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 |
|---|---|---|
| Graham | Joplin | |

**2. On what date did the inmate die?**

| MONTH | DAY | YEAR |
|---|---|---|
| 10 | 23 | 2018 |

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

Facility Name: CATAHOULA CORRECTIONAL CENTER -

Facility City: HARRISONBURG

Facility State: LA

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

| MONTH | DAY | YEAR |
|---|---|---|
| 06 | 25 | 1978 |

**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 |
|---|---|---|
| 09 | 28 | 2018 |

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

a. Schedule II

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]* ⟶ Asthma
- ☐ 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:***

"AGENCY ID"

OMB No. 1121-0094 Approval Expires 01/31/2019

**Form CJ-10**

# MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 DEATH REPORT ON INMATES IN PRIVATE AND MULTI-JURISDICTIONAL JAILS

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

## FORM COMPLETED BY:

| | | | |
|---|---|---|---|
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| Official Address | 177 Goldie Dr. | Telephone | 318 7442121 |
| City | Jonesville | FAX | 318 7440083 |
| State | LA | Zip | 71343 |
| E-mail | denniswascom@gmail.com | | |

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- 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:

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

EXCLUDE deaths of ALL persons…

- Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

**BURDEN STATEMENT**

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«AGENCY ID»

# LOCAL JAIL INMATE DEATH REPORT

**1. What was the inmate's name?**

| LAST | FIRST | MI |
|---|---|---|
| Graham | Joplin | J |

**2. On what date did the inmate die?**

| MONTH | DAY | YEAR |
|---|---|---|
| 10 | 23 | 2018 |

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

Facility Name: Catahoula Correctional Center

Facility City: Harrisonburg

Facility State: LA

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

| MONTH | DAY | YEAR |
|---|---|---|
| 06 | 25 | 1978 |

**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 your jail facility?**

| MONTH | DAY | YEAR |
|---|---|---|
| 09 | 28 | 2018 |

**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. Dist. of methamphetamine

b.

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.)*

- ☑ 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*] →
- ☐ 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:***