OMB No. 1121-0249 Approval Expires 03/31/2019

Form NPS-4A (Addendum)

MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE DEATH REPORT

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

FORM COMPLETED BY:

Name		**Title**	
Official Address		**Telephone**	
City		**FAX**	
State	**Zip**	**E-mail**	

Instructions for Completion

If no deaths occurred in 2018:

- You do not need to complete this form.

If you had more than one death in 2018:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsmci.rti.org

E-MAIL: bjsmci@rti.org

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

MAIL: RTI International, Attn: Data Capture
Project #: 0215015.001.300.117.102.100
5265 Capital Boulevard
Raleigh, NC 27690-1652

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

What deaths should be reported?

INCLUDE deaths of ALL persons…

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

EXCLUDE deaths of ALL persons…

- Executed in your state
- Confined in local jail facilities, whether located in or out of 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.

"AGENCY ID"

STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

LAST	FIRST	MI
Abshire	Kelly	J

2. On what date did the inmate die?

MONTH	DAY	YEAR
07	29	2018

3. What was the name and location of the correctional facility involved?

Facility Name: Avoyelles Marksville Detention Center

Facility City: Marksville

Facility State: LA

4. What was the inmate's date of birth?

MONTH	DAY	YEAR
01	24	1962

5. What was the inmate's sex?

- [x] Male
- [ ] Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- [ ] Yes
- [x] No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- [x] White
- [ ] Black or African American
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Native Hawaiian or Pacific Islander
- [ ] Some other race

↳ *Please Specify:*

8. On what date was the inmate admitted to one of your correctional facilities?

MONTH	DAY	YEAR
08	25	2014

9. For what offense(s) was the inmate being held?

a. Sexual Battery

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- [ ] Yes
- [ ] No
- [x] Don't Know

11. Where did the inmate die?

- [x] 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 your facility
- [ ] In a medical center outside your facility
- [ ] In a mental health center outside your facility
- [ ] While in transit
- [ ] Elsewhere

↳ *Please Specify:*

"AGENCY ID"

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]* → na
- ☐ 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

[PLEASE SPECIFY]

  - ☐ 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 <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. 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

	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	☐	☐	☑

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)

17. Was the cause of death the result of a pre-existing medical condition or did the inmate 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

Please add any additional notes regarding this death here:

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST	FIRST	MI
Abshire	Kelly	

2. On what date did the inmate die?

MONTH	DAY	YEAR
07	29	2018

3. What was the name and location of the correctional facility involved?

Facility Name: Marksville Detention Center-DC1

Facility City: Marksville

Facility State: LA

4. What was the inmate's date of birth?

MONTH	DAY	YEAR
01	24	1962

5. What was the inmate's sex?

- [x] Male
- [ ] Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- [ ] Yes
- [x] No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- [x] White
- [ ] Black or African American
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Native Hawaiian or Pacific Islander
- [ ] Some other race

↳ *Please Specify:*

8. On what date was the inmate admitted to a facility under your jurisdiction?

MONTH	DAY	YEAR
11	01	2016

9. Was the inmate being confined in your jail facility on behalf of any of the following?

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–c)

	YES	NO	DON'T KNOW
a. U.S. Immigration and Customs Enforcement	☐	☑	☐
b. U.S. Marshals Service	☐	☑	☐
c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction	☑	☐	☐

10. For what offense(s) was the inmate being held?

a. Assault-simple

b. Sexual Battery

c.

d.

e.

11. What was the inmate's legal status at time of death? *(For inmates with more than one status, report the status associated with the most serious offense.)*

- [x] Convicted—new court commitment
- [ ] Convicted—returned probation/parole violator
- [ ] Unconvicted
- [ ] Other

↳ *Please Specify:*

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- [ ] Yes
- [x] 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 grounds
- ☐ 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:*

14. 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 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*] → heart problems, 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*] →

16. 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 jail facility or on the jail grounds

  [PLEASE SPECIFY]
  - ☐ 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 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)

18. 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

	YES	NO	DON'T KNOW
a. Evaluation 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)

19. 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

Please add any additional notes regarding this death here:

J. Johns

Avoyelles Parish Sheriff's Office

NATURAL / ACCIDENTAL DEATH / SUICIDE REPORT

CASE NO:
C. R. NO: 2018071642

1. DECEASED

NAME LAST	FIRST	MIDDLE	SEX	RACE
Abshire	Kelly	James	Male	White

ADDRESS	CITY	STATE	ZIP	DATE OF BIRTH	AGE
Avoyelles Detention Center One	Marksville	Louisiana	71351	01/24/1962	56

2. DISCOVERY

DATE	TIME	BODY DISCOVERED BY (NAME & ADDRESS)	REPORTED BY: NAME & ADDRESS
07/29/2018	1445 Hours	Stanley McCoy / Corrections Officer	Clifton Overbey / Corrections Officer (Shift Lieutenant)

ADDRESS WHERE BODY LOCATED	LOCATION OF BODY	TYPE OF CLOTHING
Avoyelles Detention Center One (C-Dorm)	Avoyelles Detention Center One (C-Dorm)	White t-shirt / Gray Sweat pants

3. NOTIFICATIONS

NEXT OF KIN	ADDRESS	TELEPHONE NO.
Unknown	Unknown	Unknown

CORONER OR ACTING CORONER	TIME OF NOTIFICATION	ARRIVAL TIME	COMMENTS
Assistant Coroner James Soileau	1550 Hours	1637 Hours	Pronounced Deceased at 1445 Hours.
DISTRICT ATTORNEY'S OFFICE	TIME OF NOTIFICATION	ARRIVAL TIME	COMMENTS
N/A	N/A	N/A	N/A

FUNERAL HOME REQUEST	REQUESTED BY	ARRIVAL TIME
Hixon Brothers (Marksville Branch)	Assistant Corner James Soileau	1713 Hours

4. MEDICAL HISTORY

KNOWN ILLNESSES OR DISEASES: ☒ YES ☐ NO

LIST: Diabetes

PRESENT MEDICATIONS:

Metformin

5. TYPE OF DEATH

☒ NATURAL DEATH ☐ ACCIDENTAL DEATH ☐ SUICIDE

TO BE COMPLETED ONLY IN CASE OF SUICIDE

TYPE OF WEAPON OR OBJECT USED

N/A

LOCATION OF WEAPON OR OBJECT WITH REFERENCE TO LOCATION OF BODY

N/A

ANY AND ALL WITNESSES (NAME, ADDRESS & PHONE NO.)

N/A

N/A

N/A

N/A

EVIDENCE COLLECTED BY	DATA NO.	DATE	TIME
N/A	N/A	N/A	N/A

INVESTIGATING OFFICER	INVESTIGATING OFFICER'S SIGNATURE
Sergeant James Whittington #107	Sgt James Whittington #107

Avoyelles Parish Sheriff's Office
DEATH REPORT NARRATIVE

CASE NO: _____
C. R. NO: 2018071642

DECEASED LAST NAME:	DECEASED FIRST NAME:	DECEASED M. I.			
Abshire	Kelly	J			
DECEASED ADDRESS:	**CITY:**	**STATE:**	**ZIP CODE:**	**PHONE:**	
Avoyelles Detention Center One	Marksville	Louisiana	71351	(318)253-4081	
TYPE OF DEATH:					
Natural Death					

DETAILS OF OFFENSE INVESTIGATION

On Sunday, July 29th, 2018, at 1401 hours, I, Sergeant James Whittington, was dispatched to the Avoyelles Detention Center One in reference to Lieutenant Clifton Overbey, DC-1 shift supervisor, requesting Acadian Ambulance to be en route in reference to an inmate barely breathing. While en route, Lieutenant Overbey contacted the Avoyelles Communications Center and advised dispatch to contact the Coroner on Call. I advised dispatch I would be on scene shortly and advised them not to contact the Coroner on Call due to the incident needing to be investigated by a Patrol Division Supervisor.

Upon my arrival, contact was made with Acadian Ambulance personnel inside the nurses office of the jail. Also this was where the remains of the inmate, identified as Kelly Abshire, was located. Acadian Ambulance personnel stated at 1408 hours they began administering C. P. R. on Kelly Abshire, however, after approximately 30 minutes, they were unable to revive Kelly Abshire. Acadian Ambulance personnel stated that C. P. R. was ceased at 1445 hours, and at this time they contacted the Avoyelles Emergency Room doctor via telephone, who officially labeled Kelly Abshire as deceased. I asked Acadian Ambulance personnel if they knew of the medical history, which they stated his only medical history was Diabetes, which he was prescribed Metformin daily.

After collecting all necessary information, contact was established with the Detective on Call, Detective Joshua Johns, who was advised of the previously mentioned information. Detective Johns advised that he would be en route. Upon his arrival, this investigation was turned over to Detective Johns.

No further information nor details were available at the time of this report.

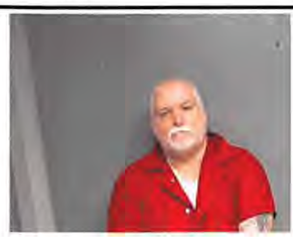
END OF REPORT

INVESTIGATING OFFICER: Sergeant James Whittington #107 REPORT MADE BY: _____ DATE: 07/29/2018

APPROVING SUPERVISOR: _____ 405

Avoyelles Parish Sheriff's Office

Release Sheet: APSO2014080462 Page: 1





ID #: 93635
Name: ABSHIRE, KELLY JAMES
Address: 15902 YAM RD
KAPLAN, LA 705480000
Phone(Home/Business) (337) 316-2057 (000) 000-0000
DOB: 1/24/1962 Age: 54 YRS Height: 5- 9
Race: W Sex: M Weight: 240
Eyes: BLU Ethnicity: N Appearance:
Hair: GRY Resident: N Build: L
Scars/Marks/Tattoos: Complexion: LGT Birth Place:
Employer: FBI ID: 141772DB8 IdentA: 609108
SSN: PRIVATE DL No.: State ID: 001714865

Booking Date: 11/01/16 Time: 15:37
Release Date: 07/29/18 Time: 5:23
Officer: 101411 SAUSEDA, TRISHA
Arrest Date: 08/25/14 Time: 0:00
Arresting Agency: DOC
Officer: Name not found
Location:
MARKSVILLE LA
Searched By: Phone Call: N
CLOTHING: NCIC:
METAL: WARRANT:
PAT: PRINTS:
STRIP: PHOTO:
CAVITY: RULEBOOK:

Transfer(Y/N)? Facility: APSO
Reason for Release: DECEASED
Length of Stay:
Booking Officer: 92861 WATSON, SHIRVENIA
Cell Assignment: MJ-C
Status: DOC Class: DC1
Hold Reason:
Holding For:
Sentence Date: / /
Scheduled Release: / / 0:00
Court Date:
Attorney:
Bondsman:
Supplemental To:
Drug Screen:

Cash: $0.00 Vehicle Information:
Vehicle Location:
Property Description: Property Location:

OFFENSES

Seq.No.:	Code:	Description:	Court	Bond Amt:	Bond Type:
Notes:	Incident Number	Statute (RSA)	Warrant Number	Fel/Misd	Fine Amount:
0		ASSAULT-SIMPLE	72HR	0.00	
		14:132.		M	0.00
1	SEX	SEXUAL BATTERY	DC	0.00	
		14:43.1/N		F	0.00
2			72HR	0.00	
		14:132.			0.00
3				0.00	
		14:132.			0.00
4				0.00	
		14:132.			0.00

Avoyelles Parish Sheriff's Office

Release Sheet: APSO2014080462

Release Notes:
DECEASED AT 2:45

Total Bond Amount:

I HAVE RECEIVED ALL OF MY PROPERTY, MONEY AND VALUABLES AND FIND IT TO BE ACCURATE.

Inmate's Signature	**Date**	**Time**
Witness	**Date**	**Time**
Releasing Officer	**Date**	**Time**

Authorized Release: 101411