

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 CONTRACTOR OF THE PARTY OF TH						
	FORM COMPLETED BY:						
Name			Title	5	2		
Official Address			Telephone				
City			FAX				7
State	Zip	E-mail		1 5-2			

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 bjsmci@rti.org

What deaths should be reported?

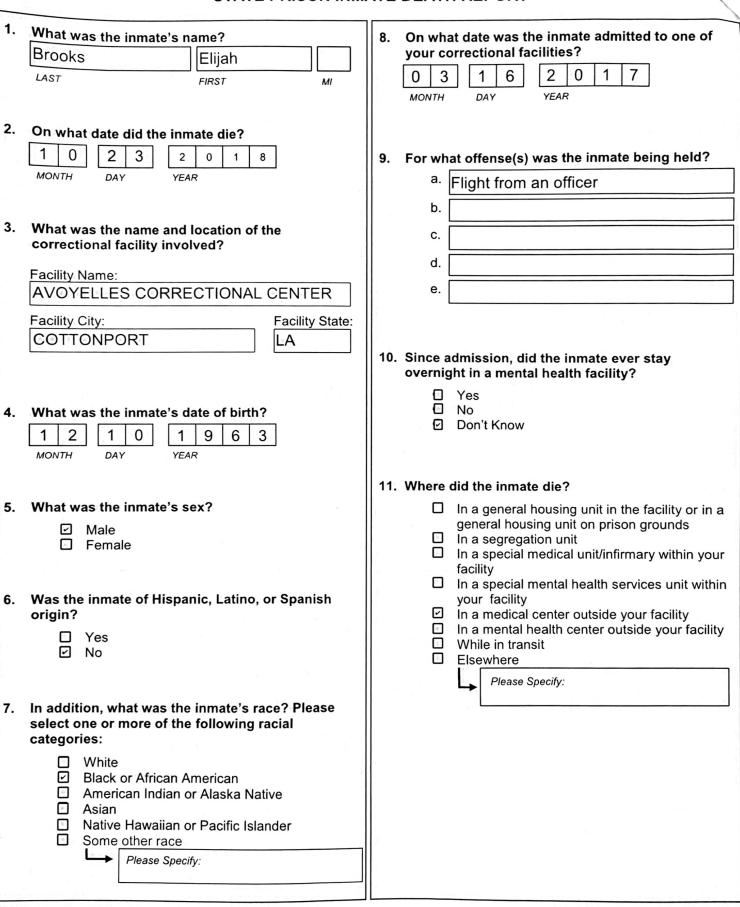
INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- 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 /	
Are the review	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 — → 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
40 1011 4	
	ras the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Ilness—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]
2. 97.5 °	
_	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
3 3	☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE SPECIFY]	In a special medical unit/infirmary In a special mental health services unit
	☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
1	Elsewhere within the prison facility Please Specify:
: 1	
	,
	Please Specify:

15. When o	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.	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 accidenta	al injury, in	toxicatio	n, suicide, or hor	micide	
		a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)	
17	10/			-1:4:	-11-1 4b - 14-	develop the condition	
17.	after	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the dea existing medical condition.") NOT APPLICABLE—Cause of death was accidenta	ath and <u>a</u>	ny of the	conditions we	re pre-existing, mark	
	0	Pre-existing medical condition Deceased developed condition after admission Could not be determined					
-		d and the same					
Plea	ase add	d any additional notes regarding this death here:					
,							



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- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

What was the inmate's name? On what date was the inmate admitted to one of your correctional facilities? Carver Herbert 6 3 1 5 FIRST LAST MONTH DAY YEAR On what date did the inmate die? 1 0 8 2 0 For what offense(s) was the inmate being held? MONTH DAY YEAR Att Forcible Rape b. What was the name and location of the C. correctional facility involved? d. Facility Name: e. AVOYELLES CORRECTIONAL CENTER Facility City: Facility State: COTTONPORT LΑ 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes 10 No What was the inmate's date of birth? Don't Know 9 5 5 MONTH DAY YEAR 11. Where did the inmate die? What was the inmate's sex? In a general housing unit in the facility or in a general housing unit on prison grounds ☑ Male In a segregation unit Female ☐ In a special medical unit/infirmary within your facility ☐ In a special mental health services unit within your facility 6. Was the inmate of Hispanic, Latino, or Spanish ☑ In a medical center outside your facility origin? ■ In a mental health center outside your facility Yes While in transit ✓ No Elsewhere Please Specify: 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 t	he results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or w 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. Wha	t was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Ø	Illness—Exclude AIDS-related deaths [Specify] — Liver Disease
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe] ———
	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]
12. 140	
14. Whe	re 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
[PLEASE SPECIFY	In the prison facility or on the prison grounds In the inmate's cell/room
1	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) 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 	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)			
 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.") NOT APPLICABLE—Cause of death was accidented. Pre-existing medical condition Deceased developed condition after admission 	eath and <u>a</u>	ny of the	e conditions wer	re pre-existing, mark			
Could not be determined	39.8						
Please add any additional notes regarding this death here:	Control of						
		[6]		gan dan ji an aya a a a a a a a a a a a a a a a a			



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Official ddress	Agents and the second of the s	Telephone	
City	Special Control of the Control of th	FAX	
State	Zip	E-mail	

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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

1.	What was the inmate's name?	8.	On wha	at date was the inmate admitted to one of
	Dixon Marvin		your co	orrectional facilities?
	LAST FIRST MI		0 2	0 8 2 0 1 6
			MONTH	DAY YEAR
_				
2.	On what date did the inmate die?			
	0 7 0 4 2 0 1 8	9.	For wh	at offense(s) was the inmate being held?
	MONTH DAY YEAR		a.	Aggravated Incest
			b.	
3.	What was the name and location of the		C.	
	correctional facility involved?	1		
	Facility Name:		d.	
	AVOYELLES CORRECTIONAL CENTER		е.	
	Facility City: Facility State:			
	COTTONPORT LA			
		10.		dmission, did the inmate ever stay
			overnig	ght in a mental health facility?
				Yes
4.	What was the inmate's date of birth?		0	No Don't Know
	0 3 2 3 1 9 5 1		_	
	MONTH DAY YEAR			
		11.	Where	did the inmate die?
5.	What was the inmate's sex?			In a general housing unit in the facility or in a
	☑ Male			general housing unit on prison grounds
	☐ Female			In a segregation unit In a special medical unit/infirmary within your
		-		facility
	Was the inmate of Hispanic, Latino, or Spanish			In a special mental health services unit within your facility
0.	origin?			In a medical center outside your facility
	☐ Yes			In a mental health center outside your facility While in transit
	☑ No		ö	Elsewhere
	#			Please Specify:
-	In addition, what was the inmate's race? Please	A		
7.	select one or more of the following racial	No.		
	categories:			
	White			
	 ☑ Black or African American ☐ American Indian or Alaska Native 			
	Asian			
	☐ Native Hawaiian or Pacific Islander☐ Some other race			
	Some other race Please Specify:			
	r rouse opecity.			

2. Are	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or ew 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
h a sopelar	☑ No evaluation is planned → CONTINUE TO Q13
42 140	at we also as a fine also that Discons OREOIEV assess of death of the suite of information ***
13. Wh	at was the cause of death? *** Please SPECIFY cause of death—it is critical information*** Ullness—Exclude AIDS-related deaths [Specify] ——— Cancer
	Acquired Immune Deficiency Syndrome (AIDS)
,	
L	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]
13	ere did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
1	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
[PLEAS	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
SPECII	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. Wh	en did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm)
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16. Excluding emergency care provided at the time of death, did the inmate receive any of the following inadical 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 he	omicide				
YES NO DON'T KNOV 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	N PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)				
17. Was the cause of death the result of a pre-existing medical condition or did the inmate after admission? (If multiple conditions caused the death and <u>any</u> of the conditions we "Pre-existing medical condition.")	ere pre-existing, mark				
□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or ho	micide				
 □ Pre-existing medical condition □ Deceased developed condition after admission □ Could not be determined 					
Please add any additional notes regarding this death here:					



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	M. Marie							
	FORM COMPLETED BY:							
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- · Under probation or parole supervision in your state
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BURDEN STATEMENT

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

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
YES —— CONTINUE TO Q13
□ Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEATH
✓ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Cancer
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) 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:
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16.	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 accidental	injury, inf	toxicatio	n, suicide, or hon	nicide	
			YES	NO	DON'T KNOW		
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications	<u>.</u>			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)	
		d. Treatment/care other than medications e. Surgery	⊡				
1 · · · · · · · · · · · · · · · · · · ·		f. Confinement in special medical unit				4	
17.	after	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the dea existing medical condition.")	lical cond th and <u>ar</u>	dition or ny of the	did the inmate of conditions were	develop the condition re pre-existing, mark	
		NOT APPLICABLE—Cause of death was accidental	injury, int	toxicatio	n, suicide, or hom	nicide	
	000	Pre-existing medical condition Deceased developed condition after admission Could not be determined		- 1			
Ple	ase add	d any additional notes regarding this death here:	Harris State of the				
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BURDEN STATEMENT

_	- TATET KISSIA INIMA	AL DEATH REFORM
	What was the inmate's name? Landry Toby FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? O 1 0 1 2 0 1 8 MONTH DAY YEAR
3.	On what date did the inmate die? 0 3 0 5 2 0 1 8 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: AVOYELLES CORRECTIONAL CENTER Facility City: Facility State: LA	9. For what offense(s) was the inmate being held? a. Simple Rape b. c. d. e.
4.	What was the inmate's date of birth? 1 1 1 1 1 9 7 5 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:
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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) 	
IPLEASE In a special medical unit/infirmary	
SPECIFYI 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)	

"ACENICY ID.

16.	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?						
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
		a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)	
17	Was f	the cause of death the result of a pre-existing r	medical con	dition o	r did the inmeter	dovolon the condition	-
.,,	after	admission? (If multiple conditions caused the existing medical condition.")	death and <u>a</u>	ny of th	e conditions wei	re pre-existing, mark	1
	0	NOT APPLICABLE—Cause of death was accide	ntal injury, in	toxicatio	n, suicide, or hon	nicide	
	000	Pre-existing medical condition Deceased developed condition after admission Could not be determined					
			The second secon			and the second second second second	
Plea	se ado	I any additional notes regarding this death here:					
7							



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

	The man will be		KTINTERNATIONAL
		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

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
- 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

	STATE PRISON IN	
1.	What was the inmate's name? Silas Patrick LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 3 2 8 2 0 0 6 MONTH DAY YEAR
2.	On what date did the inmate die? O 4 0 5 2 0 1 8 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Armed Robbery b.
3.	What was the name and location of the correctional facility involved? Facility Name: AVOYELLES CORRECTIONAL CENTER Facility City: COTTONPORT Facility State: LA	c. d. e. 10. Since admission, did the inmate ever stay
4.	What was the inmate's date of birth? 0 2 1 1 1 9 7 5 MONTH DAY YEAR	overnight in a mental health facility? ☐ 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
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No	facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: □ White □ Black or African American □ American Indian or Alaska Native □ Asian □ Native Hawaiian or Pacific Islander □ Some other race □ Please Specify:	

Are the review

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?					
C	■ NOT APPLICABLE—Cause of death was accidental	al injury, in	toxicatio	n, suicide, or hor	nicide	
	a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)	
17 Wa	s the cause of death the result of a pre-existing mea	diaal aana	lition or	did the inmete	dovolon the condition	
afte	s the cause of death the result of a pre-existing meder admission? (If multiple conditions caused the deare-existing medical condition.")					
3	NOT APPLICABLE—Cause of death was accidenta	ıl injury, int	toxication	n, suicide, or hon	nicide	
Č	Pre-existing medical condition Deceased developed condition after admission Could not be determined					
Diana						
Please a	add any additional notes regarding this death here:					
S. 6						



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE DEATH REPORT

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

	A Cherry			
		FORM COMPLET	TED BY:	
Name			Title	
fficial dress		1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Telephone	
City			FAX	
State	Zip	E-mail		

Instructions for Completion

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E-MAIL: bjsmci@rti.org

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Project #: 0215015.001.300.117.102.100

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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

0.		1	
1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of your correctional facilities?
	Stockman Harlan		
	LAST FIRST MI	II .	0 2 0 4 2 0 0 8
			MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 6 2 8 2 0 1 8	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		a. First Degree Murder
			b. Aggravated Battery
3.	What was the name and location of the		c.
	correctional facility involved?		d.
	Facility Name:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	AVOYELLES CORRECTIONAL CENTER	ê	e.
	Facility City: Facility State:		
	COTTONPORT	40	
		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☑ Don't Know
	1 2 1 4 1 9 5 3		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	1	✓ In a segregation unit✓ In a special medical unit/infirmary within your
			facility
6.	Was the inmate of Hispanic, Latino, or Spanish		In a special mental health services unit within your facility
٠.	origin?	-	In a medical center outside your facility
	Yes		In a mental health center outside your facility
	☑ No	1	☐ While in transit ☐ Elsewhere
			Please Specify:
7.	In addition, what was the inmate's race? Please		
٠.	select one or more of the following racial		
	categories:		
	☑ White☐ Black or African American		
	American Indian or Alaska Native		
	☐ Asian		
	Native Hawaiian or Pacific IslanderSome other race	1	
	Please Specify:		
	and the second of the second o		

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] ——— 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)
IPLEASE 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. 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 accidenta	al injury, in	toxicatio	n, suicide, or hon	nicide
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
3 ,						
a	fter	he cause of death the result of a pre-existing me admission? (If multiple conditions caused the de existing medical condition.")	dical con ath and <u>a</u>	dition or <u>ny</u> of the	did the inmate of conditions were	develop the condition re pre-existing, mark
	0	NOT APPLICABLE—Cause of death was accidental	al injury, in	toxicatio	n, suicide, or hom	nicide
	000	Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Please	a ado	any additional notes regarding this death here:	- 7-2 km			A CART THE STREET AND
riease	a auu	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: DTI INTERNATIONAL

	Montenand		9		KINITERRATIONAL	
		FORM COMPLETE	D BY:			
Name			Title			
Official Address			Telephone	A		
City			FAX	Para Para		
State	Zip	E-mail		(A)		

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:

E-MAIL: bjsmci@rti.org

- 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

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
- 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

		100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
1.	What was the inmate's name? Tanner James FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 2 2 1 1 9 9 6 MONTH DAY YEAR
2.	On what date did the inmate die? 0 5 0 7 2 0 1 8 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Attempted Rape b. Theft
3.	What was the name and location of the correctional facility involved? Facility Name: AVOYELLES CORRECTIONAL CENTER Facility City: Facility State: COTTONPORT LA	c. d. e.
4.	What was the inmate's date of birth? 0 8 1 9 1 9 4 9 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?	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
6.	 □ Female Was the inmate of Hispanic, Latino, or Spanish origin? □ Yes ☑ No 	☐ In a special medical unit/infirmary within your facility ☐ In a special mental health services unit within your facility ☐ In a medical center outside your facility ☐ In a mental health center outside your facility ☐ While in transit ☐ Elsewhere ☐ Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: □ White □ Black or African American □ American Indian or Alaska Native □ Asian □ Native Hawaiian or Pacific Islander □ Some other race □ Please Specify:	

12. Are the revie	he results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or w of medical records) available to establish an official cause of death?
1	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
1	☑ No evaluation is planned → CONTINUE TO Q13
13. Wha	t 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]
0	Homicide [Describe]
	Other cause(s) [Specify]
[PLEASE SPECIFY	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
	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) 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, ir	ıtoxicatior	n, suicide, or hor	nicide
		a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	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, in	toxication	ı, suicide, or hom	nicide
	000	Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Plea	ise add	dd any additional notes regarding this death here:				

Name

Official Address

City

State



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 COMPLET	TED BY:	
		Title	
		Telephone	
		FAX	
Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2018:

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- 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? Turks Richard FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 7 0 7 2 0 1 6 MONTH DAY YEAR
2.	On what date did the inmate die? 0 7 2 9 2 0 1 8 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Aggravated Offense b.
3.	What was the name and location of the correctional facility involved? Facility Name: AVOYELLES CORRECTIONAL CENTER	c. d. e.
	Facility City: Facility State: COTTONPORT LA	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 1 0 1 9 5 2 MONTH DAY YEAR	☐ No ☑ Don't Know
		11. Where did the inmate die?
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 In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	 ☑ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Some other race ☐ Please Specify: 	

42. 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?
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☐ In the prison facility or on the prison grounds
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☐ 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?
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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			
	A. Evaluated by physician/medical staff			
after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")			
0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide			
0				
Please ad	d any additional notes regarding this death here:			
2	에 대한 사람이 있다는 그 사람들이 가는 사람들이 가장 보고 있다. 그는 그 사람들이 되는 것은 것은 것은 사람들이 가는 것을 받는 것을 받는 것을 보고 있다. 그는 것을 보고 있다는 것이 없는 것 			
*				

Form NPS-4A (Addendum)



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	8.000		Telephone			
City			FAX			
State	Zip	E-mail				

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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

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

What was the inmate's name? Weyshan David LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 1 0 2 7 2 0 1 5 MONTH DAY YEAR
On what date did the inmate die? 0 6 1 4 2 0 1 8 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Attempted Rape b. Theft
What was the name and location of the correctional facility involved? Facility Name: AVOYELLES CORRECTIONAL CENTER Facility City: Facility State: LA	d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?
What was the inmate's date of birth? 0 9 1 0 1 9 7 5 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
	11. Where did the inmate die?
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 ☐ In a special mental health services unit within
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 ☐ Elsewhere Please Specify:
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:	riease Specify.
	Weyshan LAST FIRST MI On what date did the inmate die? 0 6 1 4 2 0 1 8 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: AVOYELLES CORRECTIONAL CENTER Facility City: COTTONPORT Facility State: LA What was the inmate's date of birth? 0 9 1 0 1 9 7 5 MONTH DAY YEAR What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No 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

2. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem review of medical records) available to establish an official cause of death?	exam, or
☐ YES → CONTINUE TO Q13 ☐ Evaluation complete—results are pending	
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTA	CTED 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	- 4 -
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.	
- We that Elember educe of death was inflood, intexteducin, of his element	
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 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:	
	see to the see the see
45 When did the incident (on a socidant suicida en benefaida) consignation de de the conse	
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. Excluservi	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?						
0	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
	A. Evaluated by physician/medical staff						
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 <u>any</u> of the conditions were pre-existing, mark existing medical condition.")						
000	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	d any additional notes regarding this death here:						
7 7							
	light of formalise and energy to be the figure of the most of the control of the						

Form NPS-4A (Addendum)



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

	11.22	Caretic Control				
			FORM COMPLE	TED BY:		
Name	~ 5			Title		
Official Address		0 7 - 2		Telephone		
City				FAX	4 1	
State	Zip		E-mail	7		

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

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
- 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

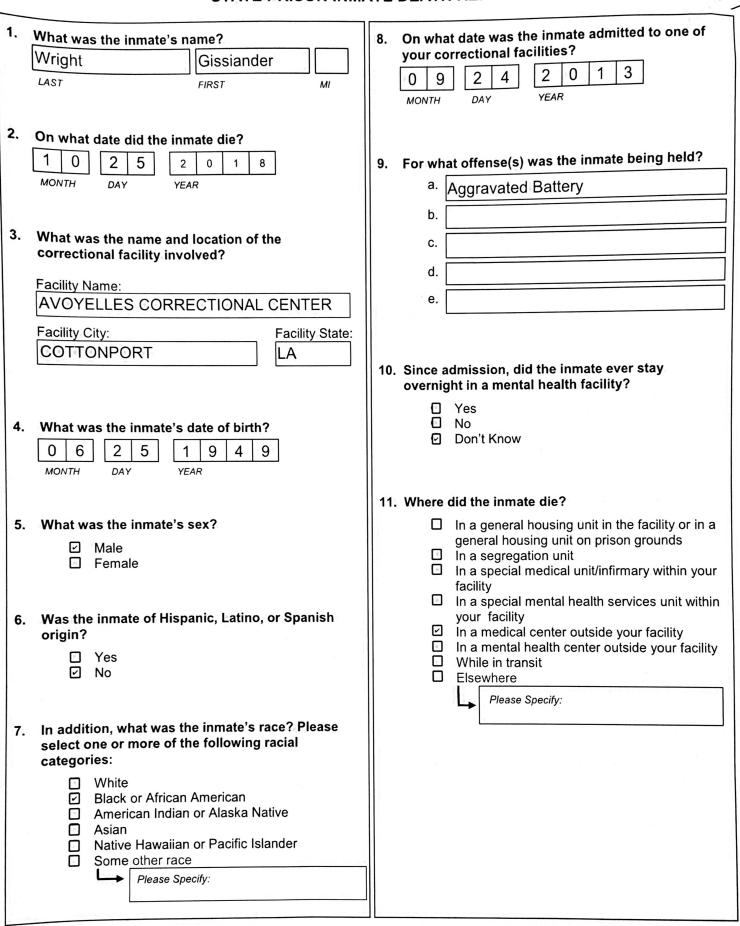
EXCLUDE deaths of ALL persons...

- 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

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



16.	Exclu service	ding emergency care provided at the time of death, did the inmate receive any of the following medical ses 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	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:					

Form NPS-4A (Addendum)



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 Telephone Address **FAX** City 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 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
- 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

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

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Wright Simpson	your correctional facilities?
	LAST FIRST MI	0 1 0 1 2 0 1 7
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 6 1 9 2 0 1 8	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Heart Attack
		b. [
3.	What was the name and location of the	с.
	correctional facility involved?	
	Facility Name:	d
	AVOYELLES CORRECTIONAL CENTER	e.
	Facility City: Facility State:	
	COTTONPORT LA	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		☐ Yes ☑ No
4.	What was the inmate's date of birth?	☐ Don't Know
	1 0 2 7 1 9 5 6	
	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
6	Was the inmate of Hispanic, Latino, or Spanish	☐ In a special mental health services unit within your facility
٥.	origin?	☑ In a medical center outside your facility
	☐ Yes	☐ In a mental health center outside your facility ☐ While in transit
	☑ No	Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please	<u></u>
٠.	select one or more of the following racial	
	categories:	
	☐ White☑ Black or African American	
	☐ American Indian or Alaska Native	
	Asian	
	Native Hawaiian or Pacific IslanderSome other race	
	Please Specify:	
		. The second

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	
Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A	4
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] ——— Exsanguination into periotneal cavity secon	
Acquired Immune Deficiency Syndrome (AIDS)	
☐ Accidental alcohol/drug intoxication [Describe] →	
Accidental injury to self [Describe]	The second second
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	A CONTRACTOR
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
□ Homicide [Describe] — →	
Other cause(s) [Specify]	
	e de la constante de la consta
 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)	
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:	
The special and the Constitution of Constitution of the Constituti	- 4
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?	B - 1 - 1
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 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 : "Pre-	the cause of death the result of a pre-existing medical conditions caused the decexisting medical condition.") NOT APPLICABLE—Cause of death was accidental Pre-existing medical condition Deceased developed condition after admission Could not be determined	ath and <u>a</u>	ny of the	e conditions wer	e pre-existing, mark		
*	Ø	Could not be determined						
				F 440.78				
Pleas	se add	any additional notes regarding this death here:						
					a para sana assorbita			