

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Jaccuzzo      Shawn      M  
LAST                      FIRST                      MI

2. On what date did the inmate die?

1 0      1 8      2 0 1 4  
MONTH      DAY              YEAR

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

Facility Name:  
 Nelson Coleman Correctional Center

Facility City:                      Facility State:  
 Killona                              LA

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

0 2      1 2      1 9 7 1  
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 7      0 2      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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

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

Cause of death was multiple health related issues

- 1) Pernicious Anemia
- 2) Pneumonia
- 3) AIDS
- 4) HIV