U.S. DEPARTMENT OF JUSTICE **MORTALITY IN CORRECTIONAL INSTITUTIONS 2019** Form NPS-4A **BUREAU OF JUSTICE STATISTICS** STATE PRISON INMATE (Addendum) AND ACTING AS COLLECTION AGENT: **DEATH REPORT** RTI INTERNATIONAL FORM COMPLETED BY: Name Title Official Telephone **Address FAX** City State Zip E-mail

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

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

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsmci@rti.org

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

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

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

the the resident of

| Are the res | sults of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or medical records) available to establish an official cause of death? |
|---------------------|--|
| ✓ YE | ES — CONTINUE TO Q13 valuation complete—results are pending |
| | → SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A |
| □ No | LATER TIME FOR THE CAUSE OF DEATH Devaluation is planned → CONTINUE TO Q13 |
| × . | |
| _ | the cause of death? *** Please SPECIFY cause of death—it is critical information*** |
| □ Illne | ss—Exclude AIDS-related deaths [Specify] ——— Heart Attack |
| ☐ Acq | uired Immune Deficiency Syndrome (AIDS) |
| ☐ Acci | dental alcohol/drug intoxication [Describe] |
| ☐ Acci | dental injury to self [Describe] |
| ☐ Acci | dental injury by other (e.g., vehicular accidents ng transport) [Describe] |
| | ide (e.g., hanging, knife/cutting instrument, ntional drug overdose) [Describe] |
| ☐ Hom | nicide [Describe] |
| ☐ Othe | er cause(s) [Specify] |
| 14. Where did | the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? |
| | APPLICABLE—Cause of death was illness, intoxication, or AIDS-related |
| [PLEASE SPECIFY] | e 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 ☐ 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: |
| | tside the prison facility (e.g., while on work release or on work detail) sewhere |
| | → Please Specify: |
| | |
| | he <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? OT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related |
| ☐ Aft | orning (6 am to Noon) ernoon (Noon to 6 pm) ening (6 pm to Midnight) ernight (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 | itoxication | 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) | | | | |
| 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 any of the conditions were pre-existing, mark | | | | | | | | | |
| | "Pre- | existing medical condition.") | _ | _ | | 3, | | | | |
| | | NOT APPLICABLE—Cause of death was accidenta | al injury, in | itoxication | n, suicide, or hon | nicide | | | | |
| | | Pre-existing medical condition Deceased developed condition after admission Could not be determined | | | | | | | | |
| Plas | | | | | | | | | | |
| riea | se add | any additional notes regarding this death here: | | | | | | | | |
| | | | | | | | | | | |
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Form NPS-4A (Addendum)



MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 STATE PRISON INMATE **DEATH REPORT**

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

| | the miles | | | 1 |
|---------------------|-----------|-------------|-----------|---|
| | | FORM COMPLE | TED BY: | _ |
| Name | 1 a 2 | | Title | |
| Official Address | | | Telephone | |
| City | | | FAX | |
| State | Zip | E-mail | | / |

Instructions for Completion

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If you had more than one death in 2019:

- Make copies of this form for each additional death.
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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
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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
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
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- Under your jurisdiction but on AWOL or escape-status at the time of death

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| 1. | What was the inmate's name? Entrekin William FIRST MI | 8. | On what date was the inmate admitted to one of your correctional facilities? 0 1 0 8 2 0 1 9 MONTH DAY YEAR |
|----|--|-----|--|
| 2. | On what date did the inmate die? 0 6 0 4 2 0 1 9 MONTH DAY YEAR | 9. | For what offense(s) was the inmate being held? a. Molestation of a Juvenile b. |
| 3. | What was the name and location of the correctional facility involved? Facility Name: DAVID WADE CORRECTIONAL CENTER | | c. d. e. |
| | Facility City: Facility State: HOMER LA | 10. | Since admission, did the inmate ever stay overnight in a mental health facility? |
| 4. | What was the inmate's date of birth? 0 5 0 2 1 9 5 7 MONTH DAY YEAR | r | ☐ Yes ☐ 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: | | |

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

| 16. | 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 | | | | | | | | | |
| | | | | | | | | | | |
| 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 any of the conditions were pre-existing, mark "Pre-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 | se add any additional notes regarding this death here: | | | | | | | | | |

Form NPS-4A (Addendum)



MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 STATE PRISON INMATE **DEATH REPORT**

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

RTI INTERNATIONAL

| | Martin | | y f | | | | | | | | |
|---------------------|--------------------|-----------|-----|--|--|--|--|--|--|--|--|
| ., | FORM COMPLETED BY: | | | | | | | | | | |
| Name | | Title | | | | | | | | | |
| Official Address | | Telephone | | | | | | | | | |
| City | | FAX | | | | | | | | | |
| State | Zip | E-mail | | | | | | | | | |

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- Confined in local jail facilities, whether located in or out of
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- Under your jurisdiction but on AWOL or escape-status at the time of death

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| 1. | What was the inmate's name? Lacroix Clyde LAST FIRST MI | 8. | On what date was the inmate admitted to one of your correctional facilities? 1 1 2 2 0 1 2 MONTH DAY YEAR |
|----|---|-----|--|
| 2. | On what date did the inmate die? 1 2 0 4 2 0 1 9 MONTH DAY YEAR | 9. | For what offense(s) was the inmate being held? a. Forcible Rape b. |
| 3. | What was the name and location of the correctional facility involved? Facility Name: DAVID WADE CORRECTIONAL CENTER Facility City: HOMER Facility State: LA | 10. | c. d. e. Since admission, did the inmate ever stay |
| 4. | What was the inmate's date of birth? 0 3 0 8 1 9 5 1 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 |
| 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: | | |

0 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] ——— | Septic Shock Acquired Immune Deficiency Syndrome (AIDS) Accidental alcohol/drug intoxication [Describe] — Accidental injury to self [Describe] — Accidental injury by other (e.g., vehicular accidents during transport) [Describe] _ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] -Homicide [Describe] — Other cause(s) [Specify] — 14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related ■ In the prison facility or on the prison grounds ☐ In the inmate's cell/room ☐ In a temporary holding area/lockup ☐ In a common area within the facility (e.g., yard, library, cafeteria) ☐ In a special medical unit/infirmary **IPLEASE** ☐ In a special mental health services unit SPECIFY] ☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment ☐ Elsewhere within the prison facility Please Specify:

| | did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related | |
|---|--|--|
| 0 | | |

Outside the prison facility (e.g., while on work release or on work detail)

Elsewhere

Please Specify:

| 16. | servic | ding emergency care provided at the time of ces for the medical condition that caused his/ | death, did th her death aft | e inmate er admis | receive any or sistematical size in the si | rrectional facilities? |
|------|--------|---|-------------------------------------|----------------------|--|---|
| | | NOT APPLICABLE—Cause of death was accid | | | | |
| 1 2 | | 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 | Man | the course of death the result of a resultation | | -1:4: | did the immete | develop the condition |
| 17. | after | the cause of death the result of a pre-existing admission? (If multiple conditions caused the existing medical condition.") | medical con e death and <u>a</u> | iny of the | e conditions we | re pre-existing, mark |
| | | NOT APPLICABLE—Cause of death was accide | lental injury, ir | ntoxication | n, suicide, or hon | nicide |
| | | Pre-existing medical condition Deceased developed condition after admission Could not be determined | | | | |
| | | | | | | |
| Plea | ase ad | d any additional notes regarding this death here: | | | | |
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| Fo (A | rm NPS-4A ddendum) | | MORTALITY | IN CORRECTION STATE PRISON DEATH REP | INMATE | IONS 2019 | U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL | |
|----------------|-----------------------|-----|-----------|--|-----------|-----------|--|---|
| | | | | FORM COMPLE | TED BY: | | | |
| Na | me | | | | Title | | |] |
| Offic Addre | | | | | Telephone | | | |
| c | City | | | | FAX | | | |
| St | ate | Zip | | E-mail | | | |] |

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| 1. | What was the inmate's name? Moody Larry FIRST MI | 8. On what date was the inmate admitted to one of your correctional facilities? 0 4 2 7 1 9 9 0 MONTH DAY YEAR |
|----|--|--|
| 2. | On what date did the inmate die? 0 7 0 5 2 0 1 9 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: DAVID WADE CORRECTIONAL CENTER Facility City: Facility State: HOMER | 9. For what offense(s) was the inmate being held? a. Second Degree Murder b |
| 4. | What was the inmate's date of birth? 0 5 2 6 1 9 6 4 MONTH DAY YEAR | 10. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes ☐ 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 |
| | 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: |
| | 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: | |

| 100 | | |
|-----------|---------------------|--|
| 10 one of | 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? |
| 1 | | YES — CONTINUE TO Q13 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A |
| | Ø | 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] ——— |
| | ٥ | 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] |
| | | |
| | l | 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 In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) 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: |
| | | 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. | 5. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities? | | | | | |
|------|--|---|--------------------------|------------------------|------------------------------|---|
| | | NOT APPLICABLE—Cause of death was accidental in | jury, in | oxication | n, suicide, or hor | nicide |
| | | a. Evaluated by physician/medical staff | | | | PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f) |
| 17. | after | the cause of death the result of a pre-existing medical admission? (If multiple conditions caused the death existing medical condition.") | al cond and <u>ar</u> | dition or ny of the | did the inmate conditions we | develop the condition re pre-existing, mark |
| | | NOT APPLICABLE—Cause of death was accidental in | jury, in | toxication | n, suicide, or hon | nicide |
| | | | × | | | |
| Plea | se ado | d any additional notes regarding this death here: | | | | |
| | | | | | | |
| | | | | | | - |
| | | | | | | |
| | | | | | | · , |
| Se a | | | | | | |

| | NPS-4A endum) | MORTALITY IN CORRECT STATE PORTALITY IN CORRECT STATE STATE PORTALITY IN CORRECT STATE | CTIONA RISON 'H REP | INMATE | ONS 2019 | U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGEN RTI INTERNATIONAL | |
|---------------------|---------------|---|---------------------------|-----------|----------|--|---|
| | | FORM CO | OMPLE | TED BY: | | | |
| Name | | | | Title | | | |
| Official Address | | | | Telephone | | | |
| City | | , | | FAX | | | 1 |
| State | Zip | | E-mail | , | | | |

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 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.

| 1. | What was the inmate's name? | 8. | On what date was the inmate admitted to one of your correctional facilities? |
|----|--|-----|--|
| | Tyler Alfred | | |
| | LAST FIRST MI | | |
| | | | MONTH DAY YEAR |
| 2. | On what date did the inmate die? | | |
| | | | Formula to Manage (a) was the immede being held? |
| | | 9. | For what offense(s) was the inmate being held? |
| | MONTH DAY YEAR | | ^{a.} Aggrav Incest |
| | | | b. |
| 3. | What was the name and location of the | | с. |
| | correctional facility involved? | | |
| | Facility Name: | | d. |
| | DAVID WADE CORRECTIONAL CENTER | | e |
| | Facility City: Facility State: | | |
| | HOMER | | |
| | | 10. | Since admission, did the inmate ever stay |
| | | | overnight in a mental health facility? |
| 4. | What was the inmate's date of birth? | | ☐ Yes ☐ No |
| ٦. | | | ☑ Don't Know |
| | 0 8 0 3 1 9 5 3 MONTH DAY YEAR | | |
| | WONTH DAT TEAN | | |
| | | 11. | Where did the inmate die? |
| 5. | What was the inmate's sex? | | ☐ In a general housing unit in the facility or in a |
| | ☑ Male | | general housing unit on prison grounds In a segregation unit |
| | ☐ Female | | ☑ In a special medical unit/infirmary within your |
| | | | facility In a special mental health services unit within |
| 6. | Was the inmate of Hispanic, Latino, or Spanish | | your facility |
| | origin? | | In a medical center outside your facility |
| | ☐ Yes ☑ No | | In a mental health center outside your facilityWhile in transit |
| | E NO | | 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 NativeAsian | | |
| | Native Hawaiian or Pacific Islander | | |
| | Some other race | | |
| | Please Specify: | | |
| | | | |

| | e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death? |
|-------------------|---|
| Teview | YES CONTINUE TO Q13 |
| | 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] ——— Cancer |
| | Acquired Immune Deficiency Syndrome (AIDS) |
| | Accidental alcohol/drug intoxication [Describe] ——— |
| Ģ | 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] |
| [PLEASE SPECIF | |
| | |
| | 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) □ Evening (6 pm to Midnight) □ Overnight (Midnight to 6 am) |

| 16. Excl | uding emergency care provided at the time of deat | h, did the | inmate | receive any of | the following medical |
|-----------|---|--------------|-----------|--|------------------------|
| serv | ices for the medical condition that caused his/her | death afte | er admis | ssion to your co | rrectional facilities? |
| | | | | | |
| | NOT APPLICABLE—Cause of death was accidenta | l injury, in | toxicatio | n, suicide, or hor | nicide |
| | | | | | |
| | | YES | NO | DON'T KNOW | |
| | a. Evaluated by physician/medical staff | | | ······································ | PLEASE PROVIDE A |
| | b. Diagnostic tests (e.g., X-rays, MRI) | | | | RESPONSE FOR |
| · | c. Medications | | | | EACH ITEM (a-f) |
| | d. Treatment/care other than medications | | | | |
| | e. Surgery | | ☑ | | |
| | f. Confinement in special medical unit | | | | |
| | | | 11200 | 7 | |
| | | | | | |
| after | the cause of death the result of a pre-existing med admission? (If multiple conditions caused the dea existing medical condition.") | | | | |
| 0 | NOT APPLICABLE—Cause of death was accidenta | l injury, in | toxicatio | n, suicide, or hon | nicide |
| | Pre-existing medical condition | | | | |
| | Deceased developed condition after admission | | | | |
| • | | | | | |
| | | | | | |
| A | | | | 4, 4, 4 | × |
| Please ad | d any additional notes regarding this death here: | | | | |
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Form NPS-4A (Addendum)

Name

Official Address

City

State



MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 STATE PRISON INMATE DEATH REPORT

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

| | 9 111 | RITINTERNATIONAL |
|-------------|--------------|------------------|
| FORM COMPLE | TED BY: | |
| | Title | |
| | Telephone | |
| | FAX | |

Instructions for Completion

E-mail

If no deaths occurred in 2019:

You do not need to complete this form.

Zip

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?

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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| | | i | |
|----|--|-----|--|
| 1. | What was the inmate's name? | 8. | On what date was the inmate admitted to one of your correctional facilities? |
| | Taylor | | |
| | LAST FIRST MI | | |
| | | | MONTH DAY YEAR |
| 2 | On what data did the investe dis 2 | | |
| 2. | On what date did the inmate die? | | |
| | 0 8 2 6 2 0 1 9 | 9. | For what offense(s) was the inmate being held? |
| | MONTH DAY YEAR | | a. Simple Burglary-habitual offender |
| | | | b. [|
| 3. | What was the name and leasting of the | | 5. |
| ა. | What was the name and location of the correctional facility involved? | | C. |
| | and the second s | | d. |
| | Facility Name: | | |
| | DAVID WADE CORRECTIONAL CENTER | | e. |
| | Facility City: Facility State: | | |
| | HOMER LA | | |
| | TOWER. | 10. | Since admission, did the inmate ever stay |
| | | | overnight in a mental health facility? |
| | | | ☐ Yes |
| 4. | What was the inmate's date of birth? | | ☐ No |
| | 0 6 1 9 1 9 6 8 | | ☑ Don't Know |
| | MONTH DAY YEAR | | |
| | MONTH DAT TEAM | 2 | |
| | | 11. | Where did the inmate die? |
| 5. | What was the inmate's sex? | | ☐ In a general housing unit in the facility or in a |
| | ☑ Male | | general housing unit on prison grounds |
| | ☐ Female | | ☐ In a segregation unit☐ In a special medical unit/infirmary within your |
| | | | facility |
| | | | In a special mental health services unit within |
| 6. | Was the inmate of Hispanic, Latino, or Spanish | 2 | your facility |
| | origin? | 2 | In a medical center outside your facility In a mental health center outside your facility |
| | ☐ Yes | | ☐ While in transit |
| | ☑ No | | ☐ Elsewhere |
| | | 1 | Please Specify: |
| | I I I I I I I I I I I I I I I I I I I | | |
| 7. | In addition, what was the inmate's race? Please select one or more of the following racial | | |
| | categories: | | |
| | ☐ White | ş | |
| | ☑ Black or African American | ě | |
| | ☐ American Indian or Alaska Native | i. | |
| | Asian | 5 | |
| | □ Native Hawaiian or Pacific Islander□ Some other race | | |
| | Please Specify: | | |
| | 7.1.1.7 | | |
| | | 1 | |

| 0 | - results are pending |
|----------|---|
| | SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED 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] |
| | Acquired Immune Deficiency Syndrome (AIDS) |
| | Accidental alcohol/drug intoxication [Describe] |
| Į | 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] |
| <u> </u> | |
| 15. When | Morning (6 am to Noon) |

| 16. | 16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities? | | | | |
|------|---|--|--|--|--|
| | • | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide | | | |
| | | a. Evaluated by physician/medical staff | | | |
| 17. | Was f | 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 existing medical condition.") | | | |
| 11 | Ø | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide | | | |
| | 000 | Pre-existing medical condition Deceased developed condition after admission Could not be determined | | | |
| Plea | se ado | d any additional notes regarding this death here: | | | |
| | | and the state of t | | | |
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