

### **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:							
TOKIN COM LETED DT.								
Name			Title	T. T.				
Official Address		1 1	Telephone					
City [			FAX					
State	Zip	E-mail	v K					

# **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: 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 bisdcrp@rti.org

# What deaths should be reported?

### 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

### **BURDEN STATEMENT**

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1.	What was the inmate's name?	8.		at date was the inmate admitted to one of
	Barrick Jackie			orrectional facilities?
	LAST FIRST MI		0 7	
		-	MONTH	DAY YEAR
2.	On what date did the inmate die?			
2.			F	
	0 9 0 6 2 0 1 5	9.		at offense(s) was the inmate being held?
	MONTH DAY YEAR		a.	Theft
			b.	
3.	What was the name and location of the		c.	
	correctional facility involved?			
	Facility Name:		d.	
	Louisiana Correctional Institute for Women		e.	
	Facility City: Facility State:			
	St.Gabriel LA			
	E.T.	10.		dmission, did the inmate ever stay
		1	overnig	ght in a mental health facility?
				Yes
4.	What was the inmate's date of birth?			No Don't Know
	0 3 1 7 1 9 7 5		_	
	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
_	Was the investo of Hispania Letina or Spenish			In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	- 1		your facility In a medical center outside your facility
	☐ Yes			In a mental health center outside your facility
	☑ No			While in transit Elsewhere
			_	Bloom Specific
	Y			Our Lady of the Lake
7.	In addition, what was the inmate's race? Please select one or more of the following racial			
	categories:			
	☑ White			
	☐ Black or African American			
	<ul><li>☐ American Indian or Alaska Native</li><li>☐ Asian</li></ul>			
	☐ Native Hawaiian or Pacific Islander			
	□ Some other race			
	Please Specify:			
	N 191 - N			

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] ——— Acute Illness/dehydration
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]
44 Miles III de la cial de la companie de la compan
14. 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 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   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:
Thease opening.
<ul><li>Outside the prison facility (e.g., while on work release or on work detail)</li><li>Elsewhere</li></ul>
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
<u> </u>
<ul><li>Morning (6 am to Noon)</li><li>Afternoon (Noon to 6 pm)</li></ul>
<ul><li>Evening (6 pm to Midnight)</li><li>Overnight (Midnight to 6 am)</li></ul>

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	al injury, intoxica	ition, suicide, or hon	nicide			
a. Evaluated by physician/medical staff		\	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)			
17. Was the cause of death the result of a pre-existing me after admission? (If multiple conditions caused the de "Pre-existing medical condition.")						
□ NOT APPLICABLE—Cause of death was accidental	al injury, intoxica	tion, suicide, or hon	nicide			
<ul> <li>□ Pre-existing medical condition</li> <li>□ Deceased developed condition after admission</li> <li>□ Could not be determined</li> </ul>						
Please add any additional notes regarding this death here:		and the Product of Attribute	The second secon			
			,			
			· · · · · · · · · · · · · · · · · · ·			

Name

Official Address

City

State



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

RTI INTERNATIONAL

4
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E-mail

FAX

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Zip

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		TE DEATH REPORT
	STATE PRISON INMA	ATE DEATH REPORT
1.	What was the inmate's name?  Bell Brian MI	8. On what date was the inmate admitted to one 6. your correctional facilities?  1 0 1 3 1 9 9 3  MONTH DAY YEAR
2.	On what date did the inmate die?  0 5 2 1 2 0 1 5  MONTH DAY YEAR	9. For what offense(s) was the inmate being held?  a. Aggravated Rape  b.
3.	What was the name and location of the correctional facility involved?  Facility Name:  Elayn Hunt Correctional Center	c. d. e.
	Facility City: Facility State:  St. Gabriel LA	10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth?  0 3 1 8 1 9 5 4  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:	
	<ul> <li>☑ White</li> <li>☐ Black or African American</li> <li>☐ American Indian or Alaska Native</li> <li>☐ Asian</li> <li>☐ Native Hawaiian or Pacific Islander</li> <li>☐ Some other race</li> <li>☐ Please Specify:</li> </ul>	

admitted to one	
to one o	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or view of medical records) available to establish an official cause of death?
/	<ul> <li>✓ YES           — → CONTINUE TO Q13</li> <li>□ Evaluation complete—results are pending</li> </ul>
1	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
4	LATER TIME FOR THE CAUSE OF DEATH  ☐ No evaluation is planned → CONTINUE TO Q13
13. W	hat was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	☑ Illness—Exclude AIDS-related deaths [Specify] ——— severe emphysema
	☐ 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]
1	
14. W	here 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)
[PLEA SPEC	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:
	<ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>
	Please Specify:
15. W	hen 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)
A-	□ 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						
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. Was the cause of death the result of a pre-existing after admission? (If multiple conditions caused "Pre-existing medical condition.")	ing medical con the death and <u>a</u>	dition or ny of the	r did the inmate e conditions w	e develop the condition ere pre-existing, mark		
□ NOT APPLICABLE—Cause of death was ac	ccidental injury, in	itoxicatio	n, suicide, or ho	omicide		
<ul> <li>☑ Pre-existing medical condition</li> <li>☑ Deceased developed condition after admissi</li> <li>☑ Could not be determined</li> </ul>	ion					
Please add any additional notes regarding this death here						
Changed Q11 from Elsewhere to Medical Cel Other Causes to Illness, Q14 from Special Me	nter outside Fa	acility & NA, Q1	removed spo from Evenir	ecified text, Q13 from ng to NA.		



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RTI INTERNATIONAL

		FORM COMPLET	TED BY:	
Name			Title	
ficial dress	1 A 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Telephone	
City			FAX	g s
State	Zip	E-mail		Secretary and the secretary of the secre

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	STATE PRISON INMA	ATE DEATH REPORT
1.	What was the inmate's name?  Bolian  Manuel  LAST  FIRST  MI	8. On what date was the inmate admitted to one of your correctional facilities?  1 0 3 0 2 0 1 3  MONTH DAY YEAR
2.	On what date did the inmate die?  0 7 3 1 2 0 1 5  MONTH DAY YEAR	9. For what offense(s) was the inmate being held?  a. Dist of Cocaine- Schedule II
3.	What was the name and location of the correctional facility involved?  Facility Name:	b.
	Elayn Hunt Correctional Center  Facility City:  St. Gabriel  Facility State:  LA	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 0 4 1 9 5 4  MONTH DAY YEAR	☐ Yes ☐ No ☐ Don't Know
5.	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 ☐ 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:	Trouse Specify.

	w 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	t was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] ——— Liver Cancer
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe] ———
A	Accidental injury to self [Describe]
er.	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
à	Homicide [Describe]
	Other cause(s) [Specify] —
14. Whei ☑	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
0	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	
[PLEASE SPECIFY	☐ In a special mental health services unit☐ In a segregation unit
	☐ In a special mental health services unit ☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
	In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility
	☐ In a special mental health services unit ☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
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)
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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:  In 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)
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:  In 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)

16.	Exclu servi	uding emergency care provided at the time of deat ces for the medical condition that caused his/her	th, did th death af	e inmate ter admis	receive any of ssion to your co	the following medical prectional facilities?	
	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
		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.	Was	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the dea	lical con	dition or	did the inmate	develop the condition re pre-existing, mark	
	"Pre-	existing medical condition.")	-				
	0	NOT APPLICABLE—Cause of death was accidental	injury, in	toxication	n, suicide, or hom	nicide	
		Pre-existing medical condition Deceased developed condition after admission Could not be determined					
				*********			
Re	code	d any additional notes regarding this death here: es to DR - Q13 from Other Causes to Illness, em Afternoon to NA.	Q14 fro	m Elsev	where - UMC N	New Orleans to NA,	
	4.00			y A	e general de la company de la		

Form NPS-4A



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(Addon.	,		DEATH REPO	DRT	RTI INTERNATIONAL
			FORM COMPLET	TED BY:	
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State		Zip	E-mail [		

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الله ومارية	The state of the s	TE DEATH REPORT
	×alM	ATE DEATH REPORT
	STATE PRISON INM	On what date was the minute damined to \$ 00
1.	What was the inmate's name?  Chapelle  Carl  FIRST  MI	your content   2 0 1 2
2.	On what date did the inmate die?  O 1 1 2 2 0 1 5  MONTH DAY YEAR	9. For what offense(s) was the inmate being held?  a. Unauthorized Entry of Unautho Inhab d  b. Simple Burglary
3.	What was the name and location of the correctional facility involved?	d.
T.	Facility Name: Elayn Hunt Correctional Center	е.
	Facility City: Facility State:  St. Gabriel LA	10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth?  0 4 0 5 1 9 5 9  MONTH DAY YEAR	☐ Yes ☐ No ☐ Don't Know
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6.	Was the inmate of Hispanic, Latino, or Spanish origin?  ☐ Yes ☑ No	In a special mental health services unit when 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:	Trodse openiny.

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Ø

ted to one of	
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT
G	LATER TIME FOR THE CAUSE OF DEATH  3 No evaluation is planned → CONTINUE TO Q13
13 What	was the cause of death? *** Please SPECIFY cause of death—It is critical information***
13. Willak	Illness—Exclude AIDS-related deaths [Specify] ——— End Stage Gastric Cancer
_	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
П	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]
4	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
0	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related  In the prison facility or on the prison grounds
U	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 SPECIFY	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:
	riease Specify.
_	did the incident (e.g., accident, suicide, or homicide) causing the death occur?
2	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
L	Afternoon (Noon to 6 pm)
	Evening (6 pm to Midnight)

16.	Exclu	xcluding emergency care provided at the time of death, did the inmate receive ervices for the medical condition that caused his/her death after admission to	any of the following medical your correctional facilities?
		and the second s	
		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	EACH ITEM (a-f)
17.	after	as the cause of death the result of a pre-existing medical condition or did the ter admission? (If multiple conditions caused the death and <u>any</u> of the condi Pre-existing medical condition.")	e inmate develop the condition tions were pre-existing, mark
		□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicidental injury, suicidental in	de, or homicide
	0		
Ple	ase ad	e add any additional notes regarding this death here:	
	17.5		
1			



### **DEATHS IN CUSTODY—2015** STATE PRISON INMATE DEATH REPORT

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

DTI INTERNATIONAL

FORM COMPLETED BY:						
Name			Title			
Official Address			Telephone			
City			FAX			
State	Zip	E-mail		[A] T K =		

# 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: 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 bisdcrp@rti.org

# What deaths should be reported?

### 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
- 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**

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1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Christian	your correctional facilities.
	LAST Daniel C	0 2 0 4 2 0 1 5
	MI	MONTH DAY YEAR
2.	On what date did the inmate die?	
	MOUTE.	9. For what offense(s) was the inmate being held?
	MONIH DAY YEAR	a. Oper-Vehicle Intoxicated
		b.
3.	What was the name and location of the correctional facility involved?	С.
	Facility Name:	d.
	Elayn Hunt Correctional Center	e.
	Facility City: Facility State:	
	St. Gabriel LA	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
4.	What was the inmate's date of birth?	☐ Yes ☐ No
•		│
	0 4 2 2 1 9 6 4 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
	☐ Yes	☐ In a mental health center outside your facility ☐ While in transit
	☑ No	U Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	<ul> <li>□ White</li> <li>□ Black or African American</li> <li>□ American Indian or Alaska Native</li> <li>□ Asian</li> <li>□ Native Hawaiian or Pacific Islander</li> </ul>	
	Some other race  Please Specify:	
		of collection of the collectio

[	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***
Ø	Illness—Exclude AIDS-related deaths [Specify] ——— cardiopulmonary arrest
	Acquired Immune Deficiency Syndrome (AIDS)
-	Accidental alcohol/drug intoxication [Describe] ———
•	Accidental injury to self [Describe]
8	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
of a	Homicide [Describe]
	Other cause(s) [Specify]
_	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
<u> </u>	
•	In the prison facility or on the prison grounds  I \[ \bigcup \Bigcup \] In the inmate's cell/room
	☐ In a temporary holding area/lockup
וט בגנה	☐ 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)
Ĺ	
	Please Specify:
	Compared to the compared and the compare
5. When	did the incident (e.g., accident, suicide, or homicide) causing the death occur?
Œ	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
_	3 (0 5 10 1.00)
[	Afternoon (Noon to 6 pm)  Evening (6 pm to Midnight)
Ē	

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					
	A. Evaluated by physician/medical staff					
after a	ne cause of death the result of a pre-existing medical condition or did the inmate develop the condition dmission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark xisting 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					
Recoded	any additional notes regarding this death here: d Q11 from Elsewhere to Medical Center Outside Facility, Q13 from Other Causes to Illness, n Elsewhere to NA, and Q15 from Afternoon to NA.					



### **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:						
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: https://bjsdcrp.rtl.org

E-MAIL: bisdcrp@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 bisdcrp@nti.org

# What deaths should be reported?

### 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
- 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**

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		· · · · · · · · · · · · · · · · · · ·
1.	What was the inmate's name?  Corley  Kenneth  FIRST  MI	8. On what date was the inmate admitted to one of your correctional facilities?  0 3 1 5 1 9 9 1  MONTH DAY YEAR
2.	On what date did the inmate die?  1 1 0 3 2 0 1 5  MONTH DAY YEAR	9. For what offense(s) was the inmate being held?  a. First Degree Murder  b.
3.	What was the name and location of the correctional facility involved?  Facility Name:  Elayn Hunt Correctional Center  Facility City:  St.Gabriel  Facility State:  LA	d. e.  10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth?  0 2 0 4 1 9 5 8  MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
		11. Where did the inmate die?
5.	What was the inmate's sex?  Male Female  Mas the inmate of Hispania Letino or Spenish	☐ 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
0.	Was the inmate of Hispanic, Latino, or Spanish origin?  ☐ Yes ☐ No	In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere  Please Specify: St. Elizabeth Hospita
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:	

12. Are the results of a medical examiner's or coroner's evaluative review of medical records) available to establish an official of	
☐ YES ——→ CONTINUE TO Q13	
Evaluation complete—results are pending	THE FORM YOU WILL BE CONTACTED AT A
SKIP REMAINING QUESTIONS AND SUBMIT LATER TIME FOR THE CAUSE OF DEATH	THIS FORM—YOU WILL BE CONTACTED AT A
☑ No evaluation is planned → CONTINUE TO Q13	
13. What was the cause of death? *** Please SPECIFY cause o	f death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] ————	Cancer
☐ 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)	nouning the death take place?
NOT APPLICABLE—Cause of death was illness, intoxicate	·
☐ In the prison facility or on the prison grounds	ion, or Albo Tolatou
│ │ In the inmate's cell/room	
☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, lit	brary cafeteria)
IPLEASE In a special medical unit/infirmary	orary, carocortay
SPECIFYI	
On death row, special unit awaiting capital punish	hment
☐ Elsewhere within the prison facility	
Please Specify:	
Outside the prison facility (e.g., while on work release or	on work detail)
Elsewhere  Please Specify:	
Please Specily.	
15. When did the incident (e.g., accident, suicide, or homicide) c	ausing the death occur?
NOT APPLICABLE—Cause of death was illness, intoxic	_
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 NO DON'T KNOW  a. Evaluated by physician/medical staff	E A					
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						
<ul> <li>□ Pre-existing medical condition</li> <li>□ Deceased developed condition after admission</li> <li>□ Could not be determined</li> </ul>						
Please add any additional notes regarding this death here:						



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### **DEATHS IN CUSTODY—2015** STATE PRISON INMATE DEATH DEDORT

U.S. DEPARTMENT OF JUSTICE **BUREAU OF JUSTICE STATISTIC** AND ACTING AS COLLECTION AGE

	Con Service	DEATH REPORT	RTIINTERNATIONAL
		FORM COMPLETED BY:	€
Name		Tit	le
Official Address		Telephor	10
City		FA	x [
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.

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- 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 bisdcrp@rti.org

# What deaths should be reported?

### 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
- 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**

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	A A A SECOND STANDARD AND AND AND AND AND AND AND AND AND AN		DEATH REPORT
	STATE PRISON INM	ATE	DEATH REPORT
1.	What was the inmate's name?  Covington  John  H  LAST  FIRST  MI	8.	On what date was the inmate admitted to one of your correctional facilities?  1 1 3 0 2 0 0 6  MONTH DAY YEAR
<ol> <li>3.</li> </ol>	On what date did the inmate die?  O 4 0 1 2 0 1 5  MONTH DAY YEAR  What was the name and location of the	9.	For what offense(s) was the inmate being held?  a. Aggravated Incest  b
	Facility Name:  Elayn Hunt Correctional Center  Facility City:  St. Gabriel  Facility Involved?  Facility Name:  Facility State:  LA	10.	d. e. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth?  0 4 1 1 1 9 3 9  MONTH DAY YEAR		☐ Yes ☑ No ☐ Don't Know
<ol> <li>5.</li> <li>6.</li> </ol>	What was the inmate's sex?  ☐ Male ☐ Female  Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No  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:	111:	<ul> <li>Where did the inmate die?</li> <li>In a general housing unit in the facility or on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>
		34	

ed to one	
re the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem examiner eview of medical records) available to establish an official cause of death?	am, or
YES — CONTINUE TO Q13  Evaluation complete—results are pending  SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACT LATER TIME FOR THE CAUSE OF DEATH	ED AT A
□ 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] ——— Brain stem herniation, extensive intr	acrania
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 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:	
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.	Exclu service	ding 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?
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		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
17.	after a	the ordering modern contains.
Th	ne offe	d any additional notes regarding this death here: ender was admitted in ICU, intubated for acute respiratory failure after drainage of large pericardial hemorrhagic effusion causing tamponade.
, .		
W 2011		



### 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

	STATE OF THE PARTY		
		FORM COMPLETED BY:	
Name		Titl	0
Official Address		Telephon	
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: 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

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### What deaths should be reported?

### 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

### **BURDEN STATEMENT**

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1.	What was the inmate's name?  Daigneault  Kenneth  D  FIRST  MI		On what date was the inmate admitted to one of your correctional facilities?  O 8 1 3 2 0 0 7  MONTH DAY YEAR
3.	On what date did the inmate die?  O 2 1 2 2 0 1 5  MONTH DAY YEAR  What was the name and location of the correctional facility involved?	9.	For what offense(s) was the inmate being held?  a. Forcible Rape  b
	Facility Name:  Elayn Hunt Correctional Center  Facility City:  St. Gabriel  Facility State:  LA		d. e. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth?  0 7 0 9 1 9 5 6  MONTH DAY YEAR		☐ Yes ☐ No ☐ Don't Know
5.	What was the inmate's sex?  ☑ Male □ Female	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
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:		

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] ——— Cardiorespiratory 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]
14. 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 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
SPECIFY]
☐ On death row, special unit awaiting capital punishment
Elsewhere within the prison facility  Please Specify:
<ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>
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. 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		
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		
<ul> <li>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.")</li> <li>NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide</li> <li>Pre-existing medical condition</li> <li>Deceased developed condition after admission</li> <li>Could not be determined</li> </ul>		
Please add any additional notes regarding this death here:  Offender was treated for Diabetes Mellitus Type I, Hypertension, Hyperlipidemia, Diabetic Neuropathy, and foot ulcers		

Form NPS-4A



# **DEATHS IN CUSTODY—2015**

U.S. DEPARTMENT OF JUSTICE

(Adde	endum)		STATE PRISON INMATE DEATH REPORT		AND ACTING AS COLLECTION AGEN	T:
			FORM COMPLE	TED BY:		
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.
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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

# What deaths should be reported?

### 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
- 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

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
	Edgerson Jonathan P	1 1 0 8 2 0 0 6
	LAST FIRST MI	MONTH DAY YEAR
		WORTH DAT TEAM
2.	On what date did the inmate die?	
۷.	0 5 2 1 2 0 1 5	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. PWID- Schedule II
		b.
3.	What was the name and location of the correctional facility involved?	с.
		d.
	Facility Name:	е.
	Elayn Hunt Correctional Center	· ·
	Facility City: Facility State:	
	St. Gabriel LA	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
	MII. 4	☐ Yes ☑ No
4.	What was the inmate's date of birth?	Don't Know
	0 2 2 1 1 9 7 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
ŀ	☑ Male	prison grounds
	☐ Female	☐ In a segregation unit
		In a special medical unit/infirmary within your facility
		In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility
	origin?	In a medical center outside your facility In a mental health center outside your facility
	☐ Yes	While in transit
	☑ No	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	
	<ul><li>American Indian or Alaska Native</li><li>Asian</li></ul>	
	Native Hawaiian or Pacific Islander	
	☐ Some other race	
	Please Specify:	

ed to one of		
악	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?	•
7	☐ YES → CONTINUE TO Q13 ☐ Evaluation complete—results are pending	
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED A	TA
	LATER TIME FOR THE CAUSE OF DEATH  ☑ No evaluation is planned → CONTINUE TO Q13	
		-
13	3. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***	_
	☑ Illness—Exclude AIDS-related deaths [Specify] ——— isease and sepsis	
	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]	٦
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
	☐ Homicide [Describe] →	
	Other cause(s) [Specify]	
		1 4
1.	<ul> <li>Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> </ul>	
	☐ 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/minimary	
	On death row, special unit awaiting capital punishment Elsewhere within the prison facility	
	Please Specify:	5
	Outside the prison facility (e.g., while on work release or on work detail)	
	Elsewhere  Please Specify:	
	E When did the incident to a second of the s	
1	<ul> <li>When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> </ul>	
	☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm)	
	Evening (6 pm to Midnight)  Overnight (Midnight to 6 am)	į.
		-

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
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
<ul> <li>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.")</li> <li>NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide</li> </ul>
<ul> <li>☑ Pre-existing medical condition</li> <li>☑ Deceased developed condition after admission</li> <li>☑ Could not be determined</li> </ul>
Please add any additional notes regarding this death here:  Changed Q11 from Elsewhere to Medical Center outside Facility and removed text, Q13 from Other Causes to Illness, Q14 from Elsewhere NA and removed specified text, Q15 from Afternoon to NA.

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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 COMPLET	ED BY:	
Name			Title	
fficial dress			Telephone	
City		error of 1886	FAX	No. 1 Company of the second of
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.

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- Complete the entire form for each inmate death.
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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

# What deaths should be reported?

# 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

### **BURDEN STATEMENT**

1. What was the inmate's name?    Ennis					dmitted to one of
Ennis  LAST  FIRST  M   2. On what date did the immate die?  0 3 2 9 2 0 1 5  MONTH  DAY  YEAR   9. For what offense(s) was the inmate being held?  a. Purse Snatching  b. Unauho entry-inhab dwelling  c. Simple Burglary  d.  e.  Simple Burglary  d.  e.  Simple Burglary  d.  e.  10. Since admission, did the inmate ever stay overnight in a mental health facility?  Yes  No  NoNTH  DAY  YEAR   10. Since admission, did the inmate ever stay overnight in a mental health facility?  Yes  No  Don't Know  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 mental health center outside your facility  In a medical center outside your	1. What was th	e inmate's name?	8.	On wh	nat date was the inmate admitted sample or rectional facilities?
2. On what date did the inmate die?  0 3 2 9 2 0 1 5  MONIH DAY YEAR  3. What was the name and location of the correctional facility involved?  Facility City:  Facility City:  Facility City:  St. Gabriel  4. What was the inmate's date of birth?  0 5 0 4 1 9 6 5  MONIH DAY YEAR  4. What was the inmate's date of birth?  MAIR Bernale  5. What was the inmate of Hispanic, Latino, or Spanish origin?  Male  Female  6. Was the inmate of Hispanic, Latino, or Spanish origin?  Monith Day Year  11. Where did the inmate die?  In a special medical unit/infirmary within your facility in a medical center outside your facility			J —	1 2	
9. For what offense(s) was the inmate of the correctional facility involved?  Facility Name: Elayn Hunt Correctional Center  Facility City: St. Gabriel  4. What was the inmate's date of birth?  0 5 0 4 1 9 6 5  MONTH DAY YEAR  5. What was the inmate's sex?  Male Female Female  6. Was the inmate of Hispanic, Latino, or Spanish origin?  Yes No	LAST	FIRST	MI	MONTH	DAY YEAR
9. For what offense(s) was the inmate of the correctional facility involved?  Facility Name: Elayn Hunt Correctional Center  Facility City: St. Gabriel  4. What was the inmate's date of birth?  0 5 0 4 1 9 6 5  MONTH DAY YEAR  5. What was the inmate's sex?  Male Female Female  6. Was the inmate of Hispanic, Latino, or Spanish origin?  Yes No					
a. Purse Snatching b. Unauho entry -inhab dwelling c. Simple Burglary d.  Simple Burglary d.  Simple Burglary d.  Simple Burglary d.  Simple Burglary d.  Simple Burglary d.  Simple Burglary d.  Simple Burglary d.  10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes No Don't Know  11. Where did the inmate die? In a general housing unit in the facility or on prison grounds In a sepecial mental health services unit within your facility In a mental health services unit within your facility In a mental health services unit within your facility In a mental health services unit within your facility While in transit Elsewhere White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race	2. On what dat			For wh	hat offense(s) was the inmate being held?
3. What was the name and location of the correctional facility involved?    Facility Name:   Elayn Hunt Correctional Center   Facility State:   St. Gabriel   LA		2 9 - 1	3.		
3. What was the name and location of the correctional facility involved?    Facility Name:	MONTH D	AY TEAN		b.	
correctional facility involved?  Facility Name: Elayn Hunt Correctional Center  Facility City: St. Gabriel  4. What was the inmate's date of birth?  O 5	a sall- at was th	o name and location of the		C.	
Facility Name:   Elayn Hunt Correctional Center   Facility City:   St. Gabriel   Facility State:   Yes   No   Don't Know   Pesson grounds   Facility Facility   In a general housing unit in the facility or on prison grounds   In a special medical unit/infirmary within your facility   In a special medical unit/infirmary within your facility   In a mental health services unit within your facility   In a medical center outside your facility   In a mental health services unit within your facility   In a mental health services unit within your facility   In a mental health services unit within your facility   In a mental health services unit within your facility   In a mental health services unit within your facility   In a mental health services unit within your facility   In a mental health services unit within your facility   In a mental health services unit within your facility   In a mental health services unit within your facility   In a mental health services unit within your facility   In a mental health services unit within your facility   In a mental health services unit within your facility   In a mental health services unit within your facility   In a mental health services unit within your facility   In a mental health services unit within your facility   In a mental health services unit within your facility   In a mental health services unit within your facility   In a ment	correctional	facility involved?			Simple Burgiary
Elayn Hunt Correctional Center  Facility City:  St. Gabriel  10. Since admission, did the inmate ever stay overnight in a mental health facility?  4. What was the inmate's date of birth?  0 5 0 4 1 9 6 5  MONTH DAY YEAR  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 medical center outside your facility In a medical c	Facility Name				
St. Gabriel  10. Since admission, did the inmate ever stay overnight in a mental health facility?    Yes   No   Don't Know	Elayn Hunt				
10. Since admission, did the inmate ever stay overnight in a mental health facility?    Yes   No   Don't Know			ty State:		
4. What was the inmate's date of birth?  □ 5  □ 4  □ 1  □ 9  □ 5  MONTH DAY YEAR   11. Where did the inmate die?  13. What was the inmate's sex?  □ Male □ Female  6. Was the inmate of Hispanic, Latino, or Spanish origin? □ Yes □ No  14. Where did the inmate die? □ In a general housing unit in the facility or on prison grounds □ In a segregation unit □ In a segregation unit □ In a special medical unit/infirmary within your facility □ In a medical center outside your facility □ 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 □ No	St. Gabriel	LA	10.	Since a	admission, did the inmate ever stay
4. What was the inmate's date of birth?    O 5				_	
D 5 0 4 1 9 6 5  MONTH DAY YEAR  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 medical center outside your facility In a medical health center outside your facility While in transit Elsewhere    White   Black or African American   American Indian or Alaska Native   Asian   Native Hawaiian or Pacific Islander   Some other race	4. What was th	e inmate's date of birth?		☑	No
5. What was the inmate's sex?    Male				U	DOTT KNOW
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	MONTH D	AY YEAR	3.		
Male Female  Nas the inmate of Hispanic, Latino, or Spanish origin? Yes No  No  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			11.	Where	
☐ Female    G. Was the inmate of Hispanic, Latino, or Spanish origin?   Yes					
6. Was the inmate of Hispanic, Latino, or Spanish origin?    Yes					In a segregation unit In a special medical unit/infirmary within your
6. Was the inmate of Hispanic, Latino, or Spanish origin?    Yes   No   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					facility
origin?    Yes	6. Was the inma	ate of Hispanic, Latino, or Span	nish		your facility
<ul> <li>No</li> <li>□ In addition, what was the inmate's race? Please select one or more of the following racial categories:</li> <li>□ White</li> <li>□ Black or African American</li> <li>□ American Indian or Alaska Native</li> <li>□ Asian</li> <li>□ Native Hawaiian or Pacific Islander</li> <li>□ Some other race</li> </ul>	origin?				In a mental health center outside your facility
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					
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:
Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race	select one or	what was the inmate's race? Ple more of the following racial	ease		
American Indian or Alaska Native  Asian  Native Hawaiian or Pacific Islander  Some other race					
□ Native Hawaiian or Pacific Islander □ Some other race	☐ Amer	rican Indian or Alaska Native			
	☐ Nativ	e Hawaiian or Pacific Islander			
	Some		11 11		
The state of the s		34. 4			Service and the contract of th

	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or ew of medical records) available to establish an official cause of death?
1	☐ 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
Advisor of	Z 110 oracidation to planting of Continue 10 Q10
13. Wha	at was the cause of death? *** Please SPECIFY cause of death—it is critical information***
⊡	Illness—Exclude AIDS-related deaths [Specify] — Liver Disease
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe] ———
	Accidental injury to self [Describe]
2	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
E	Homicide [Describe] —
	Other cause(s) [Specify]
14. Whe	ere 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)
[PLEASI SPECIF	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:
4	Outside the prison facility (e.g., while on work release or on work detail)
	Elsewhere  Please Specify:
	en 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)
10 /	Overnight (Midnight to 6 am)

16. E	luding emergency care provided at the time of death, did the inmate receive any of the following medical vices 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
at	s the cause of death the result of a pre-existing medical condition or did the inmate develop the condition r admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark e-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
Plane	dd any additional natas reporting this death bare.
Rec	dd any additional notes regarding this death here: led Q13 from Other Causes to Illness, Q14 from Special Medical Unit to NA, Q15 from ight to NA.
,	



# DEATHS IN CUSTODY—2015 STATE PRISON INMATE DEATH REPORT

U.S. DEPARTMENT OF JUSTIC BUREAU OF JUSTICE STATISTIC AND ACTING AS COLLECTION AGE RTI INTERNATIONAL

	Thomas and the same of the sam		
	FORM COMPLE	TED BY:	
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.
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E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture
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Raleigh, NC 27690-1652

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- 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

### **BURDEN STATEMENT**

1.	What was the inmate's name?  Eusebio  Jacinto  E  LAST  FIRST  MI	8. On what date was the inmate admitted to one of your correctional facilities?  1 2 2 9 1 9 6 3  MONTH DAY YEAR
2.	On what date did the inmate die?  0 9 0 8 2 0 1 5  MONTH DAY YEAR	9. For what offense(s) was the inmate being held?  a. Second Degree Murder  b.
3.	What was the name and location of the correctional facility involved?  Facility Name:	c. d. e.
	Elayn Hunt Correctional Center  Facility City: Facility State:  St. Gabriel LA	10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth?  0 8 1 7 1 9 5 4  MONTH DAY YEAR	☐ Yes ☐ No ☐ Don't Know
5.	What was the inmate's sex?	11. Where did the inmate die?
<b>.</b>	<ul><li>✓ Male</li><li>☐ Female</li></ul>	☐ 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:	
	<ul> <li>☑ White</li> <li>☐ Black or African American</li> <li>☐ American Indian or Alaska Native</li> <li>☐ Asian</li> <li>☐ Native Hawaiian or Pacific Islander</li> <li>☐ Some other race</li> <li>☐ Please Specify:</li> </ul>	

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	4
□ 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] ——— Neuroleptic malignant syndrome and metal	
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] ————	
	- 19
14. 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 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	
SPECIFYI 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:	
	. 1
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. 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
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
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
<ul> <li>□ Pre-existing medical condition</li> <li>□ Deceased developed condition after admission</li> <li>□ Could not be determined</li> </ul>
Please add any additional notes regarding this death here:
Changed Q11 from Elsewhere - St. Elizabeth Hospital (STEH) to Medical Center outside Facility and removed text.



# DEATHS IN CUSTODY—2015 STATE PRISON INMATE DEATH REPORT

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

(Add	endum)	100 mg	DEATH REF		RTI INTERNATIONAL
			FORM COMPLE	ETED BY:	
Name				Title	3 A
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: 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 bisdcrp@rti.org

# What deaths should be reported?

# 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
- 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**

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
		your correctional facilities?
	LACT	0 5 2 9 2 0 1 4
	FIRST MI	MONTH DAY YEAR
_		
2.	On what date did the inmate die?	
	0 3 2 3 2 0 1 5	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Oper-Vehicle Intoxicated
		b.
3.	What was the name and location of the correctional facility involved?	c.
	Facility Name:	d.
	Elayn Hunt Correctional Center	e
	Facility City	
	St. Gabriel Facility State:	
	LA	10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
4.	What was the inmate's date of birth?	☐ Yes
		☑ No □ Don't Know
	0 1 2 8 1 9 6 0 MONTH DAY YEAR	
	TEAR	
. <u>.</u>		11. Where did the inmate die?
5.	What was the inmate's sex?	☐ In a general housing unit in the facility or on
	☑ Male □ Female	prison grounds ☐ In a segregation unit
	- Terriale	In a special medical unit/infirmary within your
		facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility
	origin?	<ul> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> </ul>
	☐ Yes ☑ No	☐ 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	
	<ul><li>☑ Black or African American</li><li>☑ American Indian or Alaska Native</li></ul>	
	American Indian of Alaska Native  Asian	
	☐ Native Hawaiian or Pacific Islander	
	Some other race  Please Specify:	
	ricase openiy.	
		The state of the s

	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
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
Ø	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] ——— Liver Disease
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
0	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]
, "	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)
[PLEASE	In a special medical unit/infirmary In a special mental health services unit
SPECIFY]	☐ In a segregation unit
	On death row, special unit awaiting capital punishment
	Elsewhere within the prison facility
	Please Specify:
0	
	Please Specify:
15. When	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
<b>2</b>	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
Ō	Morning (6 am to Noon)
	Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)
	Overnight (Midnight to 6 am)

16.			0.5	- <b>6</b> - J				isido
		NOT APPLICA	BLE—Cause of	of death was acci	idental injury, i	ntoxicatio	on, suicide, or ho	omicide
					YES	NO	DON'T KNOW	- PROVIDE
				edical staff				PLEASE PROVIDE
				ays, MRI)				RESPONSE FOR EACH ITEM (a-f)
								EACHITEMIC
				medications				
		e. Surgery			Ы	·····旦·····		
		f. Confinemen	t in special me	edical unit	ビ			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	after a	the cause of de admission? (If a	ath the result	of a pre-existing	g medical cor ne death and a	ndition o any of th	r did the inmate e conditions w	e develop the condition ere pre-existing, mar
	"Pre-	existing medica	l condition.")		-			
	"Pre-d	existing medica	I condition.")	) of death was acci				omicide
	"Pre-d	existing medica	al condition.") BLE—Cause o	of death was acci				omicide
	"Pre-d	NOT APPLICA  Pre-existing me  Deceased deve	al condition.") BLE—Cause of the condition of the conditi	of death was acci	idental injury, i			omicide
	" <i>Pr</i> e-6	existing medica NOT APPLICA Pre-existing me	al condition.") BLE—Cause of the condition of the conditi	) of death was acci n	idental injury, i			omicide
	"Pre-	NOT APPLICA  Pre-existing me  Deceased deve	al condition.") BLE—Cause of the condition of the conditi	) of death was acci n	idental injury, i			omicide
	"Pre-	Pre-existing medical Pre-existing medical Deceased developed Could not be de-	al condition.") BLE—Cause of the condition of the conditi	) of death was acci n	idental injury, i			omicide
Pleas	"Pre-	Pre-existing medical Pre-existing medical Deceased development of the development of the deceased development of the development of t	al condition.") BLE—Cause of the condition of the conditi	of death was acci	idental injury, i	ntoxicatio	on, suicide, or ho	omicide I to NA, Q15 from
leas Q1	"Pre-" " " " " " " " " " " " " " " " " " "	Pre-existing medical Pre-existing medical Deceased development of the development of the deceased development of the development of t	al condition.") BLE—Cause of the condition of the conditi	of death was acci	idental injury, i	ntoxicatio	on, suicide, or ho	
leas Q1	"Pre-" " " " " " " " " " " " " " " " " " "	Pre-existing medical Pre-existing medical Deceased development of the American American Other Causting medical Presentation of the Causting medical Presentation of the Causting Many additional Presenta	al condition.") BLE—Cause of the condition of the conditi	of death was acci	idental injury, i	ntoxicatio	on, suicide, or ho	
leas Q1	"Pre-" " " " " " " " " " " " " " " " " " "	Pre-existing medical Pre-existing medical Deceased development of the American American Other Causting medical Presentation of the Causting medical Presentation of the Causting Many additional Presenta	al condition.") BLE—Cause of the condition of the conditi	of death was acci	idental injury, i	ntoxicatio	on, suicide, or ho	
leas Q1	"Pre-" " " " " " " " " " " " " " " " " " "	Pre-existing medical Pre-existing medical Deceased development of the American American Other Causting medical Presentation of the Causting medical Presentation of the Causting Many additional Presenta	al condition.") BLE—Cause of the condition of the conditi	of death was acci	idental injury, i	ntoxicatio	on, suicide, or ho	
leas Q1	"Pre-" " " " " " " " " " " " " " " " " " "	Pre-existing medical Pre-existing medical Deceased development of the American American Other Causting medical Presentation of the Causting medical Presentation of the Causting Many additional Presenta	al condition.") BLE—Cause of the condition of the conditi	of death was acci	idental injury, i	ntoxicatio	on, suicide, or ho	
leas Q1	"Pre-" " " " " " " " " " " " " " " " " " "	Pre-existing medical Pre-existing medical Deceased development of the American American Other Causting medical Presentation of the Causting medical Presentation of the Causting Many additional Presenta	al condition.") BLE—Cause of the condition of the conditi	of death was acci	idental injury, i	ntoxicatio	on, suicide, or ho	
leas Q1	"Pre-" " " " " " " " " " " " " " " " " " "	Pre-existing medical Pre-existing medical Deceased development of the American American Other Causting medical Presentation of the Causting medical Presentation of the Causting Many additional Presenta	al condition.") BLE—Cause of the condition of the conditi	of death was acci	idental injury, i	ntoxicatio	on, suicide, or ho	

Form NPS-4A



# **DEATHS IN CUSTODY—2015** STATE PRISON INMATE

U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS

dendum)		DEATH REI		RTI INTERNATIONAL
		FORM COMPLI	ETED BY:	
			Title	
			Telephone	
			FAX	
	Zip	E-mail		
			FORM COMPLI	FORM COMPLETED BY:  Title  Telephone  FAX

# 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.

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# EXCLUDE deaths of ALL persons...

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- 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**

1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of
	Felton Charles		your correctional facilities?
	LAST FIRST MI		1 2 1 5 1 9 8 2
		'	MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 6 2 1 2 0 1 5	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		
			a. Second Degree Murder
		4	b.
3.	What was the name and location of the		C.
	correctional facility involved?		
	Facility Name:		d.
	Elayn Hunt Correctional Center		e.
	Facility City: Facility State:		
	St. Gabriel LA	10	Since addition
		10.	Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth?		☐ Yes ☑ No
"			☐ Don't Know
ı	MONTH DAY YEAR		
		11. 1	Where did the inmate die?
5.	What was the inmate's sex?	11. \	_
5.	What was the inmate's sex?  ☑ Male	11. \	<ul><li>In a general housing unit in the facility or on prison grounds</li></ul>
5.		11. \	<ul><li>In a general housing unit in the facility or on prison grounds</li><li>In a segregation unit</li></ul>
5.	☑ Male	11. 1	<ul><li>In a general housing unit in the facility or on prison grounds</li></ul>
	☑ Male ☑ Female	11. 1	<ul> <li>In a general housing unit in the facility or on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within</li> </ul>
	<ul><li>☑ Male</li><li>☑ Female</li><li>Was the inmate of Hispanic, Latino, or Spanish</li></ul>	11. 1	<ul> <li>In a general housing unit in the facility or on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> </ul>
	✓ Male     Female  Was the inmate of Hispanic, Latino, or Spanish origin?	11: 1	<ul> <li>In a general housing unit in the facility or on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> </ul>
	<ul> <li>✓ Male         <ul> <li>Female</li> </ul> </li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?         <ul> <li>Yes</li> </ul> </li> </ul>	11: 1	<ul> <li>In a general housing unit in the facility or on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> </ul>
	✓ Male     Female  Was the inmate of Hispanic, Latino, or Spanish origin?	11: 1	<ul> <li>In a general housing unit in the facility or on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>✓ In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> </ul>
	<ul> <li>✓ Male         <ul> <li>Female</li> </ul> </li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?         <ul> <li>Yes</li> </ul> </li> </ul>	11: 1	<ul> <li>In a general housing unit in the facility or on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> </ul>
	<ul> <li>✓ Male</li> <li>☐ Female</li> </ul> Was the inmate of Hispanic, Latino, or Spanish origin? <ul> <li>☐ Yes</li> <li>☑ No</li> </ul>	11: 1	<ul> <li>In a general housing unit in the facility or on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
6.	<ul> <li>✓ Male</li> <li>☐ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>☐ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial</li> </ul>	11: 1	<ul> <li>In a general housing unit in the facility or on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
6.	<ul> <li>✓ Male</li> <li>☐ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>☐ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please</li> </ul>	11: 1	<ul> <li>In a general housing unit in the facility or on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
6.	<ul> <li>✓ Male</li> <li>Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>Yes</li> <li>No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial categories:</li> <li>White</li> </ul>	11: 1	<ul> <li>In a general housing unit in the facility or on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
6.	<ul> <li>☑ Male</li> <li>☐ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>☐ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial categories:</li> <li>☐ White</li> <li>☑ Black or African American</li> </ul>	11: 1	<ul> <li>In a general housing unit in the facility or on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
6.	<ul> <li>☑ Male</li> <li>☐ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>☐ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial categories:</li> <li>☐ White</li> <li>☑ Black or African American</li> <li>☐ American Indian or Alaska Native</li> </ul>	11: 1	<ul> <li>In a general housing unit in the facility or on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
6.	<ul> <li>☑ Male</li> <li>☐ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>☐ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial categories:</li> <li>☐ White</li> <li>☑ Black or African American</li> </ul>	11: 1	<ul> <li>In a general housing unit in the facility or on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
6.	<ul> <li>☑ Male</li> <li>☐ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>☐ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial categories:</li> <li>☐ White</li> <li>☐ Black or African American</li> <li>☐ American Indian or Alaska Native</li> <li>☐ Asian</li> </ul>	11: 1	<ul> <li>In a general housing unit in the facility or on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
6.	<ul> <li>☑ Male</li> <li>☐ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>☐ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial categories:</li> <li>☐ White</li> <li>☑ Black or African American</li> <li>☐ American Indian or Alaska Native</li> <li>☐ Asian</li> <li>☐ Native Hawaiian or Pacific Islander</li> </ul>	11: 1	<ul> <li>In a general housing unit in the facility or on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>

y Tro th	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or yof 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
V	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] ——— Cancer
l	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]
	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
	In the prison facility or on the prison grounds  I ☐ In the inmate's cell/room
	☐ In a temporary holding area/lockup
[PLEASE	In a common area within the facility (e.g., yard, library, cafeteria) 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 punishment
	☐ Elsewhere within the prison facility
	Please Specify:
	, , , , , , , , , , , , , , , , , , ,
	Elsewhere  Please Specify:
	Flease Specify.
15. When	did the incident (e.g., accident, suicide, or homicide) causing the death occur?
	Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)
1 5	Overnight (Midnight to 6 am)

16. Excluding emergency services for the medic	care provided at the time of d cal condition that caused his/h	eath, did the inmate er death after admi	e receive any of ssion to your co	the following medical prectional facilities?
□ NOT APPLICAB	LE—Cause of death was accide	ntal injury, intoxication	on, suicide, or hor	micide
b. Diagnostic te c. Medications . d. Treatment/ca e. Surgery	physician/medical staffsts (e.g., X-rays, MRI)re other than medicationsin special medical unit			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
after admission? (If m "Pre-existing medical		death and <u>any</u> of th	e conditions we	re pre-existing, mark
	LE—Cause of death was accide	ntal injury, intoxication	on, suicide, or hor	micide
☐ Pre-existing med ☐ Deceased devel ☐ Could not be det	oped condition after admission			
21				
Changed Q11 from El	etes regarding this death here: sewhere to Medical Center from Elsewhere to NA, Q1			ext, Q13 from Other



# **DEATHS IN CUSTODY—2015** STATE PRISON INMATE DEATH DEDORT

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

	A STATE OF THE STA	DEATTIKEFORT	RTI INTERNATIONAL
	1	FORM COMPLETED BY:	
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: 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 bisdcrp@rti.org

# What deaths should be reported?

# 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
- 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**

THE STATE

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
	Foster Sammy	
	LAST FIRST MI	
		MONTH DAY YEAR
2.	On what date did the inmate die?	7.47
	0 2 1 7 2 0 1 5	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Agg Crime Against Nature
		b.
3.	What was the name and location of the correctional facility involved?	с.
	E The Manager	d.
	Facility Name:	e.
	Elayn Hunt Correctional Center	
	Facility City: Facility State:	
	St. Gabriel LA	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		Yes D No
4.	What was the inmate's date of birth?	Don't Know
	1 2 0 8 1 9 4 9	
	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	
		facility
		☐ In a special mental health services unit within
6.		
		☐ While in transit
	L 110	☐ 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	
	Some other race	
	Please Specify:	
	Was the inmate of Hispanic, Latino, or Spanish origin?  ☐ Yes ☐ No  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	☐ In a segregation unit ☐ In a special medical unit/infirmary within you 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

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?
<ul> <li>YES → CONTINUE TO Q13</li> <li>Evaluation complete—results are pending</li> </ul>
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] ——— Pneumonia and COPD
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 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:
<ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>
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. 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
A Evaluated by physician/medical staff
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 □ 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



# **DEATHS IN CUSTODY—2015**

U.S. DEPARTMENT OF JUSTICE **BUREAU OF JUSTICE STATISTICS** 

(Addendum)		1	DEATH RE		AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL	
			FORM COMPL	ETED BY:		
Name			7	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.
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# If you had more than one death in 2015:

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- Complete the entire form for each inmate death.
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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

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# What deaths should be reported?

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- 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

### **BURDEN STATEMENT**

# review of mereview of the mereview of

1.	What was the inmate's name?  Gregorie  Reynard  J  LAST  FIRST  MI	8.	On wha your co 0 5	orrecti	
2.	On what date did the inmate die?  0 5 1 4 2 0 1 5  MONTH DAY YEAR  What was the name and location of the correctional facility involved?  Facility Name:  Elayn Hunt Correctional Center  Facility City:  St. Gabriel  What was the inmate's date of birth?  0 4 1 8 1 9 6 4  MONTH DAY YEAR	10.	a. [ b. [ c. [ d. [ e. [	dmiss tht in Yes	ense(s) was the inmate being held? Ind Degree Murder  Sion, did the inmate ever stay a mental health facility?
		11.	Where o	did th	e inmate die?
5.	What was the inmate's sex?  Male Female		0	priso In a s	general housing unit in the facility or on n grounds segregation unit special medical unit/infirmary within your
6.	Was the inmate of Hispanic, Latino, or Spanish origin?  ☐ Yes ☐ No			your In a r In a r While	special mental health services unit within facility medical center outside your facility mental health center outside your facility in transit where  Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:				
	<ul> <li>White</li> <li>Black or African American</li> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> <li>Some other race</li> <li>Please Specify:</li> </ul>				

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 A	TA
LATER TIME FOR THE CAUSE OF DEATH  ☐ No evaluation is planned → CONTINUE TO Q13	
10 evaluation is planned - CONTINUE TO Q15	
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***	
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Spontaneous Bacterial Peritonitis	
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]	7
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
☐ Homicide [Describe] ————	1
Other cause(s) [Specify]	
14. 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 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   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:	
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.	Excli servi	uding 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?
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		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
17.	after "Pre-	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 any 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
		Y
Re	code	d any additional notes regarding this death here: ed Q11 from elsewhere-Our Lady of the Lake Regional Medical Center to a medical center the jail facility. Changed Q13 from Other Causes to Illness, Q15 from Afternoon to NA.



# **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:					
Name	7		Title		
Official Address			Telephone		
City			FAX		
State	Zip	E-mail [	ā		

# 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: 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 bisdcrp@rti.org

# What deaths should be reported?

### 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

### **BURDEN STATEMENT**

1.	What was the inmate's name? Harrington Stpehen  M  FIRST MI	your correctional faci 0 1 2 6	inmate admitted to one of lities?  2 0 0 9
3.	On what date did the inmate die?  1 2 1 4 2 0 1 5  MONTH DAY YEAR  What was the name and location of the correctional facility involved?	a. Oper-Vehicle b. c.	as the inmate being held? e-Intoxicated
	Facility Name:  Elayn Hunt Correctional Center  Facility City: Facility State:  St.Gabriel LA	d. e. Since adviseing did 4	
4.	What was the inmate's date of birth?  0 7 3 1 1 9 5 9  MONTH DAY YEAR	O. Since admission, did to overnight in a mental lower low	
<ol> <li>6.</li> </ol>	What was the inmate's sex?  ☑ Male ☐ Female  Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	prison grounds In a segregatio In a special me facility In a special me your facility In a medical ce	using unit in the facility or on n unit dical unit/infirmary within your ental health services unit within enter outside your facility alth center outside your facility
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:		

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, coroner's evaluation (such as an autopsy, postmortem exa	
☐ YES —→ CONTINUE TO Q13	
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED A LATER TIME FOR THE CAUSE OF DEATH	21.3
☑ No evaluation is planned → CONTINUE TO Q13	
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***	
13. What was the cause of death? *** Please SPECIFY cause of death.	
✓ Illness—Exclude AIDS-related deaths [Specify] ——— Septic Shock	
Acquired Immune Deficiency Syndrome (AIDS)	
Accidental alcohol/drug intoxication [Describe]	$\exists$
Accidental injury to self [Describe]	
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	775,75
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	$\exists$
☐ Homicide [Describe] ————————————————————————————————————	
Other cause(s) [Specify]	
14. 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 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 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:	
English to the second of the s	
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)	The second secon

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?							
	a. Evaluated by physician/medical staff						
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 Could not be determined						
Please add	d any additional notes regarding this death here:						
	and the second of the second o						

U.S. DEPARTMENT OF JUSTICE **DEATHS IN CUSTODY—2015** Form NPS-4A **BUREAU OF JUSTICE STATISTICS STATE PRISON INMATE** AND ACTING AS COLLECTION AGENT: (Addendum) **DEATH REPORT** RTI INTERNATIONAL FORM COMPLETED BY: Title Name Official Telephone Address FAX City Zip State E-mail

# Instructions for Completion

# If no deaths occurred in 2015:

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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

# What deaths should be reported?

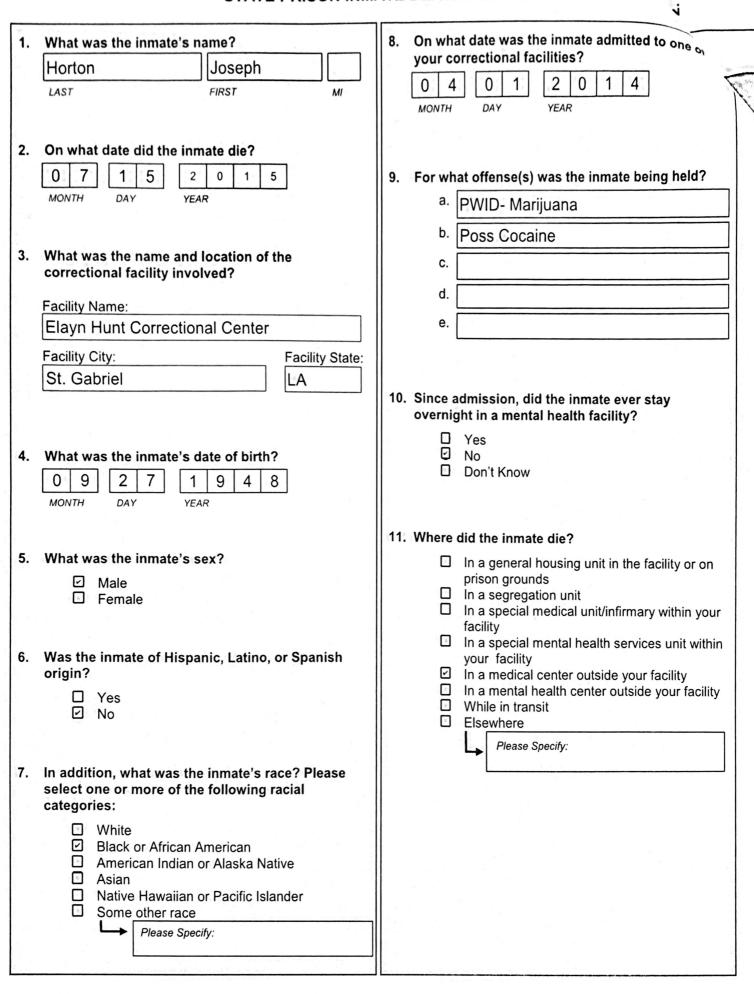
# INCLUDE deaths of ALL persons...

- 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

### **BURDEN STATEMENT**



Ô

revie	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?  YES → CONTINUE TO Q13  Evaluation complete—results are pending  SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT 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***
V	Illness—Exclude AIDS-related deaths [Specify] ——— GI bleed/hemorrhage
, 0	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	
45 14/1-	n did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?

"VCENCY ID"

16.	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					
		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				
17.	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  Could not be determined				
ch	Please add any additional notes regarding this death here: changed Q11 from Elsewhere to Medical Center outside Facility and removed text, Q13 from Other Causes to Illness, Q14 from Elsewhere to NA, Q15 from Evening to NA.					
l.						

My (Ville of the control of the cont



# DEATHS IN CUSTODY—2015 STATE PRISON INMATE DEATH REPORT

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

PEATH REPORT RTI INTERNATIONAL

FORM COMPLETED BY:

Name Title Telephone FAX State Zip E-mail

# **Instructions for Completion**

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- 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

# BURDEN STATEMENT



1.	What was the inmate's name?	8.	On wha	It date was the inmate admitted to one of
	Howard Robert			rrectional facilities?
	LAST FIRST MI		0 5	2 3 1 9 6 8
			MONTH	DAY YEAR
2.	On what date did the inmate die?			
	0 8 1 3 2 0 1 5	9.	For wha	at offense(s) was the inmate being held?
	MONTH DAY YEAR		a.	First Degree Murder
			b. [	S-Escape I
3.	What was the name and location of the correctional facility involved?		c. [	
	Facility Name:		d.	
	Elayn Hunt Correctional Center		e.	Personal Control of the Control of t
	Facility City: Facility State:			
	St. Gabriel LA	10	Since o	dmission, did the inmate ever stay
		10.		this in a mental health facility?
				Yes
4.	What was the inmate's date of birth?	1.75	0	No Don't Know
	0 3 0 3 1 9 5 2		U	Bort Know
	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	12.9		prison grounds In a segregation unit
	☐ Female		ō	In a special medical unit/infirmary within your
				facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish			your facility
	origin?	1		In a medical center outside your facility In a mental health center outside your facility
	☐ Yes ☑ No		-	While in transit
	2 110		/ 🖦	Elsewhere
		S. S		Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:			
	<ul> <li>□ White</li> <li>□ Black or African American</li> <li>□ American Indian or Alaska Native</li> <li>□ Asian</li> <li>□ Native Hawaiian or Pacific Islander</li> <li>□ Some other race</li> </ul>			
4	Please Specify:	3 11 3 11 30 31 14 94 31	one was the word in the party of the	

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?	r
<ul> <li>✓ YES</li></ul>	
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED A	TA
□ 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] — 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]	
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)   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:	
<ul><li>Outside the prison facility (e.g., while on work release or on work detail)</li><li>Elsewhere</li></ul>	
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)	

th, did the inmate death after admis	receive any of t ssion to your co	rrectional facilities?			
		PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)			
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.")					
al injury, intoxicatio	n, suicide, or hor	nicide			
	<del>na 11 a Tagas</del>	A Commence of the Commence of			
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	death after admis	dical condition or did the inmate			

Form NPS-4A (Addendum)



# **DEATHS IN CUSTODY—2015 STATE PRISON INMATE DEATH REPORT**

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

	A COPICS		
		FORM COMPLETED BY:	
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: 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 bisdcrp@rti.org

# What deaths should be reported?

#### 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
- 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?	8.	On what date was the inmate admitted to one of
	Johnson Tolliver		your correctional facilities?
	LAST FIRST MI		0 6 1 1 2 0 0 9
			MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 8 0 7 2 0 1 5	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		a. Poss Heroin Schedule I
			b. First Degree Robbery
3.	What was the name and location of the		That Degree Habbery
	correctional facility involved?		c. Armed Robbery
	Facility Name:		d.
	Elayn Hunt Correctional Center		e.
	Facility City: Facility State:		
	St. Gabriel LA		
		10.	Since admission, did the inmate ever stay
			overnight in a mental health facility?
4.	What was the inmate's date of birth?		☐ Yes ☑ No
◄.			☐ Don't Know
	1 0 1 0 1 9 4 7 MONTH DAY YEAR	is a	
	7.51		
_		11.	Where did the inmate die?
5.	What was the inmate's sex?		☐ In a general housing unit in the facility or on
	☑ Male □ Female		prison grounds ☐ In a segregation unit
	- Tentale		In a special medical unit/infirmary within your
			facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish		your facility
	origin?		<ul> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> </ul>
	☐ Yes ☑ No		☐ 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:		
	<ul> <li>□ White</li> <li>□ Black or African American</li> <li>□ American Indian or Alaska Native</li> <li>□ Asian</li> </ul>		
	□ Native Hawaiian or Pacific Islander □ Some other race □ Please Specific		
	Please Specify:		

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] ———
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 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 a temporary holding area/lockup
☐ In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE SPECIFY] 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:
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. Excl servi	uding emergency care provided at the time of death, did the inmate receive any of ices for the medical condition that caused his/her death after admission to your co	the following medical prrectional facilities?
0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hor	micide
	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)
aiter	the cause of death the result of a pre-existing medical condition or did the inmate admission? (If multiple conditions caused the death and <u>any</u> of the conditions well-existing medical condition.")	re pre-existing, mark
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hon	nicide
0	Pre-existing medical condition Deceased developed condition after admission	
Offend	d any additional notes regarding this death here: er had a history of Hypertension, Hyperlipidemia, Diabetes type II, HIV, HO ageal reflux disease, and arthritis.	CV, Gastro
5 NO 5		

Form NPS-4A (Addendum)



#### **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** 

	THE OWNER OF THE OWNER OWNER OF THE OWNER OW			
		FORM COMPLETI	ED BY:	
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: 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 bisdcrp@rti.org

# What deaths should be reported?

#### 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
- 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

	STATE PRISON INMA	The result
1.	What was the inmate's name?  Jones  Ronald  FIRST  MI	8. On what date was the inmate admitted to one on your correctional facilities?    O 2 1 6 1 9 7 3  MONTH DAY YEAR
2.	On what date did the inmate die?  O 1 3 1 2 0 1 5  MONTH DAY YEAR  What was the name and location of the correctional facility involved?  Facility Name:  Elayn Hunt Correctional Center  Facility City: Facility State:  St. Gabriel LA	9. For what offense(s) was the inmate being held?  a. Aggravated Rape  b
4.	What was the inmate's date of birth?  1 1 0 3 1 9 4 9  MONTH DAY YEAR	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	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
6.	Was the inmate of Hispanic, Latino, or Spanish origin?  ☐ Yes ☐ No	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:	

litted to one		
one of		ne 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?
		YES —— CONTINUE TO Q13 Evaluation complete—results are pending
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
	0	LATER TIME FOR THE CAUSE OF DEATH  No evaluation is planned → CONTINUE TO Q13
13.	_	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
		Illness—Exclude AIDS-related deaths [Specify] ——— Subarachnoid hemorrhage
		Acquired Immune Deficiency Syndrome (AIDS)
	П	Accidental alcohol/drug intoxication [Describe] ———
	ŋ	Accidental injury to self [Describe]
		Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	2	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
		Homicide [Describe] ————
4		Other cause(s) [Specify]
1.3.4		
14.	Wher	re 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
(E	LEASE	☐ In a common area within the facility (e.g., yard, library, cafeteria) ☐ In a special medical unit/infirmary
	PECIFY	
		On death row, special unit awaiting capital punishment  Elsewhere within the prison facility
		Please Specify:
100		Outside the prison facility (e.g., while on work release or on work detail)
	L	Elsewhere  Please Specify:
15.	Wher	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) 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
	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
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
	<ul> <li>□ Pre-existing medical condition</li> <li>□ Deceased developed condition after admission</li> <li>□ Could not be determined</li> </ul>
Br	rief Medical History: Hypertension, Hepatitis C, hypothyroidism, bilateral cataracts, and chizophrenia. Recoded Q11 from elsewhere-Our Lady of the Lake Regional Medical Center to med enter outside

Form NPS-4A (Mubachha)



# **DEATHS IN CUSTODY—2015** STATE PRISON INMATE

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

(Add	endum	Secretary of the second	DEATH REP	ORT	RTIINTERNATIONAL
			FORM COMPLE	TED BY:	
Name				Title	
Official Address				Telephone	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
City				FAX	- 9
State		Zip	E-mail	A 2 4000 -	

# 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: 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 bisdcrp@rti.org

# What deaths should be reported?

#### 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
- 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**

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# STATE PRISON INMATE DEATH REPORT

1.	What was the inmate's name?	8.	On wha	at date was the inmate admitted to one of
	Joseph Ronald	0.	your co	rectional facilities?
	LAST FIRST MI		1 2	1 2 2 0 1 4
			MONTH	DAY YEAR
2.	On what data did u			
	On what date did the inmate die?			
	MONTH	9.	For wha	at offense(s) was the inmate being held?
	MONTH DAY YEAR		a.	Indecent Behavior- Juveniles
•			b. [	
3.	What was the name and location of the correctional facility involved?		c. [	**************************************
			d. [	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Facility Name:		L	and the second s
	Elayn Hunt Correctional Center		е.	
	Facility City: Facility State:			
	St. Gabriel LA			
		10.	Since a	dmission, did the inmate ever stay tht in a mental health facility?
				Yes
4.	What was the inmate's date of birth?	100	Ō	No
	1 1 2 2 1 9 5 2			Don't Know
	MONTH DAY YEAR			
		11.	Where o	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
				racility
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
	☐ Yes ☑ No			In a mental health center outside your facility While in transit
				Elsewhere
_	the times and the same and the			Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:			
	<ul> <li>White</li> <li>Black or African American</li> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> <li>Some other race</li> </ul>			
	Some other race  Please Specify:			

_	YES
L	Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT 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***
V	Illness—Exclude AIDS-related deaths [Specify] ——— End-stage congestive heart failure
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe] ————
9	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents
	during transport) [Describe]
ė.	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
-	Homicide [Describe]
	Other cause(s) [Specify] —
4. Whe	re did the incident (e.g., accident, suicide, or homicide) causing the death take place?
<b>2</b>	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
[PLEASE SPECIFY	
SPECIF	☐ 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:
	Employee 1 1 1 to the control of the
	n did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
Who	
	✓ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
(	Morning (6 am to Noon)
[	

o'

16. Exclud	ling emergency care provided at the time of death, did the inmate receive any of the following medical es 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  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 NO DON'T KNOW  PLEASE PROVIDE A  RESPONSE FOR  EACH ITEM (a-f)
after a	te cause of death the result of a pre-existing medical condition or did the inmate develop the condition dmission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark existing medical condition.")  NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
Ø	Pre-existing medical condition  Deceased developed condition after admission  Could not be determined
Please add	any additional notes regarding this death here:
1	d Q13 from Other Causes to Illness, Q14 from Special Medical Unit to NA, Q15 from Morning
X Y	en e