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
Weldon	Kevin	

2. On what date did the inmate die?

MONTH	DAY	YEAR
07	10	2018

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

Facility Name: CADDO TWP

Facility City: SHREVEPORT

Facility State: LA

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

MONTH	DAY	YEAR
08	02	1960

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
07	10	2018

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

a. DWI 4th offense

b. Poss Schedule II

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:

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 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

[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 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)

"AGENCY ID"

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:

organizationid	lname	fname	mname	deathmon	deathday	year	facname_j	facloc	state	dobmon	dobday	dobyr	gender	racehisp2
10951126	LYTLE	DAVID	F	11	6	2016	Caddo Parish Correctional Center	Shreveport	LA	8	22	1944	Male	White, non-Hispanic
10951126	WELDON	KEVIN	R	7	10	2018	Caddo Correctional Center	Shreveport	LA	8	2	1960	Male	White, non-Hispanic
10951126	ANGLE	MARILYN	D	12	27	2018	Caddo Correctional Center	Shreveport	LA	8	15	1958	Female	White, non-Hispanic
10951126	SAMUEL	ANTHONY	C	11	15	2019	Caddo Parish Correctional Center	Shreveport	LA	3	23	1970	Male	Black, non-Hispanic

thrace	admmon	admday	admyr	ice	marshals	other	CUROFF1	CUROFF2
	8	23	2016	No	No	No	Sexual Battery	
	7	9	2018	No	No	No	Criminal 4th Offense Operation DWI	Drug Possession of Schedule II
	12	24	2018	No	No	No	14 35.3 Domestic Abuse	
	8	15	2019	No	No	No	First Degree Rape	

CUROFF3	CUROFF4	CUROFF5	legalstatus	othstat	mentalstay
			Unconvicted		Yes
			Convicted, new court commitment		No
			Unconvicted		No
			Unconvicted		No

Mortality in Correctional Institutions

deathloc	othloc	autopsy	causercd
In special medical unit/infirmary within your jail		Yes	Illness
In general housing within jail facility or on jail grounds		Yes	Illness
In general housing within jail facility or on jail grounds		Yes	Illness
In medical center outside jail facility		Results not available	Illness

ODSpecify	place	insplace	othplace	time	medtx1
Heart Attack	not applicable -illness or AIDS death			N/A	Yes
Hypertensive Cardiovascular Disease	not applicable -illness or AIDS death			N/A	Don't know
Hypertensive Cardiovascular Disease	not applicable -illness or AIDS death			N/A	No
cardio respiratory failure secondary to cardiac arrest	not applicable -illness or AIDS death			N/A	Missing

medtx2	medtx3	medtx4	medtx5	medtx6	medtx	medtxspc	medcond
Yes	Yes	Yes	No	Yes	Missing		Pre-existing
No	Don't know	Don't know	No	No	Missing		Pre-existing
No	No	Yes	No	No	Missing		Pre-existing
Missing	Missing	Missing	Missing	Missing	Missing		Pre-existing

notes
Inmate was ill and was sent to hospital. Was admitted to hospital and died there a couple days later. *Pt. was found to be in asystole unresponsive. Pt. DNR and comfort care so no CPR performed.

Number of Deaths in Custody 2014-2019

David Lytle DOD: 11/6/2016 Incident #201600033876

Eric Blackstone DOD: 1/2/2016 Incident #201600000193

George Rogers DOD: 8/29/17 Incident #201700028322

Kevin Weldon DOD: 7/10/18 Incident #201800021068

Marilyn Angle DOD: 12/27/18 Incident #201800039047