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

Form NPS-4A (Addendum)

DEATHS IN CUSTODY—2017 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 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- 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: 0215015.001.100.102.100
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?

LAST	FIRST	MI
White	James	W

2. On what date did the inmate die?

MONTH	DAY	YEAR
06	23	2017

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

Facility Name: CLAIBORNE PARISH DETENTION CENTE

Facility City: HOMER

Facility State: LA

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

MONTH	DAY	YEAR
06	23	2017

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
05	19	2017

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

a. Schedule I

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. Ar
re

"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]* → 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:

SAM DOWIES
CLAIBORNE PARISH SHERIFF

613 East Main Street • Homer, Louisiana 71040 • Office: 318-927-2011 • Fax: 318-927-2550

October 14, 2020

[redacted]

REF: Public Records Request September 1, 2020

Via email: [redacted]

Ms. [redacted],

I am responding to your public records request sent be mail, received September 9,2020, sent to the Claiborne Parish Sheriff's Office as well as the clarification email sent, October 13, 2020.

In response to your request of "any and all copies of forms submitted to the DOJ concerning or detailing deaths of inmates while in custody, including form CJ-9, at first you sent requesting years "2014 through 2019" and second request was "2014 through 2020".

The Claiborne Parish does not fill out specific forms at the Jail (in house) for Females or Males.

The Claiborne Parish Sheriff's office does not have a women's facility.

However, they do fill out forms on the DOJ web site. I do not have access to online web site for the DOJ.

With that said, I have gathered information I was provided and are listed on a separate page.

With response to "deaths in custody" in house of or elsewhere/ transport, hospital/ ambulance.

No in-house deaths occurred. Only 2 where elsewhere, see next page

I hope this finds you satisfied.

Sincerely,

Patsy Bailey

Civil Deputy

Records Liaison

October 14, 2020

Name of inmate	cause of death	date and time of death	location of death
James White	unknown	June 23, 2017	Medical center outside of jail facility
Raymond Taylor	unknown	August 5, 2017	Medical center outside of jail facility