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

Official Address

City

State

Zip

Title

Telephone

FAX

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.

STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

LAST	FIRST	MI
Dixon	James	

2. On what date did the inmate die?

MONTH	DAY	YEAR
0 8	1 2	2 0 1 8

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

Facility Name: AVOYELLES CORRECTIONAL CENTER

Facility City: COTTONPORT

Facility State: LA

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

MONTH	DAY	YEAR
0 5	2 2	1 9 5 7

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:

- [ ] White
- [x] 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
1 2	0 2	2 0 1 6

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

a. Failure to register as a sex offender

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?

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

→ *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 <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
dioxon	James	

2. On what date did the inmate die?

MONTH	DAY	YEAR
0 8	1 2	2 0 1 8

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
0 5	2 2	1 9 5 7

5. What was the inmate's sex?

- ☑ Male
- ☐ Female

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

- ☐ Yes
- ☑ No

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:*

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

MONTH	DAY	YEAR
0 2	2 0	2 0 1 8

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. Contempt Failure to Appear 4 counts

b. Failure to register as a sex offender 3 cou

c. Dist. of a CDS

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.)*

- ☑ 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
- ☑ No
- ☐ Don't Know

«AGENCY ID»

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*] → Brain aneurysm--Severe bleeding of the brain
- ☐ 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 <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)

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 <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:

Avoyelles Parish Sheriff's Office
Sheriff Doug Anderson
Investigation Report

NARRATIVE

On Saturday August 11, 2018 Detective Mike Simmons (Detective on call) was notified of an inmate that collapsed in the jail and was transported to the hospital. Detective Simmons responded to the hospital and upon arrival was met there by Lt. Cody Desselle. The inmate was identified as James Dixon BM DOB 05-22-1957. Investigation revealed James Dixon collapsed in the jail, was revived and transported to Avoyelles Hospital where James Dixon was stabilized. Investigation also revealed James Dixon had no known medical issues.

A CT scan was performed and it was discovered James Dixon suffered what was suspected to be a ruptured aneurysm in the brain. Arrangements were then made to transport James Dixon to University Hospital in New Orleans. Contact was eventually made with Paul Gorrel, the emergency contact listed for James Dixon for notification.

After investigation at the hospital, Detective Simmons interviewed Lt. Overby and another inmate identified as Cody Jackson who administered CPR to James Dixon. Cody Jackson was interviewed first and the interview was recorded on Detective Simmons digital recorder. In questioning Cody Jackson, Cody advised he did not witness James Dixon collapse and was already unresponsive when he came into contact with James Dixon. When questioned regarding his initial assessment of James Dixon upon contact or what he suspected was wrong, Cody Jackson told Detective Simmons he did not assess the matter very much and did not know why James Dixon was not breathing. Cody Jackson told Detective Simmons he did not know James Dixon therefore did not know of any health issues or what may have happened to James Dixon.

Detective Simmons then interviewed the shift Lt. on duty Lt. Cliff Overby. Lt. Overby stated James Dixon was brought to the holding cell area after it was reported an inmate was down. Lt. Overby further stated CPR was started an ambulance was requested. Lt. Overby continued advising the AED was administered but indicated no shock was required. Upon arrival of Acadian EMS Lt Overby stated they administered their AED which also indicated no shock was needed. Lt. Overby stated James Dixon was then transported to the hospital. Detective Simmons inquired of Lt. Overby of his observation of James Dixon when he was brought to the holding cell area. Lt. Overby stated James Dixon was gasping for breath and unresponsive. Lt. Overby further stated he could tell when James Dixon tried to breath he had fluid in his air cavities and rolled James onto his side. James Dixon also stated Cody Jackson assisted in the CPR process and stated Cody told them he knew CPR, therefore allowed him to assist. Lt. Overby did not know what happened to James Dixon or why he collapsed and was unresponsive.

Cody Jackson stated in his interview James Dixon was unconscious and had no pulse and began CPR. Cody Jackson further stated someone brought a Defibulator which he administered. Cody Jackson stated he eventually obtained a pulse and continued CPR until Paramedics arrived.

The following day, Detective Simmons was notified by Avoyelles Parish Deputy Coroner James Soileau, James Dixon had died at University Hospital and an autopsy was scheduled for August 14, 2018. Detective Simmons attended the autopsy and conferred with Dr Christopher Tape. Preliminary investigation at the autopsy revealed there was no external evidence of trauma, injury or any other external indication of cause of death. During the autopsy however, hemorrhaging was observed on the left side of the brain coming up from below according to Dr Tape when Detective Simmons inquired. Dr. Tape also advised Detective Simmons he observed evidence of high blood pressure and hypertension and suspected the death was a natural death caused from a Barry Aneurysm in the right anterior branch of the circle of Willis.

Detective Simmons later obtained the Autopsy report prepared by Dr Tape and included the report in the file. In the report, Dr. Tape identified the cause of death, his initial suspicion of a ruptured Barry aneurysm in the circle of Willis due to hypertensive atherosclerotic cardiovascular disease. Toxicology test were negative.

Respectfully Submitted,

Det M Simmons

Detective Mike Simmons
Criminal Investigations Unit
Avoyelles Parish Sheriff's Office

Avoyelles Parish Sheriff's Office

Release Sheet: APSO2018020206 Page: 1





ID #: 74995
Name: DIXON, JAMES
Address: 302 EAST CHURCH ST
BUNKIE, LA 71322-
Phone(Home/Business) (318) 305-9734 (000) 000-0000
DOB: 5/22/1957 Age: 60 YRS Height: 5- 9
Race: B Sex: M Weight: 140
Eyes: BRO Ethnicity: N Appearance: NORM
Hair: GRY Resident: U Build: MED
Scars/Marks/Tattoos: TAT Complexion: DBR Birth Place: LA
Employer: FBI ID: IdentA:
SSN: PRIVATE DL No.: State ID:

Booking Date: 02/20/18 Time: 20:43
Release Date: 08/12/18 Time: 2:06
Officer: 101411 SAUSEDA, TRISHA
Arrest Date: 12/02/16 Time: 0:00
Arresting Agency: DOC
Officer: Name not found
Location: LA
Searched By: SIEVEKING Phone Call: N
CLOTHING: NCIC:
METAL: WARRANT:
PAT: PRINTS:
STRIP: PHOTO:
CAVITY: RULEBOOK:

Transfer(Y/N)? Y Facility: APSO
Reason for Release: DECEASED
Length of Stay:
Booking Officer: 99201 PEPIS, GEORGE
Cell Assignment: MJ-C
Status: DOC Class: DC1
Hold Reason: DOC
Holding For:
Sentence Date: / /
Scheduled Release: / / 0:00
Court Date:
Attorney:
Bondsman:
Supplemental To: APSO2016120029
Drug Screen:

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

OFFENSES

Seq.No.:	Code:	Description:	Court	Bond Amt:	Bond Type:
	Incident Number	Statute (RSA)	Warrant Number	Fel/Misd	Fine Amount:
Notes:					
1	ART 21.1	CONTEMPT - FAIL TO APPEAR	DC	0.00	
	191,180	ART 21.1	117319	M	0.00

DKT NO# 191,180 ORG CHARGE: SEX OFFENDER REGISTRY
50$ WF
sentenced to 1 year doc extended stay until 12/2/16
MADE PLASTIC ID 9/3/17 T.SAUSEDA

2	ART 21.1	CONTEMPT - FAIL TO APPEAR	DC	0.00	
	192,079	ART 21.1	119307	M	0.00

50$ WF
DKT NO: 192,079
ORG CHARGE:SEX OFFENDER REG 2ND OFFENSE

Avoyelles Parish Sheriff's Office

Release Sheet: APSO2018020206

3	ART 21.1 191,180	CONTEMPT - FAIL TO APPEAR ART 21.1	117462	DC	M	0.00	0.00

DKT NO: 191,180
ORG CHARGE: SEX OFFENDER REGISTRY VIOLATION
50$ WF

4	ART 21.1	CONTEMPT - FAIL TO APPEAR ART 21.1	119436	DC	M	0.00	616.00

W/F $50
either pay fine or do 60 days
Bunkie City Fine

5	DICDS 194792	DISTRIBUTION OF CDS 40:963		DC	F	0.00	0.00

sentenced to 2 years on 10/18/16 had an extended stay

6	UED	UNAUTHORIZED ENTRY OF INHABITED DWELLING 14:62.3		DC	F	0.00	0.00

7	RSO 191180	REGISTRATION OF SEX OFFENDERS 15:542		DC	M	0.00	0.00

sentencd to one year doc concurrent with any other sentence

Release Notes:

DUE TO DEATH

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