

Form CJ-9A


**DEATHS IN CUSTODY—2012
ANNUAL SUMMARY 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	<u>Lt. L. Kelly</u>	Title	<u>Lieutenant</u>	
Official Address	<u>1200 Champagne St</u>	Telephone	<u>985</u>	<u>2761000</u>
City	<u>Covington</u>	FAX	<u>985</u>	<u>2761027</u>
State	<u>LA</u>	Zip	<u>70434</u>	
E-mail				

Instructions for Completion
 IF YOUR JURISDICTION DID NOT HAVE A DEATH IN CALENDAR YEAR 2012:

- Complete this form and return it to RTI International. Once you complete EVERY question, your submission will be complete for 2012.

 IF YOUR JURISDICTION DID HAVE ONE OR MORE DEATHS IN CALENDAR YEAR 2012:

- Please ensure that you have completed a 2012 CJ-9 (individual death report) form for each death reported.
- If you need additional CJ-9 forms, please go to the DCRP Web site (<https://bjsdcrp.rti.org>), call 1-800-344-1387, or send an e-mail to bjsdcrp@rti.org.

General Information

Please submit your completed form within 30 days of receipt. You may submit your annual summary in one of these ways:

ONLINE: Complete this form online at: <https://bjsdcrp.rti.org>
MAIL: RTI International, Attn: Data Capture
Project Number: 0213149.001.200.202
5265 Capital Boulevard
Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org
FAX (TOLL-FREE): 1-866-800-9179

 If you need assistance, contact Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or bjsdcrp@rti.org.
What facilities are included in this data collection?**INCLUDE..**

- Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles
- All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facility
- Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms)
- Inmates held for other jurisdictions, including federal authorities, state prison authorities and other local jail jurisdictions

EXCLUDE..

- Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment
- Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities; these jails will be contacted directly for data on deaths in their custody)
- Deaths of persons in the process of arrest by your agency if they have not yet been booked into your jail facility. Arrest-related deaths should be reported using a CJ-11A form

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 15 minutes per response for jurisdictions reporting zero deaths and 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.

INMATE COUNTS AND DEATHS

1. How many males and females under the supervision of your jail jurisdiction were confined in your jail facilities on December 31, 2012?

INCLUDE:

- Persons on transfer to treatment facilities but who remain under your jurisdiction
- Persons out to court while under your jurisdiction
- Persons held for other jurisdictions

EXCLUDE:

- Persons housed in facilities operated by two or more jurisdictions or those held in privately operated jails
- Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- All persons in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)

When exact numeric answers are not available, provide estimates and mark (E) the box beside each figure.

Inmates on
December 31,
2012

Males: Estimate

Females: Estimate

2. How many males and females under the supervision of your jail jurisdiction were admitted to your jail facilities during 2012?

INCLUDE:

- New admissions only (i.e., persons officially booked into and housed in your facilities by formal legal document and by the authority of the courts or some other official agency)
- Repeat offenders booked on new charges

EXCLUDE:

- Returns from escape, work release, medical appointments/treatment facilities, bail, and court appearances

When exact numeric answers are not available, provide estimates and mark (E) the box beside each figure.

New ANNUAL
admissions
during 2012

Males: Estimate

Females: Estimate

3. On December 31, 2012, how many persons were confined in your jail facilities on behalf of any of the following:

When exact numeric answers are not available, provide estimates and mark (E) the box beside each figure.

a. U.S. Immigration and Customs Enforcement: Estimate

b. U.S. Marshals Service: Estimate

c. All other holds (state and federal prison, Bureau of Indian Affairs, or any holds for other jail jurisdictions): Estimate

4. Between January 1, 2012, and December 31, 2012, what was the average daily population of all jail confinement facilities operated by your jurisdiction?

To calculate the average daily population, add the number of persons for each day during the period January 1, 2012, through December 31, 2012, and divide the result by 365.

If daily counts are not available, estimate the average daily population by adding the number of persons held on the same day of each month and divide the result by 12.

If average daily population cannot be calculated as directed above, then estimate the typical number of persons held in your jail confinement facilities each day.

When exact numeric answers are not available, provide estimates and mark (E) the box beside each figure.

Average daily population during 2012 Males: Estimate

Females: Estimate

5. Between January 1, 2012, and December 31, 2012, how many persons died while under the supervision of your jail jurisdiction?

INCLUDE:

- Deaths of ALL persons CONFINED in your jail facilities; or UNDER YOUR JURISDICTION but out to court or in special facilities (e.g., hospitals, halfway houses, work farms, and medical/treatment/release centers); or WHILE IN TRANSIT to or from your facilities while under your jurisdiction.

Number of Inmate deaths during 2012 Males:

Females:

NOTE: BEFORE COMPLETING THIS FORM, PLEASE BE SURE THAT THERE ARE ENTRIES FOR ALL RESPONSE BOXES. FOR EXAMPLE, IF YOU HAVE ZERO FEMALE DEATHS IN QUESTION 5, PLEASE ENTER 0 IN THE BOX RATHER THAN LEAVING IT BLANK.

Form CJ-9


**DEATHS IN CUSTODY—2012
DEATH REPORT ON INMATES
UNDER JAIL JURISDICTION**

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

Name	<input type="text" value="Lt. L. Kelly"/>	Title	<input type="text" value="Lieutenant"/>	
Official Address	<input type="text" value="1200 Champagne St"/>	Telephone	<input type="text" value="985"/>	<input type="text" value="2761000"/>
City	<input type="text" value="Covington"/>	FAX	<input type="text" value="985"/>	<input type="text" value="2761027"/>
State	<input type="text" value="LA"/>	Zip	<input type="text" value="70434"/>	
E-mail		<input type="text"/>		

Please correct any error in name or mailing address

Instructions for Completion

- If no deaths occurred, you will not need to report anything at this time. At the beginning of the next calendar year, you will be asked to complete a summary form whether you had a death occurrence or not.
- If you had more than 1 death, make copies of pages 2 and 3 for each additional death.
- Complete questions 1 through 16 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://bjscrp.rti.org>
E-MAIL: bjscrp@rti.org
FAX (TOLL-FREE): 1-866-800-9179

MAIL: RTI International, Attn: Kim Aspinwall

Project Number: 0213149.001.102

3040 Cornwallis Road, PO Box 12194

Research Triangle Park, NC 27709-2194

- If you need assistance, call Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or bjscrp@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, and 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 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.

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 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.

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

TUSA BERNARD G
LAST FIRST MI

2. On what date did the inmate die?

1 0 1 9 2 0 1 2
MONTH DAY YEAR

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

1 0 2 0 1 9 5 3
MONTH DAY YEAR

4. What was the inmate's sex?

- Male
 Female

5. What was the inmate's race/ethnic origin?

- White (not of Hispanic origin)
 Black or African American (not of Hispanic origin)
 Hispanic or Latino
 American Indian/Alaska Native (not of Hispanic origin)
 Asian (not of Hispanic origin)
 Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
 Two or more races
 Additional categories in your information system

↳ Please Specify:

Race/Ethnicity Not Known

6. On what date had the inmate been admitted to a facility under your jurisdiction?

0 1 2 0 2 0 1 2
MONTH DAY YEAR

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

a. HOUSED FOR U.S. MARSHAL

b. _____

c. _____

d. _____

e. _____

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.)

- Convicted—new court commitment
 Convicted—returned probation / parole violator
 Unconvicted
 Other

↳ Please Specify:
 DETAILS NOT GIVEN BY USMS

9. 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

10. Where did the inmate die?

- In a general housing within the jail facility or on jail grounds
 In a segregation unit
 In a special medical unit/infirmary within jail facility
 In a special mental health services unit within jail facility
 In a medical center outside jail facility
 In a mental health center outside jail facility
 While in transit
 Elsewhere

↳ Please Specify:

11. 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
 ↳ In the inmate's cell/room
 In a temporary holding area/lockup
 [SPECIFY] In a common area within the facility (e.g., yard, library, cafeteria, etc.)
 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, etc.)

Elsewhere
 ↳ Please Specify:

12. Had the deceased been receiving treatment for the medical condition after admission to your correctional facilities? Exclude emergency care provided at time of death.

NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DONT KNOW
a. Evaluated by physician/medical staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Had diagnostic tests (e.g., X-rays, MRI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Received medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Received treatment/care other than medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Had surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Confined in special medical unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a - f).

13. 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)

14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, post-mortem exam, or review of medical records) available in order to establish an official cause of death?

YES → CONTINUE TO Q15

Evaluation complete—results are pending

↳ **SKIP REMAINING QUESTIONS—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 as it is critical information ***

- Illness—Exclude AIDS-related deaths [Specify] → END STAGE CIRRHOSIS & CONGESTIVE HEART FAILURE
- Acquired Immune Deficiency Syndrome (AIDS)
- Accidental alcohol/drug intoxication [Specify] →
- 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 [Please provide description] →
- Other cause(s) [Specify] →

16. 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, select "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 here:

<<AGENCY ID>>