Form CJ-9



MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 DEATH REPORT ON INMATES UNDER JAIL JURISDICTION

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

FORM	COMPLET	TED BY:
-------------	---------	---------

Name	Laura Benoit		Title	Warder	1
Official Address	1037 Capitol Ave		Telephone	337	788-8786
City	Crowley		FAX	337	788-8766
State	LA zip 70526	E-mail	laura@aps	so.org	

Instructions for Completion

If no deaths occurred in 2019:

You do not need to complete this form.

If you had more than one death in 2019:

- 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 bismci@rti.org.

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential communitybased programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

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

LOCAL JAIL INMATE DEATH REPORT

1.	What was the inmate's name?	8. On what date was the inmate admitted to a facility
	Chaney Rocky T	under your jurisdiction?
	LAST FIRST MI	
		MONTH DAY YEAR
_		72.11
2.	On what date did the inmate die?	
	0 8 2 0 2 0 1 9	9. Was the inmate being confined in your jail facility
	MONTH DAY YEAR	on behalf of any of the following?
		BU 5405 BBOWER 4 BEODOWN
		PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)
		DON'T
3.	What was the name and location of the correctional	YES NO KNOW
	facility involved?	a. U.S. Immigration and
	Facility Name:	b. U.S. Marshals Service
	Acadia Parish Justice Center	c. State or federal prison,
	Acadia i arisii sustice Ceritei	Bureau of Indian Affairs,
	Facility City: Facility State:	or any other jail jurisdiction
	Crowley	
	Crowley	
		10. For what offense(s) was the inmate being held?
4.	What was the inmate's date of birth?	a. Domestic Abuse
		0.15
		b. Self mutilation
	MONTH DAY YEAR	
		C.
5.	What was the inmate's sex?	d
	☑ Male	
	☐ Female	e.
6.	Was the inmate of Hispanic, Latino, or Spanish	44 What was the immetals land status at time of
	origin?	11. What was the inmate's legal status at time of death? (For inmates with more than one status, report
	Yes	the status associated with the most serious offense.)
	☑ No	
		☐ Convicted—new court commitment
		☐ Convicted—returned probation/parole violator
7.	In addition, what was the inmate's race? Please	☐ Unconvicted ☐ Other
	select one or more of the following racial	
	categories:	Please Specify:
	☑ White	
	☐ Black or African American	
	☐ American Indian or Alaska Native	[[마음
	American indian of Alaska Native Asian	12. Since admission, did the inmate ever stay
	☐ Native Hawaiian or Pacific Islander	overnight in a mental health observation unit or an
	☐ Some other race	outside mental health facility?
	Please Specify:	☐ Yes
		☑ No
		☐ Don't Know

13. Where did the inmate die?	
 In a general housing unit within the jail facility or in a general housing unit on jail in a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail facility In a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere Please Specify:	ail grounds
14. Are the results of a medical examiner's or coroner's evaluation (such as an auto	opsy, postmortem exam, or
review of medical records) available to establish an official cause of death?	
 ☐ YES	
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WIL TIME FOR THE CAUSE OF DEATH	L BE CONTACTED AT A LATER
□ No evaluation is planned → CONTINUE TO Q15	
15. What was the cause of death? *** Please SPECIFY cause of death—it is critical	al information ***
☐ Illness—Exclude AIDS-related deaths [Specify] →	
☐ Acquired Immune Deficiency Syndrome (AIDS)	
☐ Accidental alcohol/drug intoxication [Describe] ———	
☐ Accidental injury to self [Describe]	
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
☐ Homicide [Describe]	
☐ Other cause(s) [Specify] →	
16. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death t	aka place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related	ane place :
In the jail facility or on the jail grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a segregation unit In a special medical unit/infirmary In a special mental health services unit Elsewhere within the jail facility Please Specify:	
Outside the jail facility (e.g., while on work release or on work detail)	
☐ Elsewhere Please Specify:	

⁻ 17. When did the <u>incident</u> (e.g., ac	cident, suicide, or homicide)	causing the death occur?	
□ NOT APPLICABLE—Caus	e of death was illness, intoxica	tion, or AIDS-related	
☐ Morning (6 am to Noon)☐ Afternoon (Noon to 6 pm)☐ Evening (6 pm to Midnight☐ Overnight (Midnight to 6 and 10 pm)			
18. Excluding emergency care pro- services for the medical condit	rided at the time of death, did on that caused his/her death	I the inmate receive any o	f the following medical correctional facilities?
	e of death was accidental injur		
c. Medicationsd. Treatment/care other t e. Surgery	YES n/medical staff		PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
19. Was the cause of death the res after admission? (If multiple co "Pre-existing medical condition	nditions caused the death an	condition or did the inmat ad <u>any</u> of the conditions w	e develop the condition ere pre-existing, mark
☐ NOT APPLICABLE—Caus	e of death was accidental injur	y, intoxication, suicide, or h	omicide
☐ Pre-existing medical condi☐ Deceased developed cond☐ Could not be determined			
Please add any additional notes regard	ing this death here:		

Form CJ-9



MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 DEATH REPORT ON INMATES UNDER JAIL JURISDICTION

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

		313				100	1.5	
En	DRA	\sim	長月门		T-D	-	V/.	
FU	IVI	LU	IVI	LET	EU	В	Υ.	
		and the						
		13				.1		

Name	Laur	a Benoit	Title	Warde	∍n	
Official Address				Telephone	337	788-8786
City	Crow	/ley		FAX	337	788-8766
State	LA	Zip 70526	E-maîl	laura@ap	so.ora	

Instructions for Completion

If no deaths occurred in 2019:

You do not need to complete this form.

If you had more than one death in 2019:

- 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 bismci@rti.org.

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential communitybased programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

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.

LOCAL JAIL INMATE DEATH REPORT

Carvell Misty	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	unde	er your	'jurisdi	ction?				7
LAST FIRST	MI	0	9	3 0	2	0	1	9	
		MON	TH	DAY	YEA	₹ .			
n what date did the inmate die?									
1 0 0 2 2 0 1	1 9	9. Was	the in	mate be	ing co	ıfine	d in	your	jail facil
MONTH DAY YEAR				of any o	* N				
		PLEA	ISE PR	OVIDE A	RESPO	NSE	FOR	EAC	H ITEM (a
/hat was the name and location	of the correctional		4.74						DO
cility involved?		ll a. U.S	. Immic	ration a	nd		Y	ES	NO KN
acility Name:		Cus	toms E	nforcen	nent		[j	: [][
aciity Name. Acadia Parish Justice Center		b. U.S c. Stat		nals Sen deral pri			•••••	Д .,	[
		Bure	eau of I	Indian A	ffairs,				
acility City:	Facility State:	or a	ny othe	er jail jur	isaictioi	1]	☑[
Crowley									
		10. For v	what of	ffense(s) was t	he in	mate	e bei	ng held?
/hat was the inmate's date of bi		a. [Simple	e Esca	ne	3171			
		11	-0.000 Pp.		***************************************	1. 1. N. V.		(1974) (1974)	B. Starte
0 7 [2 1 [1 9 8 NONTH DAY YEAR	3 4	b.	Resis	ting Of	ficer		3.444		
		. c. [Crimir	nal Dar	nage t	o Pr	ope	rtv	
		1		\$25,000 pt.			Selten (i siy	Darapeures : :
hat was the inmate's sex?		d.	o den	ch Wa	rrants	77.4			CC Star Englisher
U Male ☑ Female		е							
las the inmate of Hispanic, Latir	no. or Spanish								
rigin?		11. What	t was t	he inma	ite's le	jal st	atus	at t	ime of
T Yes		the s	tatus a	ssociate	o with t	iore ti he mo	ost s	one : eriou	status, re _l Is offense
Ľ No			Conv	/icted—i	new cou	ırt coı	nmit	men	t
			Conv	icted—ı/					ole violat
addition, what was the inmate's				onvicted r			Arrika Garan		
elect one or more of the following tegories:	ng racial		L		e Specify			<u> </u>	
☑ White					7, 2				
☐ Black or African American						rich Haar			
☐ American Indian or Alaska N ☐ Asian	lative	12. Since	e admi:	ssion, d	id the	nmai	e ev	er s	tav
☐ Native Hawaiian or Pacific Is	slander	overi	night ir	n a men	tal hea	th ob			n unit or
Some other race		outsi	de me	ntal hea	lth fac	lity?			
Please Specify:			Yes						
	B €	The state of the s	No		4.1		- 100	2-3	THE RESERVE

13. Wher	e did the inmate die?
	In a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail facility
14. Are ti revie	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or working of medical records) available to establish an official cause of death?
- 2	YES — CONTINUE TO Q15 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER
	TIME FOR THE CAUSE OF DEATH No evaluation is planned → CONTINUE TO Q15
15. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information ***
	Illness—Exclude AIDS-related deaths [Specify] →
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe] ———
	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
- ₹	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] Strangulation; hanging
	Homicide [Describe]
	Other cause(s) [Specify]
16. Where	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
П	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
[PLEASE SPECIFY	In the jail facility or on the jail grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria)
	Outside the jail facility (e.g., while on work release or on work detail) Elsewhere
	Please Specify:

	11/25	d the <u>incident</u> (e.g., accident, suicide, or h				
Ч	N(DT APPLICABLE—Cause of death was illnes	s, intoxicatio	on, or All	OS-related	
	Af Ev	orning (6 am to Noon) ernoon (Noon to 6 pm) ening (6 pm to Midnight) rernight (Midnight to 6 am)				
8. Exclu servic	din	g emergency care provided at the time of for the medical condition that caused his/	death, did t her death a	he inma fter adm	te receive any o	f the following medical orrectional facilities?
✓	7	OT APPLICABLE—Cause of death was accid				
	a. b. c. d. e. f.	Evaluation by physician/medical staff Diagnostic tests (e.g., X-rays, MRI) Medications Treatment/care other than medications Surgery Confinement in special medical unit.		···[]···		PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
anter	aun exis	cause of death the result of a pre-existing ission? (If multiple conditions caused the ting medical condition.") TAPPLICABLE—Cause of death was accident	death and	any of t	he conditions w	ere pre-existing, mark
	Pro De	e-existing medical condition ceased developed condition after admission uld not be determined	ental injury.	muxical	ion, suicide, or no	omicide
	J = =	additional notes regarding this death here:				