

Form CJ-9A



# DEATHS IN CUSTODY—2014 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 Title Official Address Telephone  City FAX State  Zip E-mail 

## Instructions for Completion and Submission

IF YOUR JURISDICTION DID NOT HAVE A DEATH IN CALENDAR YEAR 2014:

- Complete this form and return it to RTI International. Once you complete EVERY question, your submission will be complete for 2014.

IF YOUR JURISDICTION DID HAVE ONE OR MORE DEATHS IN CALENDAR YEAR 2014:

- Please ensure that you have completed a 2014 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 (800) 344-1387, or send an e-mail to [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).

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  
E-MAIL: [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org) Project Number: 0213149.001.400.402.100  
FAX (TOLL-FREE): (866) 800-9179 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](mailto:bjsdcrp@rti.org).

## What to include and exclude 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, or 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)

### 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, 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

**NOTE:** Before completing this form, please be sure there are entries for all response boxes. If the answer to an item is "none" or "zero," write 0 in the space provided.

**1. How many males and females under the supervision of your jail jurisdiction were confined in your jail facilities on December 31, 2014?**

**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:**

- X Persons housed in facilities operated by two or more jurisdictions or those held in privately operated jails
- X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- X 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 (✓) the box beside each figure.

Inmates on  
December 31,  
2014

**Males:**  ☒ Estimate

**Females:**  ☒ Estimate

**2. How many males and females under the supervision of your jail jurisdiction were admitted to your jail facilities during 2014?**

**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:**

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

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

New ANNUAL  
admissions  
during 2014

**Males:**  ☒ Estimate

**Females:**  ☒ Estimate

**3. On December 31, 2014, 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 (✓) 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, 2014, and December 31, 2014, 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 between January 1, 2014, and December 31, 2014, 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 (✓) the box beside each figure.

Average daily population during 2014 **Males:**  ☒ Estimate

**Females:**  ☒ Estimate

**5. Between January 1, 2014, and December 31, 2014, 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.

**EXCLUDE:**

- X Deaths of persons in the process of arrest by your agency if they have not yet been booked into your jail facility.

Number of inmate deaths during 2014 **Males:**

**Females:**



Form CJ-9


**DEATHS IN CUSTODY—2014  
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	<input type="text" value="Paul Scott"/>	Title	<input type="text" value="WARDEN"/>
Official Address	<input type="text" value="3618 Broken Arrow Road"/>	Telephone	<input type="text" value="337"/> <input type="text" value="3692480"/>
City	<input type="text" value="New Iberia"/>	FAX	<input type="text"/> <input type="text"/>
State	<input type="text" value="LA"/>	Zip	<input type="text" value="70560"/>
E-mail	<input type="text" value="pscott@iberiaso.org"/>		

**Instructions for Completion**If no deaths occurred in 2014:

- You do not need to report anything at this time.
- At the beginning of 2015, you will be asked to complete a summary form whether or not you had a death occurrence in 2014.

If you had more than one death in 2014:

- 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>

MAIL: RTI International, Attn: Data Capture  
Project Number: 0213149.001.300.302.100  
5265 Capital Boulevard  
Raleigh, NC 27690-1652

E-MAIL: [bjsdcrp@rti.org](mailto: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](mailto: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**

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.



# LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

THIBODEAUX JUNIS J  
LAST FIRST MI

2. On what date did the inmate die?

0 5 1 3 2 0 1 4  
MONTH DAY YEAR

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

Facility Name:

Iberia Parish Jail

Facility City:

New Iberia

Facility State:

LA

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

\_ \_ \_ \_ \_  
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?

0 9 2 6 2 0 1 3  
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.....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. U.S. Marshals Service.....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

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

- a. 2 COUNTS PORNOGRAPHY WITH JUVENILE
- b.
- c.
- 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] →
- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Accidental alcohol/drug intoxication [Describe] →
- ☒ Accidental injury to self [Describe] → **ACCIDENT**
- ☐ 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
  - ☐ 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]

→ Please Specify:

- ☐ Outside the jail facility (e.g., while on work release or on work detail)
- ☐ Elsewhere

→ Please Specify: **PRIOR TO INCARCERTATION**

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 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)</b>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Surgery.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Confinement in special medical unit. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:*

accident was involving a car prior to incarceration // Recoded Q15 from 'other causes' to 'accidental injury to self.' Updated Q18 from Y, DK, Y, Y, DK, Y to NA. Updated Q19 from 'pre-existing' to NA.



Form CJ-9



# DEATHS IN CUSTODY—2014 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  Title   
 Official Address  Telephone    
 City  FAX   
 State  Zip  E-mail

## Instructions for Completion

### If no deaths occurred in 2014:

- You do not need to report anything at this time.
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FAX (TOLL-FREE): 1-866-800-9179

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## 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

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# LOCAL JAIL INMATE DEATH REPORT

## 1. What was the inmate's name?

THOMPSON DAQUENTIN  
LAST FIRST MI

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

1 0 2 6 2 0 1 4  
MONTH DAY YEAR

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

Facility Name:

Iberia Parish Jail

Facility City:

New Iberia

Facility State:

LA

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

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?

0 9 1 1 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.....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. U.S. Marshals Service.....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

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

- a. AGGRAVATED RAPE
- b.
- c.
- 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/infirmery 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] →
- ☐ 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] → **SUICIDE BY HANGING**
- ☐ 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
  - ☐ 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/infirmery
  - ☐ In a special mental health services unit
  - ☐ Elsewhere within the jail facility

(PLEASE SPECIFY)

↳ 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 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)</b>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Surgery.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Confinement in special medical unit. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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: