Form NPS-4A (Addendum)	
70	

MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 STATE PRISON INMATE DEATH REPORT

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

		134	Market Control of the		DEATTINE		RTIINTERNATIONAL
					FORM COMPLE	TED BY:	
Name						Title	
Official Address	200					Telephone	
City	* * *					FAX	
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

9

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 bismci@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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.

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

re th	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?
36 E	YES CONTINUE TO Q13
7 -	, and personal grant and
1	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
_	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] — Metastic Lung Cancer
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe] ———
Q.	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]
9	
	e 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 I
	☐ In a temporary holding area/lockup
(D) 5405	☐ In a common area within the facility (e.g., yard, library, cafeteria) ☐ In a special medical unit/infirmary
[PLEASE SPECIFY]	☐ In a special mental health services unit
	In a segregation unitOn 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	n did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
Č	

16.	ccluding emergency care provided at the time of death, did the inmate receive any of the following medical ervices for the medical condition that caused his/her death after admission to your correctional facilities?
1	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide YES NO DON'T KNOW
	a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit
17.	las the cause of death the result of a pre-existing medical condition or did the inmate develop the condition fter 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
Die	e add any additional notes regarding this death here:
	e add any additional notes regarding this death here.

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

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 bismci@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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.	M/hat was the invested		On what data was the inmate admittal
1.	What was the inmate's name? Davis James	8.	On what date was the inmate admitted to one of your correctional facilities?
	ounio		0 6 0 3 2 0 1 9
	LAST FIRST MI		MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 6 0 3 2 0 1 9	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		a. Habitual Distribution of Cocaine
			b. [
3.	What was the name and location of the		
	correctional facility involved?		С.
	Facility Name:		d.
	AVOYELLES CORRECTIONAL CENTER		e.
	Facility City: Facility State:		
	COTTONPORT		
		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
	1 2 2 8 1 9 6 5		☑ Don't Know
	MONTH DAY YEAR		
		11:	Where did the inmate die?
5.	What was the inmate's sex?		☐ In a general housing unit in the facility or in a
	☑ Male		general housing unit on prison grounds
	☐ Female		☐ In a segregation unit☐ In a special medical unit/infirmary within your
			facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish		your facility
	origin?		 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	3	
	☑ Black or African American☐ American Indian or Alaska Native	11	
	☐ Asian		
	□ Native Hawaiian or Pacific Islander□ Some other race		
	Please Specify:		

	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
<i>1</i> □	YES —— CONTINUE TO Q13 Evaluation complete—results are pending
b.	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 Failure, Cardiomyopathy
	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	,
□	Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)

16.	Exclu servi	uding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
,		a. Evaluated by physician/medical staff
47	11/ /	
	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
a de la companya de		Pre-existing medical condition Deceased developed condition after admission Could not be determined
· =		
Ма	ade c	any additional notes regarding this death here: orrection to Location of the death It was not a local death Death was at Raymond orrectional Center formerly Avoyelles Correctional Center.

1	n NPS-4A lendum)		TIONAL INS ISON INMA I REPORT		NS 2019	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL	:
		FORM CO	MPLETED E	Y:			
Name	,		7	Title]
Officia Address	50 II		Tele	phone			
City	1			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

g

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

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
	Gaines Allen B		your correctional facilities?
	LAST FIRST MI		0 6 1 8 2 0 0 9
			MONTH DAY YEAR
_			
2.	On what date did the inmate die?		
	1 2 0 9 2 0 1 9	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		a. Agg Burglary
			b.
3.	What was the name and location of the		c.
	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?		☐ No ☐ Don't Know
	1 1 1 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 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		In a mental health center outside your facilityWhile in transit
	☑ 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 Native		
	☐ Asian		
	 Native Hawaiian or Pacific Islander Some other race 		
	Please Specify:		
		11	

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] ——— Pneumonia
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 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)

9

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						
ē	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.	Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")						
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
	 ☑ Pre-existing medical condition ☑ Deceased developed condition after admission ☑ Could not be determined 						
Plea	ase 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

	10 CO. LOS		
		FORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
	and the second of the second o		
City		FAX	
State	Zip	E-mail	
	to the Mandalana and Mandalana Sensi		

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
- 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 Under the Paperwork Reduction Act, we carried ask you to top-free the Paperwork Reduction Act, we carried ask you to top-free the Paperwork Reduction Act, we carried to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering this burden estimate or any aspect of this support in the sup burden of this collection is estimated to average 35 minutes by the street of this survey, including states of the survey, including suggestions for necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for the survey. The survey including suggestions for the survey in the survey including suggestions for the survey in the survey including suggestions for the survey including suggestions fo necessary data, and completing and reviewing this form. Serial se address

¥	STATE PRISON INI	MATE DEATH REPORT
1.	What was the inmate's name? Johnson Eric MI On what date did the inmate die?	8. On what date was the inmate admitted to on your correctional facilities? 0 9 0 8 2 0 1 5 MONTH DAY YEAR
	MONTH DAY YEAR	9. For what offense(s) was the inmate being he a. Inciting a riot with a death
3.	What was the name and location of the correctional facility involved? Facility Name: Raymond Laborde formerly AVC Facility City: Cottonport Facility State: LA	b. PWID marijuana c. 3rd Offense DUI d. e.
4.	What was the inmate's date of birth? 0 8 2 1 1 9 6 7 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 general housing unit on prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within you facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No	In a special mental health services unit with your facility In a medical center outside your facility 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: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	Please Specify:

e	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or
1	view of medical records) available to establish an official cause of death? YES —— CONTINUE TO Q13
	- Lydidation complete—results are pending
	SKIP REMAINING QUESTIONS AND QUESTIONS THE STATE THE STATE OF CONTACTED AT A
51	LATER TIME FOR THE CAUSE OF DEATH No evaluation is planned → CONTINUE TO Q13
3.	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]
_	
1	14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
1	The state 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/leakura
	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 ☐ Elsewhore within the parish of
	Elsewhere within the prison facility
	Please Specify:
	Outside the prison facility (e.g., while on work release or on work detail)
	Lisewileie
	Please Specify:
L	CONTRACTOR
Γ	15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	Morning (6 am to Noon)
	☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)
	Overnight (Midnight to 6 am)

16.	Exclu	iding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
		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.	anter	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined
Dia		
riea	ise add	d any additional notes regarding this death here:

Form NPS-4A (Addendum)



MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 STATE PRISON INMATE

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

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

Instructions for Completion

If no deaths occurred in 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

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? Matthews Dramond LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 2 0 8 2 0 1 9 MONTH DAY YEAR
2.	On what date did the inmate die? 0 5 0 3 2 0 1 9 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Manslaughter b. Criminal Conspiracy to commit armed r
3.	What was the name and location of the correctional facility involved? Facility Name: AVOYELLES CORRECTIONAL CENTER Facility City: COTTONPORT Facility State: LA	d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 7 0 8 1 9 9 4 MONTH DAY YEAR	☐ 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	

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
40 144
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] →
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)
[PLEASE] In a special medical unit/infirmary SPECIFY In a special mental health services unit
In a segregation unit On death row, special unit awaiting capital punishment
Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere Please Specify:
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon)
☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

16. Ex	coluding emergency care provided at the time of death, did the inmate receive any of the following medical ervices 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 Diagnostic tests (e.g., X-rays, MRI) C. Medications Diagnostic tests (e.g., X-rays, MRI) EACH ITEM (a-f) C. Surgery C. Surgery C. Confinement in special medical unit EACH ITEM (a-f)
aft	as the cause of death the result of a pre-existing medical condition or did the inmate develop the condition ter admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark Pre-existing medical condition.")
	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
1	 ☑ Pre-existing medical condition ☐ Deceased developed condition after admission ☐ Could not be determined
Diana	
Please	add any additional notes regarding this death here: