Form NPS-4A (Addendum)	DEATHS IN CUSTO STATE PRISON I DEATH REPO	MATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL
- 2011-2-	FORM COMPLET	ED BY:	
Name		Title	
Official ddress		Telephone	
City	2010-2016-01	FAX	
	E-mail		
State Zip	Instructions for C	ompletion	
If no deaths occurred in 2015: • You will not need to report anyt	hing at this time.	n an	
If no deaths occurred in 2015: • You will not need to report anyt • At the beginning of 2016, you w If you had more than one death in 2 • Make copies of this form for ea • Complete the entire form for ea	hing at this time. rill be asked to complete a summ <u>015:</u> ch additional death.	ary form wheth	er or not you had a death occurrence in 20

What deaths should be reported?

INCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
Confined in your correctional facilities, whether housed	Executed in your state
under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of
Under your jurisdiction but housed in private correctional	state
facilities, whether located in or out of state	Under your jurisdiction but housed in a state-operated
 Under your jurisdiction but in special facilities (e.g., 	correctional facility in another state or in a federal facility
medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	Under probation or parole supervision in your state
 In transit to or from your facilities while under your supervision 	 Under your jurisdiction but on AWOL or escape-status at the time of death
And a subject is a subject of the	

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.

STATE PRISON INM	ATE DEATH REPORT
1. What was the inmate's name? Franklin LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 8 2 6 2 0 1 5 MONTH DAY YEAR
2. On what date did the inmate die? 1 1 1 1 2 2 0 1 5 MONTH DAY YEAR	 9. For what offense(s) was the inmate being held? a. Theft \$500 or more b.
 3. What was the name and location of the correctional facility involved? Facility Name: Dixon Correctional Institute Facility City: Facility City: Jackson 4. What was the inmate's date of birth? 0 1 2 0 1 9 6 5 	c
 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: 	 11. Where did the inmate die? In a general housing unit in the facility or 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 In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

2. Are th review	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
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
V	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]
I4. When [] [PLEASE SPECIFY]	 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)

Morning	(6	am	to	Noon)	
worning	(0	am	ιυ	110011)	

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- Afternoon (Noon to 6 pm)
 Evening (6 pm to Midnight)
 Overnight (Midnight to 6 am)

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16.	Exclu servi	uding emergency care provided at the time of death, did ces for the medical condition that caused his/her death	the inmat after adm	te receive any of ission to your co	the following medical
	0	NOT APPLICABLE—Cause of death was accidental injury	intoxicati	on, suicide, or hor	nicide
		YES 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.	after	the cause of death the result of a pre-existing medical co admission? (If multiple conditions caused the death and existing medical condition.")	ondition of the second	or did the inmate he conditions we	develop the condition re pre-existing, mark
		NOT APPLICABLE—Cause of death was accidental injury	intoxicati	on, suicide, or hor	nicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined			

Please add any additional notes regarding this death here:

FORM COMPLETED BY: Name Title Official Telephone City FAX State Zip E-mail FAX Instructions for Completion Instr	
Official Telephone City FAX State Zlp E-mail Instructions for Completion If no deaths occurred in 2015: • At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence If you had more than one death in 2015: • • 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 FAX (TOLL-FREE): (866) 800-9179 MAIL: RTI International, Attn: Data Captu Project Number: 0213149.001.400 5265 Capital Boulevard FAX (TOLL-FREE): (866) 800-9179 Raleigh, NC 27690-1652	
Instructions for Completion If no deaths occurred in 2015: • You will not need to report anything at this time. • At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence If you had more than one death in 2015: • 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 <i>E-MAIL</i> : bjsdcrp@rti.org <i>FAX (TOLL-FREE)</i> : (866) 800-9179 MAIL: RTI International, Attn: Data Captu Project Number: 0213149.001.400 5265 Capital Boulevard Raleigh, NC 27690-1652	
If no deaths occurred in 2015: You will not need to report anything at this time. At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence. If you had more than one death in 2015: 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: NLINE: Complete the report online at: https://bjsdcrp.rti.org At (TOLL-FREE): (866) 800-9179	
Raleigh, NC 27690-1652	
What deaths should be reported?	

- 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
- 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

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STATE PRISON INMATE DEATH REPORT

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	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name? Griffin LAST FIRST	 8. On what date was the inmate admitted to one of your correctional facilities? 0 3 1 4 2 0 0 7 MONTH DAY YEAR
2.	On what date did the inmate die? 0 9 1 8 2 0 1 5 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? ^{a.} Forcible Rape
3.	What was the name and location of the correctional facility involved? Facility Name: Dixon Correctional Institute Facility City: Facility State: Jackson LA	b
4.	What was the inmate's date of birth? 1 0 1 8 1 9 5 9 MONTH DAY	overnight in a mental health facility?
	 What was the inmate's sex? ☑ Male □ Female Was the inmate of Hispanic, Latino, or Spanish origin? □ Yes ☑ No 	 11. Where did the inmate die? In a general housing unit in the facility or 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 In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere
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:	Please Specify:

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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] — Respiratory Failure secondary to Squamou
	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 In the inmate's cell/room
	 In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria)
IF	FASE In a special medical unit/infirmary
	ECIFY
	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 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)

16. 1	Exclu	ding emergency care provided at the time of death, did t ces for the medical condition that caused his/her death a	ne inmat iter admi	e receive any of ssion to your co	the following medical rrectional facilities?
		NOT APPLICABLE—Cause of death was accidental injury,	ntoxicatio	on, suicide, or hon	nicide
		YES a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications Image: Surgery e. Surgery f. Confinement in special medical unit			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)
	allei	the cause of death the result of a pre-existing medical co admission? (If multiple conditions caused the death and existing medical condition.")	ndition c <u>any</u> of th	or did the inmate the conditions we	develop the condition re pre-existing, mark

- Pre-existing medical condition
 Deceased developed condition after admission
- Could not be determined

Please add any additional notes regarding this death here:

Changed Q13 from Other Causes to Illness, Q14 from Special Medical Unit to NA, Q15 from Overnight to NA.

Form	NPS-4A
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DEATHS IN CUSTODY—2015 STATE PRISON INMATE DEATH REPORT

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

RTI INTERNATIONAL

FORM COMPLETED BY:	M COMPLETED BY:	ETED E	COMPL	FORM	F
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	A			
Name			Title	
Official Address			Telephone	
City			FAX	
State	Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2015:

- You will not need to report anything at this time.
- At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence in 2015.

If you had more than one death in 2015:

- 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: <u>https://bjsdcrp.rti.org</u> E-MAIL: <u>bjsdcrp@rti.org</u> FAX (TOLL-FREE): (866) 800-9179 MAIL: RTI International, Attn: Data Capture Project Number: 0213149.001.400.402.100 5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

NCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons		
Confined in your correctional facilities, whether housed	Executed in your state		
under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of		
 Under your jurisdiction but housed in private correctional 	state		
facilities, whether located in or out of state	Under your jurisdiction but housed in a state-operated		
 Under your jurisdiction but in special facilities (e.g., 	correctional facility in another state or in a federal facility		
medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	Under probation or parole supervision in your state		
 In transit to or from your facilities while under your supervision 	 Under your jurisdiction but on AWOL or escape-status at the time of death 		
	A SARA CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR		

What deaths should be reported?

BURDEN STATEMENT

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STATE PRISON INMATE DEATH REPORT

		A A
	STATE PRISON INMA	V 0;
1.	What was the inmate's name? Johnson Jassie LAST FIRST	 8. On what date was the inmate admitted to one of your correctional facilities? 0 2 2 8 2 0 1 5 MONTH DAY YEAR
2.	On what date did the inmate die? 0 3 0 2 2 0 1 5 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? ^{a.} Sexual Battery
3.	What was the name and location of the correctional facility involved? Facility Name: Dixon Correctional Institute	b
4.	Facility City: Facility State: Jackson LA What was the inmate's date of birth? 1 0 MONTH DAY	e 10. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes ☑ No ☐ Don't Know
5.	What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish origin?	 11. Where did the inmate die? In a general housing unit in the facility or 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
7.	 ☐ Yes ☑ No In addition, what was the inmate's race? Please select one or more of the following racial 	 In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
	 categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify: 	

12. Are t	he results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or w of medical records) available to establish an official cause of death?				
C	□ YES> CONTINUE TO Q13				
ı	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	t was the cause of death? *** Please SPECIFY cause of death—it is critical information***				
V	Illness—Exclude AIDS-related deaths [Specify] Heart Attack				
	Acquired Immune Deficiency Syndrome (AIDS)				
	Accidental alcohol/drug intoxication [Describe]				
	Accidental injury to self [Describe]				
	during transport) [Describe]				
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]				
	Homicide [Describe]				
	Other cause(s) [Specify]				
	Other cause(s) [Specify]				
14. Whe	re did the incident (e.g., accident, suicide, or homicide) causing the death take place?				
Ø	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related				
	In the prison facility or on the prison grounds				
	In a temporary holding area/lockup				
	 In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary 				
[PLEASE SPECIFY	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:				
	n 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) 					
 Evening (6 pm to Midnight) Overnight (Midnight to 6 am) 					

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	servi	Iding emergency care provided at the time of death, did the inmate receive any of the following medical ces 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
7.	after a	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark 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

	m NPS-4A dendum)	۲	DEATHS IN CUST STATE PRISON DEATH REI	INMATE	U.S, DEPARTMENT OF US BUREAU OF JUSTICE AND ACTING AS COLLED RTI INTERNATION	
			FORM COMPLI	ETED BY:		
Name				Title		
Officia Address				Telephone		
City	y			FAX		
State	•	Zip	E-mail			
- 1 have - 1	с	n faran an	Instructions for (Completion		
<u>lf nc</u> • •	You will not n At the beginn	eed to report an	ything at this time. will be asked to complete a sum	mary form wheth	ner or not you had a death occurrence	in 2015.
lf yc	 If you had more than one death in 2015: 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 CaptureE-MAIL: bjsdcrp@rti.org Project Number: 0213149.001.400.402.100FAX (TOLL-FREE): (866) 800-91795265 Capital BoulevardRaleigh, NC 27690-1652Raleigh, NC 27690-1652					

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

What deaths should be reported	?
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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

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		sults edica
		ATE DEATH REPORT
р. 10	STATE PRISON INMA	ATE DEATH REPORT
1.	What was the inmate's name? Martin	8. On what date was the initial of a second
	LAST FIRST MI	0 4 1 4 2 0 1 4 MONTH DAY YEAR
2.	On what date did the inmate die?	
5	0 2 1 2 2 0 1 5 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Indecent Behavior- Juveniles
3.	What was the name and location of the correctional facility involved?	b
	Facility Name:	d.
	Dixon Correctional Institute Facility City:	e.
	Jackson Facility State:	10. Since the transformation over stay
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 1 2 1 7 1 9 3 9 MONTH DAY	☐ Yes ☑ No ☐ Don't Know
5.	What was the inmate's sex?	11. Where did the inmate die?
	Male Female	 In a general housing unit in the facility or on prison grounds In a segregation unit In a special medical unit/infirmary within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	In a special mental health services unit within your facility
	□ Yes ☑ No	 In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
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:	

<u></u>
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
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] Cardiac Arrest, Ventricular Arrythmia and C
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
 In the inmate's cell/room In a temporary holding area/lockup
In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE] In a special medical unit/infirmary
SPECIFY] In a special mental health services 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. Ex se	cluding emergency care provided at the time of death, did the inmate receive any of the following medical rvices 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				
aft	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:				
	nged Q13 from Other Causes to Illness, Q14 from Elsewhere to NA, Q15 from Overnight to NA.				

	NPS-4A andum)		DEATHS IN CUSTO STATE PRISON I DEATH REPO	NMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNAT
			FORM COMPLET	ED BY:	
Name				Title	· · · · · · · · · · · · · · · · · · ·
Official Idress				Telephone	
City				FAX	
State		Zip	E-mail	r.	
			Instructions for C	ompletion	n an
 Y A If you M C O 	t the beginning had more that ake copies of omplete the e nce your deat	ed to report anything g of 2016, you will t <u>n one death in 2015</u> this form for each a ntire form for each h records are comp	g at this time. be asked to complete a summ <u>5:</u> additional death. inmate death. olete, there are several ways	nary form wheth	er or not you had a death occurrence in 2015. th report:
 Y. A If you M C O C C 	bu will not need t the beginning had more that ake copies of omplete the ence your deat DNLINE: Com -MAIL: bjsdc	ed to report anything g of 2016, you will the <u>n one death in 2015</u> this form for each ntire form for each th records are comp plete the report onl	g at this time. be asked to complete a sumn <u>5:</u> additional death. inmate death. blete, there are several ways ine at: <u>https://bjsdcrp.rti.org</u>	hary form wheth	

EXCLUDE deaths of ALL persons... INCLUDE deaths of ALL persons... Executed in your state . Confined in your correctional facilities, whether housed . under your jurisdiction or that of another state Confined in local jail facilities, whether located in or out of . state Under your jurisdiction but housed in private correctional . 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 your jurisdiction but in special facilities (e.g., . medical/treatment/release centers, halfway houses, Under probation or parole supervision in your state police/court lockups, or work farms) Under your jurisdiction but on AWOL or escape-status at In transit to or from your facilities while under your . the time of death supervision

What deaths should be reported?

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		0 0
_	STATE PRISON INMA	TE DEATH REPORT
1.	What was the inmate's name?	TE DEATH REPORT 8. On what date was the inmate admitted to a_{1} and a_{2} and a_{3} and a_{3
	McCoy Charles D	your correctional lacinities i
	FIRST MI	MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 6 1 4 2 0 1 5	(a) was the inmate being being
	DAY YEAR	9. For what offense(s) was the minute being held? a. Aggravated Incest
3.	What was the way	b.
1	What was the name and location of the correctional facility involved?	C.
- -	achity Name	d.
}	Dixon Correctional Institute Facility City:	e.
4	Jackson Facility State:	
1	LA	
4.		10. Since admission, did the inmate ever stay overnight in a mental health facility?
7.	What was the inmate's date of birth?	□ Yes ☑ No
1 5 - 1	0 8 2 9 1 9 4 6 MONTH DAY YEAR	U No Don't Know
ę	I EAR	
5.	What was the inmate's sex?	11. Where did the inmate die?
	 ☑ Male □ Female 	In a general housing unit in the facility or on prison grounds
		 In a segregation unit In a special medical unit/infirmary within your
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	facility In a special mental health services unit within
	origin?	
3	☑ No	While in transit
7.	In addition, what was the inmate's race? Please select one or more of the following racial	Please Specify:
R	Categories:	
	Black or African American	
	Asian	
	 Native Hawaiian or Pacific Islander Some other race 	
	Please Specify:	

o view	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or 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
	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Ľ	Illness—Exclude AIDS-related deaths [Specify] ——— Cardiopulmonary ArrestCongestive Hea
	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. When	e 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
[PLEASE SPECIFY	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
1	Please Specify:

15. 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)

NOT APPLICABLE—Cause of death was accident			
 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 	YES		PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)

in intel Ast

"Pre-existing medical condition.")

ALAN Stread

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

Pre-existing medical condition

Deceased developed condition after admission

11

Could not be determined

Please add any additional notes regarding this death here:

Changed Q13 from Other Causes to Illness, Q14 from Special Medical Unit to NA, Q15 from Evening to NA.

STATE	IN CUSTODY—2015 PRISON INMATE ATH REPORT	U.S. DEPARTMENT OF JUS BUREAU OF JUSTICE STATI AND ACTING AS COLLECTION RTI INTERNATIONAL
FORM	COMPLETED BY:	
	Title	
	Telephone	
	FAX	ана (р. 1. 1.
Zip	E-mail	
Instructio	ons for Completion	

At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence in 2015.

If you had more than one death in 2015:

A

- 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: 0213149.001.400.402.100 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

The set of	the second se
INCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
Confined in your correctional facilities, whether housed	Executed in your state
under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of
Under your jurisdiction but housed in private correctional	state
facilities, whether located in or out of state	Under your jurisdiction but housed in a state-operated
 Under your jurisdiction but in special facilities (e.g., 	correctional facility in another state or in a federal facility
medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	Under probation or parole supervision in your state
 In transit to or from your facilities while under your 	 Under your jurisdiction but on AWOL or escape-status at
supervision	the time of death

What deaths should be reported?

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.

STATE PRISON INMATE DEATH REPORT

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
1	Richard Ricky	your correctional facilities?
ŝ	LAST FIRST MI	0 2 0 6 2 0 0 1 MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 4 2 1 2 0 1 5	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Molestation of a Juvenile
3.	What was the wave and leastion of the	^{b.} Oral Sexual Battery
3.	What was the name and location of the correctional facility involved?	c. Aggravated Incest
	Facility Name:	d
2	Dixon Correctional Institute	е.
	Facility City: Facility State:	
2	Jackson	
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
		☐ Yes
4.	What was the inmate's date of birth?	 ☑ No ☑ Don't Know
	0 8 0 1 1 9 6 0 MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	In a general housing unit in the facility or on
	🖸 Male	prison grounds
	Female	 In a segregation unit In a special medical unit/infirmary within your
		facility
6.	Was the inmate of Hispanic, Latino, or Spanish	In a special mental health services unit within your facility
	origin?	In a medical center outside your facility
<u>}</u>	□ Yes	 In a mental health center outside your facility While in transit
3	☑ No	
l.		Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	White	
5	Black or African American	
1. 	American Indian or Alaska Native Asian	
1	 Asian Native Hawaiian or Pacific Islander 	
ι. 	Some other race	
	Please Specify:	

~

reviev	Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
G	No evaluation is planned -> CONTINUE TO Q13
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
V	Illness—Exclude AIDS-related deaths [Specify] Hemorragic Stroke, Sepsis, Infective Endo
	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]
[PLEASE SPECIFY]	<pre>e 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 prison facility or on the prison 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 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:</pre>

Afternoon (Noon to 6 pm)
 Evening (6 pm to Midnight)
 Overnight (Midnight to 6 am)

Contenant Cateria redering to that a reading time

Mil):

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

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:

Recoded Q11 from elsewhere-Our Lady of the Lake Regional Medical Center to a medical center outside the jail facility. Changed Q13 from Other Causes to Illness, Q14 from Elsewhere to NA, Q15 to NA.

			DMB No. 1121-0249 Approval Exp	ires 03/31/2019
Form NPS-4A (Addendum)	DEATHS IN CUS STATE PRISO DEATH RE	N INMATE	U.S. DEPARTMEN BUREAU OF JUST AND ACTING AS COI RTI INTERN	ICE STATISTICS
· · · · · · · · · · · · · · · · · · ·	FORM COMP	LETED BY:		
Name		Title		
Official				1
City		FAX [
State Zip	E-ma		and the state of the	a
 If you had more than one death in Make copies of this form for e Complete the entire form for e Once your death records are o ONLINE: Complete the report E-MAIL: bjsdcrp@rti.org FAX (TOLL-FREE): (866) 800 	ach additional death. ach inmate death. complete, there are several wa t online at: <u>https://bjsdcrp.rti.o</u> u	-	h report: RTI International, Attn: Dat Project Number: 0213149. 5265 Capital Boulevard Raleigh, NC 27690-1652	
If you need assistance, o	all Matt Bensen of RTI Interna	tional toll-free at (8	00) 344-1387 or <u>bjsdcrp@rti</u>	i.org
	What deaths shou	ld be reported	1?	
CLUDE deaths of ALL persons		EXCLUDE deaths	s of ALL persons	
Confined in your correctional fa under your jurisdiction or that of		Executed inConfined in	ı your state local jail facilities, whether l	located in or out
Under your jurisdiction but hous facilities, whether located in or of the second		state	iurisdiction but housed in a	state-operated

- 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
- 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.

STATE PRISON INMATE DEATH REPORT



1.	What was the inmate's name? Turner LAST FIRST MI	8.	On what date was the inmate admitted to one of your correctional facilities? 0 3 1 1 2 0 1 3 MONTH DAY YEAR
2.	On what date did the inmate die? 0 7 1 2 0 1 5 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: Dixon Correctional Institute Facility City: Facility State: Jackson LA	9.	For what offense(s) was the inmate being held? a. Armed Robbery b. c. d. e.
	Jackson	10.	Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 9 2 6 1 9 7 8 MONTH DAY YEAR		 ☐ Yes ☑ No ☐ Don't Know
		11.	Where did the inmate die?
5.	What was the inmate's sex? Male Female		 In a general housing unit in the facility or on prison grounds In a segregation unit In a special medical unit/infirmary within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin? Yes No		 In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
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:		

	 YES CONTINUE TO Q13 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED A LATER TIME FOR THE CAUSE OF DEATH
C	No evaluation is planned -> CONTINUE TO Q13
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
V	Illness—Exclude AIDS-related deaths [Specify] Cardiac Arrest
	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]
[PLEASE SPECIFY	

- Morning (6 am to Noon)
 Afternoon (Noon to 6 pm)
 Evening (6 pm to Midnight)
 Overnight (Midnight to 6 am)

				the second se
16.	Exclu servic	luding emergency care provided at the time of death, did the inmat rices for the medical condition that caused his/her death after admi	e receive any of ission to your co	the following medical prrectional facilities?
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication	on, suicide, or hor	nicide
		YES NO a. Evaluated by physician/medical staff		PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after	the cause of death the result of a pre-existing medical condition of a death and <u>any</u> of the death and any and any and any any and any	or did the inmate he conditions we	develop the condition re pre-existing, mark
		NOT APPLICABLE—Cause of death was accidental injury, intoxicati	on, suicide, or hor	nicide

Plea	ase ado	dd any additional notes regarding this death here:		

Recoded Q11 from elsewhere-Lane Memorial Hospital to a medical center outside the jail facility. Changed Q13 from Other Causes to Illness, Q14 from Elsewhere to NA, and Q15 from Overnight to

NA.

			ON	18 No. 1121-0249 Approval Expires 03/31/2019
Form NPS (Addendur		DEATHS IN CUST STATE PRISON DEATH REP	INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JI AND ACTING AS RTI INT
		FORM COMPLE	TED BY:	
Name			Title	
Official ddress			Telephone	
City			FAX	
	Zip			
State	Zip	E-mail		and a state of the
 If you had m Make co Completing 	ore than one death in 2015: opies of this form for each add te the entire form for each inn our death records are complet	litional death. hate death.		or not you had a death occurrence in 2015 eport:
E-MAIL.	E: Complete the report online : <u>bjsdcrp@rti.org</u> DLL-FREE): (866) 800-9179	at: <u>https://bjsdcrp.rti.org</u>	P 5:	TI International, Attn: Data Capture roject Number: 0213149.001.400.402.100 265 Capital Boulevard aleigh, NC 27690-1652
If y	ou need assistance, call Matt	Bensen of RTI Internation	nal toll-free at (800)	344-1387 or bisdcrp@rti.org
San an an Albert an Albert and Al	W	nat deaths should	be reported?	on on one of the second s
CLUDE death	s of ALL persons	EX	CLUDE deaths of	ALL persons
	n your correctional facilities, v r jurisdiction or that of anothe		Executed in your second s	
	r jurisdiction but housed in pri		 Confined in loc state 	al jail facilities, whether located in or out c
	whether located in or out of sta		Under your juri	sdiction but housed in a state-operated

- 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
- 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.

STATE PRISON INMATE DEATH REPORT

STATE PRISON INM	ATE DEATH REPORT
What was the inmate's name? Wattigney LAST FIRST	 8. On what date was the inmate admitted to one of your correctional facilities? 0 3 1 2 2 0 1 5 MONTH DAY YEAR
On what date did the inmate die? 0 3 1 2 0 1 5 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? ^{a.} Sexual Battery
What was the name and location of the correctional facility involved? Facility Name: Dixon Correctional Institute Facility City: Facility State: Jackson LA	 b. Oral Sexual Battery c. Forcible Rape d. Aggravated Incest e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?
What was the inmate's date of birth?07071957MONTHDAYYEAR	☐ Yes ☑ No ☐ Don't Know
 What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No 	 11. Where did the inmate die? In a general housing unit in the facility or 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 In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere
 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: 	Please Specify:

Are the	results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, of medical records) available to establish an official cause of death?
review	YES CONTINUE TO Q13
	Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED A LATER TIME FOR THE CAUSE OF DEATH
+	No evaluation is planned -> CONTINUE TO Q13
3. What v	was the cause of death? *** Please SPECIFY cause of death—it is critical information ***
	Illness—Exclude AIDS-related deaths [Specify] — Ruptured Right Middle Cerebral Artery
	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]
	iside or homicide) causing the death take place?
14. When	re 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
	NOT APPLICABLE—Cause of dealer that and
D	In the prison facility or on the prison grounds
	In a temporary holding area within the facility (e.g., yard, library, cafeteria)
[PLEASE	
[PLEASE SPECIFY]	
	On death row special unit awaiting capital putientities
	Elsewhere within the prison facility Please Specify:
Υ.	
] Elsewhere
	Please Specify:

- 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 DON'T KNOW NO a. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) **RESPONSE FOR** c. Medications EACH ITEM (a-f) d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit 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 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 6 Could not be determined П

Please add any additional notes regarding this death here:

Recoded Q11 from elsewhere-Our Lady of the Lake Regional Medical Center to a medical center outside the jail facility. Changed Q13 from Other Causes to Illness, Q14 from Elsewhere to NA, an Q15 to NA.

Form (Adde	NPS-4A ndum)	STATE PRI	USTODY—2015 ISON INMATE I REPORT	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM CON	MPLETED BY:	
Name			Title	
Official Address			Telephone	
City			FAX	
State	Zip	E	E-mail	
		Instructions	for Completion	
• Ye	leaths occurred in 2 ou will not need to r t the beginning of 2	report anything at this time.	a summary form wheth	er or not you had a death occurrence in 2015.
	had more than one			
		form for each additional death.		
		form for each inmate death. cords are complete, there are several	I ways to submit a deat	h report:
E	DNLINE: Complete E-MAIL: <u>bjsdcrp@rt</u> FAX (TOLL-FREE):		ti.org MAIL:	RTI International, Attn: Data Capture Project Number: 0213149.001.400.402.100 5265 Capital Boulevard

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

Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bjsdcrp@rti.org

INCI	LUDE deaths of ALL persons	EX	KCLUDE deaths of ALL persons
Confined in your correctional facilities, whether hou			Executed in your state
under your jurisdiction or that of another state		Confined in local jail facilities, whether located in or out of	
•	Under your jurisdiction but housed in private correctional		state
	facilities, whether located in or out of state		Under your jurisdiction but housed in a state-operated
•	Under your jurisdiction but in special facilities (e.g.,	2	correctional facility in another state or in a federal facility
	medical/treatment/release centers, halfway houses, police/court lockups, or work farms)		Under probation or parole supervision in your state
	In transit to or from your facilities while under your		Under your jurisdiction but on AWOL or escape-status at
	supervision		the time of death

What deaths should be reported?

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.

STATE PRISON INMATE DEATH REPORT

1

1. What was the inmate's name? White Marvin LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 8 1 8 2 0 1 1 MONTH DAY YEAR
 2. On what date did the inmate die? 1 0 2 7 2 0 1 5 MONTH DAY YEAR 3. What was the name and location of the 	9. For what offense(s) was the inmate being held? a. Armed Robbery b
correctional facility involved? Facility Name: Dixon Correctional Institute Facility City: Facility City: Jackson 4. What was the inmate's date of birth? 0 0 4 1 2 1 9 4	d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility? □ Yes ☑ No □ Don't Know
MONTH DAY YEAR	11. Where did the inmate die?
 5. What was the inmate's sex? Male Female 6. Was the inmate of Hispanic, Latino, or Spanish origin? 	 In a general housing unit in the facility or 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 In a medical center outside your facility In a medical center outside your facility
□ Yes ☑ No	 In a mental health center outside your facility While in transit Elsewhere Please Specify:
 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: 	

"AGENOV ID"

10 1 × 12

	 YES> CONTINUE TO Q13 Evaluation complete—results are pending 	
·	SKIP REMAINING QUESTIONS AND SUBMI	T THIS FORM—YOU WILL BE CONTACTED AT A
ſ	LATER TIME FOR THE CAUSE OF DEATH	
	☐ No evaluation is planned → CONTINUE TO Q13	
3. 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]	
V	Other cause(s) [Specify]	End Stage Renal disease
		 Second and the second seco
4. Whe	re did the <u>incident</u> (e.g., accident, suicide, or homicide NOT APPLICABLE—Cause of death was illness, intoxic	
Ø		
_	In the inmate's cell/room	
	 In a temporary holding area/lockup In a common area within the facility (e.g., yard, 	library, cafeteria)
[PLEASE	In a special medical unit/infirmary	
SPECIFY	 In a special mental health services unit In a segregation unit 	
	On death row, special unit awaiting capital puni	shment
	Elsewhere within the prison facility	
	Please Specify:	
	Outside the prison facility (e.g., while on work release Elsewhere	or on work detail)
	Please Specify:	

2

Morning (6 am to Noon)
Afternoon (Noon to 6 pm)
Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

No. 100

	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW a. Evaluated by physician/medical staff Image: Construction of the state
after <i>"Pre-</i> □	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark 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
lease add	d any additional notes regarding this death here:

.....

38 8 11