

Form NPS-4A  
(Addendum)DEATHS IN CUSTODY—2015  
STATE PRISON INMATE  
DEATH REPORTU.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

## FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/> <input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/> <input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

## 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://bjscrp.rti.org>E-MAIL: [bjscrp@rti.org](mailto:bjscrp@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 [bjscrp@rti.org](mailto:bjscrp@rti.org)*

## What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

## BURDEN STATEMENT

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

# STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Brealy

LAST

Larry

FIRST

MI

2. On what date did the inmate die?

0

7

MONTH

0

8

DAY

2

0

1

5

YEAR

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

Facility Name:

Franklin Parish Detention Center

Facility City:

Winsboro

Facility State:

LA

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

1

1

MONTH

2

0

DAY

1

9

6

3

YEAR

5. What was the inmate's sex?



Male



Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?



Yes



No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:



White



Black or African American



American Indian or Alaska Native



Asian



Native Hawaiian or Pacific Islander



Some other race



Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?

0

4

MONTH

1

1

DAY

2

0

1

4

YEAR

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

a.

Aggravated Battery

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?



In a general housing unit in the facility or on prison grounds



In a segregation unit



In a special medical unit/infirmery 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:

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☒ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☐ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → Cardiac Arrest

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

14. Where did the 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

(PLEASE SPECIFY)

☐ 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/infirmiry

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

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

☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. 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 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**PLEASE PROVIDE A  
RESPONSE FOR  
EACH ITEM (a-f)**

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

☐ 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

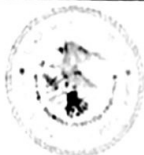
Please add any additional notes regarding this death here:

Bonding Agencies: Death

Billing Agencies: All

<u>Name</u>	<u>ID</u>	<u>Bookin Date</u>	<u>Arresting Agency</u>	<u>Officer</u>	<u>Bookout Date</u>	<u>Release Type</u>		
<b>Brealy, Larry</b>	<b>205995</b>	<b>4/11/2014 8:07:48 PM</b>	<b>Department of Corrections</b>	<b>H. Parks</b>	<b>7/8/2015 8:24:17 PM</b>	<b>Other</b>		
Race: African American   Gender: M   DOB: 11/20/1963   Arr. Officer: H. Parks   Address: 7802 Keats St., New Orleans, LA 70114								
<u>CHARGES:</u>	<u>Booking #</u>	<u>Primary</u>	<u>Warrant #</u>	<u>Charge Description</u>	<u>Bond</u>	<u>Court</u>	<u>Court Date</u>	<u>Charge Type</u>
	1	No	093285	Aggravated Flight From An Officer	N/A	Jefferson Parish Clerk of Court	N/A	F
	1	No	093285	Resisting An Officer	N/A	Orleans Parish Criminal District Court	N/A	F
	1	No	093285	Theft Of Goods	N/A	Jefferson Parish Clerk of Court	N/A	M
	1	No	96591	Aggravated Battery	N/A	Morehouse Parish Clerk of Court	N/A	F
<b>Francis, Rodney</b>	<b>207651</b>	<b>8/15/2014 6:45:31 PM</b>	<b>Department of Corrections</b>	<b>Ed Parks</b>	<b>8/25/2015 12:22:20 AM</b>	<b>Other</b>		
Race: African American   Gender: M   DOB: 5/16/1959   Arr. Officer: Ed Parks   Address: 2339 BROOKLYNN AVE, HARVEY, LA 70058								
<u>CHARGES:</u>	<u>Booking #</u>	<u>Primary</u>	<u>Warrant #</u>	<u>Charge Description</u>	<u>Bond</u>	<u>Court</u>	<u>Court Date</u>	<u>Charge Type</u>
	1	No	861989	Armed Robbery	N/A	Jefferson Parish Clerk of Court	N/A	F
	1	No	14-1245	Possession Of CDS II With Intent Including Cocaine	N/A	Jefferson Parish Clerk of Court	N/A	F
<b>Brumfield, Fredrick</b>	<b>224067</b>	<b>9/11/2017 8:14:03 PM</b>	<b>Department of Corrections</b>	<b>HeNRY PARKS</b>	<b>12/29/2017 4:31:27 PM</b>	<b>Other</b>		
Race: African American   Gender: M   DOB: 2/8/1973   Arr. Officer: HeNRY PARKS   Address: 2461 Idaho Ave, Kenner, LA 70062								
<u>CHARGES:</u>	<u>Booking #</u>	<u>Primary</u>	<u>Warrant #</u>	<u>Charge Description</u>	<u>Bond</u>	<u>Court</u>	<u>Court Date</u>	<u>Charge Type</u>
	1	No	1503973	Pornography Involving Juvenile	N/A	Jefferson Parish Clerk of Court	N/A	F

Total Bookings: 3

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RTI INTERNATIONAL

## FORM COMPLETED BY:

Name

Title

Official  
Address

Telephone

City

FAX

State

Zip

E-mail

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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](mailto:bjsdcrp@rti.org)*

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- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
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- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

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# STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Francis

LAST

Rodney

FIRST

MI

2. On what date did the inmate die?

0 8

MONTH

2 5

DAY

2 0 1 5

YEAR

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

Facility Name:

Franklin Parish Detention Center

Facility City:

Winsboro

Facility State:

LA

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

0 5

MONTH

1 6

DAY

1 9 5 9

YEAR

5. What was the inmate's sex?

☒ Male

☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

☐ Yes

☒ No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

☐ White

☒ Black or African American

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian or Pacific Islander

☐ Some other race



Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?

0 8

MONTH

1 5

DAY

2 0 1 4

YEAR

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

a. PWID Cocaine

b. Armed Robbery

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?

☐ 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:

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☒ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☐ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → Cardiac Arrest

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

☐ In the prison facility or on the prison grounds

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

☐ In a common area within the facility (e.g., yard, library, cafeteria)

☐ In a special medical unit/infirmery

☐ 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)

→ Please Specify:

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

☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)



16. 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 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PLEASE PROVIDE A  
RESPONSE FOR  
EACH ITEM (a-f)

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

☐ 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:

Bonding Agencies: Death

Billing Agencies: All

<u>Name</u>	<u>ID</u>	<u>Bookin Date</u>	<u>Arresting Agency</u>	<u>Officer</u>	<u>Bookout Date</u>	<u>Release Type</u>		
Brealy, Larry	205995	4/11/2014 8:07:48 PM	Department of Corrections	H. Parks	7/8/2015 8:24:17 PM	Other		
Race: African American   Gender: M		DOB: 11/20/1963	Arr. Officer: H. Parks		Address: 7802 Keats St., New Orleans, LA 70114			
<u>CHARGES:</u>	<u>Booking #</u>	<u>Primary</u>	<u>Warrant #</u>	<u>Charge Description</u>	<u>Bond</u>	<u>Court</u>	<u>Court Date</u>	<u>Charge Type</u>
	1	No	093285	Aggravated Flight From An Officer	N/A	Jefferson Parish Clerk of Court	N/A	F
	1	No	093285	Resisting An Officer	N/A	Orleans Parish Criminal District Court	N/A	F
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Francis, Rodney	207651	8/15/2014 6:45:31 PM	Department of Corrections	Ed Parks	8/25/2015 12:22:20 AM	Other		
Race: African American   Gender: M		DOB: 5/16/1959	Arr. Officer: Ed Parks		Address: 2339 BROOKLYNN AVE, HARVEY, LA 70058			
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Race: African American   Gender: M		DOB: 2/8/1973	Arr. Officer: HeNRY PARKS		Address: 2461 Idaho Ave, Kenner, LA 70062			
<u>CHARGES:</u>	<u>Booking #</u>	<u>Primary</u>	<u>Warrant #</u>	<u>Charge Description</u>	<u>Bond</u>	<u>Court</u>	<u>Court Date</u>	<u>Charge Type</u>
	1	No	1503973	Pornography Involving Juvenile	N/A	Jefferson Parish Clerk of Court	N/A	F

Total Bookings: 3