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

	******	22342525				
	4		FORM	COMPLET	TED BY:	
Name					Title	
Official Address				n on which are great comp	Telephone	
City		4.000	5		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

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STATE PRISON INMATE DEATH REPORT

_	en and the second secon			
1.	What was the inmate's name?	8.		date was the inmate admitted to one of
	Dupre John	100	your cor	rectional facilities?
	LAST FIRST MI		0 7	3 0 2 0 1 8
			MONTH	DAY YEAR
2.	On what date did the inmate die?			
	0 8 2 5 2 0 1 8	9.	For what	offense(s) was the inmate being held?
	MONTH DAY YEAR		a. N	Nolestation of a Juvenile
			b. [
3.	What was the name and location of the		c. \vdash	
	correctional facility involved?		<u>_</u>	- 10 mg
	Facility Name:		d	**************************************
	RIVER CORRECTIONAL CENTER - LASAL		е.	
	Facility City: Facility State:			
	FERRIDAY	10	Cinco ad	mission did the investe array story
		10.		mission, did the inmate ever stay It in a mental health facility?
				Yes
4.	What was the inmate's date of birth?			No Don't Know
	1 0 2 3 1 9 5 7			Don't Know
	MONTH DAY YEAR			
		11.	. Where d	id 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			your facility
	origin?			In a medical center outside your facility In a mental health center outside your facility
	☐ 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			
	☐ Black or African American☐ American Indian or Alaska Native	100		
	American Indian or Alaska NativeAsian			
	Native Hawaiian or Pacific Islander			
	Some other race			
	Please Specify:			
		1		

YES → CONTINUE TO Q13 Evaluation complete—results are pending	12. Are the 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?
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] → Homicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] → Homicide [Descri		YES
No evaluation is planned → CONTINUE TO Q13 No evaluation is planned → CONTINUE TO Q13 No evaluation is planned → CONTINUE TO Q13 Illness—Exclude AIDS-related deaths [Specify] → Heart Attack	ب ا	- randation complete—results are pending
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		LATER TIME FOR THE CAUSE OF DEATH
Illness—Exclude AIDS-related deaths [Specify]		No evaluation is planned → CONTINUE TO Q13
Illness—Exclude AIDS-related deaths [Specify]	40 100	
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	_	
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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] Other cause(s) [Specify] NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds		Acquired Immune Deficiency Syndrome (AIDS)
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] Other cause(s) [Specify] NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds		Accidental alcohol/drug intoxication [Describe] ———
during transport) [Describe] Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] Homicide [Describe] Other cause(s) [Specify] Other cause(s) [Specify] NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds	Q	Accidental injury to self [Describe]
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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	A Professional Pro	
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 ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related ☑ In the prison facility or on the prison grounds 		Other cause(s) [Specify]
 ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related ☑ In the prison facility or on the prison grounds 	44 44	
☐ In the prison facility or on the prison grounds		
T TIT IN THE IMMALE'S CENTROOM		In the prison facility or on the prison grounds (
☐ In a temporary holding area/lockup		☐ 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 In a special mental health services unit	[PLEASE SPECIFY]	
☐ In a segregation unit	Si Lon Ij	☐ In a segregation unit
On death row, special unit awaiting capital punishment		
Elsewhere within the prison facility) 	
Please Specify:		Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)	П	Outside the prison facility (e.g., while on work release or on work detail)
☐ Elsewhere	Ō	
Please Specify:		Please Specify:
	4-4-5-cm-tel-services open par	
 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)		Evening (6 pm to Midnight)

16. Exclu service	ding emergency care provided at the time of ces for the medical condition that caused his/	death, did the inmate receive any of the follo her death after admission to your correction	owing medical nal facilities?
0	a. Evaluated by physician/medical staff	YES NO DON'T KNOW PLEAS RESPONDED EACH	SE PROVIDE A ONSE FOR ITEM (a–f)
after	the cause of death the result of a pre-existing admission? (If multiple conditions caused the existing medical condition.") NOT APPLICABLE—Cause of death was accident the existing medical condition. Pre-existing medical condition Deceased developed condition after admission Could not be determined.	e death and <u>any</u> of the conditions were pre-elemental injury, intoxication, suicide, or homicide	
Please add	d any additional notes regarding this death here:		

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MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE

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

	The same of the sa	DEATTREFORT	RTIINTERNATIONAL
		FORM COMPLETED BY:	
Name		1	Title
Official Address		Teleph	one [
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.
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ONLINE: Complete the report online at: https://bjsmci.rti.org

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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
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EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
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Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
 ✓ YES → CONTINUE TO Q13 □ Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
□ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Cardiac Arrest
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
14. Where 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
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
☐ 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. Excli servi	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?					
0	NOT APPLICABLE—Cause of death was accidental	injury, intoxicatio	n, suicide, or hon	nicide		
		YES NO	DON'T KNOW			
	a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI)			PLEASE PROVIDE A RESPONSE FOR		
	c. Medications			EACH ITEM (a-f)		
e S	d. Treatment/care other than medicationse. Surgery					
	f. Confinement in special medical unit		⊡			
after	the cause of death the result of a pre-existing medi admission? (If multiple conditions caused the deat existing medical condition.")	cal condition or th and <u>any</u> of the	did the inmate e e conditions wer	develop the condition re pre-existing, mark		
0	NOT APPLICABLE—Cause of death was accidental	injury, intoxicatio	n, suicide, or hon	nicide		
000	Pre-existing medical condition Deceased developed condition after admission Could not be determined			e e		
Please add	d any additional notes regarding this death here:					
i iease aut	any additional notes regarding this death here.					

Form NPS-4A (Addendum)

Name

Official Address

City

State



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018

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

STATE PRISON INMATE **DEATH REPORT**

	FORM COMPLETED BY:	
		1
other steel and the steel	Title	1975 1975 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1994 2	Telephone	The state of the s
	FAX	
Zip	E-mail	

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STATE PRISON INMATE DEATH REPORT

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
	Weber Eric D	
	LAST FIRST MI	0 5 2 2 2 0 1 8
		MONTH DAY YEAR
2.	On the late of the	
۷.	On what date did the inmate die?	
1	0 6 1 9 2 0 1 8	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Aggravated Battery
		b.
3.	What was the name and location of the	D
3.	correctional facility involved?	C.
		d.
	Facility Name:	
	RIVER CORRECTIONAL CENTER - LASAL	e
	Facility City: Facility State:	
	FERRIDAY	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		☐ Yes
4.	What was the inmate's date of birth?	│
	0 6 0 8 1 9 6 7	Bontidiow
	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
4		☐ In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility
	origin?	In a medical center outside your facility ☐ In a mental health center outside your facility
	☐ Yes ☑ No	☐ While in transit
	₽ NO	Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please	
ļ	select one or more of the following racial	
	categories:	
	☐ White	
	☑ Black or African American☐ American Indian or Alaska Native	
	American Indian or Alaska Native	
	 Native Hawaiian or Pacific Islander 	
	☐ Some other race	
	Please Specify:	

review of many of a medical
review of medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or YES CONTINUE TO Q13 SKIP PEN
YES desirable to establish evaluation (such as an autopsy, postmortem exam,
CONTINUE TO Q13 SKIP REMAINING QUESTIONS CONTINUE TO Q13 SKIP REMAINING QUESTIONS
SKIP pre-results are per in
REMAINING
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT No evaluation is planned CONTINUE TO Q13 SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT CONTINUE TO Q13
CONTINUE CONTINUE
No evaluation is planned → CONTINUE TO Q13 13. What was the cause of death? *** Please SPECIEV saves of the standard information ***
the cause of document
Illness—Exclude Alba
C Stridge AIDS-related doots
Acquired Immune Deficiers - Heart Attack
Syllutome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accident to
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 overdex) (5)
intentional drug overdose) [Describe]
Homicide [Describe]
- The string of
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 unioninimary 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)
Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

16.	Fval		
•	servi	uding emergency care provided at the time of death, did the inmate receive any of the following medices for the medical condition that caused his/her death after admission to your correctional facilities.	dical
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide	
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit	E A
17.	Was after	the cause of death the result of a pre-existing medical condition or did the inmate develop the conditi admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mar-existing medical condition.")	on k
	•		
		Pre-existing medical condition Deceased developed condition after admission	
Ple	ase add	d any additional notes regarding this death here:	***
			-
: y- :	n 120		