FORM CJ-9



DEATHS IN CUSTODY — 2009 ANNUAL DEATH REPORT ON INMATES UNDER JAIL JURISDICTION

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

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Reporting Period

2009 annual (January 1 -- December 31)

(Please correct any error in name, mailing address, and ZIP Code)

During 2009, how many persons died while under the supervision of your local jail jurisdiction?

What deaths should be reported?

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 non-residential
 community-based programs run by your jails (e.g.,
 electronic monitoring, house arrest, community
 service, day reporting, work programs).
 UNDER YOUR JURISDICTION but on AWOL, escape,
 or long-term transfer to other jurisdiction.
 IN THE PROCESS OF ARREST by your agency,
 but not yet booked into your jail facility.

Number of deaths

Instructions:

- IF A DEATH OCCURRED, complete a LOCAL JAIL INMATE DEATH REPORT. Please complete items 1 through 16 for each inmate death.
- IF NO DEATHS, please indicate in the space above.
- if more than 1 death reported above, make copies of pages 2 and 3 for each additional death.
- Return this LOCAL INMATE DEATH REPORT ONLINE, or by FAX or MAIL within 30 days of receipt.
- · ONLINE: https://bisdcro.rti.org
- FAX (TOLL-FREE): (866) 800-9179
- MAIL: RTI International, Attn: Tim Flanigan Project Number: 0212335.001.002.300 3040 Comwallis Road, P.O. Box 12194 Research Triangle Park, NC 27709-2194
- If you need assistance, call Tim Flanigan of RTI International toll-free at 1-800-334-8571, ext. 2-7743 or e-mail <u>bladcrp@rti.erg</u>.

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 5 minutes per response for jurisdictions reporting zero deaths and 30 minutes per each reported death, including retwing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any sepect 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.

LOCAL JAIL INMATE DEATH REPORT 7. For what offense(s) was the inmate being held?

	What was the inmate's name?		a. parole violation
	Last First MI		
	jackson <u>alan</u> j		
			▶ public intimidation
	On what date did the inmate die?		li du diam
			c. taking contraband to and from penal institution
	Month Day Year 1 1 1 8 2 0 0 9		
	11 18 2009		a at the three consequences
			d. poss of legend drug without a prescription
i.	What was the inmate's date of birth?		
	Month <u>Day</u> Year		G
ı	1 9 6 9	8.	What was the inmate's legal status at time of death?
			 For persons with more than one status, report the status associated with the most serious offense.
l.	What was the inmate's sex?		01 Convicted — new court commitment
	a		02 2 Convicted — returned probation/parole violator
	01 [☑ Male 02 □ Female		03 Unconvicted
	VZ G I GINAIO		04 ☐ Other — Specify ≠
5 .	What was the inmate's race/ethnic origin?		distribution of the same of th
		9.	Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental
	01 White (not of Hispanic origin)		health facility?
	02 Black or African American (not of Hispanic origin)		01 ☐ Yes
	03 ☐ Hispanic or Latino 04 ☐ American Indian/Alaska Native (not of Hispanic origin	1)	02 D No
	05 Asian (not of Hispanic origin)	"	08 [Z] Don't know
	06 Native Hawaiian or Other Pacific Islander (not of Hispanic origin)		
	07 Two or more races (not of Hispanic origin) 08 Additional categories in your information system—	10	. Where did the inmate die?
	Specify _{gr}		01 🔲 In general housing within jail facility or on jail grounds
			02 ☑ In segregation unit
	09 Not known	_	03 In special medical unit/infirmary within jail facility
			04 In special mental health services unit within jail facility
			05 ☐ In medical center outside jail facility
6.	On what date had the inmate been admitted to a		06 In mental health center outside jail facility
٠.	facility under your jail jurisdiction?		07 While in transit
			08 ☐ Elsewhere — Specify ₹
	Month Day Year		
	<u> 1 0 7 2 0 0 9 </u>		

Are the results of a medical examiner's or coroner's exam, or review of medical records) available in ord			
01 ☑ Yes — Complete items 12 through 16. 02 ☐ Evaluation complete, results are pending — Skip remaining items; you will be contacted later for those data. 03 ☐ No such evaluation is planned — Complete items 12 through 16.			
12. What was the cause of death? 01 🔲 iliness	 When did the incident (e.g., accident, suicide, or homicide) causing the death occur? 		
Exclude AIDS-related deaths.	01 Moming (6 a.m. to noon)		
Specify illness y	02 ☐ Afternoon (noon to 6 p.m.) 03 ☐ Evening (6 p.m. to midnight) 04 ☑ Overnight (midnight to 6 a.m.)		
02 Acquired Immune Deficiency Syndrome (AIDS)	09 Not applicable — cause of death was illness.		
03 ☐ Accidental alcohol/drug intoxication — Specific typ	intoxication, or AIDS-related		
04 ☐ Accidental injury to self — Describe events ₹	16. Where did the incident (e.g., accident, suicide or homicide) causing the death take place?		
05 Accidental injury by other (e.g., vehicular accidents during transport) — Describe events pr	a. ⊔ in the inmate's cell/room b. □ In a temporary holding area/lockup c. □ In a common area within the facility (e.g., yard,		
06 [2] Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) – Describe events ;	library, cafeteria, day room, recreational area, o workshop)		
hanging	d. 🖸 In a segregation unit		
07 D Homicide committed by other inmate(s)	e. □ In special medical unit/infirmary f. □ In special mental health services unit		
08 ☐ Homicide incidental to use of force by staff — Describe events	G. D Elsewhere within the jail facility — Specifyp		
09 Cother causes — Specify causes 7	02 ☐ Outside the jail facility (e.g., while on work release or on work detail, under community supervision, or in transit)		
13. Was the cause of death the result of a pre-existing me condition or did the inmate develop the condition aft			
admission?	09 Not applicable — cause of death was illness, intoxication, or AIDS-related		
 If multiple medical conditions caused the death, mark "01" if any of the conditions were 			

pre-existing.

01 Pre-existing medical condition

08 Could not be determined

05 🗆 07 🗖 08 🖾 Had surgery

02 Deceased developed condition after admission

09 [Z] Not applicable — cause of death was accidental injury, intoxication, suicide, or homicide

14. Had the deceased been receiving treatment for the medical condition after admission to your correctional facilities?

• Exclude emergency care provided at time of death.

Yes No Don't know

01 [2 07 | 08 | Evaluated by physician/medical staff o2 | 07 | 08 | Evaluated by physician/medical staff o2 | 07 | 08 | Received medications

04 | 07 | 08 | Received treatment/care other than medications

06 🗆 07 🗹 08 🗎 Confined in special medical unit

09 🗆 Not applicable — cause of death was accidental injury, intoxication, suicide, or homicide