Form NPS-4A
(Addendum)

DEATHS IN CUSTODY—2015
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 2015:

- You will not need to report anything at this time.
- At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence in 2015.

If you had more than one death in 2015:

- 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://bjsdcrp.rti.org
E-MAIL: bjsdcrp@rti.org
FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture
Project Number: 0213149.001.400.402.100
5265 Capital Boulevard
Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bjsdcrp@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?**

Nelson	Michael	
LAST	*FIRST*	*MI*

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

0 8	2 6	2 0 1 5
MONTH	*DAY*	*YEAR*

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

Facility Name: St. Tammany Parish Jail

Facility City: Covington

Facility State: LA

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

0 6	0 6	1 9 5 7
MONTH	*DAY*	*YEAR*

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?**

0 8	0 7	2 0 0 6
MONTH	*DAY*	*YEAR*

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?**

- [x] In a general housing unit in the facility or 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:*

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:

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

Form CJ-9

DEATHS IN CUSTODY—2015
DEATH REPORT ON INMATES UNDER JAIL JURISDICTION

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

FORM COMPLETED BY:

Name	Lieutenant L Kelly	Title	Lieutenant
Official Address	1200 Champagne St	Telephone	985 276-1001
City	Covington	FAX	985 276-1027
State	LA Zip 70434	E-mail	laceykelly@stpso.com

Instructions for Completion

If no deaths occurred in 2015:
- You do not need to report anything at this time.
- At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence in 2015.

If you had more than one death in 2015:
- 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://bjsdcrp.rti.org
E-MAIL: bjsdcrp@rti.org
FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture
Project Number: 0213149.001.400.402.100
5265 Capital Boulevard
Raleigh, NC 27690-1652

If you need assistance, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or bjsdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or 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 jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- 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?

Nelson	Michael	
LAST	FIRST	MI

2. On what date did the inmate die?

0 8	2 5	2 0 1 5
MONTH	DAY	YEAR

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

Facility Name: St. Tammany Parish Jail

Facility City: Covington

Facility State: LA

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

0 6	0 6	1 9 5 7
MONTH	DAY	YEAR

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?

1 0	2 6	2 0 1 4
MONTH	DAY	YEAR

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. Domestic abuse/battery

b. unauthorized entry

c. False impersonation of a police officer

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

13. Where did the inmate die?

- ☐ In a general housing unit within the jail facility or 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*] → pulmonary embolus
- ☐ 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 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 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:

Death was from a sudden pulmonary embolism in a patient lacking history of PE/DVT and no known risk factors for PE development. recoded COD from other to illness.Changed Q16 and Q17 to NA.