVID WADE CORRECTIONAL CENTER		e
	Facility City: Facility State:		
	HOMER LA		
		10.	Since admission, did the inmate ever stay
			overnight in a mental health facility?
			☐ Yes ☐ No
4.	What was the inmate's date of birth?		☐ Don't Know
	1 0 1 8 1 9 4 8		
	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
			In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish		your facility  In a medical center outside your facility
	origin?		In a medical center outside your facility In a mental health center outside your facility
	☐ Yes ☑ No		☐ While in transit
	☑ No	3	Elsewhere
			Please Specify:
7.	In addition, what was the inmate's race? Please		
	select one or more of the following racial		
	categories:		
	<ul><li>☑ White</li><li>☐ Black or African American</li></ul>		
	American Indian or Alaska Native		
	☐ Asian		
	<ul><li>□ Native Hawaiian or Pacific Islander</li><li>□ Some other race</li></ul>		
	Please Specify:		
		П	

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
☑ YES  ——→ CONTINUE TO Q13
☐ Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
□ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☐ Illness—Exclude AIDS-related deaths [Specify] ——— Heart Attack
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ In the prison facility or on the prison grounds ☐ ☐ In the 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
[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 <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?  ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon)
☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

16.	Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?
	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW  a. Evaluated by physician/medical staff
17.	Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition
	after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")
	□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	<ul> <li>□ Pre-existing medical condition</li> <li>□ Deceased developed condition after admission</li> <li>□ Could not be determined</li> </ul>
Plo	ase add any additional notes regarding this death here:
1100	ase add any additional notes regarding this death here.



# MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE

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

ì	The same of the	DEATH REPORT	RTI INTERNATIONAL
-	-	FORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip	E-mail	

## **Instructions for Completion**

### If no deaths occurred in 2018:

You do not need to complete this form.

#### If you had more than one death in 2018:

- 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://bjsmci.rti.org

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

E-MAIL: bjsmci@rti.org

MAIL: RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact the data collection team at RTI International toll-free at (800) 344-1387 or bismci@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
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- 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**



y			
1,	What was the inmate's name?  Ruffin Brandon	On what date was the inm your correctional facilities	?
	LAST FIRST MI	0 9 1 7 2 MONTH DAY YEAR	0   1   0
2.	On what date did the inmate die?  1 1 2 1 2 0 1 8  MONTH DAY YEAR	a. Second Degree I	
3.	What was the name and location of the correctional facility involved?  Facility Name:  DAVID WADE CORRECTIONAL CENTER  Facility City:  Facilit	c. d. e.	
	Facility City: Facility State:  HOMER LA	<ul><li>Since admission, did the interest overnight in a mental heal</li><li>Yes</li></ul>	
4.	What was the inmate's date of birth?  0 1 1 9 1 9 0  MONTH DAY YEAR	☐ No ☑ Don't Know	
5.	What was the inmate's sex?  ☑ Male □ Female	general housing un  In a segregation un	g unit in the facility or in a it on prison grounds
6.	Was the inmate of Hispanic, Latino, or Spanish origin?  ☐ Yes ☑ No	your facility In a medical center	health services unit within outside your facility center outside your facility
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:  □ White □ Black or African American □ American Indian or Alaska Native □ Asian □ Native Hawaiian or Pacific Islander □ Some other race □ Please Specify:		

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
YES CONTINUE TO Q13
Evaluation complete—results are pending  SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEATH
U 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] ——— Large volume subarachnoid hemorrhage
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]
<ul> <li>14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?</li> <li>☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> </ul>
☐ 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
PLEASE   In a special medical unit/minmary   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:
<ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>
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
<ul><li>☐ Morning (6 am to Noon)</li><li>☐ Afternoon (Noon to 6 pm)</li></ul>
<ul><li>Evening (6 pm to Midnight)</li><li>Overnight (Midnight to 6 am)</li></ul>

16. E	6. 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 acciden	ital injury, in	toxication,	suicide, or hon	nicide		
		a. Evaluated by physician/medical staff			 	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)		
a	after a "Pre-	the cause of death the result of a pre-existing madmission? (If multiple conditions caused the dexisting medical condition.")	death and <u>a</u>	ny of the o	conditions we	re pre-existing, mark		
	000	NOT APPLICABLE—Cause of death was accident Pre-existing medical condition Deceased developed condition after admission Could not be determined	ntal injury, in	toxication,	suicide, or hon	nicide		
Pleas	se ado	d any additional notes regarding this death here:		A stand and prove the				
190								



## MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE DEATH REPORT

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

	FORM COMPLETED BY:								
Name			Title						
Official Address			Telephone						
City			FAX						
State	Zip	E-mail							

## **Instructions for Completion**

#### If no deaths occurred in 2018:

You do not need to complete this form.

#### If you had more than one death in 2018:

- 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:

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E-MAIL: bjsmci@rti.org

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

MAIL: RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100

> 5265 Capital Boulevard Raleigh, NC 27690-1652

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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 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**

1.	What was the inmate's name?  Stoufflet Dewey	8.	On what date was the inmate admitted to one of your correctional facilities?
		-	0 1 3 0 1 9 8 9
	LAST FIRST MI		
			MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 2 0 6 2 0 1 8	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		a. Forcible Rape
			b. [
3.	What was the name and location of the		<b>U.</b>
٥.	correctional facility involved?		C.
	on out of the state of the stat		d.
	Facility Name:	100	
	DAVID WADE CORRECTIONAL CENTER	-	е.
	Facility City: Facility State:		
	HOMER LA		
		10.	Since admission, did the inmate ever stay
			overnight in a mental health facility?
			Yes
4.	What was the inmate's date of birth?		□ No
	0 2 2 7 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		<ul><li>☐ In a segregation unit</li><li>☐ In a special medical unit/infirmary within your</li></ul>
			facility
_	Was distributed for	1	☐ In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?		your_facility ☐ In a medical center outside your facility
			☐ In a mental health center outside your facility
	☐ Yes ☑ No	-	While in transit
	<u> </u>		Elsewhere
			Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:		
	☑ White		
	Black or African American		
	☐ American Indian or Alaska Native ☐ Asian		
	☐ Native Hawaiian or Pacific Islander		
	☐ Some other race		
	Please Specify:		

Are the ree

2. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
☐ YES ——→ CONTINUE TO Q13
□ Evaluation complete—results are pending  SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEATH
☑ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] — 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)  In a special medical unit/infirmary
SPECIFY]
☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
☐ Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere  Please Specify:
15. When did the 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.	Exclu servi	uding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
. 1	•	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		a. Evaluated by physician/medical staff
17.	after a	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 ado	d any additional notes regarding this death here:



## MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE DEATH REPORT

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

	A Company and the			
4.5		FORM COMPLETI	D BY:	3.
Name	8		Title	· · · · · · · · · · · · · · · · · · ·
Official Address			Telephone	
City			FAX	
State	Zip	E-mail		

## **Instructions for Completion**

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MAIL: RTI International, Attn: Data Capture

Project #: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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- 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**

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

	YES
	No evaluation is planned → CONTINUE TO Q13
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
$ \mathbf{Q} $	Illness—Exclude AIDS-related deaths [Specify] ——— Heart Attack
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe] —
	Other cause(s) [Specify]
	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	did the incident (e.g., accident, suicide, or homicide) causing the death occur?

		_									, O.
16.	Exclu servi	ıdin ces	g emergence for the med	care prov	ided at the t	ime of dea	ath, did th r death af	ne inmate iter admi	e receive any o	of the following morrectional facility	edical
	0								on, suicide, or ho		
		c. d. e.	Evaluated by Diagnostic to Medications Treatment/co Surgery	are other that	-rays, MRI)  an medication	ns				PLEASE PROV RESPONSE FO EACH ITEM (a-	OR
17,	- 76-	-exis	sting medica	al condition	n.")		· · · · · · · · · · · · ·	uny or un	ie conditions we	e develop the con ere pre-existing, I	ndition mark
	0	) NO	OT APPLICA	BLE—Caus	se of death wa	as accident	tal injury, i	intoxicatio	on, suicide, or ho	omicide	
	000	De	re-existing me eceased deve ould not be de	edical condit	tion						
	1 12 12	2 22 1					to the second		and the state of t		
Ple	ase ad	ld an	ny additional r	otes regard	ling this death	here:	the street way from		1	All and the second	