Form NPS-4A (Addendum)	DEATHS IN CUSTO STATE PRISON I DEATH REPO	NMATE	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	8	FAX	
State Zip	E-mail		
 If you had more than one death Make copies of this form fo Complete the entire form fo Once your death records an 	r each additional death.	o submit a death	report:
ONLINE: Complete the rep E-MAIL: <u>bjsdcrp@rti.org</u> FAX (TOLL-FREE): (866) 8	port online at: <u>https://bjsdcrp.rti.org</u> 800-9179	F	RTI International, Attn: Data Capture Project Number: 0213149.001.400.402.100 265 Capital Boulevard Raleigh, NC 27690-1652
If you need assistance	e, call Matt Bensen of RTI Internation	al toll-free at (800)) 344-1387 or <u>bjsdcrp@rti.org</u>
	What deaths should	be reported?	?
LUDE deaths of ALL persons	EX	CLUDE deaths	of ALL persons

under your jurisdiction or that of another state

Confined in your correctional facilities, whether housed

- 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

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.

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N. Excelled

1. What was the inmate's name? Knapp Brian T	8. On what date was the inmate admitted to one of your correctional facilities?
LAST FIRST MI	0 2 0 7 2 0 1 5 MONTH DAY YEAR
2. On what date did the inmate die? 0 2 0 7 2 0 1 5 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. II-carry-weapon
3. What was the name and location of the correctional facility involved?	 b. PWID Methamphetamin Schedule II c. Contraband
Facility Name: Elayn Hunt Correctional Center	d. Oper Clandestine Lab e. Manu Methamphetamin ScheduleII
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? $ \begin{array}{c c} 0 & 2 \\ \hline MONTH \\ \end{array} \begin{array}{c c} 1 & 0 \\ \hline DAY \\ \end{array} \begin{array}{c c} YEAR \end{array} $	☐ 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
 6. Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No 	 facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
 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: 	

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revi	ew of medical records) available to establish an official cause of death?
	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. Wh	at was the cause of death? *** Please SPECIFY cause of death—it is critical information***
G	Illness—Exclude AIDS-related deaths [Specify] End Stage of Liver Disease
0	Acquired Immune Deficiency Syndrome (AIDS)
C	Accidental alcohol/drug intoxication [Describe]
	Accidental injury to self [Describe]
C	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
C	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
0	Homicide [Describe]
۵	Other cause(s) [Specify]
14. Wh [[[PLEAS SPECIF	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
	 en 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)

<i>"</i> Λ	CE	INI	v	In,

16. Exclu servio	Inding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities? NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide YES NO DON'T KNOW
	a. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A c. Medications PLEASE PROVIDE A d. Treatment/care other than medications PLEASE PROVIDE A e. Surgery PLEASE PROVIDE A f. Confinement in special medical unit PLEASE PROVIDE A
after <i>"Pr</i> e-	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined
	d any additional notes regarding this death here: ed Q13 from Other Causes to Illness, Q14 from Elsewhere to NA, Q15 from Evening to NA.

		5	OMB No. 1121-0249 Approval Expires 03/31/2019
Form NPS-4A (Addendum)	DEATHS IN CUSTO STATE PRISON II DEATH REPO	MATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
	FORM COMPLET	ED BY:	
Name		Title	
Official ddress	· · · · · · · · · · · · · · · · · · ·	Telephone	
City		FAX	
State Zip	E-mail		n martineana. The annual sector of the sector of
If no deaths occurred in 2015:		ana da anti-	 Constrained and product and a second s
 You will not need to report anythin At the beginning of 2016, you will 		ary form wheth	er or not you had a death occurrence in 20
	_ 것 _ 것 같 좋아요? 이 것한 것		
If you had more than one death in 201			
 Make copies of this form for each 	additional death.		
	additional death. inmate death.	o submit a dea	th report:
 Make copies of this form for each Complete the entire form for each 	additional death. inmate death. plete, there are several ways to line at: <u>https://bjsdcrp.rti.org</u>		th report: RTI International, Attn: Data Capture Project Number: 0213149.001.400.402.10 5265 Capital Boulevard Raleigh, NC 27690-1652
 Make copies of this form for each Complete the entire form for each Once your death records are com ONLINE: Complete the report or E-MAIL: bjsdcrp@rti.org 	additional death. inmate death. plete, there are several ways to line at: <u>https://bjsdcrp.rti.org</u>		RTI International, Attn: Data Capture Project Number: 0213149.001.400.402.10 5265 Capital Boulevard

 INCLUDE deaths of ALL persons Confined in your correctional facilities, whe under your jurisdiction or that of another state Under your jurisdiction but housed in private facilities, whether located in or out of state Under your jurisdiction but in special facilitie 	 Confined in local jail facilities, whether located in or out of state Under your jurisdiction but housed in a state-operated correctional facility is pacther state or is a faderal facility.
 medical/treatment/release centers, halfway police/court lockups, or work farms) In transit to or from your facilities while und supervision 	 • Under probation or parole supervision in your state • Under your jurisdiction but on AWOL or escape-status at

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.

ATE PRISON INMA	
	8. On what date was the inmate admitted to one of your correctional facilities? 1 0 1 5 2 0 1 2 MONTH DAY YEAR
II	 9. For what offense(s) was the inmate being held? a. Molestation of a Juvenile b.
	c
Facility State:	10. Since admission, did the inmate ever stay overnight in a mental health facility?
	 □ 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 special mental health services unit within
tino, or Spanish	your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
ring racial	
a Native	
	ph M P? 1 5 on of the nter Facility State: LA birth?

we 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] — Heart Attack
Acquired Immune Deficiency Syndrome (AIDS)
□ Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
□ Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? Image: NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related Image:
Please Specify:

15.	When c	lid 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)

'n

	y care provided at the time of death cal condition that caused his/her d	eath after admission	eive any of the followi to your correctional	facilities?
	BLE—Cause of death was accidental i	njury, intoxication, su	icide, or homicide	
 b. Diagnostic te c. Medications d. Treatment/ca e. Surgery 	y physician/medical staff ests (e.g., X-rays, MRI) are other than medications in special medical unit	···[2]······	RESPON EACH ITE	
after admission? (If n "Pre-existing medica NOT APPLICAE Pre-existing me	BLE—Cause of death was accidental i dical condition loped condition after admission	h and <u>any</u> of the con	nditions were pre-exis	
Please add any additional n	otes regarding this death here:			
		in a Maria		

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

Instructions for Completion

If no deaths occurred in 2015:

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

If you had more than one death in 2015:

- Make copies of this form for each additional death.
- · Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report.

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

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

INCL	UDE deaths of ALL persons	EXCLUDE 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	 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

What deaths should be reported?

BURDEN STATEMENT

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ACENCY ID.

计对于人名英格尔德 网络帕尔特帕尔特帕尔特福尔特福尔特 法法律法律 化合金 医黄疸 化乙基乙基乙基乙基乙基乙基

			_
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of	
÷	Mapes Donald	your correctional facilities?	
	LAST FIRST MI	1 0 1 8 2 0 0 4	
1.12		MONTH DAY YEAR	
1.			
2.	On what date did the inmate die?		
1.1	0 9 1 1 2 0 1 5	9. For what offense(s) was the inmate being held?	
1	MONTH DAY YEAR	a. Possession of Cocaine	
			4
		b.	4
3.	What was the name and location of the	C.	
· .	correctional facility involved?		_
	Facility Name:	d.	ŝ.
1	Elayn Hunt Correctional Center	e.	
	Facility City: Facility State:		
2	St. Gabriel LA		
		10. Since admission, did the inmate ever stay	
		overnight in a mental health facility?	
		│ □ Yes □ ☑ No	5
4.	What was the inmate's date of birth?	│	
	0 9 2 1 1 9 5 9		
	MONTH DAY YEAR		
S		11. Where did the inmate die?	
5.	What was the inmate's sex?		
J .		In a general housing unit in the facility or on prison grounds	
. 1.	 ☑ Male ☑ Female 	In a segregation unit	
		In a special medical unit/infirmary within you	r
		facility In a special mental health services unit withi	-
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility	n .
	origin?	☑ In a medical center outside your facility	. 3
	□ Yes	In a mental health center outside your facility	y
	☑ No	 While in transit Elsewhere 	-3
			٦ '
		Please Specify:	
7.	In addition, what was the inmate's race? Please		
	select one or more of the following racial		
	categories:		
	White		
$2^{2}\pi$	Black or African American		
2	 American Indian or Alaska Native Asian 		
	 Asian Native Hawaiian or Pacific Islander 		
· . ·	Some other race		
	Please Specify:		

12. Are revi

(VES 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
unita di seconda di se Reference	
3. What	t was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] — Acute massive intracerebral hemmorhage
-	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]
4. Wher	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	
SPECIFY	η I 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)
	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 servi	uding emergency care provided at the time ces for the medical condition that caused	e of death, did the his/her death afte	inmate r admi	e receive any of ssion to your co	the following medical prrectional facilities?
	۵	NOT APPLICABLE—Cause of death was a	ccidental injury, int	oxicatio	on, 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)
17.	after	the cause of death the result of a pre-exist admission? (If multiple conditions caused -existing medical condition.")	ting medical cond I the death and <u>ar</u>	lition o by of th	r did the inmate e conditions we	develop the condition re pre-existing, mark
		NOT APPLICABLE—Cause of death was a	ccidental injury, int	oxicatio	on, suicide, or hor	nicide
		Pre-existing medical condition Deceased developed condition after admiss Could not be determined	sion			

Please add any additional notes regarding this death here:

Changed Q11 from Elsewhere - Our Lady of the Lake Regional Medical Center to Medical Center outside Facility.

Form NPS-4A (Addendum)		DEATHS IN CUSTODY STATE PRISON INM DEATH REPORT	ATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLETED	BY:	
Name			Title	the share and the second se
Official ddress		Te	elephone	 International Activity and the second se
City			FAX	
State	Zip	E-mail		
	eed to report anything		form whathar	or not you had a death occurrence in 201
-		and the second	Ionn whether	or hot you had a death occurrence in 201
	nan one death in 2015 of this form for each a			
	e entire form for each			
		plete, there are several ways to s	ubmit a death r	report:
E-MAIL: bjs		ine at: <u>https://bjsdcrp.rti.org</u> /9	P 5	RTI International, Attn: Data Capture Project Number: 0213149.001.400.402.10 265 Capital Boulevard Raleigh, NC 27690-1652
				and the second sec
If you m	and assistance call A	Natt Bensen of RTI International t	oll-free at (800	344-1387 or hisdorn@rti ora

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

INCL	UDE deaths of ALL persons	EXCLUDE deaths of ALL persons.	
	Confined in your correctional facilities, whether housed	Executed in your state	
	under your jurisdiction or that of another state	Confined in local jail facilities, v	whether located in or out of
•	Under your jurisdiction but housed in private correctional	state	
	facilities, whether located in or out of state	Under your jurisdiction but hou	
•	Under your jurisdiction but in special facilities (e.g.,	correctional facility in another s	tate or in a federal facility
	medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	 Under probation or parole superior 	ervision in your state
		Under your jurisdiction but on A	AWOL or escape-status at
	In transit to or from your facilities while under your supervision	the time of death	
	1 State 1 S		and the second and the second s

What deaths should be reported?

BURDEN STATEMENT

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What was the inmate's name?	MATE DEATH REPORT
	8. On what date was the inmate admitted to one of your correctional facilities?
LAST	
FIRST MI	MONTH DAY YEAR
On what date did the inmate die?	
0 1 3 1 2 0 1 5	9. For what offense(s) was the inmate being held?
MONTH DAY YEAR	a. Sex Offender Register Violation
	b. Forceible Rape
What was the name and location of the correctional facility involved?	c.
acility Name:	d.
Elayn Hunt Correctional Center	e.
acility City: Eacility State:	
St. Gabriel	
	10. Since admission, did the inmate ever stay
	overnight in a mental health facility?
What was the inmate's date of birth?	
0 6 1 4 1 9 5 2 MONTH DAY YEAR	Don't Know
TEAR	
What was the inmate's sex?	11. Where did the inmate die?
Male	□ 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
Was the inmate of Hispanic, Latino, or Spanish	In a special mental health services unit within
origin?	your facility In a medical center outside your facility
□ Yes ☑ No	 In a mental health center outside your facility While in transit
_ 110	
	Please Specify:
n addition, what was the inmate's race? Please select one or more of the following racial categories:	
U White	
 Black or African American American Indian or Alaska Native 	
Asian	
 Native Hawaiian or Pacific Islander Some other race 	

		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?
		J 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
13. V		was the cause of death? *** Please SPECIFY cause of death—it is critical information***
		Illness—Exclude AIDS-related deaths [Specify] — End of stage Liver Disease
		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]
00 T 2 3		
14. N	Wher	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
		 In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria)
[PLI	EASE	□ In a special medical unit/infirmary
SPE	ECIFY]	 In a special mental health services unit In a segregation unit
		On death row, special unit awaiting capital punishment
		C Elsewhere within the prison facility Please Specify:
		, (5,
		Elsewhere Please Specify:
	101	
15. V		did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
	Ŀ	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	_	
		Morning (6 am to Noon) Afternoon (Noon to 6 pm)

				death was accid			e receive any of ssion to your co n, suicide, or hor		
		. Shee							
	 b. Diagno c. Medic d. Treatro e. Surge 	ostic tests ations nent/care c ry	(e.g., X-rays	ical staff s, MRI) nedications cal unit				PLEASE RESPON EACH ITI	PROVIDE A SE FOR EM (a–f)
after		n? (If mult	iple conditi				did the inmate e conditions we		
-	NOT APP	LICABLE	-Cause of	death was accid	dental injury,	intoxicatio	n, suicide, or hor	nicide	
			ed condition	after admission					
		ional notes	-	his death here:	4 from Spe	ecial Med	dical Unit to N/	A, Q15 fr	om Mornin



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	r attac	/			

Instructions for Completion

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What deaths should be reported?

INCI	UDE deaths of ALL persons	EXCLUDE 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	 Executed in your state Confined in local jail 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)	 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
•	In transit to or from your facilities while under your supervision	the time of death

BURDEN STATEMENT

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STATE PRISON INM	ATE DEATH REPORT
1. What was the inmate's name? McCoy Rufus LAST FIRST On what date did the inmate die? 0 9 2 0 MONTH DAY YEAR 3. What was the name and location of the correctional facility involved? Facility Name: Elayn Hunt Correctional Center Facility City: Facility State: St. Gabriel LA	 8. On what date was the inmate admitted to one of your correctional facilities? 0 9 1 6 1 9 9 7 MONTH DAY YEAR 9. For what offense(s) was the inmate being held? a. Second Degree Murder b. c. d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes
4. What was the inmate's date of birth? 0 3 1 1 1 9 4 3 MONTH DAY YEAR	☑ No □ Don't Know
 5. What was the inmate's sex? Male Female 6. Was the inmate of Hispanic, Latino, or Spanish origin? Yes No 	 11. Where did the inmate die? In a general housing unit in the facility or on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere 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: 	

]	 review of medical records) available to establish an official cause of death? PES → 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] → 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]
4	Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
17.	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)
[PL	EASE In a special medical unit/infirmary
0, 1	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)
	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)

		b. [c.] d e. \$	Diagnosti Medicatio Freatmen Surgery	c tests (e.g ns t/care othe	i., X-rays, N r than med	I staff /IRI) lications unit	······································			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)
17.	after	admi	ssion? (condition					develop the conditior are pre-existing, mark
		Pre Dec	-existing eased de	medical co	ndition ondition aft	ath was accid er admission		intoxicatio	on, suicide, or ho	micide

	and a line			OMB No. 1121	0249 Approval Expires 03/31/2019
Form NPS (Addendu	5-4A m)	DEATHS IN CUST STATE PRISOI DEATH RE	NINMATE		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS ID ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPL	ETED BY:		
Name			Title		
Name					
Official ddress	 x x = 100 m. 	Na Alizzaria a secondaria da	Telephone		
City			FAX		
State	Zip	E-mai	1		
				in Sep	ing the second of the participant of the
lf you had • Make • Comp	more than one death in 20 copies of this form for each lete the entire form for each	<u>15:</u> n additional death.			i had a death occurrence in 201
E-MA	NE: Complete the report of IL: <u>bjsdcrp@rti.org</u> TOLL-FREE): (866) 800-9 ⁻	nline at: <u>https://bjsdcrp.rti.or</u> 179	a MAIL	Project Nu 5265 Capil	itional, Attn: Data Capture mber: 0213149.001.400.402.100 al Boulevard C 27690-1652
I.	f you need assistance, call	Matt Bensen of RTI Interna	tional toll-free at (800) 344-138	7 or <u>bjsdcrp@rti.org</u>
		What deaths shou	ld be reporte	ed?	
CLUDE dea	ths of ALL persons		EXCLUDE deat	ns of ALL pe	rsons

II •	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

Confined in your correctional facilities, whether housed

Under your jurisdiction but housed in private correctional

Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses,

In transit to or from your facilities while under your

under your jurisdiction or that of another state

facilities, whether located in or out of state

police/court lockups, or work farms)

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supervision

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		ATE DEATH REPORT
	STATE PRISON INM	ATE DEATH REPORT 국 한
1.	What was the inmate's name? Menard Gregory LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 7 0 5 2 0 1 1 MONTH DAY YEAR
2.	On what date did the inmate die? 0 8 1 1 2 0 1 5 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Oper-Vehicle Intoxicated
3.	What was the name and location of the correctional facility involved?	c.
	Facility Name: Elayn Hunt Correctional Center	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? 1 2 0 4 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 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: 	

	part
	Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, o review 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 A LATER TIME FOR THE CAUSE OF DEATH
	□ No evaluation is planned → CONTINUE TO Q13
ſ	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]
L	
	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 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:
L	
ſ	15. When did the incident (e.g. accident suicide or hemicide) equeing the death accur?
	 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)

xcluding emergency care provided at the time of ervices for the medical condition that caused his/	ental injury, intoxi	cation, suicide, or hor	nicide
 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 RESPONSE FOR EACH ITEM (a-f)
 las the cause of death the result of a pre-existing fter admission? (If multiple conditions caused the Pre-existing medical condition.")	medical condition death and <u>any</u> c	on or did the inmate of the conditions we	develop the conditio re pre-existing, mark
NOT APPLICABLE—Cause of death was accid	ental injury, intoxi	cation, suicide, or hor	nicide
Pre-existing medical condition			

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Form NPS-4A (Addendum)	DEATHS IN CUSTODY—20 STATE PRISON INMATE DEATH REPORT	BUDEAU OF INSTICE STATISTICS
	FORM COMPLETED BY	:
Name		Title
fficial dress	Teleph	ione
City		FAX
State Zip	E-mail	

If no deaths occurred in 2015:

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

If you had more than one death in 2015:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

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

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

What deaths should be reported?

INCL	UDE deaths of ALL persons	EXCLUDE deaths of ALL persons
•	Confined in your correctional facilities, whether housed under your jurisdiction or that of another state	Executed in your state
•	Under your jurisdiction but housed in private correctional facilities, whether located in or out of state	 Confined in local jail facilities, whether located in or out of state Under your jurisdiction but housed in a state-operated
1 • 1	Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	 correctional facility in another state or in a federal facility Under probation or parole supervision in your state
•	In transit to or from your facilities while under your supervision	Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

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1. What was the inmate's name? Oconnell Robert LAST FIRST	 8. On what date was the inmate admitted to one of your correctional facilities? 0 8 1 4 2 0 1 4 MONTH DAY YEAR
 2. On what date did the inmate die? 0 8 2 5 2 0 1 5 MONTH DAY YEAR 3. What was the name and location 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 1 0 4 1 9 4 4 	 9. For what offense(s) was the inmate being held? a. Agg-Oral Sexual Battery b. Aggravated Rape c
MONTH DAY YEAR	11. Where did the inmate die?
 5. What was the inmate's sex? Male Female 	 In a general housing unit in the facility or on prison grounds In a segregation unit In a special medical unit/infirmary within your facility
 6. Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No 	 In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
 7. In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify: 	

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Are th review

revie	 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? 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. Wha	t was the cause of death? *** Please SPECIFY cause of 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]
0	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
4	Homicide [Describe]
	Other cause(s) [Specify]
[PLEASE SPECIFY	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

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

De of

	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide	
	YES NO DON'T KNOW a. Evaluated by physician/medical staff	PROVIDE A SE FOR EM (a–f)
after a	the cause of death the result of a pre-existing medical condition or did the inmate develop the admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-exist-existing medical condition.")	
after a	admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-exist-existing medical condition.")	



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

	ŧ	FORM COMPLET	TED BY:	
Name			Title	
Official ddress			Telephone	
City	ono alemento e contra como 198		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 state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

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What was the inmate'	's name?	8. On what	It date was the inmate admitted to one o	" " " " " " " " " " " " " " " " " " "
Paulley	James		prrectional facilities?	
LAST	FIRST MI	05 MONTH	3 1 9 9 5 DAY YEAR	
On what date did the	· · · · · · · · · · · · · · · · · · ·			
0 6 3 0	2 0 1 5		at offense(s) was the inmate being held	?
MONTH DAY	YEAR	a.	First Degree Murder	
		b.	(a) Martine and the second se Second second sec	
What was the name a		c. (
correctional facility in	nvolved?	d. (
Facility Name:				
Elayn Hunt Correct	tional Center	e.		
Facility City:	Facility Sta	te:		
St. Gabriel	LA		장애 성격한 것이는 것은 것이다. 성격한	
			Idmission, did the inmate ever stay ght in a mental health facility?	
			Yes	
What was the inmate	's date of birth?		No	
0 4 2 6	1 9 5 0		Don't Know	
MONTH DAY	YEAR			
		11. Where	did the inmate die?	
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 y	
			facility	
Moothe immete of !!!	anonio Latino ar Cranish		In a special mental health services unit w	ithiı
origin?	spanic, Latino, or Spanish		your facility In a medical center outside your facility	
□ Yes			In a mental health center outside your fac	cility
☑ No				
			Please Specify:	
In addition what was	the inmetale ress? Places			
select one or more of categories:	s the inmate's race? Please f the following racial			
U White				
 Black or Africa American Indi 	an American ian or Alaska Native			
American Indi	ian of Alaska Nalive			
	ian or Pacific Islander			
Some other ra				

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	review	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 A LATER TIME FOR THE CAUSE OF DEATH
	1 . See	■ No evaluation is planned → CONTINUE TO Q13
13. 1		was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	2	
		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]
4.	Wher 2	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	
	<u>,</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)
	EASE	
SP	ECIFY	 In a special mental health services unit In a segregation unit
		On death row, special unit awaiting capital punishment
		D Elsewhere within the prison facility
		Please Specify:
		Outside the prison facility (e.g., while on work release or on work detail)
		Elsewhere
		Please Specify:

When did the <u>incident</u> (e.g.	, accident, suicide, c	or homicide) causii	ng 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 servic	ding emergency care provided at the time of dea ces for the medical condition that caused his/her	th, did th death af	e inmat ter admi	e receive any of ssion to your co	the following medical rrectional facilities?
	۵	NOT APPLICABLE—Cause of death was accidenta	ıl injury, ir	ntoxicatio	on, suicide, or hor	nicide
		 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 medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")

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

Pre-existing medical condition

Deceased developed condition after admission

Could not be determined

Please add any additional notes regarding this death here:

Stage 4 Rectal cancer with metastasis to bones, malignant pleural and pericardial effusions, end stage liver disease, cirrhosis, HCV, hypertension, hemorrhoids and asthma.

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(Form (Add	NPS-4A Indumij	R	Ð		THS IN CUST TATE PRISON DEATH REP	WMATE	(Sectoralized Sector)	o 6. DEMANYARAY BURREAU (P. AURYAR AND 48 YAN AR OTAU ATUATEMAGY	10MA(;
	an là Chù nhài (Màir)nn		(an a	1	DAM COMPLE			an a	
	Name Official didress City State		210				Title Tallaphisme FASE			
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Instructions for Completion

If no deaths occurred in 2015:

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- 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 accurrence in 2019. .

If you had more than one death in 2015;

- Make copies of this form for each additional death ٠
- Complete the entire form for each inmate death .
- Once your death records are complete, there are several ways to submit a death report:

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MAIL: RTI International, Altn: 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 hisdorp@uti.org

	What deaths sho	ould be reported?
INCL • •	<u>UDE</u> 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	 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
	supervision	

BURDEN STATEMENT

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1.	What was the inmate's name? Phillips LAST FIRST	 8. On what date was the inmate admitted to one of your correctional facilities? 0 4 2 7 2 0 0 4 MONTH DAY YEAR
2.	On what date did the inmate die? 0 8 1 7 2 0 1 5 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Manslaughter b.
3.	What was the name and location of the correctional facility involved?	c
	Facility Name:Elayn Hunt Correctional CenterFacility City:Facility State:St. GabrielLA	 e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 1 1 6 1 9 4 8 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
6.	Was the inmate of Hispanic, Latino, or Spanish origin? Yes No	 facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
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

N

review	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?
	Evaluation completeresults 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 v	vas the cause of death? *** Please SPECIFY cause of death—it is critical information***
v	Illness—Exclude AIDS-related deaths [Specify]> Septic Shock and hypertension
	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]
	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
[PLEASE SPECIFY]	In a special medical unit/initially
-	 In a segregation unit On death row, special unit awaiting capital punishment
	C Elsewhere within the prison facility
	Please Specify:
	Outside the prison facility (e.g., while on work release or on work detail)
ō	Elsewhere
	Please Specify:
10 m	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)

"AGENCY ID"

serv	luding emergency care provided at the time of de vices for the medical condition that caused his/he	er death af	ter admi	ssion to your co	rrectional facilities
C	NOT APPLICABLE—Cause of death was acciden	ital injury, ii	ntoxicatio	on, suicide, or hor	nicide
	 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)
after	the cause of death the result of a pre-existing m r admission? (If multiple conditions caused the d e-existing medical condition.")	edical con leath and <u>a</u>	dition o any of th	r did the inmate e conditions we	develop the condition re pre-existing, mark
	NOT APPLICABLE—Cause of death was acciden	ital injury, ir	ntoxicatio	on, suicide, or hor	nicide
	Deceased developed condition after admission				

Please add any additional notes regarding this death here:

1
	NPS-4A Indum)		DEATHS IN CU STATE PRIS DEATH F	ON INMATE	AND ACTING AS	MENT OF JUSTICE ISTICE STATISTICS COLLECTION AGEN RNATIONAL
			FORM COM	PLETED BY:		
Name				Title		
Official ddress				Telephone		
City				FAX		
State		Zip	E-47	nail		
• Y	leaths occurre	ed to report anyth	Instructions fo		,	
• Y • A If you	ou will not ne t the beginnin had more tha	ed to report anything of 2016, you wi	ing at this time. Il be asked to complete a s		ner or not you had a death	occurrence in 20
 Y A If you M C 	ou will not ne t the beginnin had more tha lake copies o complete the e	ed to report anyth ng of 2016, you wi n <u>one death in 20</u> f this form for eac entire form for eac	ing at this time. Il be asked to complete a s <u>115:</u> h additional death. ch inmate death.	summary form whet		occurrence in 20
 Y A If you M C 	ou will not ne t the beginnin had more tha lake copies o complete the e	ed to report anyth ng of 2016, you wi n <u>one death in 20</u> f this form for eac entire form for eac	ing at this time. Il be asked to complete a s <u>015:</u> h additional death.	summary form whet		occurrence in 20
 Y A If you M C C C C C 	ou will not ne t the beginnin had more tha lake copies o complete the o once your dea DNLINE: Con E-MAIL: bjsdo	ed to report anything of 2016, you within one death in 20 In one death in 20 If this form for eac entire form for eac th records are continued the report of the the the report of the the the report of the	ing at this time. Il be asked to complete a s <u>015:</u> h additional death. ch inmate death. mplete, there are several w online at: <u>https://bjsdcrp.rti.c</u>	summary form wheth		ata Capture 9.001.400.402.10
 Y A If you M C C C C C 	ou will not ne t the beginnin had more tha lake copies o complete the conce your dea DNLINE: Con CMAIL: bjsdc FAX (TOLL-FI	ed to report anything of 2016, you withing of 2016, you within an one death in 20 fithis form for each antire form for each th records are control records are control to report of crp@rti.org REE): (866) 800-9	ing at this time. Il be asked to complete a s <u>015:</u> h additional death. ch inmate death. mplete, there are several w online at: <u>https://bjsdcrp.rti.c</u>	summary form wheth rays to submit a dea	th report: RTI International, Attn: D Project Number: 021314 5265 Capital Boulevard Raleigh, NC 27690-1652	ata Capture 9.001.400.402.10

11

Confined in your correctional facilities, whether housed	 Executed in your state Confined in local jail facilities, whether located in or out of
Continued in Jour control and the interest interest in the	Confined in local iail facilities, whether located in or out of
under your jurisdiction or that of another state	• Commed in local jair lacinges, whether located in or out of
Under your jurisdiction but housed in private correctional	state
facilities, whether located in or out of state	Under your jurisdiction but housed in a state-operated
 Under your jurisdiction but in special facilities (e.g., 	correctional facility in another state or in a federal facility
medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	Under probation or parole supervision in your state
In transit to or from your facilities while under your	Under your jurisdiction but on AWOL or escape-status at
supervision	the time of death
A A STATE TO A STATE OF A ST	

BURDEN STATEMENT

1.	What was the inmate's name?		On what date was the inmate admitted to one of
"		8.	your correctional facilities?
	Powell Troy L		
	LAST FIRST MI		
			MONTH DAY YEAR
2.	On what date did the inmate die?		
-			
	0 1 0 8 2 0 1 5	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		^{a.} Simple Robbery
			b. Armed Robbery
3.	What was the name and location of the		/ inted tobbery
	correctional facility involved?		C.
y	-		d.
	Facility Name:		
	Elayn Hunt Correctional Center		е.
	Facility City: Facility State:		
5	St. Gabriel		
ł.		10.	Since admission, did the inmate ever stay
			overnight in a mental health facility?
			O Yes
4.	What was the inmate's date of birth?		
	1 2 3 1 1 9 5 6		Don't Know
	MONTH DAY YEAR		
5		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 inmete of Hispania Lating or Spaniah	1	□ In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?		your facility In a medical center outside your facility
2	□ Yes		 In a mental health center outside your facility
	⊡ No		While in transit
а. С.		-	
			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 		
- -	 American Indian or Alaska Native Asian 		
	Native Hawaiian or Pacific Islander		
	Some other race		
2	Please Specify:		
1			
	and the second		

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| <sup>12.</sup> 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<br>LATER TIME FOR THE CAUSE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| □ No evaluation is planned → CONTINUE TO Q13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Illness—Exclude AIDS-related deaths [Specify] ——— Respiratory distress leading to cardiac arre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 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]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <ul> <li>14. 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> <li>In the prison facility or on the prison grounds</li> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> <li>In a special mental health services unit</li> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ul> <li>15. 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <ul> <li>Morning (6 am to Noon)</li> <li>Afternoon (Noon to 6 pm)</li> <li>Evening (6 pm to Midnight)</li> <li>Overnight (Midnight to 6 am)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

V.

| 16. Excluding emergency care provided at the time of death, did the inmate receive any of the services for the medical condition that caused his/her death after admission to your corre                                          | e following medical<br>actional facilities?      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homic                                                                                                                                              | ide                                              |
| b. Diagnostic tests (e.g., X-rays, MRI)                                                                                                                                                                                           | LEASE PROVIDE A<br>ESPONSE FOR<br>ACH ITEM (a–f) |
| 17. Was the cause of death the result of a pre-existing medical condition or did the inmate de after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were "Pre-existing medical condition.") | evelop the condition pre-existing, mark          |
| NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homic                                                                                                                                              | cide                                             |
| <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:<br>Changed Q13 from Other Causes to Illness, Q14 from Special Medical Unit to NA,<br>Overnight to NA.                                                                  | and Q15 from                                     |
|                                                                                                                                                                                                                                   |                                                  |

<

| Form NPS-44<br>(Addendum) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DEATHS IN CUSTODY—2015<br>STATE PRISON INMATE<br>DEATH REPORT |           | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGEN<br>RTI INTERNATIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FORM COMPLE                                                   | FED BY:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Name                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                               | Title     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Official<br>ddress        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                               | Telephone |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| City                      | and a subscript of the table of the table of the second seco |                                                               | FAX       | 2 Martin States and St |  |
| State                     | Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E-mail                                                        |           | and Maria and Angeland and Angela                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

### Instructions for Completion

If no deaths occurred in 2015:

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

If you had more than one death in 2015:

- Make copies of this form for each additional death.
- · Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

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

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

|     |                                                                                            |      | • Figure 1 and the first state of the sta |
|-----|--------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NCL | UDE deaths of ALL persons                                                                  | EXCL | UDE deaths of ALL persons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| •   | Confined in your correctional facilities, whether housed                                   | •    | Executed in your state                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|     | under your jurisdiction or that of another state                                           |      | Confined in local jail facilities, whether located in or out of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ٠   | Under your jurisdiction but housed in private correctional                                 |      | state                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|     | facilities, whether located in or out of state                                             |      | Under your jurisdiction but housed in a state-operated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| •   | Under your jurisdiction but in special facilities (e.g.,                                   |      | correctional facility in another state or in a federal facility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|     | medical/treatment/release centers, halfway houses,<br>police/court lockups, or work farms) | •    | Under probation or parole supervision in your state                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|     |                                                                                            | •    | Under your jurisdiction but on AWOL or escape-status at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|     | supervision                                                                                |      | the time of death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| •   | In transit to or from your facilities while under your supervision                         | •    | the time of death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

### What deaths should be reported?

#### BURDEN STATEMENT

| Price                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Donald                                                                                                                                        |         |         | rrectional fa                                                                                        | he inmate admitted to one of acilities?                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| LAST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |         | ) 1     | 2 0                                                                                                  | 2 0 1 5                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                               | ″    L_ | ONTH    |                                                                                                      | YEAR                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                               |         |         |                                                                                                      |                                                                                                                            |
| On what date did                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | d the inmate die?                                                                                                                             |         |         |                                                                                                      |                                                                                                                            |
| 0 5 1 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9 2 0 1 5                                                                                                                                     | 9. F    | or what | at offense(s)                                                                                        | ) was the inmate being held?                                                                                               |
| MONTH DAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | YEAR                                                                                                                                          |         |         | Forcible Ra                                                                                          |                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                               |         | l       |                                                                                                      | ape                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                               |         | b.      | a<br>An i Ann                                                                                        |                                                                                                                            |
| correctional faci                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | me and location of the                                                                                                                        |         | c. [    |                                                                                                      | n a trang                                                                                                                  |
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| acility Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | and the start free and the second                                                                                                             |         | l       | \                                                                                                    |                                                                                                                            |
| ⊨layn Hunt Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | prrectional Center                                                                                                                            |         | е.      |                                                                                                      |                                                                                                                            |
| acility City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Facility S                                                                                                                                    | state:  |         |                                                                                                      |                                                                                                                            |
| St. Gabriel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LA                                                                                                                                            |         |         |                                                                                                      |                                                                                                                            |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                               | 0       | vernig  | ht in a ment                                                                                         | tal health facility?                                                                                                       |
| Nhat was the in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | mate's date of birth?                                                                                                                         |         |         | Yes                                                                                                  |                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                               |         |         | No<br>Don't Know                                                                                     | 1                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9 1 9 5 1                                                                                                                                     |         |         |                                                                                                      |                                                                                                                            |
| MONTH DAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | YEAR                                                                                                                                          |         |         |                                                                                                      |                                                                                                                            |
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| What was the in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | mate's sex?                                                                                                                                   |         |         |                                                                                                      | I housing unit in the facility or or                                                                                       |
| ☑ Male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                               |         |         | prison grou                                                                                          |                                                                                                                            |
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| Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                               |         |         |                                                                                                      |                                                                                                                            |
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| Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                               |         |         | facility<br>In a special                                                                             | I mental health services unit with                                                                                         |
| ☐ Female<br>Was the inmate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | of Hispanic, Latino, or Spanis                                                                                                                | h       |         | facility<br>In a special<br>your facility                                                            | l mental health services unit with<br>y                                                                                    |
| □ Female<br>Was the inmate<br>origin?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | of Hispanic, Latino, or Spanis                                                                                                                | h       |         | facility<br>In a special<br>your facility<br>In a medica                                             | l mental health services unit with<br>y<br>al center outside your facility                                                 |
| <ul> <li>Female</li> <li>Was the inmate origin?</li> <li>Yes</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of Hispanic, Latino, or Spanis                                                                                                                | h       |         | facility<br>In a special<br>your facility<br>In a medica<br>In a mental<br>While in tra              | l mental health services unit with<br>y<br>al center outside your facility<br>l health center outside your facili          |
| □ Female<br>Was the inmate<br>origin?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | of Hispanic, Latino, or Spanis                                                                                                                | h       |         | facility<br>In a special<br>your facility<br>In a medica<br>In a mental<br>While in tra<br>Elsewhere | l mental health services unit with<br>y<br>al center outside your facility<br>l health center outside your facili<br>ansit |
| <ul> <li>Female</li> <li>Was the inmate origin?</li> <li>Yes</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | of Hispanic, Latino, or Spanis                                                                                                                | h       |         | facility<br>In a special<br>your facility<br>In a medica<br>In a mental<br>While in tra<br>Elsewhere | l mental health services unit with<br>y<br>al center outside your facility<br>l health center outside your facili          |
| <ul> <li>□ Female</li> <li>Was the inmate origin?</li> <li>□ Yes</li> <li>☑ No</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | t was the inmate's race? Plea                                                                                                                 |         |         | facility<br>In a special<br>your facility<br>In a medica<br>In a mental<br>While in tra<br>Elsewhere | l mental health services unit with<br>y<br>al center outside your facility<br>l health center outside your facili<br>ansit |
| <ul> <li>□ Female</li> <li>Was the inmate origin?</li> <li>□ Yes</li> <li>☑ No</li> <li>n addition, what select one or more or mo</li></ul> |                                                                                                                                               |         |         | facility<br>In a special<br>your facility<br>In a medica<br>In a mental<br>While in tra<br>Elsewhere | l mental health services unit with<br>y<br>al center outside your facility<br>l health center outside your facili<br>ansit |
| <ul> <li>□ Female</li> <li>Was the inmate origin?</li> <li>□ Yes</li> <li>☑ No</li> <li>n addition, what select one or most categories:</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | t was the inmate's race? Plea                                                                                                                 |         |         | facility<br>In a special<br>your facility<br>In a medica<br>In a mental<br>While in tra<br>Elsewhere | l mental health services unit with<br>y<br>al center outside your facility<br>l health center outside your facili<br>ansit |
| <ul> <li>□ Female</li> <li>Was the inmate origin?</li> <li>□ Yes</li> <li>☑ No</li> <li>n addition, what select one or modulate origins:</li> <li>□ White</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | t was the inmate's race? Plea<br>ore of the following racial                                                                                  |         |         | facility<br>In a special<br>your facility<br>In a medica<br>In a mental<br>While in tra<br>Elsewhere | l mental health services unit with<br>y<br>al center outside your facility<br>l health center outside your facili<br>ansit |
| <ul> <li>□ Female</li> <li>Was the inmate origin?</li> <li>□ Yes</li> <li>☑ No</li> <li>n addition, what select one or mode or actegories:</li> <li>□ White</li> <li>☑ Black or</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | t was the inmate's race? Plea                                                                                                                 |         |         | facility<br>In a special<br>your facility<br>In a medica<br>In a mental<br>While in tra<br>Elsewhere | l mental health services unit with<br>y<br>al center outside your facility<br>l health center outside your facili<br>ansit |
| <ul> <li>□ Female</li> <li>Was the inmate origin?</li> <li>□ Yes</li> <li>☑ No</li> <li>n addition, what select one or more or mo</li></ul> | t was the inmate's race? Plea<br>ore of the following racial<br>African American<br>n Indian or Alaska Native                                 |         |         | facility<br>In a special<br>your facility<br>In a medica<br>In a mental<br>While in tra<br>Elsewhere | l mental health services unit with<br>y<br>al center outside your facility<br>l health center outside your facili<br>ansit |
| <ul> <li>□ Female</li> <li>Was the inmate origin?</li> <li>□ Yes</li> <li>☑ No</li> <li>n addition, what select one or more or mo</li></ul> | t was the inmate's race? Plea<br>ore of the following racial<br>African American<br>n Indian or Alaska Native<br>lawaiian or Pacific Islander |         |         | facility<br>In a special<br>your facility<br>In a medica<br>In a mental<br>While in tra<br>Elsewhere | l mental health services unit with<br>y<br>al center outside your facility<br>l health center outside your facili<br>ansit |

Feview of

|             | review of medical records) available to establish an official cause of death?                                                                                                  |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             | Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED 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] 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]                                                                                                                                                            |
| in<br>Later | Other cause(s) [Specify]                                                                                                                                                       |
|             |                                                                                                                                                                                |
| 14.         | Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?<br>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related |
|             | In the prison facility or on the prison grounds                                                                                                                                |
|             | <ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> </ul>                                                                                      |
|             | In a common area within the facility (e.g., yard, library, cafeteria)                                                                                                          |
|             | PLEASE In a special medical unit/infirmary                                                                                                                                     |
|             | <ul> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> </ul>                                                                      |
|             | Elsewhere within the prison facility                                                                                                                                           |
|             | Please Specify:                                                                                                                                                                |
|             | Outside the prison facility (e.g., while on work release or on work detail)                                                                                                    |
|             | □ Elsewhere<br>↓ Please Specify:                                                                                                                                               |
|             |                                                                                                                                                                                |

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

| 6.  | Exclu<br>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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | ۵                        | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|     |                          | YES NO DON'T KNOW          a. Evaluated by physician/medical staff       Image: Constraint of the system of the |
| . 7 | Was                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 17. | after                    | the cause of death the result of a pre-existing medical condition or did the inmate develop the conditior admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 17. | after                    | admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 17. | after<br><i>"Pre-</i>    | admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark<br>existing medical condition.")<br>NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide<br>Pre-existing medical condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|     | after<br>"Pre-<br>□<br>□ | admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark<br>existing medical condition.")<br>NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide<br>Pre-existing medical condition<br>Deceased developed condition after admission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------|-------------|-------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                   | n NPS-4A<br>endum)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             | STATE                                                  |             | TODY—2015<br>N INMATE<br>PORT |                                     | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGENT:<br>RTI INTERNATIONAL |
|                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             | FORM                                                   | COMPL       | ETED BY:                      |                                     |                                                                                                                    |
| Name                                                                                                                              | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                        |             | Titl                          | e                                   |                                                                                                                    |
| Official                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             |                                                        |             | Telephon                      | ,                                   | <b></b>                                                                                                            |
| Address<br>City                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             | a de atoria e                                          |             | FA)                           |                                     |                                                                                                                    |
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| • (                                                                                                                               | Once your de<br>ONLINE: Co<br>E-MAIL: bisd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | mplete the report of                                        | mplete, there are se<br>online at: <u>https://bjsd</u> |             |                               | A/L: RTI Inte<br>Project<br>5265 Ca | rnational, Attn: Data Capture<br>Number: 0213149.001.400.402.10<br>apital Boulevard<br>, NC 27690-1652             |
|                                                                                                                                   | lf you ne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | eed assistance, cal                                         | l Matt Bensen of RT                                    | l Internati | ional toll-free a             |                                     | 1387 or <u>bjsdcrp@rti.org</u>                                                                                     |
|                                                                                                                                   | <sup>1</sup> Course <sup>1</sup> Secondario<br>Contrare num - Course to Alexandro<br>Contrare num - Course | ng balanan (1997) yang sang sang sang sang sang sang sang s | What deaths                                            | shoul       | d be repor                    | ted?                                |                                                                                                                    |
| NCLUDE                                                                                                                            | deaths of /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ALL persons                                                 |                                                        |             | XCLUDE de                     | aths of ALL                         | persons                                                                                                            |
| • Co                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             |                                                        | d           |                               | ed in your sta                      |                                                                                                                    |
| <ul> <li>Confined in your correctional facilities, whether housed<br/>under your jurisdiction or that of another state</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             |                                                        |             |                               | d in local jail                     | facilities, whether located in or out                                                                              |
| un                                                                                                                                | der vour iuris                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | sdiction but housed                                         | in private correction                                  | nal II      | state                         |                                     |                                                                                                                    |
| • Un<br>fac                                                                                                                       | cilities, wheth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | er located in or out                                        |                                                        | nal         | Under y                       |                                     | on but housed in a state-operated                                                                                  |
| un<br>• Un<br>fac<br>• Un                                                                                                         | ilities, wheth<br>der your juris                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             | of state<br>ial facilities (e.g.,                      | nal         | Under y     correcti          | onal facility in                    | on but housed in a state-operated<br>a another state or in a federal facili<br>parole supervision in your state    |

Under your jurisdiction but on AWOL or escape-status at the time of death

#### BURDEN STATEMENT

In transit to or from your facilities while under your

supervision

|    |                                                                                                                                                                                                                                                                              | ATE DEATH REPORT                                                                                                                                                                                                                                                    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | STATE PRISON INM                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                     |
| 1. | What was the inmate's name?     Randean     LAST       FIRST                                                                                                                                                                                                                 | <ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>1 1 0 3 2 0 1 4</li> <li>MONTH DAY YEAR</li> </ul>                                                                                                                |
| 2. | On what date did the inmate die?                                                                                                                                                                                                                                             | <ul> <li>9. For what offense(s) was the inmate being held?</li> <li>a. Oper-Vehicle Intoxicated</li> <li>b.</li> </ul>                                                                                                                                              |
| 3. | What was the name and location of the correctional facility involved?         Facility Name:         Elayn Hunt Correctional Center         Facility City:       Facility State:         St. Gabriel       LA                                                                | c                                                                                                                                                                                                                                                                   |
| 4. | What was the inmate's date of birth?       0     3     0     8     1     9     6     4       MONTH     DAY     YEAR                                                                                                                                                          | ☐ Yes<br>☑ No<br>□ Don't Know                                                                                                                                                                                                                                       |
| 5. | What was the inmate's sex?<br>Male<br>Female                                                                                                                                                                                                                                 | <ul> <li>11. 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> </ul>                                          |
| 6. | Was the inmate of Hispanic, Latino, or Spanish<br>origin?<br>Yes<br>No                                                                                                                                                                                                       | <ul> <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> |
| 7. | In addition, what was the inmate's race? Please<br>select one or more of the following racial<br>categories:<br>White<br>Black or African American<br>American Indian or Alaska Native<br>Asian<br>Native Hawaiian or Pacific Islander<br>Some other race<br>Please Specify: |                                                                                                                                                                                                                                                                     |
|    |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                     |

| 40 00                                                                                                                                                                             |                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Are the results of a medical examiner's or<br>review of medical records) available to esta                                                                                        | coroner's evaluation (such as an autopsy, postmortem exam, or<br>ablish an official cause of death?                |
| <ul> <li>☐ YES → CONTINUE TO Q13</li> <li>☐ Evaluation complete—results are per</li> </ul>                                                                                        | nding                                                                                                              |
| SKIP REMAINING QUESTIO                                                                                                                                                            | NS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A                                                                 |
| No evaluation is planned                                                                                                                                                          | INUE 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 Syndrom                                                                                                                                                | e (AIDS)                                                                                                           |
| Accidental alcohol/drug intoxication [D                                                                                                                                           | escribe]                                                                                                           |
| Accidental injury to self [Describe] —                                                                                                                                            |                                                                                                                    |
| Accidental injury by other (e.g., vehicu during transport) [Describe]                                                                                                             |                                                                                                                    |
| Suicide (e.g., hanging, knife/cutting ins<br>intentional drug overdose) [Describe]                                                                                                |                                                                                                                    |
| Homicide [Describe]                                                                                                                                                               |                                                                                                                    |
| Other cause(s) [Specify]                                                                                                                                                          |                                                                                                                    |
| <ul> <li>NOT APPLICABLE—Cause of death w</li> <li>In the prison facility or on the prison gr</li> <li>In the inmate's cell/room</li> <li>In a temporary holding area/l</li> </ul> | ockup<br>facility (e.g., yard, library, cafeteria)<br>nary<br>rvices unit<br>vaiting capital punishment<br>acility |
|                                                                                                                                                                                   |                                                                                                                    |
| <ul> <li>15. When did the <u>incident</u> (e.g., accident, suic</li> <li>☑ NOT APPLICABLE—Cause of death</li> <li>☑ Morning (6 am to Noon)</li> </ul>                             | ide, or homicide) causing the death occur?<br>In was illness, intoxication, or AIDS-related                        |
| <ul> <li>Afternoon (Noon to 6 pm)</li> <li>Evening (6 pm to Midnight)</li> <li>Overnight (Midnight to 6 am)</li> </ul>                                                            |                                                                                                                    |

| 6. Excl<br>servi | uding emergency care provided at the time of death, did the inmate receive any of the following medical ices 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       YES       NO       DON'T KNOW         b. Diagnostic tests (e.g., X-rays, MRI)       Image: Construction of the state of the st |
|                  | the cause of death the result of a pre-existing medical condition or did the inmate develop the condition radmission? (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<br>Deceased developed condition after admission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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

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

|                     | NPS-4A<br>endum) |                                                                                                                 | DEATHS IN CUSTO<br>STATE PRISON<br>DEATH REP | INMATE    | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGENT:<br>RTI INTERNATIONAL |
|---------------------|------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------|
|                     |                  |                                                                                                                 | FORM COMPLE                                  | TED BY:   | · · · · · · · · · · · · · · · · · · ·                                                                              |
| Name                | [                |                                                                                                                 |                                              | Title     |                                                                                                                    |
| Official<br>Address |                  | **.***********************************                                                                          |                                              | Telephone |                                                                                                                    |
| City                |                  | and the state of the |                                              | FAX       |                                                                                                                    |
| State               |                  | Zip                                                                                                             | E-mail                                       |           |                                                                                                                    |
|                     |                  |                                                                                                                 |                                              |           | and a state of the state of                                                                                        |

### Instructions for Completion

If no deaths occurred in 2015:

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

If you had more than one death in 2015:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

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

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

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|-----|-----------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------|
| INC | CLUDE deaths of ALL persons                                                                                     | EXCL | UDE deaths of ALL persons                                                 |
|     | Confined in your correctional facilities, whether housed                                                        | •    | Executed in your state                                                    |
|     | under your jurisdiction or that of another state                                                                | •    | Confined in local jail facilities, whether located in or out of           |
|     | Under your jurisdiction but housed in private correctional                                                      |      | state                                                                     |
|     | facilities, whether located in or out of state                                                                  | •    | Under your jurisdiction but housed in a state-operated                    |
| •   | Under your jurisdiction but in special facilities (e.g.,                                                        |      | correctional facility in another state or in a federal facility           |
|     | medical/treatment/release centers, halfway houses,<br>police/court lockups, or work farms)                      | •    | Under probation or parole supervision in your state                       |
| •   | In transit to or from your facilities while under your supervision                                              | •    | Under your jurisdiction but on AWOL or escape-status at the time of death |
|     |                                                                                                                 | 1 A  |                                                                           |

### What deaths should be reported?

#### BURDEN STATEMENT

|    | and a second secon |                                                                                                                                                                                                                                                                                     |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | IATE DEATH REPORT                                                                                                                                                                                                                                                                   |
|    | STATE PRISON INM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | IATE DEATH REPORT                                                                                                                                                                                                                                                                   |
| 1. | What was the inmate's name?         Rinehart       William         LAST       FIRST       MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 9 2 7 2 0 1 2</li> <li>MONTH DAY YEAR</li> </ul>                                                                                                                                |
| 2. | On what date did the inmate die?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9. For what offense(s) was the inmate being held?<br>a. Pornography Juveniles<br>b.                                                                                                                                                                                                 |
| 3. | What was the name and location of the correctional facility involved?         Facility Name:         Elayn Hunt Correctional Center         Facility City:       Facility State:         St. Gabriel       LA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | c                                                                                                                                                                                                                                                                                   |
| 4. | What was the inmate's date of birth?       0     7     2     0     1     9     4     5       MONTH     DAY     YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Yes<br>☑ No<br>☐ Don't Know                                                                                                                                                                                                                                                       |
| 5. | What was the inmate's sex?<br>Male<br>Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <ul> <li>11. 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</li> </ul> |
| 6. | Was the inmate of Hispanic, Latino, or Spanish<br>origin?<br>☐ Yes<br>☑ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | your facility<br>□ In a medical center outside your facility<br>□ In a mental health center outside your facility<br>□ While in transit<br>☑ Elsewhere<br>Please Specify: Our Lady of the Lake                                                                                      |
| 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                     |

| nitted to |                                                                                                                                                                                            |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| to one    |                                                                                                                                                                                            |
|           | the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or iew 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>                                                                                             |
| /         | 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. Wh    | at was the cause of death? *** Please SPECIFY cause of death—it is critical information***                                                                                                 |
|           | ☑ Illness—Exclude AIDS-related deaths [Specify] Multi-organ failure / Encephalopathy                                                                                                       |
|           | 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]                                                                                                    |
| 1         | Homicide [Describe]                                                                                                                                                                        |
|           | □ Other cause(s) [Specify]                                                                                                                                                                 |
| 14. WI    | nere did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?                                                                                          |
|           | INOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related                                                                                                                  |
|           | In the prison facility or on the prison grounds                                                                                                                                            |
|           | <ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> </ul>                                                                                                  |
| [PLEA     | <ul> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> </ul>                                                     |
| SPEC      |                                                                                                                                                                                            |
| 8         | On death row, special unit awaiting capital punishment                                                                                                                                     |
|           | C Elsewhere within the prison facility Please Specify:                                                                                                                                     |
|           | r lease Specify.                                                                                                                                                                           |
|           | <ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>                                                                         |
|           | Please Specify:                                                                                                                                                                            |
|           |                                                                                                                                                                                            |
| 6         |                                                                                                                                                                                            |
| 15. Wł    | <ul> <li>nen did the incident (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)                                                                                                                                                                     |
|           | <ul> <li>Afternoon (Noon to 6 pm)</li> <li>Evening (6 pm to Midnight)</li> </ul>                                                                                                           |
|           | Overnight (Midnight to 6 am)                                                                                                                                                               |

| 16. Excluservi | uding emergency care provided at the time of death, did the inmate receive any of the following medical ices for the medical condition that caused his/her death after admission to your correctional facilities?                                    |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D              | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide                                                                                                                                                              |
|                | YES       NO       DON'T KNOW         a. Evaluated by physician/medical staff                                                                                                                                                                        |
| after          | the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.") |
|                | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide                                                                                                                                                              |
|                | Pre-existing medical condition<br>Deceased developed condition after admission<br>Could not be determined                                                                                                                                            |
|                |                                                                                                                                                                                                                                                      |
|                | d any additional notes regarding this death here:<br>ed Q13 from Other Causes to Illness, Q14 from Elsewhere to NA, and Q15 from Overnight to                                                                                                        |
|                |                                                                                                                                                                                                                                                      |
|                |                                                                                                                                                                                                                                                      |
|                |                                                                                                                                                                                                                                                      |

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                | <ul> <li>A state with the second s</li></ul>                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form NPS-4A<br>(Addendum)                                                                                                                                                                                                                                                                                                            | DEATHS IN CUSTO<br>STATE PRISON II<br>DEATH REPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MATE                                           | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGENT<br>RTI INTERNATIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                      | FORM COMPLET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ED BY:                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Name                                                                                                                                                                                                                                                                                                                                 | <ul> <li>A second sec<br/>second second sec</li></ul> | Title                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Official Address                                                                                                                                                                                                                                                                                                                     | The solar restriction of the solar sector of the solar sector secto                                                                                                                                                                                                                                                      | Telephone                                      | <ul> <li>A discussion of the second seco</li></ul> |
| City                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAX                                            | n de la companya de l       |
| State Zip                                                                                                                                                                                                                                                                                                                            | E-mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                | n Angely in Second International                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <ul> <li>If no deaths occurred in 2015:</li> <li>You will not need to report</li> <li>At the beginning of 2016, y</li> </ul>                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ary form wheth                                 | er or not you had a death occurrence in 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <ul> <li>You will not need to report</li> <li>At the beginning of 2016, y</li> <li>If you had more than one death</li> <li>Make copies of this form for</li> </ul>                                                                                                                                                                   | ou will be asked to complete a summ<br><u>in 2015:</u><br>r each additional death.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ary form wheth                                 | er or not you had a death occurrence in 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <ul> <li>You will not need to report</li> <li>At the beginning of 2016, y</li> <li>If you had more than one death</li> <li>Make copies of this form fo</li> <li>Complete the entire form form</li> </ul>                                                                                                                             | ou will be asked to complete a summ<br><u>in 2015:</u><br>r each additional death.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ul> <li>You will not need to report</li> <li>At the beginning of 2016, y</li> <li>If you had more than one death</li> <li>Make copies of this form fo</li> <li>Complete the entire form fo</li> <li>Once your death records a</li> </ul>                                                                                            | ou will be asked to complete a summ<br><u>in 2015:</u><br>r each additional death.<br>or each inmate death.<br>re complete, there are several ways t<br>port online at: <u>https://bjsdcrp.rti.org</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | o submit a deat                                | th report:<br>RTI International, Attn: Data Capture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <ul> <li>You will not need to report</li> <li>At the beginning of 2016, y</li> <li>If you had more than one death</li> <li>Make copies of this form fo</li> <li>Complete the entire form fo</li> <li>Once your death records a</li> <li>ONLINE: Complete the re<br/>E-MAIL: bjsdcrp@rti.org<br/>FAX (TOLL-FREE): (866) \$</li> </ul> | ou will be asked to complete a summ<br><u>in 2015:</u><br>r each additional death.<br>or each inmate death.<br>re complete, there are several ways t<br>port online at: <u>https://bjsdcrp.rti.org</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | o submit a deat<br>MAIL:                       | RTI International, Attn: Data Capture<br>Project Number: 0213149.001.400.402.10<br>5265 Capital Boulevard<br>Raleigh, NC 27690-1652                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <ul> <li>You will not need to report</li> <li>At the beginning of 2016, y</li> <li>If you had more than one death</li> <li>Make copies of this form fo</li> <li>Complete the entire form fo</li> <li>Once your death records a</li> <li>ONLINE: Complete the re<br/>E-MAIL: bjsdcrp@rti.org<br/>FAX (TOLL-FREE): (866) \$</li> </ul> | ou will be asked to complete a summ<br><u>in 2015:</u><br>r each additional death.<br>or each inmate death.<br>re complete, there are several ways t<br>port online at: <u>https://bjsdcrp.rti.org</u><br>300-9179                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | o submit a deal<br>MAIL:<br>al toll-free at (8 | th report:<br>RTI International, Attn: Data Capture<br>Project Number: 0213149.001.400.402.10<br>5265 Capital Boulevard<br>Raleigh, NC 27690-1652<br>00) 344-1387 or <u>bjsdcrp@rti.org</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| 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

| 4.00 | Confined in local jail facilities, whether located in or out of |
|------|-----------------------------------------------------------------|
|      | state                                                           |

Executed in your 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

| What was the inmate's name?                                                                                                                                                                 | 8. On what date was the inmate admitted to one of                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rumore Ronnie S                                                                                                                                                                             | your correctional facilities?                                                                                                                                             |
| LAST FIRST MI                                                                                                                                                                               | 0 1 2 2 2 0 1 3<br>MONTH DAY YEAR                                                                                                                                         |
| On what date did the inmate die?                                                                                                                                                            | 9. For what offense(s) was the inmate being held?                                                                                                                         |
| MONTH DAY YEAR                                                                                                                                                                              | a. Indecent Behavior- Juveniles                                                                                                                                           |
| What was the name and location of the<br>correctional facility involved?                                                                                                                    | b<br>c                                                                                                                                                                    |
| 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?                                                                                                                                    |
| What was the inmate's date of birth?       0     3     2     4     1     9     7     4       MONTH     DAY     YEAR                                                                         | ☐ Yes<br>☑ No<br>☐ Don't Know                                                                                                                                             |
| What was the inmate's sex?                                                                                                                                                                  | 11. Where did the inmate die?                                                                                                                                             |
| ☑ Male                                                                                                                                                                                      | □ In a general housing unit in the facility or on                                                                                                                         |
|                                                                                                                                                                                             | prison grounds                                                                                                                                                            |
|                                                                                                                                                                                             | In a special medical unit/infirmary within your facility                                                                                                                  |
| Was the inmate of Hispanic, Latino, or Spanish<br>origin?                                                                                                                                   | <ul> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> </ul>                                      |
| □ Yes<br>☑ No                                                                                                                                                                               | <ul> <li>In a mental health center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul> |
| In addition, what was the inmate's race? Please<br>select one or more of the following racial<br>categories:                                                                                | Please Specify:                                                                                                                                                           |
| <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> |                                                                                                                                                                           |

|           | <ul> <li>view of medical records) available to establish an official cause of death?</li> <li>YES → CONTINUE TO Q13</li> <li>Evaluation complete—results are pending</li> <li>SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTAGLATER TIME FOR THE CAUSE OF DEATH</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                | CTED AT                                                                                                                |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
|           | □ No evaluation is planned → CONTINUE TO Q13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |
| 13.       | hat was the cause of death? *** Please SPECIFY cause of death—it is critical information***                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        |
|           | Illness—Exclude AIDS-related deaths [Specify] Respiratory failure due to complication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ations as                                                                                                              |
|           | 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]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                                                                                                                      |
|           | □ Other cause(s) [Specify]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |
| [PL       | <ul> <li>here 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> <li>In the prison facility or on the prison grounds <ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility (e.g., while on work release or on work detail)</li> </ul> </li> <li>Elsewhere</li> <li>Please Specify:</li> </ul> |                                                                                                                        |
| e diara a |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <ul> <li>a provide antical</li> <li>a provide antical</li> <li>a provide antical</li> <li>a provide antical</li> </ul> |

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

| The second and the second states and the second sec | and the state of the second se | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | Same 1 18 19 | 1 AM 11 | 1.00 1 2. | N N MALLING |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |              |         |           |             |  |

| 16. | Exclu<br>servio | ding emergency care provided at the time of d<br>ces for the medical condition that caused his/h                                                                                                                                                           | eath, did th<br>er death aff           | e inmate<br>ter admi | e receive any of<br>ssion to your co   | rrectional facilities?                              |
|-----|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------|----------------------------------------|-----------------------------------------------------|
|     | 0               | NOT APPLICABLE—Cause of death was accide                                                                                                                                                                                                                   | ntal injury, ir                        | ntoxicatio           | on, suicide, or hor                    | nicide                                              |
|     |                 | <ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> <li>f. Confinement in special medical unit</li> </ul> | ······································ | ·····                | ······································ | PLEASE PROVIDE A<br>RESPONSE FOR<br>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.")

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:

Q11 from Elsewhere to Medical Center Outside Facility, Q13 from Other Causes to Illness, Q14 from Elsewhere to NA, and Q15 from Morning to NA.

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

|                    |                                                                                      |                                                                                                                 |                             | ONB NO. 1121-0249 Approval Expires 05/51/2019                                                                                       |
|--------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Eorm NI<br>(Addend | PS-4A<br>lum)                                                                        | DEATHS IN CUST<br>STATE PRISON<br>DEATH REF                                                                     | INMATE                      | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGENT:<br>RTI INTERNATIONAL                  |
|                    |                                                                                      | FORM COMPLE                                                                                                     | TED BY:                     |                                                                                                                                     |
| Name               |                                                                                      |                                                                                                                 | Title                       |                                                                                                                                     |
| Official<br>ddress |                                                                                      |                                                                                                                 |                             |                                                                                                                                     |
| City               |                                                                                      |                                                                                                                 | FAX                         |                                                                                                                                     |
| State              | Zip                                                                                  | E-mail                                                                                                          |                             |                                                                                                                                     |
|                    | ths occurred in 2015:                                                                | an a second a second | ten groen there is a second | ning an anti-ana selang serang sa sa ang ang ang ang ang ang ang ang ang an                                                         |
| • You              | will not need to report any                                                          |                                                                                                                 | mary form wheth             | er or not you had a death occurrence in 201                                                                                         |
|                    | d more than one death in<br>e copies of this form for e                              |                                                                                                                 |                             |                                                                                                                                     |
| • Com              | plete the entire form for e                                                          | each inmate death.                                                                                              | to submit a dag             |                                                                                                                                     |
| • Unce             | e your death records are                                                             | complete, there are several ways                                                                                | to submit a dea             | in report.                                                                                                                          |
| E-M                | LINE: Complete the report<br>AIL: <u>bjsdcrp@rti.org</u><br>( (TOLL-FREE): (866) 800 | rt online at: <u>https://bjsdcrp.rti.org</u><br>)-9179                                                          | MAIL:                       | RTI International, Attn: Data Capture<br>Project Number: 0213149.001.400.402.10<br>5265 Capital Boulevard<br>Raleigh, NC 27690-1652 |
|                    |                                                                                      |                                                                                                                 |                             |                                                                                                                                     |
|                    | If you need assistance, o                                                            | call Matt Bensen of RTI Internation                                                                             | onal toll-free at (8        | 00) 344-1387 or <u>bjsdcrp@rti.org</u>                                                                                              |

| What | deaths | should | be re | ported? |
|------|--------|--------|-------|---------|
|------|--------|--------|-------|---------|

| INCLUDE deaths of ALL persons |                                                                                            | Ē          | XCL | UDE deaths of ALL persons                                                 |
|-------------------------------|--------------------------------------------------------------------------------------------|------------|-----|---------------------------------------------------------------------------|
|                               | Confined in your correctional facilities, whether housed                                   | 1          | •   | Executed in your state                                                    |
|                               | under your jurisdiction or that of another state                                           |            | •   | Confined in local jail facilities, whether located in or out of           |
| •                             | Under your jurisdiction but housed in private correctional                                 |            |     | state                                                                     |
|                               | facilities, whether located in or out of state                                             | 1          | •   | Under your jurisdiction but housed in a state-operated                    |
| •                             | Under your jurisdiction but in special facilities (e.g.,                                   |            |     | correctional facility in another state or in a federal facility           |
|                               | medical/treatment/release centers, halfway houses,<br>police/court lockups, or work farms) |            | •   | Under probation or parole supervision in your state                       |
| ¢.<br>€                       | In transit to or from your facilities while under your supervision                         | A Augustan | •   | Under your jurisdiction but on AWOL or escape-status at the time of death |

#### BURDEN STATEMENT

| What was the inmate's name?                                                                                                               | 8. On what date was the inmate admitted to one of your correctional facilities?                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Savoy  Edwin    LAST  FIRST                                                                                                               | 1         2         1         2         0         9           MONTH         DAY         YEAR                                                                                                                                                              |
| On what date did the inmate die?11112015                                                                                                  | 9. For what offense(s) was the inmate being held?                                                                                                                                                                                                         |
| MONTH DAY YEAR                                                                                                                            | a. Oper-Vehicle Intoxicated                                                                                                                                                                                                                               |
| What was the name and location of the<br>correctional facility involved?                                                                  | c.                                                                                                                                                                                                                                                        |
| Facility Name:                                                                                                                            | d.                                                                                                                                                                                                                                                        |
| Elayn Hunt Correctional Center                                                                                                            | e.                                                                                                                                                                                                                                                        |
| Facility City:Facility State:St. GabrielLA                                                                                                | 10. Since admission, did the inmate ever stay overnight in a mental health facility?                                                                                                                                                                      |
| What was the inmate's date of birth?         0       6       0       8       1       9       6       0         MONTH       DAY       YEAR | ☐ Yes<br>☑ No<br>☐ Don't Know                                                                                                                                                                                                                             |
|                                                                                                                                           | 11. Where did the inmate die?                                                                                                                                                                                                                             |
| What was the inmate's sex?                                                                                                                | In a general housing unit in the facility or of                                                                                                                                                                                                           |
| <ul><li>Male</li><li>Female</li></ul>                                                                                                     | prison grounds In a segregation unit In a special medical unit/infirmary within y                                                                                                                                                                         |
|                                                                                                                                           | facility                                                                                                                                                                                                                                                  |
| Was the inmate of Hispanic, Latino, or Spanish<br>origin?<br>□ Yes<br>☑ No                                                                | <ul> <li>In a special mental health services unit wiyour facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your fac</li> <li>While in transit</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul> |
| 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>                     |                                                                                                                                                                                                                                                           |

| Fitted to one of | the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or<br>iew of medical records) available to establish an official cause of death?<br>YES> CONTINUE TO Q13<br>Evaluation complete—results are pending |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  | SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A                                                                                                                                                                              |
|                  | ☑ No evaluation is planned → CONTINUE TO Q13                                                                                                                                                                                                          |
|                  | at was the cause of death? *** Please SPECIFY cause of death—it is critical information***                                                                                                                                                            |
| 6                | Illness—Exclude AIDS-related deaths [Specify] End of stage Liver Disease                                                                                                                                                                              |
| C                | Acquired Immune Deficiency Syndrome (AIDS)                                                                                                                                                                                                            |
| 0                | Accidental alcohol/drug intoxication [Describe]                                                                                                                                                                                                       |
| C                | Accidental injury to self [Describe]                                                                                                                                                                                                                  |
| 0                | Accidental injury by other (e.g., vehicular accidents during transport) [Describe]                                                                                                                                                                    |
| ۵                | Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]                                                                                                                                                               |
| C                | Homicide [Describe]                                                                                                                                                                                                                                   |
| [                | Other cause(s) [Specify]                                                                                                                                                                                                                              |
|                  |                                                                                                                                                                                                                                                       |
|                  | ere did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?                                                                                                                                                      |
|                  | <ul> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> <li>In the prison facility or on the prison grounds</li> </ul>                                                                                                 |
|                  | In the inmate's cell/room                                                                                                                                                                                                                             |
|                  | <ul> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> </ul>                                                                                                                 |
| [PLEAS           |                                                                                                                                                                                                                                                       |
| SPECIF           | The special mental health services unit In a segregation unit                                                                                                                                                                                         |
|                  | On death row, special unit awaiting capital punishment                                                                                                                                                                                                |
|                  | C Elsewhere within the prison facility<br>→ 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:                                                                                                                                                                                                                                       |
|                  |                                                                                                                                                                                                                                                       |

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

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STRONG ST

10 A.

| 0     | NOT APPLICABLE—Cause of death was accident                                                                                                                                                                                                                 | al injury, i      | ntoxicatio | on, suicide, or hor | nicide                                              |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|---------------------|-----------------------------------------------------|
|       | <ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> <li>f. Confinement in special medical unit</li> </ul> | YES               |            | DON'T KNOW          | PLEASE PROVIDE A<br>RESPONSE FOR<br>EACH ITEM (a–f) |
| after | the cause of death the result of a pre-existing me<br>admission? (If multiple conditions caused the de<br>existing medical condition.")<br>NOT APPLICABLE—Cause of death was accident                                                                      | eath and <u>a</u> | any of th  | e conditions we     | re pre-existing, mark                               |

Could not be determined

Please add any additional notes regarding this death here:

Q11 from Elsewhere to Medical Center Outside Facility, Q13 from Other Causes to Illness, Q14 from Elsewhere to NA, and Q15 from Evening to NA.



### Instructions for Completion

If no deaths occurred in 2015:

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

If you had more than one death in 2015:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

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

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

| INCL | UDE deaths of ALL persons                                                                  | EXCL           | _UDE deaths of ALL persons                                                |
|------|--------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------|
| •    | Confined in your correctional facilities, whether housed                                   | •              | Executed in your state                                                    |
|      | under your jurisdiction or that of another state                                           | •              | Confined in local jail facilities, whether located in or out of           |
| •    | Under your jurisdiction but housed in private correctional                                 |                | state                                                                     |
|      | facilities, whether located in or out of state                                             | •              | Under your jurisdiction but housed in a state-operated                    |
| •    | Under your jurisdiction but in special facilities (e.g.,                                   |                | correctional facility in another state or in a federal facility           |
|      | medical/treatment/release centers, halfway houses,<br>police/court lockups, or work farms) | 1 <b>1</b> • 1 | Under probation or parole supervision in your state                       |
| •    | In transit to or from your facilities while under your                                     | •              | Under your jurisdiction but on AWOL or escape-status at the time of death |
|      | supervision                                                                                | 11             |                                                                           |

### What deaths should be reported?

#### BURDEN STATEMENT

|         |                                                                                                                                                                                                                                                                                                                                      | ATE DEATH REPORT                                                                                                                                                                                                                                                    |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 27 3. V |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                     |
| 1.      | What was the inmate's name?       Simpson       LAST       FIRST                                                                                                                                                                                                                                                                     | <ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 2 1 5 1 9 9 3</li> <li>MONTH DAY YEAR</li> </ul>                                                                                                                |
| 2.      | On what date did the inmate die?<br>1 1 2 5 2 0 1 5<br>MONTH DAY YEAR                                                                                                                                                                                                                                                                | <ul> <li>9. For what offense(s) was the inmate being held?</li> <li>a. Unauth use of motor vehicle</li> <li>b.</li> </ul>                                                                                                                                           |
| 3.      | What was the name and location of the correctional facility involved?         Facility Name:         Elayn Hunt Correctional Center         Facility City:       Facility State:         St.Gabriel       LA                                                                                                                         | c. 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       3       0       8       1       9       6       2         MONTH       DAY       YEAR                                                                                                                                                                                            | ☐ Yes<br>☐ No<br>☑ Don't Know                                                                                                                                                                                                                                       |
| 5.      | What was the inmate's sex?<br>Male<br>Female                                                                                                                                                                                                                                                                                         | <ul> <li>11. 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> </ul>                                          |
| 6.      | Was the inmate of Hispanic, Latino, or Spanish<br>origin?<br>□ Yes<br>☑ No                                                                                                                                                                                                                                                           | <ul> <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> |
| 7.      | In addition, what was the inmate's race? Please<br>select one or more of the following racial<br>categories:<br><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> |                                                                                                                                                                                                                                                                     |

| to one of |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| e of      | 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1         | <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<br>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] ——— 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]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|           | <ul> <li>14. 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> <li>In the prison facility or on the prison grounds <ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> <li>In a special mental health services unit</li> <li>In a special mental health services unit</li> <li>In a special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul> </li> </ul> |
|           | <ul> <li>15. 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)

| 16. Exclu<br>servi | Iding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?                                     |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0                  | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide                                                                                                                                                              |
|                    | YES       NO       DON'T KNOW         a. Evaluated by physician/medical staff                                                                                                                                                                        |
| after              | the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.") |
|                    | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide                                                                                                                                                              |
|                    | Pre-existing medical condition<br>Deceased developed condition after admission<br>Could not be determined                                                                                                                                            |
| Diagon add         | I any additional notes regarding this death here:                                                                                                                                                                                                    |

additional notes regarding this death here:

| Form NPS-4A<br>(Addendum) |        | DEATHS IN CUSTODY—2015<br>STATE PRISON INMATE<br>DEATH REPORT |           | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGENT:<br>RTI INTERNATIONAL |    |
|---------------------------|--------|---------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------|----|
|                           | ~41222 | FORM COMPLET                                                  | ED BY:    |                                                                                                                    |    |
| Name                      |        |                                                               | Title     |                                                                                                                    | ]  |
| Official<br>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.

ALCONTRACTOR OF

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

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

|     | A CONTRACT & S. A LOND (Second Proceedings) and the second of the second s | Contraction of the local distance |                                                                           |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------|
| NCL | UDE deaths of ALL persons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EXCL                              | UDE deaths of ALL persons                                                 |
| •   | Confined in your correctional facilities, whether housed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | •                                 | Executed in your state                                                    |
|     | under your jurisdiction or that of another state                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                 | Confined in local jail facilities, whether located in or out of           |
| •   | Under your jurisdiction but housed in private correctional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   | state                                                                     |
|     | facilities, whether located in or out of state                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | •                                 | Under your jurisdiction but housed in a state-operated                    |
| •   | Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | correctional facility in another state or in a federal facility           |
|     | police/court lockups, or work farms)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | •                                 | Under probation or parole supervision in your state                       |
| ٠   | In transit to or from your facilities while under your supervision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                                 | Under your jurisdiction but on AWOL or escape-status at the time of death |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                           |

### What deaths should be reported?

#### BURDEN STATEMENT

| 1. | What was the inmate's name?                                                                            | 8. On what date was the inmate admitted to one of                                             |
|----|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|    | Smith Matthew                                                                                          | your correctional facilities?                                                                 |
|    | LAST FIRST MI                                                                                          |                                                                                               |
|    |                                                                                                        | MONTH DAY YEAR                                                                                |
| 2. | On what date did the inmate die?                                                                       |                                                                                               |
|    |                                                                                                        | 이 가슴에 잘 하는 것을 바랍니다. 비행하는 것을 선생님께서 있는 것이다.                                                     |
| 22 | MONTH DAY YEAR                                                                                         | 9. For what offense(s) was the inmate being held?                                             |
|    |                                                                                                        | <sup>a.</sup> Theft                                                                           |
| 3. | What was the name and location of the                                                                  | b. Unautho use of a motor vehicle                                                             |
|    | correctional facility involved?                                                                        | c. Simple Burglary                                                                            |
|    | Facility Name:                                                                                         | d.                                                                                            |
|    | Elayn Hunt Correctional Center                                                                         |                                                                                               |
|    | Facility City:                                                                                         | е.                                                                                            |
|    | St. Gabriel LA                                                                                         |                                                                                               |
|    |                                                                                                        | 10. Since admission did the same                                                              |
|    |                                                                                                        | 10. Since admission, did the inmate ever stay<br>overnight in a mental health facility?       |
| 4. | What was the inmate's date of birth?                                                                   | D Yes                                                                                         |
|    | 0 2 1 3 1 9 5 0                                                                                        | <ul> <li>No</li> <li>Don't Know</li> </ul>                                                    |
|    | MONTH DAY YEAR                                                                                         |                                                                                               |
|    |                                                                                                        |                                                                                               |
| 5. | What was the inmate's sex?                                                                             | 11. Where did the inmate die?                                                                 |
| 1  | Male                                                                                                   | In a general housing unit in the facility or on<br>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                                 |
|    |                                                                                                        | In a medical center outside your facility                                                     |
|    | □ Yes<br>☑ No                                                                                          | <ul> <li>In a mental health center outside your facility</li> <li>While in transit</li> </ul> |
|    | 영상 말한 말한 것 같아. 이는 것 같아요. 가지 않는 것이 같아.                                                                  | Elsewhere                                                                                     |
| _  |                                                                                                        | Please Specify:                                                                               |
| 7. | In addition, what was the inmate's race? Please select one or more of the following racial categories: |                                                                                               |
|    |                                                                                                        |                                                                                               |
|    | <ul> <li>Black or African American</li> <li>American Indian or Alaska Native</li> </ul>                |                                                                                               |
|    | Asian                                                                                                  |                                                                                               |
|    | <ul> <li>Native Hawaiian or Pacific Islander</li> <li>Some other race</li> </ul>                       |                                                                                               |
|    | Please Specify:                                                                                        |                                                                                               |
|    |                                                                                                        |                                                                                               |
|    |                                                                                                        |                                                                                               |

V

12. Are th review

| 2. | re the results of a medical examiner's or coroner's evaluation (such as an autopsy, postn<br>view of medical records) available to establish an official cause of death? | nortem exam, or |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
|    | <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<br>☑ No evaluation is planned → CONTINUE TO Q13                                                                                        |                 |
|    |                                                                                                                                                                          |                 |
| 3. | hat was the cause of death? *** Please SPECIFY cause of death—it is critical information                                                                                 | on***           |
|    | 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]                                                                                                                                                      |                 |
| 5  | Other cause(s) [Specify]                                                                                                                                                 |                 |
| 4  | here did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?                                                                        |                 |
| •• | In NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related                                                                                              |                 |
|    | In the prison facility or on the prison grounds                                                                                                                          |                 |
|    | <ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> </ul>                                                                                |                 |
|    | In a common area within the facility (e.g., yard, library, cafeteria)                                                                                                    |                 |
|    | ISE In a special medical unit/infirmary                                                                                                                                  |                 |
| SP | IFY In a special mental health services unit                                                                                                                             |                 |
|    | On death row, special unit awaiting capital punishment                                                                                                                   |                 |
|    | C Elsewhere within the prison facility                                                                                                                                   |                 |
|    | Please Specify:                                                                                                                                                          |                 |
|    | Outside the prison facility (e.g., while on work release or on work detail)                                                                                              |                 |
|    | Elsewhere Please Specify:                                                                                                                                                |                 |
|    |                                                                                                                                                                          |                 |

- ☑ 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. | Excludin | ng emergency care provided at the time of<br>s for the medical condition that caused his | f death, did the  | e inmat                                  | e receive any of    | the following medical<br>rrectional facilities? |
|-----|----------|------------------------------------------------------------------------------------------|-------------------|------------------------------------------|---------------------|-------------------------------------------------|
|     |          |                                                                                          |                   |                                          |                     |                                                 |
|     | UN       | OT APPLICABLE—Cause of death was acci                                                    | dental injury, in | toxicatio                                | on, suicide, or nor |                                                 |
|     |          |                                                                                          | YES               | NO                                       | DON'T KNOW          | T TO VIDE A                                     |
|     |          | Evaluated by physician/medical staff                                                     |                   |                                          |                     | PLEASE PROVIDE A                                |
|     | b.       | Diagnostic tests (e.g., X-rays, MRI)                                                     |                   |                                          |                     | RESPONSE FOR                                    |
|     | C.       | Medications                                                                              |                   |                                          |                     | EACH ITEM (a–f)                                 |
|     | d.       | Treatment/care other than medications                                                    |                   |                                          |                     | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1           |
|     | e.       | Surgery                                                                                  |                   |                                          |                     |                                                 |
|     |          | Confinement in special medical unit                                                      |                   |                                          |                     |                                                 |
|     |          |                                                                                          |                   | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |                     |                                                 |

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")

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

Pre-existing medical condition

Deceased developed condition after admission

Could not be determined

Please add any additional notes regarding this death here:

Q11 from Elsewhere to Medical Center Outside Facility, Q13 from Other Causes to Illness, Q14 from Elsewhere to NA, and Q15 from Afternoon to NA.

R

| Form NPS-4A<br>(Addendum)                                                                                                                                                                                                                                                                                                                                    | DEATHS IN CUSTODY—2015<br>STATE PRISON INMATE<br>DEATH REPORT                                                                                                                                                                                 | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGENT:<br>RTI INTERNATIONAL                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                              | FORM COMPLETED BY:                                                                                                                                                                                                                            |                                                                                                                                                                                                          |
| Name                                                                                                                                                                                                                                                                                                                                                         | Title                                                                                                                                                                                                                                         |                                                                                                                                                                                                          |
| Official                                                                                                                                                                                                                                                                                                                                                     | Tulanhana                                                                                                                                                                                                                                     |                                                                                                                                                                                                          |
| ddress                                                                                                                                                                                                                                                                                                                                                       | Telephone                                                                                                                                                                                                                                     |                                                                                                                                                                                                          |
| City                                                                                                                                                                                                                                                                                                                                                         | FAX                                                                                                                                                                                                                                           |                                                                                                                                                                                                          |
| State Zip                                                                                                                                                                                                                                                                                                                                                    | E-mail                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |
| <ul> <li>If no deaths occurred in 2015:</li> <li>You will not need to report an</li> <li>At the beginning of 2016, you</li> </ul>                                                                                                                                                                                                                            | Instructions for Completion<br>ything at this time.<br>will be asked to complete a summary form when                                                                                                                                          |                                                                                                                                                                                                          |
| <ul> <li>You will not need to report an</li> <li>At the beginning of 2016, you</li> <li>If you had more than one death in</li> <li>Make copies of this form for e</li> <li>Complete the entire form for e</li> </ul>                                                                                                                                         | ything at this time.<br>will be asked to complete a summary form whet<br><u>2015:</u><br>ach additional death.<br>each inmate death.                                                                                                          | her or not you had a death occurrence in 2015.                                                                                                                                                           |
| <ul> <li>You will not need to report an</li> <li>At the beginning of 2016, you</li> <li>If you had more than one death in</li> <li>Make copies of this form for e</li> <li>Complete the entire form for e</li> <li>Once your death records are</li> </ul>                                                                                                    | ything at this time.<br>will be asked to complete a summary form whet<br><u>2015:</u><br>each additional death.<br>each inmate death.<br>complete, there are several ways to submit a de<br>rt online at: <u>https://bjsdcrp.rti.org</u> MAIL | her or not you had a death occurrence in 2015.                                                                                                                                                           |
| <ul> <li>You will not need to report an</li> <li>At the beginning of 2016, you</li> <li>If you had more than one death in</li> <li>Make copies of this form for e</li> <li>Complete the entire form for e</li> <li>Once your death records are</li> <li>ONLINE: Complete the repo<br/>E-MAIL: bjsdcrp@rti.org</li> <li>FAX (TOLL-FREE): (866) 800</li> </ul> | ything at this time.<br>will be asked to complete a summary form whet<br><u>2015:</u><br>each additional death.<br>each inmate death.<br>complete, there are several ways to submit a de<br>rt online at: <u>https://bjsdcrp.rti.org</u> MAIL | her or not you had a death occurrence in 2015.<br>ath report:<br>.: RTI International, Attn: Data Capture<br>Project Number: 0213149.001.400.402.100<br>5265 Capital Boulevard<br>Raleigh, NC 27690-1652 |

| <br>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**

|          | STATE PRISON INM                                                                                                                                                                                                                                                                                                          | IATE DEATH REPORT :                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.       | What was the inmate's name?         Taylor       James         LAST       FIRST       MI                                                                                                                                                                                                                                  | <ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 9 0 6 2 0 0 0</li> <li>MONTH DAY YEAR</li> </ul>                                                                                                                                                                                                                                                                                         |
| 2.<br>3. | On what date did the inmate die? $0$ $7$ $2$ $1$ $2$ $0$ $1$ $5$ MONTHDAYYEARWhat was the name and location of the correctional facility involved?Facility Name:Elayn Hunt Correctional CenterFacility City:Facility State:St. GabrielLAWhat was the inmate's date of birth? $0$ $7$ $2$ $8$ $1$ $9$ $4$ $6$ MONTHDAYYEAR | 9. For what offense(s) was the inmate being held?         a. Armed Robbery         b.         c.         d.         e.         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?                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5.       | <ul> <li>What was the inmate's sex?</li> <li>☑ Male</li> <li>☑ Female</li> </ul> Was the inmate of Hispanic, Latino, or Spanish origin? <ul> <li>☑ Yes</li> <li>☑ No</li> </ul>                                                                                                                                           | <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> <li>Please Specify:</li> </ul> |
| 7.       | In addition, what was the inmate's race? Please<br>select one or more of the following racial<br>categories:<br>White<br>Black or African American<br>American Indian or Alaska Native<br>Asian<br>Native Hawaiian or Pacific Islander<br>Some other race<br>Please Specify:                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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|     |      | e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or<br>of medical records) available to establish an official cause of death?<br>YES                                                 |
|-----|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |      | Evaluation complete—results are pending<br>SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED A                                                                                                                    |
|     |      | LATER TIME FOR THE CAUSE OF DEATH<br>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                                                                                                                                                                                |
|     |      | 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]                                                                                                                                                                                                            |
| [P[ | Ø    | <pre>e did the incident (e.g., accident, suicide, or homicide) causing the death take place?<br/>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related<br/>In the prison facility or on the prison grounds</pre> |
| 37  |      | , (5, ·····, /, ····, /, ····, /, ····, /, ····, /, ····, /, ····, /, ····, /, ····, /, ····, /, ····,                                                                                                                              |

| 16. Exclu<br>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?                                     |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                    | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide                                                                                                                                                              |
|                    | YES NO DON'T KNOW a. Evaluated by physician/medical staff                                                                                                                                                                                            |
| after              | the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.") |
|                    | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide                                                                                                                                                              |
|                    | Pre-existing medical condition<br>Deceased developed condition after admission<br>Could not be determined                                                                                                                                            |
| Plazza ad          | d any additional notes regarding this death here:                                                                                                                                                                                                    |

Recoded Q13 from Other Causes to Illness, Q14 from Special Medical Unit to NA, Q15 from Evening to NA.
OMB No. 1121-0249 Approval Expires 03/31/2019

| Form NPS-4A<br>(Addendum) |  |                                   | DEATHS IN CUSTODY—2015<br>STATE PRISON INMATE<br>DEATH REPORT |           | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGENT:<br>RTI INTERNATIONAL |
|---------------------------|--|-----------------------------------|---------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------|
|                           |  |                                   | FORM COMPLE                                                   | TED BY:   |                                                                                                                    |
| Name                      |  |                                   |                                                               | Title     |                                                                                                                    |
| Official<br>Address       |  |                                   |                                                               | Telephone |                                                                                                                    |
| City                      |  |                                   |                                                               | FAX       |                                                                                                                    |
| State                     |  | Zip                               | E-mail                                                        |           |                                                                                                                    |
|                           |  | a to the first second second back |                                                               |           |                                                                                                                    |

# Instructions for Completion

If no deaths occurred in 2015:

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

If you had more than one death in 2015:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report.

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

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

What deaths should be reported?

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

#### BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

# STATE PRISON INMATE DEATH REPORT

| STATE PRISON INM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ATE DEATH REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. What was the inmate's name?         Tillie         LAST         FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 1 2 4 2 0 1 5</li> <li>MONTH DAY YEAR</li> </ul>                                                                                                                                                                                                                                                                                                                                |
| <ul> <li>2. On what date did the inmate die?</li> <li> <ul> <li>0</li> <li>1</li> <li>2</li> <li>4</li> <li>2</li> <li>0</li> <li>1</li> <li>5</li> </ul> </li> <li>3. What was the name and location of the correctional facility involved?</li> <li>Facility Name: <ul> <li>Elayn Hunt Correctional Center</li> <li>Facility City:</li> <li>Facility State:</li> <li>St. Gabriel</li> </ul> </li> <li>4. What was the inmate's date of birth? <ul> <li>0</li> <li>1</li> <li>0</li> <li>1</li> <li>0</li> <li>1</li> <li>9</li> <li>5</li> <li>7</li> </ul> </li> </ul> | <ul> <li>9. For what offense(s) was the inmate being held?</li> <li>a. PWID Cocaine</li> <li>b</li></ul>                                                                                                                                                                                                                                                                                                                                                                            |
| <ul> <li>5. What was the inmate's sex?</li> <li>Male</li> <li>Female</li> <li>6. Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>Yes</li> <li>No</li> <li>7. 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> <li>Please Specify:</li> </ul>                                                                  | <ul> <li>11. 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> |

| 12.   | 2. 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?                                                                                            |      |
|       | Evaluation complete—results are pending                                                                                                                                  |      |
|       | SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED<br>LATER TIME FOR THE CAUSE OF DEATH                                                                 | AT A |
| -ca   | ☑ 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] — End stage prostate cancer with bone m                                                                                    | etas |
|       | Acquired Immune Deficiency Syndrome (AIDS)                                                                                                                               |      |
|       | Accidental alcohol/drug intoxication [Describe]                                                                                                                          |      |
| ČĽ,   | 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.   | 4. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?                                                                    |      |
| 1     | 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                                                                                                |      |
| 2     | In a temporary holding area/lockup                                                                                                                                       |      |
|       | In a common area within the facility (e.g., yard, library, cafeteria)                                                                                                    |      |
|       | SPECIFY] In a special mental health services unit                                                                                                                        |      |
|       | <ul> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> </ul>                                                                |      |
|       | Elsewhere within the prison facility                                                                                                                                     |      |
| 100   | Please Specify:                                                                                                                                                          |      |
|       | Outside the prison facility (e.g., while on work release or on work detail)                                                                                              |      |
|       | Elsewhere                                                                                                                                                                |      |
|       | Please Specify:                                                                                                                                                          |      |
| ÷     |                                                                                                                                                                          |      |
| 45    | When did the incident (e.g. accident quicide or hemicide) equains the death ensure                                                                                       |      |
| 15.   | 5. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? ONT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related |      |
| ·     | Morning (6 am to Noon)                                                                                                                                                   |      |
|       | Afternoon (Noon to 6 pm)                                                                                                                                                 |      |
| 7 - 2 | <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 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

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")

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

Pre-existing medical condition

Deceased developed condition after admission

Could not be determined

Please add any additional notes regarding this death here:

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

"AGENICY ID.

| Form NPS-4A<br>(Addendum) DEATHS IN CUST<br>STATE PRISON<br>DEATH RE<br>FORM COMPL<br>Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | N INMATE BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGENT:                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ETED BY:                                                                                                                                                                                                                                                                                           |
| Address City E-mai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Title         Telephone                                                                                                                                                                                                                                                                            |
| <ul> <li>If no deaths occurred in 2015:</li> <li>You will not need to report anything at this time.</li> <li>At the beginning of 2016, you will be asked to complete a su</li> <li>If you had more than one death in 2015:</li> <li>Make copies of this form for each additional death.</li> <li>Complete the entire form for each inmate death.</li> <li>Once your death records are complete, there are several wa</li> <li>ONLINE: Complete the report online at: https://bjsdcrp.rti.or<br/>E-MAIL: bjsdcrp@rti.org<br/>FAX (TOLL-FREE): (866) 800-9179</li> </ul> | MAIL: RTI International, Attn: Data Capture<br>Project Number: 0213149.001.400.402.10<br>5265 Capital Boulevard<br>Raleigh, NC 27690-1652                                                                                                                                                          |
| What deaths shou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Id be reported?                                                                                                                                                                                                                                                                                    |
| <ul> <li>ICLUDE deaths of ALL persons</li> <li>Confined in your correctional facilities, whether housed under your jurisdiction or that of another state</li> <li>Under your jurisdiction but housed in private correctional facilities, whether located in or out of state</li> <li>Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses,</li> </ul>                                                                                                                                                            | <ul> <li><u>EXCLUDE</u> deaths of ALL persons</li> <li>Executed in your state</li> <li>Confined in local jail facilities, whether located in or oustate</li> <li>Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility</li> </ul> |

- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

### **BURDEN STATEMENT**

police/court lockups, or work farms)

supervision

In transit to or from your facilities while under your

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.

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| _  |                                                                                            | ALE DEATH REDOLL                                         |
|----|--------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. | What was the inmate's name?                                                                | 8. On what date was the inmate admitted to one on        |
|    | Vallier James E                                                                            | your correctional facilities?                            |
|    | LAST FIRST MI                                                                              | 0 4 0 8 2 0 1 5<br>MONTH DAY YEAR                        |
| 2. | On what date did the inmate die?                                                           |                                                          |
|    | 0 6 0 1 2 0 1 5                                                                            | 9. For what offense(s) was the inmate being held?        |
|    | MONTH DAY YEAR                                                                             | <sup>a.</sup> Forcible Rape                              |
|    |                                                                                            | b.                                                       |
| 3. | What was the name and location of the                                                      | c.                                                       |
|    | correctional facility involved?                                                            | d.                                                       |
|    | Facility Name:                                                                             | e.                                                       |
|    | Elayn Hunt Correctional Center                                                             |                                                          |
|    | Facility City: Facility State:                                                             |                                                          |
|    | 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?                                                       | <ul> <li>☑ No</li> <li>☑ Don't Know</li> </ul>           |
|    |                                                                                            |                                                          |
|    | 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        |
|    | <ul> <li>Male</li> <li>Female</li> </ul>                                                   | prison grounds                                           |
|    |                                                                                            | 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<br>origin?                                  | your facility In a medical center outside your facility  |
|    | ☐ Yes                                                                                      | In a mental health center outside your facility          |
|    | ☑ No                                                                                       | While in transit                                         |
|    |                                                                                            | 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> </ul>                               |                                                          |
|    | American Indian or Alaska Native                                                           |                                                          |
|    | <ul> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> </ul>                     |                                                          |
|    | Some other race                                                                            |                                                          |
|    | Please Specify:                                                                            |                                                          |
|    |                                                                                            |                                                          |

| ת | tted to     |               |                                                                                                                                                                                 |
|---|-------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | one of      |               | ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or<br>w of medical records) available to establish an official cause of death? |
|   | 7           |               |                                                                                                                                                                                 |
| / |             |               | Evaluation complete—results are pending<br>SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A                                                             |
|   |             | E             | LATER TIME FOR THE CAUSE OF DEATH                                                                                                                                               |
|   |             | Ľ             | 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, anoxic brain injury                                                                                     |
|   |             | +             | 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]                                                                                                                                                             |
|   | 8. j 1<br>1 |               | Other cause(s) [Specify]                                                                                                                                                        |
|   |             | A/1           | a did the incident (a.g. popident quicide, or hemiside) equains the death take place?                                                                                           |
|   | 14.         | vner<br>Ø     | re did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?<br>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related     |
| , |             |               | In the prison facility or on the prison grounds                                                                                                                                 |
|   |             |               | <ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> </ul>                                                                                       |
|   |             |               | In a common area within the facility (e.g., yard, library, cafeteria)                                                                                                           |
|   |             | EASE<br>ECIFY | In a special medical unit/infirmary In a special mental health services unit                                                                                                    |
|   | GFL         |               | In a segregation unit                                                                                                                                                           |
|   |             |               | <ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul>                                                        |
| 1 |             |               | Please Specify:                                                                                                                                                                 |
|   |             |               | Outside the prison facility (e.g., while on work release or on work detail)                                                                                                     |
|   |             | C             | ] Elsewhere                                                                                                                                                                     |
|   |             |               | Please Specify:                                                                                                                                                                 |
| 1 |             |               |                                                                                                                                                                                 |
|   | 15. \       |               | n did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?                                                                                       |
|   |             | 2             | INOT 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<br>servi | iding emergency care provided at the time of c<br>ces for the medical condition that caused his/h                                                                                                                                                          | ier death art                     |                             |                                       |                                                     |
|-----|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------|---------------------------------------|-----------------------------------------------------|
|     |                | NOT APPLICABLE—Cause of death was accide                                                                                                                                                                                                                   | ental injury, in                  | toxicati                    | on, suicide, or ho                    | micide                                              |
|     |                | <ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> <li>f. Confinement in special medical unit</li> </ul> | YES                               | NO                          |                                       | PLEASE PROVIDE A<br>RESPONSE FOR<br>EACH ITEM (a-f) |
| 17. |                | the cause of death the result of a pre-existing<br>admission? (If multiple conditions caused the<br>existing medical condition.")                                                                                                                          | medical con<br>death and <u>a</u> | dition c<br><u>ny</u> of tl | or did the inmate<br>he conditions we | develop the condition<br>re pre-existing, mark      |
|     |                | NOT APPLICABLE—Cause of death was accide                                                                                                                                                                                                                   | ental injury, in                  | itoxicati                   | on, suicide, or hor                   | nicide                                              |
|     |                | Pre-existing medical condition<br>Deceased developed condition after admission<br>Could not be determined                                                                                                                                                  |                                   |                             |                                       |                                                     |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | THS IN CUSTODY—2015<br>ATE PRISON INMATE<br>DEATH REPORT | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGENT:<br>RTI INTERNATIONAL |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RM COMPLETED BY:                                         |                                                                                                                    |
| Name Official Address City State Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Title Telephone FAX                                      |                                                                                                                    |
| <ul> <li><u>If no deaths occurred in 2015:</u></li> <li>You will not need to report anything at this time.</li> <li>At the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2016, you will be asked to construct the beginning of 2015.</li> <li>ONLINE: Complete the report online at: </li></ul> |                                                          |                                                                                                                    |

 In transit to or from your facilities while under your supervision

# Under your jurisdiction but on AWOL or escape-status at the time of death

## 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.

| 12.25 | STATE PRISON INM                                                                                                                                                                                                                                                                                                                | IATE DEATH REPORT                                                                                                                                                                                                                                                   |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.    | What was the inmate's name?VealArthurLASTFIRSTOn what date did the inmate die?07172015MONTHDAYYEAR                                                                                                                                                                                                                              | <ul> <li>8. On what date was the inmate admitted to one your correctional facilities?</li> <li>1 2 0 6 2 0 1 2<br/>MONTH DAY YEAR</li> <li>9. For what offense(s) was the inmate being held?</li> <li>a. Schedule II</li> </ul>                                     |
| 3.    | What was the name and location of the correctional facility involved?         Facility Name:         Elayn Hunt Correctional Center         Facility City:       Facility State:         St. Gabriel       LA         What was the inmate's date of birth?         0       7       0       3         MONTH       DAY       YEAR | <ul> <li>b. P Firearm-CCW-CNV CRT FLN</li> <li>c</li></ul>                                                                                                                                                                                                          |
| 5.    | What was the inmate's sex?<br>Male<br>Female                                                                                                                                                                                                                                                                                    | <ul> <li>11. 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> </ul>                                          |
| 6.    | Was the inmate of Hispanic, Latino, or Spanish<br>origin?<br>☐ Yes<br>☑ No                                                                                                                                                                                                                                                      | <ul> <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> |
| 7.    | In addition, what was the inmate's race? Please<br>select one or more of the following racial<br>categories:<br>White<br>Black or African American<br>American Indian or Alaska Native<br>Asian<br>Native Hawaiian or Pacific Islander<br>Some other race<br>Please Specify:                                                    |                                                                                                                                                                                                                                                                     |

1 1.

| mitted        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| mitted to one | e 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1             | <ul> <li>✓ YES → CONTINUE TO Q13</li> <li>□ Evaluation complete—results are pending</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| $\bigwedge$   | SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| $r^{-1}$      | □ No evaluation is planned → CONTINUE TO Q13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 13.           | hat was the cause of death? *** Please SPECIFY cause of death—it is critical information***                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|               | Illness—Exclude AIDS-related deaths [Specify] Cardiopulmonary 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]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 8             | Homicide [Describe]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|               | Other cause(s) [Specify]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| [PL           | <ul> <li>here 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> <li>In the prison facility or on the prison grounds <ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> <li>In a special mental health services unit</li> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility (e.g., while on work release or on work detail)</li> </ul> </li> </ul> |
| 15.           | hen did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?<br>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related<br>Morning (6 am to Noon)<br>Afternoon (Noon to 6 pm)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|               | <ul> <li>Afternoon (Noon to 6 pm)</li> <li>Evening (6 pm to Midnight)</li> <li>Overnight (Midnight to 6 am)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| _   |                |                                                                                                                                                                                                                                                            |                     |                    |                                    |                                                     |
|-----|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|------------------------------------|-----------------------------------------------------|
| 16. | Exclu<br>servi | ding emergency care provided at the time of death,<br>ces for the medical condition that caused his/her de                                                                                                                                                 | did the<br>ath afte | inmate<br>er admis | receive any of<br>ssion to your co | the following medical<br>rrectional facilities?     |
|     | ۵              | NOT APPLICABLE—Cause of death was accidental in                                                                                                                                                                                                            | njury, in           | toxicatio          | n, suicide, or hon                 | nicide                                              |
|     |                | <ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> <li>f. Confinement in special medical unit</li> </ul> |                     |                    |                                    | PLEASE PROVIDE A<br>RESPONSE FOR<br>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 <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")

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

Pre-existing medical condition

Deceased developed condition after admission

Could not be determined

Please add any additional notes regarding this death here:

|                                                                                                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                         | 0                                                                                                             | M8 No. 1121-0249 Approval Expires 03/31/2019                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                        | NPS-4A<br>ndum)                                                                                                                                                                                                                                          | ۲                                                                                                                                                                                                                                                                                                                                            | STATE PR                                                                                                                                                                                                                                                                                                                                 | CUSTODY-201<br>RISON INMATE<br>H REPORT                                                                                                                                                                 | 5                                                                                                             | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGEN<br>RTI INTERNATIONAL                                                                                                                                                           |
|                                                                                                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                              | FORM CO                                                                                                                                                                                                                                                                                                                                  | MPLETED BY:                                                                                                                                                                                             |                                                                                                               |                                                                                                                                                                                                                                                                            |
| Name                                                                                                                   |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                          | т                                                                                                                                                                                                       | ile                                                                                                           |                                                                                                                                                                                                                                                                            |
| Official                                                                                                               |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                          | Telephor                                                                                                                                                                                                |                                                                                                               |                                                                                                                                                                                                                                                                            |
| Address                                                                                                                | ALC: NO. OF                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                          | F/                                                                                                                                                                                                      |                                                                                                               |                                                                                                                                                                                                                                                                            |
| State                                                                                                                  |                                                                                                                                                                                                                                                          | Zip                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                          | E-mail                                                                                                                                                                                                  |                                                                                                               |                                                                                                                                                                                                                                                                            |
|                                                                                                                        |                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                         |                                                                                                               | and the second a second                                                                                                                                                                                                                                                    |
| <ul> <li>Yo</li> <li>At</li> <li>If you 1</li> <li>M</li> <li>Co</li> </ul>                                            | bu will not no<br>the beginni<br>had more the<br>ake copies o<br>omplete the                                                                                                                                                                             | an one death in 2<br>of this form for ea<br>entire form for ea                                                                                                                                                                                                                                                                               | vill be asked to complete<br>015:<br>ch additional death.                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                         |                                                                                                               | or not you had a death occurrence in 20<br>report:                                                                                                                                                                                                                         |
| Ye     Al     If you I     M     Co     O                                                                              | bu will not ne<br>the beginni<br>had more the<br>ake copies of<br>omplete the<br>nce your dea<br>NLINE: Con<br>-MAIL: bisd<br>AX (TOLL-F                                                                                                                 | eed to report anyt<br>ing of 2016, you w<br>an one death in 2<br>of this form for ear<br>entire form for ear<br>ath records are co<br>mplete the report<br><u>lcrp@rti.org</u><br>:REE): (866) 800-9                                                                                                                                         | vill be asked to complete<br>015:<br>ch additional death.<br>ch inmate death.<br>omplete, there are severa<br>online at: <u>https://bjsdcrp.</u><br>9179                                                                                                                                                                                 | al ways to submit a<br><u>rti.org</u> M                                                                                                                                                                 | death<br>IAIL: F<br>F<br>S<br>F                                                                               | report:<br>RTI International, Attn: Data Capture<br>Project Number: 0213149.001.400.402.10<br>5265 Capital Boulevard<br>Raleigh, NC 27690-1652                                                                                                                             |
| Ye     Al     If you I     M     Co     O                                                                              | bu will not ne<br>the beginni<br>had more the<br>ake copies of<br>omplete the<br>nce your dea<br>NLINE: Con<br>-MAIL: bisd<br>AX (TOLL-F                                                                                                                 | eed to report anyt<br>ing of 2016, you w<br>an one death in 2<br>of this form for ear<br>entire form for ear<br>ath records are co<br>mplete the report<br><u>lcrp@rti.org</u><br>:REE): (866) 800-9                                                                                                                                         | vill be asked to complete<br>015:<br>ch additional death.<br>ch inmate death.<br>omplete, there are severa<br>online at: <u>https://bjsdcrp.</u><br>9179                                                                                                                                                                                 | al ways to submit a<br><u>rti.org</u> M                                                                                                                                                                 | death<br>IAIL: F<br>F<br>S<br>F                                                                               | report:<br>RTI International, Attn: Data Capture<br>Project Number: 0213149.001.400.402.10<br>5265 Capital Boulevard                                                                                                                                                       |
| Ye     Al     If you I     M     Co     O                                                                              | bu will not ne<br>the beginni<br>had more the<br>ake copies of<br>omplete the<br>nce your dea<br>NLINE: Con<br>-MAIL: bisd<br>AX (TOLL-F                                                                                                                 | eed to report anyt<br>ing of 2016, you w<br>an one death in 2<br>of this form for ear<br>entire form for ear<br>ath records are co<br>mplete the report<br><u>lcrp@rti.org</u><br>:REE): (866) 800-9                                                                                                                                         | vill be asked to complete<br>015:<br>ch additional death.<br>ch inmate death.<br>omplete, there are severa<br>online at: <u>https://bjsdcrp.</u><br>9179                                                                                                                                                                                 | al ways to submit a<br><u>rti.org</u> M<br>ernational toll-free                                                                                                                                         | death<br>IAIL: F<br>F<br>F<br>at (800                                                                         | report:<br>RTI International, Attn: Data Capture<br>Project Number: 0213149.001.400.402.10<br>5265 Capital Boulevard<br>Raleigh, NC 27690-1652<br>0) 344-1387 or <u>bisdcrp@rti.org</u>                                                                                    |
| <ul> <li>You</li> <li>At</li> <li>If you</li> <li>M</li> <li>Ca</li> <li>O</li> <li>O</li> <li>E</li> <li>F</li> </ul> | bu will not ne<br>the beginni<br>had more the<br>ake copies of<br>omplete the<br>nce your dea<br>NLINE: Con<br>MAIL: bisd<br>AX (TOLL-F                                                                                                                  | eed to report anyt<br>ing of 2016, you w<br>an one death in 2<br>of this form for ear<br>entire form for ear<br>ath records are co<br>mplete the report<br><u>lcrp@rti.org</u><br>;REE): (866) 800-9                                                                                                                                         | vill be asked to complete<br><u>015:</u><br>ch additional death.<br>ch inmate death.<br>pomplete, there are severa<br>online at: <u>https://bjsdcrp.</u><br>9179<br><i>Il Matt Bensen of RTI Int</i>                                                                                                                                     | al ways to submit a<br>rti.org M<br>ernational toll-free<br>nould be repo                                                                                                                               | death<br>IAIL: F<br>F<br>at (800<br>rted?                                                                     | report:<br>RTI International, Attn: Data Capture<br>Project Number: 0213149.001.400.402.10<br>5265 Capital Boulevard<br>Raleigh, NC 27690-1652<br>0) 344-1387 or <u>bisdcrp@rti.org</u>                                                                                    |
| Ye     At     If you     M     Co     O     Cor                                                                        | bu will not no<br>the beginni<br>had more the<br>ake copies of<br>omplete the<br>nce your dea<br>NLINE: Con<br>MAIL: bisd<br>AX (TOLL-F<br>If you ne<br>deaths of A                                                                                      | eed to report anyt<br>ing of 2016, you w<br>an one death in 2<br>of this form for ear<br>entire form for ear<br>ath records are co<br>mplete the report<br>lcrp@rti.org<br>REE): (866) 800-9<br>eed assistance, ca                                                                                                                           | vill be asked to complete<br><u>015:</u><br>ch additional death.<br>ch inmate death.<br>omplete, there are severa<br>online at: <u>https://bjsdcrp.</u><br>9179<br><i>Il Matt Bensen of RTI Inte</i><br><b>What deaths sh</b><br>lities, whether housed                                                                                  | al ways to submit a<br>rti.org M<br>ermational toll-free<br>nould be repo                                                                                                                               | death<br>IAIL: F<br>E<br>at (800<br>rted a<br>eaths c<br>ed in y                                              | report:<br>RTI International, Attn: Data Capture<br>Project Number: 0213149.001.400.402.10<br>5265 Capital Boulevard<br>Raleigh, NC 27690-1652<br>0) 344-1387 or <u>bisdcrp@rti.org</u>                                                                                    |
| Ye     At     If you I     M     Co     O     E     F                                                                  | bu will not no<br>the beginni<br>had more the<br>ake copies of<br>omplete the<br>nce your dea<br>NLINE: Con<br>MAIL: bisd<br>AX (TOLL-F<br>If you ne<br>deaths of A<br>fined in you<br>er your juris                                                     | eed to report anyt<br>ing of 2016, you w<br>an one death in 2<br>of this form for ear<br>entire form for ear<br>ath records are co<br>mplete the report<br>lcrp@rti.org<br>"REE): (866) 800-4<br>red assistance, ca<br>bed assistance, ca<br>ALL persons<br>ar correctional facil<br>diction or that of a<br>soliction but house             | vill be asked to complete<br><u>015:</u><br>ch additional death.<br>ch inmate death.<br>omplete, there are severa<br>online at: <u>https://bjsdcrp.</u><br>9179<br><i>Il Matt Bensen of RTI Inte</i><br><b>What deaths sh</b><br>lities, whether housed<br>inother state<br>d in private correctional                                    | al ways to submit a<br><u>rti.org</u><br>w<br>ernational toll-free<br><b>bould be repo</b><br><u>EXCLUDE</u> de<br><u>EXCLUDE</u> de<br><u>Execut</u><br><u>Confine</u><br>state                        | death<br>IAIL: F<br>F<br>at (800<br>rted a<br>eaths c<br>ed in y<br>ed in lo                                  | report:<br>RTI International, Attn: Data Capture<br>Project Number: 0213149.001.400.402.10<br>S265 Capital Boulevard<br>Raleigh, NC 27690-1652<br>a) 344-1387 or <u>bisdcrp@rti.org</u><br>of ALL persons<br>pour state<br>ocal jail facilities, whether located in or our |
| Yee     All     If you I     M     Co     O     E     F      NCLUDE     Cor     und     facil     Und     facil        | bu will not no<br>the beginni<br>had more the<br>ake copies of<br>omplete the<br>nce your dea<br>NLINE: Con<br>MAIL: bisd<br>AX (TOLL-F<br>If you ne<br>deaths of A<br>fined in you<br>er your juris<br>ities, whethe<br>ler your juris<br>lical/treatme | eed to report anyt<br>ing of 2016, you w<br>an one death in 2<br>of this form for ear<br>entire form for ear<br>ath records are co<br>mplete the report<br>lcrp@rti.org<br>REE): (866) 800-<br>ed assistance, ca<br>addiction or that of a<br>soliction or that of a<br>soliction but house<br>er located in or ou<br>soliction but in spece | vill be asked to complete<br>015:<br>ch additional death.<br>ch inmate death.<br>omplete, there are severa<br>online at: https://bjsdcrp.<br>9179<br>Il Matt Bensen of RTI Inte<br>What deaths sh<br>lities, whether housed<br>inother state<br>d in private correctional<br>it of state<br>cial facilities (e.g.,<br>s, halfway houses, | al ways to submit a<br><u>rti.org</u> M<br>emational toll-free<br><b>Dould be repo</b><br><u>EXCLUDE</u> de<br><u>EXCLUDE</u> de<br><u>Execut</u><br><u>Confine</u><br>state<br><u>Under</u><br>correct | death<br>IAIL: F<br>F<br>at (800<br>rted a<br>eaths o<br>eaths o<br>eaths o<br>eaths o<br>your ju<br>ional fa | report:<br>RTI International, Attn: Data Capture<br>Project Number: 0213149.001.400.402.10<br>5265 Capital Boulevard<br>Raleigh, NC 27690-1652<br>0) 344-1387 or <u>bisdcrp@rti.org</u>                                                                                    |

#### 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

|    |                                                                        | the and of                                                          |
|----|------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1. | What was the inmate's name?                                            | 8. On what date was the inmate admitted to one of                   |
|    | Velzques David                                                         | your correctional rue                                               |
| 9. | LAST                                                                   |                                                                     |
|    | MI                                                                     | MONTH DAY YEAR                                                      |
|    |                                                                        | MONTH                                                               |
| 2. | On what date did the inmate die?                                       |                                                                     |
|    |                                                                        | is mate being held?                                                 |
|    | MONTH DAY YEAR                                                         | 9. For what offense(s) was the inmate being held?                   |
|    | TEAR                                                                   | a. Agg Sec Deg Battery                                              |
|    |                                                                        |                                                                     |
| 3. | What was the name and location of the                                  | b.                                                                  |
|    | correctional facility involved?                                        | C.                                                                  |
|    |                                                                        |                                                                     |
|    | Facility Name:                                                         | d                                                                   |
|    | Elayn Hunt Correctional Center                                         | e                                                                   |
|    | Facility City: Facility State:                                         |                                                                     |
|    | St (-abrid                                                             |                                                                     |
|    | LA                                                                     | 10.0                                                                |
|    |                                                                        | 10. Since admission, did the inmate ever stay                       |
| 5  |                                                                        | overnight in a mental health facility?                              |
| 4. | What was the inmate's date of birth?                                   | □ Yes<br>☑ No                                                       |
| 1  |                                                                        | Don't Know                                                          |
|    |                                                                        |                                                                     |
|    | MONTH DAY YEAR                                                         |                                                                     |
| 3  |                                                                        | 11. Where did the inmate die?                                       |
| 5. | What was the inmate's sex?                                             |                                                                     |
|    | ☑ Male                                                                 | In a general housing unit in the facility or on                     |
|    |                                                                        | prison grounds<br>In a segregation unit                             |
| Ĩ. |                                                                        | <ul> <li>In a special medical unit/infirmary within your</li> </ul> |
|    |                                                                        | Tacility                                                            |
| 6. | Was the inmate of Hispanic, Latino, or Spanish                         | In a special mental health services unit within your facility       |
| 1  | origin?                                                                | your facility<br>In a medical center outside your facility          |
|    | Yes                                                                    | In a mental health center outside your facility                     |
| Ş. | No                                                                     | While in transit                                                    |
| 8  |                                                                        | 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                                              |                                                                     |
| 5. | <ul> <li>American Indian or Alaska Native</li> <li>Asian</li> </ul>    |                                                                     |
| ι. | <ul> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> </ul> |                                                                     |
| ş  | Some other race                                                        |                                                                     |
|    | Please Specify:                                                        |                                                                     |
|    |                                                                        |                                                                     |
| 1  |                                                                        |                                                                     |

12. Are rev

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| <ul> <li>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?</li> <li> PES → 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</li></ul>                                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***                                                                                                                                                                                                                                                                                                                                                                              |
| Illness—Exclude AIDS-related deaths [Specify] — Congestive Heart Failure                                                                                                                                                                                                                                                                                                                                                                                                      |
| 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,<br>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                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ul> <li>In the prison facility or on the prison grounds</li> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> <li>In a special mental health services unit</li> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul> |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <ul> <li>15. When did the incident (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>                                                                                                                                                                                                                                                                               |

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- 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       PLEASE PROVIDE A         b. Diagnostic tests (e.g., X-rays, MRI)       PLEASE PROVIDE A         c. Medications       PLEASE FOR         d. Treatment/care other than medications       PLEASE PROVIDE A         e. Surgery       PLEASE OF |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17. | f. Confinement in special medical unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|     | <ul> <li><i>"Pre-existing medical condition."</i>)</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>                                                                                                                                                                                                                                                                                                                                                              |
|     | ase add any additional notes regarding this death here:<br>nanged Q13 from Other Causes to Illness, Q14 from Elsewhere to NA, and Q15 from Morning to<br>A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |