

Form CJ-9A/5


**DEATHS IN CUSTODY—2015  
ANNUAL SUMMARY ON INMATES  
UNDER JAIL JURISDICTION**
**U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL**
**FORM COMPLETED BY—**Name **Eva Banner**Title **Deputy**Official Address **100 Dolhonde St**Telephone **504 374-7712**City **Gretna**FAX **504 374-7769**State **LA** Zip **70053**Email **banner\_em@jpso.com****Instructions for completion and submission****FOR EACH ITEM—**

- If the answer to a question is "none" or "zero," write "0" in the space provided.
- When exact numeric answers are not available, provide estimates and mark ( X ) in the checkbox beside each number that is estimated. For example 1,234 ☒

Please submit your completed form(s) within 30 days of receipt. You may submit information in one of these ways:

**ONLINE:** Complete this form online at: <https://bjsdcrp.rti.org>

**MAIL:** RTI International, Attn: Data Capture  
Project Number: 0215015.001.100.102.100  
5265 Capital Boulevard  
Raleigh, NC 27690-1652

**EMAIL:** [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

**FAX (TOLL-FREE):** 1-866-800-9179

*If you need assistance, contact Matt Bensen of RTI International toll-free at 1-800-344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).*

**What to include and exclude in this data collection****INCLUDE—**

- ✓ Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles
- ✓ All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facilities.
- ✓ Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- ✓ Temporary holding or lockup facilities if they are part of your combined function.
- ✓ Inmates held for other jurisdictions, including federal authorities, state prison authorities, and other local jail jurisdictions.

**EXCLUDE—**

- X Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment.
- X Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities). These jails will be contacted directly for this data collection.

**BURDEN STATEMENT**

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## Section I — INMATE DEATHS

1. Between January 1, 2015, and December 31, 2015, how many persons died while under the supervision of your jail facilities?

INCLUDE deaths of ALL persons—

- ✓ CONFINED in your jail facilities
- ✓ UNDER THE SUPERVISION of your jail facilities, but out to court or in a special facility (e.g., hospital, hospice, or nursing home; treatment facility; residential community center; residential work release or house arrest program; or release center)
- ✓ WHILE IN TRANSIT to or from your jail facilities while under your supervision.

EXCLUDE—

- X Deaths of persons in the process of arrest by your agency if they have not yet been booked into your jail facilities.

Number of inmate deaths

a. Males ..... 3

b. Females ..... 1

REMINDER: IF YOUR FACILITIES HAD ONE OR MORE DEATHS IN CALENDAR YEAR 2015, please ensure that you have completed a 2015 CJ-9/CJ-10 (individual death report) form for each death reported. If you need additional CJ-9/CJ-10 forms, please go to the DCRP website (<https://bjsdcrp.rti.org>), call 1-800-344-1387, or send an email to [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).

## Section II — SUPERVISED POPULATION

2. On June 30, 2015, how many persons under the supervision of your jail jurisdiction were CONFINED in your jail facilities?

INCLUDE—

- ✓ Persons on transfer to treatment facilities but who remain under your jurisdiction
- ✓ Persons held for other jurisdictions
- ✓ Persons in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to jail at night
- ✓ Persons out to court while under your jurisdiction.

EXCLUDE—

- X Persons under your jurisdiction who are boarded elsewhere
- X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- X Persons in community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) who do NOT return to jail at night.

957

When exact numeric answers are not available, provide estimates and mark ( X ) in the checkbox beside each number that is estimated. For example 1,234 ☒

3. On December 31, 2015, how many persons under the supervision of your jail jurisdiction were—

### a. CONFINED in your jail facilities?

INCLUDE—

- ✓ Persons on transfer to treatment facilities but who remain under your jurisdiction
- ✓ Persons held for other jurisdictions
- ✓ Persons in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to jail at night
- ✓ Persons out to court while under your jurisdiction.

EXCLUDE—

- X Persons under your jurisdiction who are boarded elsewhere
- X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- X Persons in community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) who do NOT return to jail at night.

963

### b. Under jail supervision, but NOT CONFINED?

INCLUDE—

- ✓ Persons in community-based programs run by your jail jurisdiction (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) who do NOT return to jail at night.

EXCLUDE—

- X Persons on pretrial release who are not in a community-based program run by your jail jurisdiction
- X Persons under the supervision of probation, parole, or other agencies
- X Inmates on weekend programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday)
- X Inmates participating in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to jail at night.

0

c. TOTAL (Sum of items 3a and 3b) ..... 963

4. On the weekend prior to December 31, 2015, did your jail facilities have a weekend program?

Weekend programs allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).

1 ☒ Yes – How many inmates participated? ..... 1

2 ☐ No

5. Of all the persons CONFINED in your jail facilities on December 31, 2015 (as reported in item 3a), how many were not U.S. citizens?

Non-U.S. citizens ..... 0

### Section III — INMATE COUNTS AND MOVEMENTS OF THE CONFINED POPULATION

6. On December 31, 2015, how many persons CONFINED in your jail facilities were—

- a. Adult males (age 18 or older) ..... 850 x
- b. Adult females (age 18 or older) ..... 113 x
- c. Males age 17 or younger ..... 0
- d. Females age 17 or younger ..... 0
- e. TOTAL (Sum of items 6a through 6d should equal item 3a) ..... 963

7. Of all the persons age 17 or younger CONFINED in your jail facilities on December 31, 2015 (sum of 6c and 6d), how many were tried or awaiting trial in adult court?

Number of persons age 17 or younger held as adults ..... 0

8. Of all persons CONFINED in your jail facilities on December 31, 2015, how many were—

- For persons with more than one status, report the status associated with the most serious offense.
- For convicted inmates, include probation and parole violators with no new sentence.

- a. Convicted ..... 891
- b. Unconvicted ..... 72
- c. TOTAL (Sum of items 8a and 8b should equal item 3a) ..... 963

9. On December 31, 2015, how many persons CONFINED in your jail facilities, regardless of conviction status, had an offense type of—

For persons with more than one offense, report the most serious type of offense.

- a. Felony ..... 963
- b. Misdemeanor ..... 0
- c. Other — Specify 7  
..... 0
- d. TOTAL (Sum of items 9a to 9c should equal item 3a) ..... 963

When exact numeric answers are not available, provide estimates and mark ( X ) in the checkbox beside each number that is estimated. For example 1,234 X

10. On December 31, 2015, how many persons CONFINED in your jail facilities were—

- a. White, not of Hispanic origin ..... 188 x
- b. Black or African American, not of Hispanic origin ..... 775 x
- c. Hispanic or Latino ..... 0
- d. American Indian or Alaska Native, not of Hispanic origin ..... 0
- e. Asian, not of Hispanic origin ..... 0
- f. Native Hawaiian or other Pacific Islander, not of Hispanic origin ..... 0
- g. Two or more races, not of Hispanic origin ..... 0
- h. Additional categories in your information system — Specify 7  
..... 0
- i. Not known ..... 0
- j. TOTAL (Sum of items 10a to 10i should equal item 3a) ..... 963

11. On December 31, 2015, how many persons CONFINED in your jail facilities were held for—

Count persons with multiple holds only once with priority being federal, state, tribal, and local.

- ✓ INCLUDE contractual, temporary, courtesy, or *ad hoc* holds for other agencies.

a. Federal authorities

1. U.S. Marshals Service ..... 0
2. Federal Bureau of Prisons .....
3. U.S. Immigration and Customs Enforcement (ICE) .....
4. Bureau of Indian Affairs (BIA) ..... 0
- X EXCLUDE inmates being housed for tribal governments in item 11c below.
5. Other — Specify 7  
.....

b. State prison authorities

1. For your state .....
2. For other states .....

c. American Indian or Alaska Native tribal governments

- X EXCLUDE inmates being housed for the BIA in item 11a4.  
.....

d. Other local jail jurisdictions

- X EXCLUDE inmates being housed for your own jurisdiction (i.e., your own county/city inmates).
- X EXCLUDE inmates being housed for tribal governments in item 11c.

1. Within your state .....
2. Outside your state .....

e. TOTAL (Sum of items 11a to 11d) .....



12. a. During the 31-day period from December 1 to December 31, 2015, on what day did your jail facilities hold the greatest number of inmates?

Peak population should be equal to or greater than the confined inmate population reported in item 3a.

December , 2015

- b. How many persons were CONFINED on that day?

Number that day

13. Between January 1, 2015, and December 31, 2015, what was the average daily population of your jail facilities?

- INCLUDE inmates who participated in weekend programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).
- To calculate the average daily population, add the number of persons for each day during the period January 1, 2015, through December 31, 2015, and divide the result by 365.
- If daily counts are not available, estimate the average daily population by adding the number of persons held on the same day of each month and divide the result by 12.
- If average daily population cannot be calculated as directed above, then estimate the typical number of persons held in your jail facilities each day.

**Average daily population**

a. Males.....

b. Females.....

c. TOTAL (Sum of items 13a and 13b) ....

14. On December 31, 2015, what was the total rated capacity of your jail facilities, excluding separate temporary holding areas?

- Rated capacity is the maximum number of beds or inmates assigned by a rating official to a facility.
- If rated capacity is not available, estimate by using the design capacity and mark the checkbox.

Rated capacity

When exact numeric answers are not available, provide estimates and mark ( X ) in the checkbox beside each number that is estimated. For example 1,234 ☒

15. How many persons under the supervision of your jail jurisdiction were—

- a. ADMITTED to your jail facilities during 2015?

**INCLUDE—**

- ✓ Persons officially booked into and housed in your jail facilities by formal legal document and by the authority of the courts or some other official agency
- ✓ Repeat offenders booked on new charges
- ✓ Persons serving a weekend sentence coming into the facility for the first time.

**EXCLUDE—**

- X Returns from escape, work release, medical appointments/treatment facilities, furloughs, bail/bond releases, and court appearances.

**New admissions**

1. Males.....  x

2. Females.....  x

3. TOTAL (Sum of items 15a1 and 15a2)  x

- b. DISCHARGED from your facilities during 2015?

**INCLUDE—**

- ✓ Persons released after a period of confinement (e.g., sentence completion, bail/bond releases, other pretrial releases, transfers to other jurisdictions, or deaths)
- ✓ Persons completing their weekend sentence leaving the facility for the last time.

**EXCLUDE—**

- X Temporary discharges (e.g., work releases, medical appointments/treatment, out to courts, furloughs, day reporters, or transfers to other facilities within your jurisdiction).

**Final discharges**

1. Males.....  x

2. Females.....  x

3. TOTAL (Sum of items 15b1 and 15b2)



**Section IV — POPULATION SUPERVISED IN THE COMMUNITY**

If item 3b equals 0 (zero), SKIP to item 17.

**16. On December 31, 2015, how many persons under the supervision of your jail jurisdiction who were NOT CONFINED participated in—**

X EXCLUDE inmates on weekend programs.

a. Electronic monitoring ..... 0

b. Home detention without electronic monitoring ..... 0

c. Community service ..... 0

d. Day reporting ..... 0

e. Other pretrial supervision ..... 0

f. Other alternative work programs ..... 0

X EXCLUDE inmates participating in work release programs who return to jail at night.

g. Alcohol/drug treatment programs ..... 0

X EXCLUDE inmates participating in alcohol/drug treatment programs who are confined in jail.

h. Other programs outside of jail facilities — Specify ☒

..... 0

i. TOTAL (Sum of items 16a to 16h should equal item 3b) ..... 0

**Section V —STAFFING**

**17. On December 31, 2015, how many staff employed in your facilities were—**

Count each employee only once. Classify employees with multiple functions by the function performed most frequently.

✓ INCLUDE payroll staff, nonpayroll staff on the payroll of other government agencies (e.g., health department, school district, or court), and unpaid interns.

X EXCLUDE staff paid through contractual agreements and community volunteers.

**a. Correctional officers**

(Deputies, monitors, and other custody staff who spend more than 50% of their time with the incarcerated population.) ..... 333 x

Of these, how many were —

1. Males ..... 117 | x

2. Females ..... 216 | x

**b. All other staff**

(Administrators, clerical and maintenance staff, educational staff, professional and technical staff, and other staff — unspecified who spend more than 50% of their time in the facility.) ..... 93 x

Of these, how many were —

1. Males ..... 33 x

2. Females ..... 60 x

c. TOTAL (Sum of items 17a and 17b) ..... 426

When exact numeric answers are not available, provide estimates and mark ( X ) in the checkbox beside each number that is estimated. For example 1,234 ☒

Form CJ-9


**DEATHS IN CUSTODY—2015  
DEATH REPORT ON INMATES  
UNDER JAIL JURISDICTION**
**U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL**
**FORM COMPLETED BY:**Name Title Official Address Telephone  City FAX  State  Zip E-mail **Instructions for Completion**If no deaths occurred in 2015:

- You do 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](mailto: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, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)*

**What deaths should be reported?****INCLUDE deaths of ALL persons...**

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

**EXCLUDE deaths of ALL persons...**

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

**BURDEN STATEMENT**

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# LOCAL JAIL INMATE DEATH REPORT

## 1. What was the inmate's name?

Kyle Robert   
LAST FIRST MI

## 2. On what date did the inmate die?

0 7 2 5 2 0 1 5  
MONTH DAY YEAR

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

Facility Name:

Jefferson Parish Jail

Facility City:

Gretna

Facility State:

LA

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

0 5 0 2 1 9 3 5  
MONTH DAY YEAR

## 5. What was the inmate's sex?

- ☒ Male  
☐ Female

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

- ☐ Yes  
☒ No

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

- ☒ White  
☐ Black or African American  
☐ American Indian or Alaska Native  
☐ Asian  
☐ Native Hawaiian or Pacific Islander  
☐ Some other race

→ Please Specify:

## 8. On what date was the inmate admitted to a facility under your jurisdiction?

0 8 0 5 2 0 1 3  
MONTH DAY YEAR

## 9. Was the inmate being confined in your jail facility on behalf of any of the following?

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

- |   | YES                      | NO                                  | DON'T KNOW               |
|---|--------------------------|-------------------------------------|--------------------------|
| a. U.S. Immigration and Customs Enforcement.....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. U.S. Marshals Service.....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

- a. La RS 14:30.1
- b.
- c.
- d.
- e.

## 11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)

- ☐ Convicted—new court commitment  
☐ Convicted—returned probation/parole violator  
☒ Unconvicted  
☐ Other

→ Please Specify:

## 12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know



**13. Where did the inmate die?**

- ☐ In a general housing unit within the jail facility or on jail grounds
- ☐ In a segregation unit
- ☐ In a special medical unit/infirmary within the jail facility
- ☐ In a special mental health services unit within the jail facility
- ☒ In a medical center outside the jail facility
- ☐ In a mental health center outside the jail facility
- ☐ While in transit
- ☐ Elsewhere

→ Please Specify:

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

- ☒ YES → **CONTINUE TO Q15**
- ☐ Evaluation complete—results are pending

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

- ☐ No evaluation is planned → **CONTINUE TO Q15**

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

- ☒ Illness—Exclude AIDS-related deaths [Specify] → Atherosclerotic cardiovascular 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] →

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

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

- ☐ In the jail facility or on the jail grounds
  - ☐ In the inmate's cell/room
  - ☐ In a temporary holding area/lockup
  - ☐ In a common area within the facility (e.g., yard, library, cafeteria)
  - ☐ In a segregation unit
  - ☐ In a special medical unit/infirmary
  - ☐ In a special mental health services unit
  - ☐ Elsewhere within the jail facility

[PLEASE SPECIFY]

→ Please Specify:

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

→ Please Specify:

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

- ☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- ☐ Morning (6 am to Noon)
- ☐ Afternoon (Noon to 6 pm)
- ☐ Evening (6 pm to Midnight)
- ☐ Overnight (Midnight to 6 am)

18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

	YES	NO	DON'T KNOW
a. Evaluation by physician/medical staff .....	<input 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)**

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

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- ☐ Pre-existing medical condition
- ☐ Deceased developed condition after admission
- ☒ Could not be determined

Please add any additional notes regarding this death here:

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# LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST
FIRST
MI

2. On what date did the inmate die?

MONTH
DAY
YEAR

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

Facility Name:

Facility City:

Facility State:

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

MONTH
DAY
YEAR

5. What was the inmate's sex?

- ☐ Male  
☒ Female

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

- ☐ Yes  
☒ No

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

- ☒ White  
☐ Black or African American  
☐ American Indian or Alaska Native  
☐ Asian  
☐ Native Hawaiian or Pacific Islander  
☐ Some other race

8. On what date was the inmate admitted to a facility under your jurisdiction?

MONTH
DAY
YEAR

9. Was the inmate being confined in your jail facility on behalf of any of the following?

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

- |   | YES                      | NO                                  | DON'T KNOW               |
|---|--------------------------|-------------------------------------|--------------------------|
| a. U.S. Immigration and Customs Enforcement.....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. U.S. Marshals Service.....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

- a.
- b.
- c.
- d.
- e.

11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)

- ☐ Convicted—new court commitment  
☐ Convicted—returned probation/parole violator  
☒ Unconvicted  
☐ Other

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☒ Yes  
☐ No  
☐ Don't Know

**13. Where did the inmate die?**

- ☐ In a general housing unit within the jail facility or on jail grounds
- ☐ In a segregation unit
- ☐ In a special medical unit/infirmary within the jail facility
- ☐ In a special mental health services unit within the jail facility
- ☒ In a medical center outside the jail facility
- ☐ In a mental health center outside the jail facility
- ☐ While in transit
- ☐ Elsewhere

→ Please Specify:

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

- ☒ YES → **CONTINUE TO Q15**
- ☐ Evaluation complete—results are pending

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

- ☐ No evaluation is planned → **CONTINUE TO Q15**

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

- ☒ Illness—Exclude AIDS-related deaths [Specify] → Diffuse acute necrotizing necrosis
- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Accidental alcohol/drug intoxication [Describe] →
- ☐ Accidental injury to self [Describe] →
- ☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →
- ☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
- ☐ Homicide [Describe] →
- ☐ Other cause(s) [Specify] →

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

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

- ☐ In the jail facility or on the jail grounds
  - ☐ In the inmate's cell/room
  - ☐ In a temporary holding area/lockup
  - ☐ In a common area within the facility (e.g., yard, library, cafeteria)
  - ☐ In a segregation unit
  - ☐ In a special medical unit/infirmary
  - ☐ In a special mental health services unit
  - ☐ Elsewhere within the jail facility

(PLEASE SPECIFY)

→ Please Specify:

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

→ Please Specify:

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

- ☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- ☐ Morning (6 am to Noon)
- ☐ Afternoon (Noon to 6 pm)
- ☐ Evening (6 pm to Midnight)
- ☐ Overnight (Midnight to 6 am)

**18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?**

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

	YES	NO	DON'T KNOW
a. Evaluation by physician/medical staff .....	<input 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)**

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

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- ☒ Pre-existing medical condition
- ☐ Deceased developed condition after admission
- ☐ Could not be determined

**Please add any additional notes regarding this death here:**



Form CJ-9


**DEATHS IN CUSTODY—2015  
DEATH REPORT ON INMATES  
UNDER JAIL JURISDICTION**
**U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL**
**FORM COMPLETED BY:**Name Title Official Address Telephone  City FAX  State  Zip E-mail **Instructions for Completion**If no deaths occurred in 2015:

- You do 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://bjscdrp.rti.org>  
**E-MAIL:** [bjscdrp@rti.org](mailto:bjscdrp@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, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or [bjscdrp@rti.org](mailto:bjscdrp@rti.org)*

**What deaths should be reported?****INCLUDE deaths of ALL persons...**

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

**EXCLUDE deaths of ALL persons...**

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

**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.

# LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Zeller Ronald MI  
LAST FIRST MI

2. On what date did the inmate die?

1 1 1 5 2 0 1 5  
MONTH DAY YEAR

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

Facility Name:

Jefferson Parish Jail

Facility City:

Gretna

Facility State:

LA

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

0 3 2 0 1 9 6 9  
MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

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

- ☐ Yes  
☒ No

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

- ☒ White  
☐ Black or African American  
☐ American Indian or Alaska Native  
☐ Asian  
☐ Native Hawaiian or Pacific Islander  
☐ Some other race

Please Specify:

8. On what date was the inmate admitted to a facility under your jurisdiction?

0 9 2 7 2 0 1 5  
MONTH DAY YEAR

9. Was the inmate being confined in your jail facility on behalf of any of the following?

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

- |   | YES                      | NO                                  | DON'T KNOW               |
|---|--------------------------|-------------------------------------|--------------------------|
| a. U.S. Immigration and Customs Enforcement.....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. U.S. Marshals Service.....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

- a. LaRS 14:35.3L
- b. Multiple First Parish Court Attachments
- c.
- d.
- e.

11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)

- ☐ Convicted—new court commitment  
☐ Convicted—returned probation/parole violator  
☒ Unconvicted  
☐ Other

Please Specify:

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☐ Yes  
☒ No  
☐ Don't Know

**13. Where did the inmate die?**

- ☐ In a general housing unit within the jail facility or on jail grounds
- ☐ In a segregation unit
- ☒ In a special medical unit/infirmiry within the jail facility
- ☐ In a special mental health services unit within the jail facility
- ☐ In a medical center outside the jail facility
- ☐ In a mental health center outside the jail facility
- ☐ While in transit
- ☐ Elsewhere

↳ Please Specify:

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

- ☒ YES → **CONTINUE TO Q15**
- ☐ Evaluation complete—results are pending

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

- ☐ No evaluation is planned → **CONTINUE TO Q15**

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

- ☒ Illness—Exclude AIDS-related deaths [Specify] → Ruptured gastric ulcer due to peptic ulcer 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] →

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

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

- ☐ In the jail facility or on the jail grounds
  - ☐ In the inmate's cell/room
  - ☐ In a temporary holding area/lockup
  - ☐ In a common area within the facility (e.g., yard, library, cafeteria)
  - ☐ In a segregation unit
  - ☐ In a special medical unit/infirmiry
  - ☐ In a special mental health services unit
  - ☐ Elsewhere within the jail facility

(PLEASE SPECIFY)

↳ Please Specify:

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

↳ Please Specify:



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

- ☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- ☐ Morning (6 am to Noon)
- ☐ Afternoon (Noon to 6 pm)
- ☐ Evening (6 pm to Midnight)
- ☐ Overnight (Midnight to 6 am)

18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

	YES	NO	DON'T KNOW
a. Evaluation by physician/medical staff .....	<input 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)**

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

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- ☒ Pre-existing medical condition
- ☐ Deceased developed condition after admission
- ☐ Could not be determined

Please add any additional notes regarding this death here:

Form CJ-9


**DEATHS IN CUSTODY—2015  
DEATH REPORT ON INMATES  
UNDER JAIL JURISDICTION**
**U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL**
**FORM COMPLETED BY:**Name Title Official Address Telephone  City FAX  State  Zip E-mail **Instructions for Completion**If no deaths occurred in 2015:

- You do 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](mailto: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, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)*

**What deaths should be reported?****INCLUDE deaths of ALL persons...**

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

**EXCLUDE deaths of ALL persons...**

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

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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.

# LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Fong William

LAST FIRST MI

2. On what date did the inmate die?

0 4 1 5 2 0 1 5

MONTH DAY YEAR

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

Facility Name:

Jefferson Parish Jail

Facility City:

Gretna

Facility State:

LA

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

0 9 2 4 1 9 4 8

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

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

- ☐ Yes  
☒ No

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

- ☐ White  
☐ Black or African American  
☐ American Indian or Alaska Native  
☒ Asian  
☐ Native Hawaiian or Pacific Islander  
☐ Some other race

Please Specify:

8. On what date was the inmate admitted to a facility under your jurisdiction?

0 3 2 3 2 0 1 5

MONTH DAY YEAR

9. Was the inmate being confined in your jail facility on behalf of any of the following?

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

- |   | YES                      | NO                                  | DON'T KNOW               |
|---|--------------------------|-------------------------------------|--------------------------|
| a. U.S. Immigration and Customs Enforcement.....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. U.S. Marshals Service.....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

- a. La RS 14:108.1 .C
- b. La RS 14:99
- c. La RS 32: 411.1
- d. La RS 32:281
- e.

11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)

- ☐ Convicted—new court commitment  
☐ Convicted—returned probation/parole violator  
☒ Unconvicted  
☐ Other

Please Specify:

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☐ Yes  
☒ No  
☐ Don't Know



**13. Where did the inmate die?**

- ☐ In a general housing unit within the jail facility or on jail grounds
- ☐ In a segregation unit
- ☐ In a special medical unit/infirmiry within the jail facility
- ☐ In a special mental health services unit within the jail facility
- ☒ In a medical center outside the jail facility
- ☐ In a mental health center outside the jail facility
- ☐ While in transit
- ☐ Elsewhere

→ Please Specify:

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

- ☒ YES → **CONTINUE TO Q15**
- ☐ Evaluation complete—results are pending

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

- ☐ No evaluation is planned → **CONTINUE TO Q15**

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

- ☒ Illness—Exclude AIDS-related deaths [Specify] → Arteriosclerotic and hypertensive cardiovascular
- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Accidental alcohol/drug intoxication [Describe] →
- ☐ Accidental injury to self [Describe] →
- ☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →
- ☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
- ☐ Homicide [Describe] →
- ☐ Other cause(s) [Specify] →

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

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

- ☐ In the jail facility or on the jail grounds
  - ☐ In the inmate's cell/room
  - ☐ In a temporary holding area/lockup
  - ☐ In a common area within the facility (e.g., yard, library, cafeteria)
  - ☐ In a segregation unit
  - ☐ In a special medical unit/infirmiry
  - ☐ In a special mental health services unit
  - ☐ Elsewhere within the jail facility

(PLEASE SPECIFY)

→ Please Specify:

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

→ Please Specify:

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

- ☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- ☐ Morning (6 am to Noon)
- ☐ Afternoon (Noon to 6 pm)
- ☐ Evening (6 pm to Midnight)
- ☐ Overnight (Midnight to 6 am)

**18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?**

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

	YES	NO	DON'T KNOW
a. Evaluation by physician/medical staff .....	<input 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)**

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

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- ☒ Pre-existing medical condition
- ☐ Deceased developed condition after admission
- ☐ Could not be determined

**Please add any additional notes regarding this death here:**