

#### 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 Telephone 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

#### **BURDEN STATEMENT**

	and the second s	
11:	What was the inmate's name?	8. On what date was the inmate admitted to one o
	Alexander Russell Alexander FIRST MI	your correctional facilities?  0 5 1 6 1 9 6 8  MONTH DAY YEAR
2.	On what date did the inmate die?  0 5 0 4 2 0 1 5  MONTH DAY YEAR	9. For what offense(s) was the inmate being held?  a. First Degree Murder  b.
3.	What was the name and location of the correctional facility involved?  Facility Name:  Louisiana State Penetentiary  Facility City:  Angola  Facility State:	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 9 0 2 1 9 4 1  MONTH DAY YEAR	☐ Yes ☐ No ☐ Don't Know
5.	What was the inmate's sex?  ☑ Male ☐ Female	11. Where did the inmate die?  ☐ In a general housing unit in the facility or on prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility
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:	

4.50	A	
		/the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or liew of medical records) available to establish an official cause of death?
		YES ——— CONTINUE TO Q13
	1	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
1	/ 13. Wha	at was the cause of death? *** Please SPECIFY cause of death—it is critical information***
11		Illness—Exclude AIDS-related deaths [Specify] ——— Ischemic Heart 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] —
,		
3	14. Where	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 the inmate's cell/room In a temporary holding area/lockup
		In a common area within the facility (e.g., yard, library, careteria)
	[PLEASE	☐ In a special medical unit/infirmary ☐ In a special mental health services unit
	SPECIFY]	Π In a segregation unit
1		On death row, special unit awaiting capital punishment
1		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:
12		
Γ		the death occur?
	15. When o	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)
	<u></u>	Evening (6 pm to Midnight)
		Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?
□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")
□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
<ul> <li>☑ Pre-existing medical condition</li> <li>☐ Deceased developed condition after admission</li> <li>☐ Could not be determined</li> </ul>
Please add any additional notes regarding this death here:  Natural Unexpected/ Acute event, however offender did have pre existing conditions COPD.  Recoded Q11 from elsewhere-Lane Memorial Hospital to a medical center outside the jail facility.  Recodes 13-15



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

		FORM COMPLETE	D BY:	
Name			Title	
Official Address		or and the grade Management and The Control	Telephone	
City			FAX	and the second s
State	Zip	E-mail		

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# What deaths should be reported?

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

#### **BURDEN STATEMENT**

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Alfred	your correctional facilities?
	LAST FIRST MI	0 9 1 6 1 9 9 3
		MONTH DAY YEAR
2.	On what date did the inmate die?  1 0 0 1 2 0 1 5	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Aggravated Rape
i i		b.
3.	What was the name and location of the correctional facility involved?	С.
2	Facility Name:	d.
	Louisiana State Penetentiary	e.
	Facility City: Facility State:	
	Angola	
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
		Yes
4.	What was the inmate's date of birth?	□ No
	0 7 1 6 1 9 3 5	☐ Don't Know
and the second	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	☐ In a general housing unit in the facility or on
	☑ Male	prison grounds  In a segregation unit
	☐ Female	☑ In a special medical unit/infirmary within your
		facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility In a medical center outside your facility
	origin? ☐ Yes	☐ In a mental health center outside your facility
i)	☑ No	☐ While in transit ☐ Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	<ul> <li>White</li> <li>Black or African American</li> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> <li>Some other race</li> </ul>	
	Please Specify:	

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
YES → CONTINUE TO Q13   Evaluation complete—results are pending
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 due to Ischemia
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
☐ Accidental injury to self [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
SPECIFY] In a special mental health services unit
I LI On death row, special unit awaiting capital punishment
☐ Elsewhere within the prison facility
☐ Elsewhere within the prison facility  Please Specify:  ☐ Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere within the prison facility  Please Specify:  Outside the prison facility (e.g., while on work release or on work detail)  Elsewhere
Elsewhere within the prison facility  Please Specify:  Outside the prison facility (e.g., while on work release or on work detail)  Elsewhere
Elsewhere within the prison facility  Please Specify:  Outside the prison facility (e.g., while on work release or on work detail)  Elsewhere
☐ Elsewhere within the prison facility  Please Specify:  ☐ Outside the prison facility (e.g., while on work release or on work detail) ☐ Elsewhere  ☐ Please Specify:
Elsewhere within the prison facility   Please Specify:     Outside the prison facility (e.g., while on work release or on work detail)     Elsewhere   Please Specify:     Please Specify:   Please Specify:     15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?
Dutside the prison facility (e.g., while on work release or on work detail)  Elsewhere  Please Specify:  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)
Outside the prison facility (e.g., while on work release or on work detail)  Elsewhere  Please Specify:  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

16. Exclu service	ding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	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
0	
Recode Barrow	ed Q11 from med center outside to med center inside jail facility given reference to R.E. v Jr. Changed Q13 from Other Causes to Illness, Q14 from Elsewhere to NA, and Q15 from ag to NA



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

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

		FORM COMPLET	TED BY:	
Name			Title	
Official Address			Telephone	
City			FAX	
State	Zip	E-mail		

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#### **BURDEN STATEMENT**

			inmate admitted to one of
1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of your correctional facilities?
	Anderson Marcus W		your correctional 2 0 1 0
	LAST FIRST MI		U O YEAR
			MONTH DAY
2.	On what date did the inmate die?		heing held?
	0 7 2 2 2 0 1 5	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		a. Forcible Rape
			b. Aggravated Burglary
3.	What was the name and location of the		
٥.	correctional facility involved?		C.
	Facility Name:	A	d.
	Louisiana State Penetentiary		e.
	Facility City: Facility State:		
	Angola LA		
		10.	Since admission, did the inmate ever stay
			overnight in a mental health facility?
4.	What was the inmate's date of birth?		☐ Yes ☑ No
1	0 3 1 5 1 9 7 8		□ Don't Know
	MONTH DAY YEAR	1	
		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		<ul><li>☐ In a segregation unit</li><li>☐ In a special medical unit/infirmary within your</li></ul>
			facility
6.	Was the inmate of Hispanic, Latino, or Spanish	77.5	<ul> <li>In a special mental health services unit within your facility</li> </ul>
	origin?		☐ In a medical center outside your facility
	☐ Yes ☑ No		<ul><li>☐ In a mental health center outside your facility</li><li>☑ While in transit</li></ul>
		The state of the s	Elsewhere
		e specific	Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:		
	<ul><li>☐ White</li><li>☐ Black or African American</li><li>☐ American Indian or Alaska Native</li><li>☐ Asian</li></ul>		
	□ Native Hawaiian or Pacific Islander □ Some other race □ Please Specify:		
	A CONTRACT OF THE CONTRACT 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?
YES CONTINUE TO Q13
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
The 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 due to other complications of
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] ———
☐ Accidental injury to self [Describe] —————
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] ————
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?  NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ In the prison facility or on the prison grounds
☐ In the inmate's cell/room☐ In a temporary holding area/lockup
In a common area within the facility (e.g., yard, library, cafeteria)  In a special medical unit/infirmary
In a special mental health services unit  In a segregation unit
On death row, special unit awaiting capital punishment  Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere  Please Specify:
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm)
Evening (6 pm to Midnight)  Overnight (Midnight to 6 am)

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

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

RTI INTERNATIONAL

FORM COMPLETED BY:						
Name			Title			
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City	Security of the Control of the Contr		FAX		AT 19	
State	Zip	E-mail		39	The second secon	

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#### **BURDEN STATEMENT**

4		
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
	Beauchamp Giles	
	LAST FIRST MI	0 2 2 7 1 9 8 9
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 2 0 7 2 0 1 5	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	
	MONTH DAY YEAR	a. Second Degree Murder
		b.
3.	What was the name and location of the	5.
ა.	correctional facility involved?	C.
	correctional facility involved:	
	Facility Name:	d.
	Louisiana State Penetentiary	e.
	Facility City: Facility State:	
	Angola	Transfer of a gardin specific specific
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		☐ Yes
4.	What was the inmate's date of birth?	No No
	The state of the s	☐ Don't Know
	0 8 1 3 1 9 3 3	
	MONTH DAY YEAR	
		44 140 1110 110
		11. Where did the inmate die?
5.	What was the inmate's sex?	☐ In a general housing unit in the facility or on
5.	What was the inmate's sex?  Male	prison grounds
5.		prison grounds ☐ In a segregation unit
5.	☑ Male	prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your
5.	☑ Male	prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility
7	☑ Male ☐ Female	prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility ☐ In a special mental health services unit within
7	☑ Male	prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility
7	☑ Male ☐ Female  Was the inmate of Hispanic, Latino, or Spanish origin?	prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility ☐ In a special mental health services unit within your facility ☐ In a medical center outside your facility ☐ In a mental health center outside your facility ☐ In a mental health center outside your facility
7	<ul> <li>☑ Male</li> <li>☐ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>☐ Yes</li> </ul>	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
7	☑ Male ☐ Female  Was the inmate of Hispanic, Latino, or Spanish origin?	prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility ☐ In a special mental health services unit within your facility ☐ In a medical center outside your facility ☐ In a mental health center outside your facility ☐ In a mental health center outside your facility
7	<ul> <li>☑ Male</li> <li>☐ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>☐ Yes</li> </ul>	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
6.	<ul> <li>☑ Male</li> <li>☐ Female</li> </ul> Was the inmate of Hispanic, Latino, or Spanish origin? <ul> <li>☐ Yes</li> <li>☑ No</li> </ul>	prison grounds  In a segregation unit  In a special medical unit/infirmary within your facility  In a special mental health services unit within your facility  In a medical center outside your facility  In a mental health center outside your facility  While in transit  Elsewhere
7	<ul> <li>☑ Male</li> <li>☐ Female</li> </ul> Was the inmate of Hispanic, Latino, or Spanish origin? <ul> <li>☐ Yes</li> <li>☑ No</li> </ul> In addition, what was the inmate's race? Please	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
6.	✓ Male ☐ Female  Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No  In addition, what was the inmate's race? Please select one or more of the following racial	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
6.	✓ Male ☐ Female  Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No  In addition, what was the inmate's race? Please select one or more of the following racial categories:	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
6.	<ul> <li>☑ Male</li> <li>☐ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>☐ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial categories:</li> <li>☑ White</li> </ul>	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
6.	<ul> <li>☑ Male</li> <li>☐ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>☐ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial categories:</li> <li>☑ White</li> <li>☐ Black or African American</li> </ul>	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
6.	<ul> <li>☑ Male</li> <li>☐ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>☐ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial categories:</li> <li>☑ White</li> <li>☐ Black or African American</li> <li>☐ American Indian or Alaska Native</li> </ul>	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
6.	<ul> <li>☑ Male</li> <li>☐ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>☐ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial categories:</li> <li>☑ White</li> <li>☐ Black or African American</li> <li>☐ American Indian or Alaska Native</li> <li>☐ Asian</li> </ul>	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
6.	<ul> <li>☑ Male</li> <li>☐ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>☐ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial categories:</li> <li>☑ White</li> <li>☐ Black or African American</li> <li>☐ American Indian or Alaska Native</li> <li>☐ Asian</li> <li>☐ Native Hawaiian or Pacific Islander</li> </ul>	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
6.	<ul> <li>☑ Male</li> <li>☐ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>☐ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial categories:</li> <li>☑ White</li> <li>☐ Black or African American</li> <li>☐ American Indian or Alaska Native</li> <li>☐ Asian</li> <li>☐ Native Hawaiian or Pacific Islander</li> <li>☐ Some other race</li> </ul>	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
6.	<ul> <li>☑ Male</li> <li>☐ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>☐ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial categories:</li> <li>☑ White</li> <li>☐ Black or African American</li> <li>☐ American Indian or Alaska Native</li> <li>☐ Asian</li> <li>☐ Native Hawaiian or Pacific Islander</li> </ul>	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

1	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	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] ——— Cardiopulmonary arrest with a history orf C
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe] ———
	Accidental injury to self [Describe]
2	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	☐ Homicide [Describe] —————
	Other cause(s) [Specify]
1	
14.	Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
	O NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	In the prison facility or on the prison grounds  I In the inmate's cell/room
	☐ In a temporary holding area/lockup
	☐ In a common area within the facility (e.g., yard, library, cafeteria)
[P	LEASE In a special medical unit/infirmary  In a special mental health services unit
SF	PECIFY] ☐ 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:
ž	Outside the prison facility (e.g., while on work release or on work detail)  Elsewhere
	Please Specify:
p	
15.	When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?  NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	☐ Morning (6 am to Noon)
	☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)
	Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?
□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
A. Evaluated by physician/medical staff
<ul> <li>17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")</li> <li>NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide</li> <li>Pre-existing medical condition</li> <li>Deceased developed condition after admission</li> <li>Could not be determined</li> </ul>
Please add any additional notes regarding this death here: Changed Q13 from Other Causes to Illness, Q14 from Special Medical Unit to NA, Q15 from Overnight to NA.

Form NPS-4A (MubaphhA)



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

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

, Aude	illuulli,	Juma de	DEATH REPO	ORT	RTI INTERNATIONAL
			FORM COMPLET	TED BY:	
Name				Title	•
Official ( Address	).			Telephone	
City				FAX	
State [		Zip	E-mail		

# **Instructions for Completion**

#### If no deaths occurred in 2015:

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

#### If you had more than one death in 2015:

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

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0213149.001.400.402.100 5265 Capital Boulevard

Raleigh, NC 27690-1652

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

## What deaths should be reported?

#### INCLUDE deaths of ALL persons...

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

#### EXCLUDE deaths of ALL persons...

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

#### **BURDEN STATEMENT**

		to admitted to one of
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Behovde Ray S	your correctional radiiid
	LAST FIRST MI	0 6 2 9 1 9 7 9
1		MONTH DAY YEAR
2.	On what date did the inmate die?	nold?
,	0 7 1 4 2 0 1 5	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	o. To what offense(s) was
		a. Armed Robbery
		b. [
3.	What was the name and location of the	
	correctional facility involved?	С.
	F	d.
	Facility Name:	
1	Louisiana State Penetentiary	e.
	Facility City: Facility State:	
	Angola	
	En ingene	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 No
	0 6 2 7 1 9 4 5	☐ Don't Know
	MONTH DAY YEAR	
	MONTH DAT TEAR	
		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
	and the second s	☑ In a special medical unit/infirmary within your
		facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility
	origin?	☐ In a medical center outside your facility
	☐ Yes	☐ In a mental health center outside your facility
	☑ No	☐ While in transit ☐ Elsewhere
	and the second of the second of the second	
		Please Specify:
7.	In addition, what was the inmate's race? Please	
	select one or more of the following racial	
	categories:	
	☑ White	46 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	☐ Black or African American	
	☐ American Indian or Alaska Native☐ Asian	
	☐ Native Hawaiian or Pacific Islander	
	Some other race	
	Please Specify:	

Are the results of a medical examiner's review of medical records) available to	or coroner's evaluation (such as an autopsy, postmortem exam, or establish an official cause of death?
☐ YES → CONTINUE TO Q1. ☐ Evaluation complete—results are	3
1	TIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
☑ No evaluation is planned → CO	
13. What was the cause of death 2. *** Blue	se SPECIFY cause of death—it is critical information***
	Chronic Illness/ Respiratory Failure
Acquired Immune Deficiency Syndro	
Accidental alcohol/drug intoxication	[Describe]
☐ Accidental injury to self [Describe]	
Accidental injury by other (e.g., vehi during transport) [Describe]	cular accidents
Suicide (e.g., hanging, knife/cutting intentional drug overdose) [Describe	
☐ Homicide [Describe] ————————————————————————————————————	
Other cause(s) [Specify]	*
	uicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of deat	n was illness, intoxication, or AIDS-related
In the prison facility or on the prison In the inmate's cell/room	grounds
☐ In a temporary holding area	
□ In a anacial modical unit/int	e facility (e.g., yard, library, cafeteria) irmary
SPECIFY] In a special mental health s	
☐ In a segregation unit☐ On death row, special unit	awaiting capital punishment
☐ Elsewhere within the prisor	facility
Please Specify:	
	ile on work release or on work detail)
Elsewhere  Please Specify:	
_	icide, or homicide) causing the death occur?  th 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)	



#### 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	and the second s		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.

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- Complete the entire form for each inmate death.
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ONLINE: Complete the report online at: https://bjsdcrp.rti.org

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

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5265 Capital Boulevard Raleigh, NC 27690-1652

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## What deaths should be reported?

#### INCLUDE deaths of ALL persons...

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

#### EXCLUDE deaths of ALL persons...

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

#### BURDEN STATEMENT

1.	What was the inmate's name?  Behtley Patrick D  LAST FIRST MI  On what date did the inmate die?	8.	On what date was the inmate admitted to one of your correctional facilities?  1 2 0 2 1 9 9 8  MONTH DAY YEAR
	1 2 1 7 2 0 1 5  MONTH DAY YEAR	9.	For what offense(s) was the inmate being held?  a. Aggravated Rape  b.
3.	What was the name and location of the correctional facility involved?  Facility Name:		c. d.
	Facility City: Facility State:  Angola  Louisiana State Penetentiary  Facility State:  LA	10.	Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth?  0 2 0 6 1 9 6 8  MONTH DAY YEAR		☐ Yes ☐ No ☐ Don't Know
		11.	Where did the inmate die?
5.	What was the inmate's sex?  Male Female	10	<ul> <li>□ In a general housing unit in the facility or on prison grounds</li> <li>□ In a segregation unit</li> <li>☑ In a special medical unit/infirmary within your facility</li> <li>□ In a special mental health services unit within</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin?  ☐ Yes ☐ No		your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere  Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:		
	<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>		

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 LATER TIME FOR THE CAUSE OF DEATH	Α
☐ 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]	The of Peans
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
☐ Homicide [Describe] →	
Other cause(s) [Specify]	1
	7
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	
<ul> <li>☐ In the prison facility or on the prison grounds</li> <li>☐ In the inmate's cell/room</li> </ul>	
☐ In a temporary holding area/lockup	
I □ In a common area within the facility (a.g. yord library exfeteria)	
☐ 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	
[PLEASE SPECIFY] ☐ In a special medical unit/infirmary ☐ In a special mental health services unit ☐ In a segregation unit	
[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	
[PLEASE SPECIFY] ☐ In a special medical unit/infirmary ☐ In a special mental health services unit ☐ In a segregation unit	The second secon
[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:	
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	
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)	
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	The second secon
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:   Pleas	The State of
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	The second secon
In a special medical unit/infirmary   In a special mental health services unit   In a segregation un	And the second s
In a special medical unit/infirmary   In a special mental health services unit   In a segregation un	The second secon

16. Exclu 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
	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 Deceased developed condition after admission Could not be determined
Please add	d any additional notes regarding this death here:
	ed Q13 from Other Causes to Illness, Q14 from Special Medical Unit to NA, Q15 from Morning
	The state of the s



#### 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 COMPLE	ΓED BY:	
Name			Title	
Official ddress			Telephone [	
City			FAX	
State	Zip	E-mail	-	

### **Instructions for Completion**

#### If no deaths occurred in 2015:

- · You will not need to report anything at this time.
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- Complete the entire form for each inmate death.
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E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0213149.001.400.402.100

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

#### EXCLUDE deaths of ALL persons...

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

#### **BURDEN STATEMENT**

W 85 60	Richard Communication of the C	
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Bell Benjamin	your correctional facilities?
	LAST FIRST MI	0 3 1 5 1 9 8 4
	***	MONTH DAY YEAR
2.	On what date did the inmate die?	
1	0 6 2 1 2 0 1 5	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Second Degree Murder
3		b.
3.	What was the name and location of the	
	correctional facility involved?	с.
i i	Facility Name:	d.
3	Louisiana State Penetentiary	e.
	Facility City: Facility State:	
	Angola LA	
	LA	10. Since admission, did the immete over stay
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
		□ Yes
4.	What was the inmate's date of birth?	□ Yes □ No
1		□ Don't Know
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	<u></u>
	☑ Male	In a general housing unit in the facility or on prison grounds
	☐ Female	☐ In a segregation unit
1	as a second seco	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
٠.	origin?	your facility In a medical center outside your facility
	☐ Yes	In a mental health center outside your facility
	□ No	While in transit
		Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please	The state of the s
	select one or more of the following racial	
	categories:	
1	White	
	☐ Black or African American	
	American Indian or Alaska Native	
	<ul><li>Asian</li><li>Native Hawaiian or Pacific Islander</li></ul>	
	Some other race	
1	Please Specify:	
	i louise openity,	
		1

Are the review	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or w of medical records) available to establish an official cause of death?
	YES — → CONTINUE TO Q13  Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
[	No evaluation is planned → CONTINUE TO Q13
40 140	
<u> </u>	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. When	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)
15. When	Morning (6 am to Noon)  Afternoon (Noon to 6 pm)  Evening (6 pm to Midnight)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?					
	□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide				
		A. Evaluated by physician/medical staff			
	17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")				
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide			
		Pre-existing medical condition  Deceased developed condition after admission  Could not be determined			
Please add any additional notes regarding this death here:  Changed Q13 from Other Causes to Illness, Q14 from Special Medical Unit to NA, Q15 from Overnight to NA.					



#### 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

	William Co.			The second secon
		FORM COMPLETED	BY:	
Name			Title	
Official Address		Te	lephone	
City			FAX	
State	Zip	E-mail		

### **Instructions for Completion**

#### If no deaths occurred in 2015:

- You will not need to report anything at this time.
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E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture Project Number: 0213149.001.400.402.100

> 5265 Capital Boulevard Raleigh, NC 27690-1652

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

# What deaths should be reported?

#### INCLUDE deaths of ALL persons...

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

#### EXCLUDE deaths of ALL persons...

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

#### **BURDEN STATEMENT**

What was the inmate's name?  Billiot  Paul  LAST  FIRST  MI	8. On what date was the inmate admitted to one of your correctional facilities?  0 3 2 0 1 9 7 0  MONTH DAY YEAR
On what date did the inmate die?  0 4 0 3 2 0 1 5  MONTH DAY YEAR	9. For what offense(s) was the inmate being held?  a. Second Degree Murder  b. Escape Type I
What was the name and location of the correctional facility involved?  Facility Name:  Louisiana State Penetentiary	c. d. e.
Facility City: Facility State:  Angola  LA	10. Since admission, did the inmate ever stay overnight in a mental health facility?
What was the inmate's date of birth?  0 1 2 0 1 9 4 0  MONTH DAY YEAR	☐ Yes ☐ No ☐ Don't Know
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
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:
In addition, what was the inmate's race? Please select one or more of the following racial categories:  White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race  Please Specify:	Please Specify:
	Billiot  LAST  Paul  FIRST  MI   On what date did the inmate die?  O 4 0 3 2 0 1 5  MONTH  DAY  YEAR  What was the name and location of the correctional facility involved?  Facility Name:  Louisiana State Penetentiary  Facility City:  Facility City:  Angola  What was the inmate's date of birth?  O 1 2 0 1 9 4 0  MONTH  DAY  YEAR  What was the inmate's sex?  Male  Female  Was the inmate of Hispanic, Latino, or Spanish origin?  Yes  No  In addition, what was the inmate's race? Please select one or more of the following racial categories:  White  Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian or Pacific Islander  Some other race

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?
✓ 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] — Liver 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, intentional drug overdose) [Describe]
☐ Homicide [Describe] ————————————————————————————————————
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?    NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related   In the prison facility or on the prison grounds   In the inmate's cell/room   In a temporary holding area/lockup   In a common area within the facility (e.g., yard, library, cafeteria)   In a special medical unit/infirmary   In a special mental health services unit   In a segregation unit   On death row, special unit awaiting capital punishment   Elsewhere within the prison facility   Please Specify:   Outside the prison facility (e.g., while on work release or on work detail)   Elsewhere   Please Specify:
ident suicide or homicide) causing the death occur?
<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>
<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>

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 accident	ntal injury, intoxication, suicide, or homicide	
a. Evaluated by physician/medical staff	RESPONSE FOR EACH ITEM (a-f)	
17. Was the cause of death the result of a pre-existing m after admission? (If multiple conditions caused the difference in the condition of t	nedical condition or did the inmate develop the condition death and <u>any</u> of the conditions were pre-existing, mark	
□ NOT APPLICABLE—Cause of death was acciden	ntal injury, intoxication, suicide, or homicide	
<ul> <li>☑ Pre-existing medical condition</li> <li>☐ Deceased developed condition after admission</li> <li>☐ Could not be determined</li> </ul>		
Please add any additional notes regarding this death here:		
	ment, but refused some alternatives which resulted Barrow Jr. to a med unit in jail facility. Recoded	



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

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

RTI INTERNATIONAL

		Tornes It		
		diane	FORM COMPLETED BY:	
			Title	
	Name			
0	fficial		Telephone	
	dress	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FAX	
	City			
		Zip	E-mail	
	State	2.7		

# Instructions for Completion

- If no deaths occurred in 2015:
- At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence 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:

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# What deaths should be reported?

# INCLUDE deaths of ALL persons...

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

#### **BURDEN STATEMENT**

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Brooks George E	your correctional facilities?
	LAST FIRST MI	
		MONTH DAY YEAR
2.	On other transfer dia 2	
۷.	On what date did the inmate die?	
	0 5 1 5 2 0 1 5	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	<sup>a.</sup> First Degree Murder
		b.
3.	What was the name and location of the	c.
	correctional facility involved?	C.
	Facility Name:	d.
	Louisiana State Penetentiary	e.
	Facility City: Facility State:	
	Angola LA	
	Aligola	10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		☐ Yes
4.	What was the inmate's date of birth?	□ No
	0 4 3 0 1 9 4 2	☐ Don't Know
	MONTH DAY YEAR	
		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
	☐ Female	☐ In a segregation unit
		In a special medical unit/infirmary within your facility
	Was distance of the second second second	☐ 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
	☐ Yes	☐ In a mental health center outside your facility
	☑ No	☐ While in transit☐ Elsewhere
		Please Specify:
_		Please Specily.
7.	In addition, what was the inmate's race? Please select one or more of the following racial	
	categories:	
	☑ White	
	Black or African American	
	<ul><li>American Indian or Alaska Native</li><li>Asian</li></ul>	
	□ Native Hawaiian or Pacific Islander	
	☐ Some other race	
		10 10 10 10 10 10 10 10 10 10 10 10 10 1
	Please Specify:	

Are the review	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?
/ 9	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***
V	Illness—Exclude AIDS-related deaths [Specify] ——— Right Atrial Appendage Thrombuswith orga
	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. Whei	re did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
2	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
(D) EASE	☐ In a common area within the facility (e.g., yard, library, cafeteria) ☐ In a special medical unit/infirmary
[PLEASE SPECIFY	In a special mental health services unit
	☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
	Elsewhere within the prison facility
	Please Specify:
ſ	Outside the prison facility (e.g., while on work release or on work detail)
	Cotside the prison facility (e.g., while on work release or on work detail)     Elsewhere
	Please Specify:
15. Wher	n did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
	Evening (6 pm to Midnight)
	Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?			
□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide			
A Evaluated by physician/medical staff  b. Diagnostic tests (e.g., X-rays, MRI)  c. Medications  d. Treatment/care other than medications  e. Surgery  f. Confinement in special medical unit			
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")			
☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide			
<ul> <li>☑ Pre-existing medical condition</li> <li>☐ Deceased developed condition after admission</li> <li>☐ Could not be determined</li> </ul>			
Please add any additional notes regarding this death here:  Offender had a pre existing medical condition that included Congestive Heart Failure. Recoded Q11 from elsewhere-ILH, New Orleans, LA to a medical center outside the jail facility. Recoded Q13-Q15 too			

Form NPS-4A



# **DEATHS IN CUSTODY—2015**

U.S. DEPARTMENT OF JUSTICE

	endum)		STATE PRISO DEATH RE		AND ACTING AS COLLECTION AGENT:
			FORM COMPL	ETED BY:	
Name				Title	
Official Address				Telephone	
City			A Middle Control of the Control of t	FAX	
State		Zip	E-mail		
-	in a superior superio			consession at a succession for	to the same of

## Instructions for Completion

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- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

#### **BURDEN STATEMENT**

43	A CONTROL OF THE CONT	the inmate admitted to one of
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
	Brumfield Walter	your correctional tale [ ] 7 6
	LAST FIRST MI	0 4 2 8 1 9 1 YEAR
		MONTH DAY
7		
2.	On what date did the inmate die?	9. For what offense(s) was the inmate being held?
	1 0 0 5 2 0 1 5	9. For what offense(s) was the initiate see
	MONTH DAY YEAR	a. Second Degree Murder
•	Miles de la companya del companya de la companya de la companya del companya de la companya de l	b.
3.	What was the name and location of the correctional facility involved?	C.
	Soliconormal lability in volves :	d.
	Facility Name:	g
	Louisiana State Penetentiary	e.
	Facility City: Facility State:	
	Angola LA	
	in gold LA	10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		□ Yes
4.	What was the inmate's date of birth?	O No
	1 0 0 1 1 9 5 2	☐ Don't Know
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	☐ In a general housing unit in the facility or on
	☑ Male	prison grounds  In a segregation unit
	☐ Female	☐ In a special medical unit/infirmary within your
		facility
	Was the issued additional at Latine on Special	☐ 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
	크레이 <u>트</u> , 그는 이미리 그는 그리면 이렇게 되었다. 그래국 없다	In a mental health center outside your facility
	☐ Yes ☑ No	☐ While in transit
		☐ Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please	
	select one or more of the following racial	
	categories:	
	White	
	Black or African American	
	= Black of Amount Amonoan	
	American Indian or Alaska Native	
	American Indian or Alaska Native Asian	
	American Indian or Alaska Native	
	American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander	

re 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	1
LATER TIME FOR THE CAUSE OF DEATH	
☑ No evaluation is planned → CONTINUE TO Q13	1
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***	4
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Cardiopulmonary Arrest and Cancer	
Acquired Immune Deficiency Syndrome (AIDS)	
☐ Accidental alcohol/drug intoxication [Describe] ————	
Accidental injury to self [Describe]	201 103
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	100
☐ Homicide [Describe] — →	A Photo Committee of the
Other cause(s) [Specify]	200
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	
<ul> <li>☐ In a temporary holding area/lockup</li> <li>☐ In a common area within the facility (e.g., yard, library, cafeteria)</li> </ul>	
[PLEASE	
SPECIFY]  In a special mental health services unit In a segregation unit	
☐ On death row, special unit awaiting capital punishment	
Elsewhere within the prison facility  Please Specify:	
Please Specify.	
Outside the prison facility (e.g., while on work release or on work detail)	
Outside the prison facility (e.g., while on work release or on work detail)  Elsewhere	the state of the state of the state of
Outside the prison facility (e.g., while on work release or on work detail)  Elsewhere	The state of the s
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?	The state of the s
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	Control of the contro
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?	The second of th

		Iding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
	•	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES NO DON'T KNOW  a. Evaluated by physician/medical staff
	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 any of the conditions were pre-existing, mark existing medical condition.")  NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide  Pre-existing medical condition  Deceased developed condition after admission  Could not be determined
Ch		d any additional notes regarding this death here: ed Q13 from Other Causes to Illness, Q14 from Special Medical Unit to NA, Q15 from Evening



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

U.S. DEPARTMENT O **BUREAU OF JUSTICE!** AND ACTING AS COLLEC RTI INTERNATIO

FORM COMPLETED BY:				
Name		Title		
Official address		Telephone		
City	V	FAX		
State	Zip E-mail			

## **Instructions for Completion**

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- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

## **BURDEN STATEMENT**

	STATE PRISON INM	ATE DEATH REPORT
1:	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Rutle-	11 1001 0011
	LAST	0 7 2 6 2 0 0 5
	FIRST MI	MONTH DAY YEAR
2.	0-11	
2.	On what date did the inmate die?	9. For what offense(s) was the inmate being held?
	1 2 2 6 2 0 1 5	9. For what offense(s) was the initiate s
	MONTH DAY YEAR	a. Forcible Rape
		b.
3.	What was the name and location of the	C.
4	correctional facility involved?	
	Facility Name:	d
	Louisiana State Penetentiary	e.
	Facility City: Facility State:	
	Angola	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
4.	What was the inmate's date of birth?	│
	0 7 3 0 1 9 6 0	☐ Don't Know
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	In a general housing unit in the facility or on
	<ul><li>☑ Male</li><li>☑ Female</li></ul>	prison grounds In a segregation unit
	- Female	In a special medical unit/infirmary within your
		facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility
	origin?	☐ In a medical center outside your facility☐ In a mental health center outside your facility
	☐ Yes ☑ No	☐ While in transit
	☑ No	☐ Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please	
	select one or more of the following racial	
	categories:	
	<ul><li>☑ White</li><li>☑ Black or African American</li></ul>	
	American Indian or Alaska Native	and the same and t
	<ul><li>Asian</li><li>Native Hawaiian or Pacific Islander</li></ul>	
	Some other race	

Please Specify:

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
☐ YES CONTINUE TO Q13
Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
☑ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] ——— cardiopulmonary arrest secondary to end s
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
<ul> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> </ul>
In a special medical unit/infirmary
SPECIFYI In a special mental health services unit
☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
☐ Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere
Please Specify:
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	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?
1		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	-	A. Evaluated by physician/medical staff
17.	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 Deceased developed condition after admission Could not be determined
Plea	se ado	d any additional notes regarding this death here:
Cl		ed Q13 from Other Causes to Illness, Q14 from Special Medical Unit to NA, Q15 from Evening
The Indiana Co.		



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

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

		FORM COMPLET	ED BY:		
Name			Title		
ficial dress			Telephone		
City	5 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m		FAX	The state of the s	
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.
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ONLINE: Complete the report online at: <a href="https://bjsdcrp.rti.org">https://bjsdcrp.rti.org</a>

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0213149.001.400.402.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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

## What deaths should be reported?

## INCLUDE deaths of ALL persons...

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

### EXCLUDE deaths of ALL persons...

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

#### **BURDEN STATEMENT**

1.	What was the inmate's name?  Byrd  Robert  W  LAST  FIRST  MI	8. On what date was the inmate admitted to one of your correctional facilities?  0 1 1 5 1 9 8 2  MONTH DAY YEAR
2.	On what date did the inmate die?  0 9 1 9 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?  Facility Name:	c. d.
The second secon	Louisiana State Penetentiary  Facility City: Facility State:  Angola LA	10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth?  0 8 1 2 1 9 5 8  MONTH DAY YEAR	☐ Yes ☐ No ☐ Don't Know
5.	What was the inmate's sex?  ☑ Male ☐ 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 you</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin?  ☐ Yes ☐ No	facility In a special mental health services unit with your facility In a medical center outside your facility In a mental health center outside your facilit 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:	

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
☐ YES ——→ CONTINUE TO Q13
Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
✓ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☐ Illness—Exclude AIDS-related deaths [Specify] ———
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
☐ Accidental injury to self [Describe] →
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] —————
Other cause(s) [Specify]
A4 MIL STAN STAN A STAN
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?  NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ In the prison facility or on the prison grounds ☐ ☐ In the inmate's cell/room
☐ In a temporary holding area/lockup
In a common area within the facility (e.g., yard, library, cafeteria)  In a special medical unit/infirmary
SPECIFY] In a special mental health services unit
☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
Elsewhere within the prison facility
Please Specify:
<ul><li>Outside the prison facility (e.g., while on work release or on work detail)</li><li>Elsewhere</li></ul>
Please Specify:
15. When did the <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)
<ul><li>Evening (6 pm to Midnight)</li><li>Overnight (Midnight to 6 am)</li></ul>

16	S. Excl serv	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?
		and admission to your contraction activities
		a. Evaluated by physician/medical staff
17	. Was after "Pre-	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark
a substantial and the subs		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
10	riciasia	A any additional notes regarding this death here:  atic undifferentiated Hemophatic CA/End Stage AIDS. Changed Q13 from Other Causes to PS, Q14 from Special Medical Unit to NA, Q15 from Morning to NA.
		To from worning to NA.



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

U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGEN RTI INTERNATIONAL

		FORM COMPLET	ED BY:	
Name			Title	
fficial dress		3	Telephone	
City			FAX	
State	Zip	E-mail		

## **Instructions for Completion**

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

#### EXCLUDE deaths of ALL persons...

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

#### **BURDEN STATEMENT**

_		The state of the s
1.	What was the inmate's name?	8. On what date was the inmate admitted to one o
	Coleman Dennis	Vour correctional facilities
	LAST	0 5 3 0 1 9 9 0
	FIRST MI	MONTH DAY YEAR
		MONTH
2.	On what date did the inmate die?	
		9. For what offense(s) was the inmate being held?
	140000	9. For what offense(s) was the innuts
	MONTH DAY YEAR	a. Attemped Aggravated Rape
		b.
3.	What was the name and location of the	v
	correctional facility involved?	C.
		d.
	Facility Name:	
	Louisiana State Penetentiary	e.
	Facility City: Facility State:	
	Angola LA	
	J. C.	10. Since admission, did the inmate ever stay
1		overnight in a mental health facility?
1		☐ Yes
4.	What was the inmate's date of birth?	□ No
	0 4 1 9 1 9 5 7	☐ Don't Know
7	MONTH DAY YEAR	
	TEAN.	
1		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
8 9 -		facility  In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility
	origin?	In a medical center outside your facility
	☐ Yes	In a mental health center outside your facility
	☑ No	☐ While in transit☐ Elsewhere
		Please Specify:
7.		
	select one or more of the following racial	
	categories:	
	White	
	<ul> <li>☑ Black or African American</li> <li>☑ American Indian or Alaska Native</li> </ul>	
	<ul><li>American Indian or Alaska Native</li><li>Asian</li></ul>	A CONTRACT OF THE PROPERTY OF
	☐ Native Hawaiian or Pacific Islander	
	Some other race	
	Please Specify:	
1		the state of the s

ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or liew 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] ——— Cardiopulmonary Arrest secondary to Lung
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
☐ Accidental injury to self [Describe] →
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] ————
Other cause(s) [Specify] ————
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?    NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related   In the prison facility or on the prison grounds   In the inmate's cell/room   In a temporary holding area/lockup   In a common area within the facility (e.g., yard, library, cafeteria)   In a special medical unit/infirmary   In a special mental health services unit   In a segregation unit   On death row, special unit awaiting capital punishment   Elsewhere within the prison facility   Please Specify:   Outside the prison facility (e.g., while on work release or on work detail)   Elsewhere   Please Specify:
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?  NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight) ☐ Overnight (Midnight to 6 am)

		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) RESPONSE FOR EACH ITEM (a-f)
		d. Treatment/care other than medications
		f. Confinement in special medical unit
a	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the conditions 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
a	fter a 'Pre-	admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
Pleas Na	after a "Pre-	admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark existing medical condition.")  NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide  Pre-existing medical condition Deceased developed condition after admission Could not be determined  d any additional notes regarding this death here:  Expected/Chronic Illness with Normal Progression. Changed Q13 from Other Causes to
Pleas Na	after a "Pre-	admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark existing medical condition.")  NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide  Pre-existing medical condition Deceased developed condition after admission Could not be determined  d any additional notes regarding this death here:
Pleas Nat	after a "Pre-	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:  Expected/Chronic Illness with Normal Progression. Changed Q13 from Other Causes to



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

		FORM COMPLET	ED BY:	
Name		7	Title	
Official Address	And the state of t		Telephone	
City			FAX	*** ** ** * * * * * * * * * * * * * *
State	Zip	E-mail	Sir (Y) with adjusted to	Andreas Services Serv

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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

## BURDEN STATEMENT

	the strength of the substitute	5			to admitted to one of
1.	What was the inmate's name?	8.	On	what	date was the inmate admitted to one of
	Cyprian Dedrin		you	r cor	rectional lacinion
	LAST FIRST MI		1	0	3 1 2 0 1 1
	IVII		MON		DAY YEAR
2.	On what date did the inmate die?				
		_	_		the inmate being held?
		9.	For	what	t offense(s) was the inmate being held?
	MONTH DAY YEAR			a. p	Aggravated Rape
				b. [	90
				D	1
3.	What was the name and location of the correctional facility involved?			c. [	
	correctional facility involved?				
	Facility Name:			d. [	1 4
	Louisiana State Penetentiary			е. Г	300
	Facility City: Facility State:				
	Angola LA				
		10.	Sin	ce ac	dmission, did the inmate ever stay
			ove	ernigl	nt in a mental health facility?
					Yes
4.	What was the inmate's date of birth?	1 200			No
	0 4 2 8 1 9 8 3			8	Don't Know
	MONTH DAY YEAR				
	MONTH BAT TEAN	100			
		11	. Wh	ere c	lid the inmate die?
5.	What was the inmate's sex?	1			In a general housing unit in the facility or on
٠.		1			prison grounds
	☑ Male □ Female			*	
	□ Female			0	In a special medical unit/infirmary within your
					facility
	Mary the least of Hierards Lating on Chamish			15	In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?			$ \mathbf{V} $	your facility In a medical center outside your facility
	- 1 - 1 <u></u>			ō	In a mental health center outside your facility
	Yes			. (4)	While in transit
	☑ No			35	Elsewhere
					Please Specify:
	a de la composição de la c				
7.	In addition, what was the inmate's race? Please				
	select one or more of the following racial categories:				
	y	6			
	White				
	Black or African American				
	<ul><li>American Indian or Alaska Native</li><li>Asian</li></ul>				
	Native Hawaiian or Pacific Islander				
	Some other race				
	Please Specify:				
		$\parallel \parallel$			
		٦    ١			

Are the results of
review of medical records) available to establish an official cause of death?
YES CONTINUE TO DA
Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SURMIT THIS FORM YOU WILL BE CONTACTED AT A
- THE TORTHE 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***
Exclude Albo-related deaths [Specify]
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds
☐ In 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>
[PLEASE] In a special medical unit/infirmary
SPECIFY] In a special mental health services unit
☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere
Please Specify:
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?  ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon)
Afternoon (Noon to 6 pm)
☐ Evening (6 pm to Midnight) ☐ Overnight (Midnight to 6 am)

16.	Exclu servi	udin ces	g em	erger ne me	icy ca	re pro	vide tion t	d at t	he tir ause	me of	deat /her	h, did death	the afte	inma r adm	te r iiss	eceive ion to	any your	of th	e fol ectio	lowir onal f	ng me aciliti	dical es?
		NC	OT AP	PLIC	ABLE	—Cau	se of	death	n was	accio	denta	linjury	, int	oxicat	ion,	suicio	le, or l	nomi	cide			
		b. c. d. e.	Diagr Media Treat Surge	nostic cation ment ery	tests is /care	(e.g., other t	X-ray han n	s, MF	RI) ations	 S		YES						ŀ	RESP	ONS	PROV SE FO M (a-	
	after a "Pre-	adm exis NO Pro De	nission sting of DT AP e-existecease	on? (I media PLIC sting red de	f mult cal co ABLE nedica	iple conditions  Cau al conded conditions	onditon.") se of	i <b>ons</b> death	caus n was	ed th	e dea	lical co	d <u>an</u>	y of t	he	condi	tions	were	pre-			dition mark
h s			Julu III	ot be	ueten	illiteu				4			1,1								1	
						regar SS to	_			here:	1 A W							,				



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

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

		FORM COMPLETE	D BY:	
Name			Title	
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City			FAX	
State	Zip	E-mail	a late a probability	

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- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

#### **BURDEN STATEMENT**

	i mate admitted to one of
1. What was the inmate's name?	8. On what date was the inmate admitted to one of
Dickerson Johnny	your correctional lateral your specific property of the second se
LAST FIRST MI	0 7 0 8 VEAR
	MONTH DAY
2. On what date did the inmate die?	
	9. For what offense(s) was the inmate being held?
1 0 1 6 2 0 1 5 MONTH DAY YEAR	9. For what offense(s) was the
MONTH DAY FEAR	a. Second Degree Murder
	b. Armed Robbery
3. What was the name and location of the correctional facility involved?	c. Aggravated Kidnapping
correctional facility involved?	d.
Facility Name:	
Louisiana State Penetentiary	e
Facility City: Facility State:	
Angola	an atom
	10. Since admission, did the inmate ever stay overnight in a mental health facility?
	☐ Yes
4. What was the inmate's date of birth?	O No
0 4 0 6 1 9 4 6	☐ Don't Know
MONTH DAY YEAR	
	11. Where did the inmate die?
5. What was the inmate's sex?	<ul> <li>In a general housing unit in the facility or on prison grounds</li> </ul>
☑ Male □ Female	☐ In a segregation unit
	☐ In a special medical unit/infirmary within your facility
	☐ In a special mental health services unit within
6. Was the inmate of Hispanic, Latino, or Spanish	your facility  In a medical center outside your facility
origin?	☐ In a mental health center outside your facility
☐ Yes ☑ No	☐ While in transit ☐ Elsewhere
	Please Specify:
	riease opeciny.
7. In addition, what was the inmate's race? Please	
select one or more of the following racial categories:	
☑ White	
☐ Black or African American	
<ul><li>☐ American Indian or Alaska Native</li><li>☐ Asian</li></ul>	and the second second production of the second seco
☐ Native Hawaiian or Pacific Islander	
☐ Some other race	
Please Specify:	경기 경기 (1994) - 이 12 시간 (1994) - 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
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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] ——— 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]
☐ Homicide [Describe] ────────────────────────────────────
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds    In the inmate's cell/room   In a temporary holding area/lockup   In a common area within the facility (e.g., yard, library, cafeteria)   In a special medical unit/infirmary   In a special mental health services unit   In a segregation unit   On death row, special unit awaiting capital punishment   Elsewhere within the prison facility   Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)  Elsewhere
Please Specify:
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?  NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
<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>

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?
■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
A Evaluated by physician/medical staff  b. Diagnostic tests (e.g., X-rays, MRI)  c. Medications  d. Treatment/care other than medications  e. Surgery  f. Confinement in special medical unit
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")
☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
<ul> <li>☑ Pre-existing medical condition</li> <li>☐ Deceased developed condition after admission</li> <li>☐ Could not be determined</li> </ul>
Please add any additional notes regarding this death here:  Changed Q13 from Other Causes to Illness, Q14 from Special Mental Health services Unit to NA, Q15 from Afternoon to NA.



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

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

•		FORM COMPLETED	BY:	
Name	*		Title	
fficial dress	e si mang artis.	Т	elephone	
City			FAX	
State	Zip	E-mail		

## **Instructions for Completion**

### If no deaths occurred in 2015:

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

### If you had more than one death in 2015:

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

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture Project Number: 0213149.001.400.402.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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

## What deaths should be reported?

#### INCLUDE deaths of ALL persons...

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

## EXCLUDE deaths of ALL persons...

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

#### **BURDEN STATEMENT**

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Disotell Gilbert	your correctional facilities?
	LAST FIRST MI	0 9 2 6 2 0 1 1
		MONTH DAY YEAR
	On what date did the immete die?	
2.	On what date did the inmate die?	
	0 5 1 6 2 0 1 5	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	<sup>a.</sup> Aggravated Rape
		b. Aggravated Incest
3.	What was the name and location of the	c.
	correctional facility involved?	
	Facility Name:	d
	Louisiana State Penetentiary	e.
	Facility City: Facility State:	
	Angola	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
4.	What was the inmate's date of birth?	☐ Yes ☐ No
4.		Don't Know
	1 1 9 1 9 4 7 MONTH DAY YEAR	
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	☐ In a general housing unit in the facility or on
	☑ Male	prison grounds In a segregation unit
	☐ Female	☑ In a special medical unit/infirmary within your
		facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility
	origin?	☐ In a medical center outside your facility
	☐ Yes	☐ In a mental health center outside your facility☐ While in transit
	☑ No	Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please	
,.	select one or more of the following racial	
	categories:	
	☑ White	
	<ul><li>☐ Black or African American</li><li>☐ American Indian or Alaska Native</li></ul>	
	Arian Asian	\$2.50 \text{2.00}
	Native Hawaiian or Pacific Islander	
	Some other race	
	Please Specify:	

Are rev	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?
	YES → CONTINUE TO Q13  Evaluation complete—results are pending
1	SKIP REMAINING QUESTIONS AND CURRENT TWO TO THE TOTAL OF THE PROPERTY OF THE P
	LATER TIME FOR THE CAUSE OF DEATH  No evaluation is planned → CONTINUE TO Q13
	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]
ו	Acquired Immune Deficiency Syndrome (AIDS)
	☐ Accidental alcohol/drug intoxication [Describe] →
1	Accidental injury to self [Describe]
1	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
- 8 * · · ·	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	☐ Homicide [Describe] —————
	Other cause(s) [Specify] — Cardiopulmonary Arrest
15. Wh	nen 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)

l6. Exclu servi	uding emergency care provided at the time of de ices for the medical condition that caused his/he							
	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide							
	a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit	YES	NO DON	N'T KNOW	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)			
after	the cause of death the result of a pre-existing m admission? (If multiple conditions caused the d -existing medical condition.")	leath and <u>ar</u>	i <u>y</u> or the con	annons we				
	NOT APPLICABLE—Cause of death was acciden	ıtal injury, int	oxication, sui	cide, or hor	micide			
	Pre-existing medical condition Deceased developed condition after admission Could not be determined							
Offende	d any additional notes regarding this death here: er was in a Hospice Program as of 2014. H tion of the agency and correctional facility.	le remaine	d under the	e care of t	he care and			



## 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		v a v a v a v a v a v a v a v a v a v a	Title			
Official Address			Telephone			
City			FAX			
State	Zip	E-mail				

## **Instructions for Completion**

#### If no deaths occurred in 2015:

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

## If you had more than one death in 2015:

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

ONLINE: Complete the report online at: https://bjsdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0213149.001.400.402.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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

## What deaths should be reported?

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

### EXCLUDE deaths of ALL persons...

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

#### **BURDEN STATEMENT**

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Dundy Lawrence	your correctional facilities?
	LAST FIRST MI	0 6 1 9 1 9 8 0
A .		MONTH DAY YEAR
	20	
2.	On what date did the inmate die?	
	1 0 2 6 2 0 1 5	9. For what offense(s) was the inmate being held?
ž.	MONTH DAY YEAR	a. Armed Robbery
		b.
3.	What was the name and location of the	c.
į.	correctional facility involved?	
	Facility Name:	d.
	Louisiana State Penetentiary	e.
4	Facility City: Facility State:	
=- =	Angola LA	
į.	riigola	10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		☐ Yes ☐ No
4.	What was the inmate's date of birth?	□ No □ Don't Know
	0 4 2 3 1 9 4 1	
	MONTH DAY YEAR	
1		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
	and a summary of the second	facility
6.	Was the inmate of Hispanic, Latino, or Spanish	In a special mental health services unit within your facility
	origin?	☐ In a medical center outside your facility
A. Copia	Yes	☐ In a mental health center outside your facility ☐ While in transit
1	☑ No	Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please	
San Stronger	select one or more of the following racial	<ul> <li>Control of the second of the se</li></ul>
0.000	categories:	
	<ul><li>☐ White</li><li>☑ Black or African American</li></ul>	The state of the s
	American Indian or Alaska Native	
	<ul><li>Asian</li><li>Native Hawaiian or Pacific Islander</li></ul>	The state of the s
	Some other race	weathers
	Please Specify:	

e the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam review of medical records) available to establish an official cause of death?	, or
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	AIA
☐ No evaluation is planned → CONTINUE TO Q13	1
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***	
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Chronic Renal 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]	4
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?	
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related	
☐ In the prison facility or on the prison grounds	
│ ☐ In the inmate's cell/room	
☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)	
[PLEASE ] In a special medical unit/infirmary	
SPECIFY] In a special mental health services unit In a segregation unit	
On death row, special unit awaiting capital punishment	
Elsewhere within the prison facility  Please Specify:	
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)	
<ul><li>Evening (6 pm to Midnight)</li><li>Overnight (Midnight to 6 am)</li></ul>	
— Overnight (ividinght to o ann)	

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?
■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")
□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
<ul> <li>☑ Pre-existing medical condition</li> <li>☑ Deceased developed condition after admission</li> <li>☑ Could not be determined</li> </ul>
Please add any additional notes regarding this death here:
Changed Q13 from Other Causes to Illness, Q14 from Inmate's cell to NA, Q15 from Afternoon to NA.



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

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

RTI INTERNATIONAL

		FORM COMPLET	FD BY:	
		T GIAM GOMELE		
Name			Title	
Official Address			Telephone	
City	The second secon		FAX	
State	Zip	E-mail		

## **Instructions for Completion**

## If no deaths occurred in 2015:

- · You will not need to report anything at this time.
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5265 Capital Boulevard Raleigh, NC 27690-1652

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## What deaths should be reported?

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

#### EXCLUDE deaths of ALL persons...

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

#### **BURDEN STATEMENT**

1.		
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
	Easterwood Lonnie D	
1	LAST FIRST MI	
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	1 0 1 9 2 0 1 5	a B to the first to the believe helds
		9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Manslaughter
1		b. First Degree Murder
3.	What was the name and location of the	C.
	correctional facility involved?	
	Facility Name:	d.
	Facility Name:	е.
	Louisiana State Penetentiary	·
	Facility City: Facility State:	
	Angola	
	Arigola	10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
1.		
	What was the inmate's date of birth?	☐ Yes ☐ No
4.		Don't Know
	0 4 0 6 1 9 5 7	2 Soft Milow
	MONTH DAY YEAR	
		25 mm 1 1 1 1 1 25 mm 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		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
4000		In a special medical unit/infirmary within your
		facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility
	origin?	☐ In a medical center outside your facility
	☐ Yes	☐ In a mental health center outside your facility
	□ res □ No	☐ While in transit
161		Elsewhere
		Please Specify:
-	In addition what was the boundary of the	
7.	In addition, what was the inmate's race? Please select one or more of the following racial	
	categories:	
	☑ White	
	<ul><li>Black or African American</li><li>American Indian or Alaska Native</li></ul>	
y s	American Indian of Alaska Native  Asian	the state of the s
en in the	Native Hawaiian or Pacific Islander	
	Some other race	
	Please Specify:	
å ;		

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] ——— Cardiopulmonary arrest secondary to End
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 prison facility or on the prison grounds  In the prison facility or on the prison grounds  In the prison facility or on the prison grounds  In a temporary holding area/lockup  In a common area within the facility (e.g., yard, library, cafeteria)  In a special medical unit/infirmary  In a special mental health services unit  In a segregation unit  On death row, special unit awaiting capital punishment  Elsewhere within the prison facility  Please Specify:  Outside the prison facility (e.g., while on work release or on work detail)  Elsewhere  Please Specify:
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?  ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight) ☐ Overnight (Midnight to 6 am)

16.	Exclu	uding emergency care provided at the tim ces for the medical condition that caused	e of death, did th his/her death af	e inmate r ter admiss	eceive any of tool ion to your co	the following medical rrectional facilities?
		NOT APPLICABLE—Cause of death was a	occidental injury, in	ntoxication	suicide, or hon	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.	after : "Pre-	the cause of death the result of a pre-exis admission? (If multiple conditions caused existing medical condition.")	d the death and <u>a</u>	ny of the	conditions we	re pre-existing, mark
	000	NOT APPLICABLE—Cause of death was a Pre-existing medical condition Deceased developed condition after admiss Could not be determined		itoxication,	suicide, or hon	nicide
Ch		any additional notes regarding this death hered Q13 from Other Causes to Illness,		cial Medio	cal Unit to NA	A, Q15 from Morning
The second services						

the middle of the state of



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

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

RTI INTERNATIONAL

The state of the s						
FORM COMPLETED BY:						
		Title				
	The process approximating poly-	Telephone				
		FAX				
Zip	E-mail	3 3 4 20 300 100 100 100				
	Zip	FORM COMPLET	FORM COMPLETED BY:  Title  Telephone  FAX  Zip  E-mail			

## **Instructions for Completion**

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- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

## EXCLUDE deaths of ALL persons...

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

### BURDEN STATEMENT

1.	What was the inmate's name?  Farmer  James  FIRST  MI	<b>y</b>	On what date was the inmate admitted to one of our correctional facilities?  O 5 0 8 1 9 9 7  MONTH DAY YEAR
2.	On what date did the inmate die?  1 2 0 9 2 0 1 5  MONTH DAY YEAR	9. F	or what offense(s) was the inmate being held?  a. Aggravated Rape  b.
3.	What was the name and location of the correctional facility involved?  Facility Name: Louisiana State Penetentiary  Facility City: Angola  Facility State:		c. d. e.
4.	What was the inmate's date of birth?  0 5 0 7 1 9 3 9  MONTH DAY YEAR		ince admission, did the inmate ever stay vernight in a mental health facility?  Yes No Don't Know
		11. W	/here did the inmate die?
5.	What was the inmate's sex?		In a general housing unit in the facility or on prison grounds
	☑ Male □ Female		<ul> <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 origin?  ☐ Yes ☑ No		☐ In a special mental health services unit within your facility ☐ In a medical center outside your facility ☐ In a mental health center outside your facility ☐ While in transit ☐ Elsewhere ☐ Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:		
	<ul> <li>☑ White</li> <li>☐ Black or African American</li> <li>☐ American Indian or Alaska Native</li> <li>☐ Asian</li> <li>☐ Native Hawaiian or Pacific Islander</li> <li>☐ Some other race</li> <li>☐ Please Specify:</li> </ul>		

re the results of a medical examiner's or coroner's evaluation (such as an auteview of medical records) available to establish an official cause of death?	itopsy, postmortem exam, or	
☐ YES ——→ CONTINUE TO Q13		
Evaluation complete—results are pending	NUMBER CONTACTED AT A	
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU LATER TIME FOR THE CAUSE OF DEATH	U WILL BE CONTACTED AT A	
☑ No evaluation is planned → CONTINUE TO Q13		
	i i i i i i i i i i i i i i i i i i i	
13. What was the cause of death? *** Please SPECIFY cause of death—it is criti		
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Cardiopulmona	ary 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]	National Specific Biological Services	
☐ Homicide [Describe] ————		
Other cause(s) [Specify]	7	
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death  NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-relate		
지 않는 그 얼마 그 이 사람들이 되었다. 이 사람들이 되었다는 것이 되었다. 목록 나를 하게 되었다면 하다 되었다.	u	
<ul> <li>☐ In the prison facility or on the prison grounds</li> <li>☐ In the inmate's cell/room</li> </ul>		
☐ In a temporary holding area/lockup		
In a common area within the facility (e.g., yard, library, cafeteria)  In a special medical unit/infirmary		
SPECIFY In a special medical unioninimary  SPECIFY In a special mental health services unit		
☐ In a segregation unit		
On death row, special unit awaiting capital punishment  Elsewhere within the prison facility		
Please Specify:		
<ul><li>Outside the prison facility (e.g., while on work release or on work detail)</li><li>Elsewhere</li></ul>		
Please Specify:		
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-rela		
☐ Morning (6 am to Noon)		
☐ Afternoon (Noon to 6 pm)		
<ul><li>Evening (6 pm to Midnight)</li><li>Overnight (Midnight to 6 am)</li></ul>		

16.		iding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?				
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide				
		YES NO DON'T KNOW				
		a. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A RESPONSE FOR				
		c. Medications				
3		e. Surgery				
6						
17.	17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")					
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide				
		Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Please add any additional notes regarding this death here:  Changed Q11 from Elsewhere to Medical Center outside Facility and removed text, Q13 from Other Causes to Illness, Q14 from Elsewhere NA and removed specified text, Q15 from Afternoon to NA.						
t de commence						