

### **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 COMPLETE	D 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 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?  Ford  Arthur  LAST  FIRST  MI	8. On what date was the inmate admitted to one of your correctional facilities?
2.	On what date did the inmate die?	MONTH DAY YEAR
	0 7 1 3 2 0 1 5  MONTH DAY YEAR	9. For what offense(s) was the inmate being held?  a. Armed Robbery  b. Aggravated Burglary
3.	What was the name and location of the correctional facility involved?	c. Aggravated Crime against Nature
	Facility Name:  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?  0 8 2 4 1 9 5 4  MONTH DAY YEAR	☐ Yes ☐ No ☐ Don't Know
		11. Where did the inmate die?
5.	What was the inmate's sex?  ☑ Male ☐ Female	<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</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin?  ☐ Yes ☐ No	facility  In a special mental health services unit within your facility  In a medical center outside your facility  In a mental health center outside your facility  While in transit  Elsewhere
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	Please Specify:
	<ul> <li>White</li> <li>Black or African American</li> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> <li>Some other race</li> <li>Please Specify:</li> </ul>	

Are the review	results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
• •	
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
<b>2</b>	No evaluation is planned → CONTINUE TO Q13
3. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
V	Illness—Exclude AIDS-related deaths [Specify] ——— 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]
15. W	Then 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. Ex	xcluding emergency care provided at the time of death, d ervices for the medical condition that caused his/her deat	in arter adm	1001011 10 )	
	□ NOT APPLICABLE—Cause of death was accidental inju	ıry, intoxicat	on, 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	2□ 2□ 2□		PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
af	las the cause of death the result of a pre-existing medical fter admission? (If multiple conditions caused the death a Pre-existing medical condition.")	condition on the condition of the condit	or did the inmate of	develop the condition re pre-existing, mark
	□ NOT APPLICABLE—Cause of death was accidental inju	ry, intoxicati	on, suicide, or hom	nicide
	<ul> <li>☑ Pre-existing medical condition</li> <li>☑ Deceased developed condition after admission</li> <li>☑ Could not be determined</li> </ul>			
Please	e add any additional notes regarding this death here:			9
Cha	nged Q13 from Other causes to Illness, Q14 from S rnoon to NA.	pecial Me	dical Unit to NA	, Q15 from
**************************************				



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Official ddress			Telephone	
City	545 54		FAX	
State	Zip	E-mail	1 2020 A. J. C. For a great section	or a specific to the company of the

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- Complete the entire form for each inmate death.
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#### **BURDEN STATEMENT**

		The state of the s
11.	What was the inmate's name?	8. On what date was the inmate admitted to one of
,	Foster Carl S	your correctional facilities?
		1 1 1 2 1 9 8 2
3	LAST FIRST MI	
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 7 0 4 2 0 1 5	0
1		9. For what offense(s) was the inmate being held?
i,	MONTH DAY YEAR	a. Second Degree Murder
		Occord Degree Marder
		b.
3.	What was the name and location of the	
٥.	correctional facility involved?	C.
	correctional facility involved:	
	Facility Name:	d.
		e.
	Louisiana State Penetentiary	e.
	Equility City:	
	Facility City: Facility State:	The second of the second secon
	Angola LA	Londrest estresis and a contract of the contra
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		D Yes
4.	What was the inmate's date of birth?	O No
	0 1 2 9 1 9 6 4	☐ 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
٥.	What was the minate 5 Sex:	
		J
	☑ Male	prison grounds
	<ul><li>☑ Male</li><li>☐ Female</li></ul>	prison grounds  In a segregation unit
		prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your
		prison grounds In a segregation unit In a special medical unit/infirmary within your facility
	☐ Female	prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility ☐ In a special mental health services unit within
6.	☐ Female  Was the inmate of Hispanic, Latino, or Spanish	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
6.	☐ Female	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
6.	☐ 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
6.	<ul><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
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<b>6</b> .	<ul> <li>□ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>□ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please</li> </ul>	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 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
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	<ul> <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  Please Specify:
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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] Self inflicting Stab wound to neck
☐ 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)
[PLEASE   In a special medical unit/infirmary   In a special mental health services unit
☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
□ Elsewhere □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Please Specify:
15. When did the 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)
<ul><li>Afternoon (Noon to 6 pm)</li><li>Evening (6 pm to Midnight)</li></ul>
Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?
NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
YES NO DON'T KNOW
a. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI)
3985 Carrier 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 -
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:
Exsanguination from right neck stab wound (self inflicting)



### **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

	Anna Anna	FORM COMPLETE	D BY:	
Name			Title	
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City			FAX	
State	Zip	E-mail		

# Instructions for Completion

# If no deaths occurred in 2015:

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

### **BURDEN STATEMENT**

1.	What was the inmate's name?  Frith  John  LAST  FIRST  MI	8. On what date was the inmate admitted to one your correctional facilities?  1 2 1 9 1 9 8 5  MONTH DAY YEAR
2.	On what date did the inmate die?  0 2 0 9 2 0 1 5  MONTH DAY YEAR	9. For what offense(s) was the inmate being held?  a. Second Degree Murder  b.
3.	What was the name and location of the correctional facility involved?  Facility Name:  Louisiana State Penetentiary  Facility City:  Angola  Facility State:  LA	c. d. e.  10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth?  1 1 7 1 9 6 0  MONTH DAY YEAR	Yes No Don't Know
5.	What was the inmate's sex?  ☑ Male ☐ Female	☐ In a general housing unit in the facility or on prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility ☐ In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?  ☐ Yes ☑ No	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:	

	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or wof medical records) available to establish an official cause of death?	B
	YES — CONTINUE TO Q13 Evaluation complete—results are pending	
1	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A	4
	LATER TIME FOR THE CAUSE OF DEATH  No evaluation is planned → CONTINUE TO Q13	
8 mines	1 No evaluation is planned -> CONTINUE TO Q13	1
13. Wh	was the cause of death? *** Please SPECIFY cause of death—it is critical information***	101
•	Illness—Exclude AIDS-related deaths [Specify] ——— Stroke, Intracerebral Hemorrhage	
	Acquired Immune Deficiency Syndrome (AIDS)	4
	Accidental alcohol/drug intoxication [Describe] ———	
	Accidental injury to self [Describe]	
C	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	
,	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
dr .E	Homicide [Describe]	
C	Other cause(s) [Specify]	
Service of the A		
14. Wh	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	
1.00	☐ In a common area within the facility (e.g., yard, library, cafeteria)	
[PLEAS SPECIF		
	☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment	
	☐ Elsewhere within the prison facility	
	Please Specify:	
	Outside the prison facility (e.g., while on work release or on work detail)  Elsewhere	
1	Please Specify:	
15. Whe	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	Market Co.
	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 PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A c. Medications PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f) c. Surgery PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")
□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
<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 Elsewhere to NA, and Q15 from Afternoon to NA.



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

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

	The state of the s			KITINTERNATIONAL
entropio (en en el estropio de en el entropio de e La estropio (en el entropio de el e		FORM COMPLETED	BY:	
Name			Title	
Official Address		Те	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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### If you had more than one death in 2015:

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

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

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0213149.001.400.402.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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

# What deaths should be reported?

### INCLUDE deaths of ALL persons...

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

### EXCLUDE deaths of ALL persons...

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

### **BURDEN STATEMENT**

# STATE PRISON INMATE DEATH NE

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

Are the	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
/ 0	
( 	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
<b>2</b>	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
No.	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	e did the incident (e.g., accident, suicide, or homicide) causing the death take place?
<b>2</b>	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	In the prison facility or on the prison grounds
	☐ In the inmate's cell/room
	<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:
E	Outside the prison facility (e.g., while on work release or on work detail)
	Please Specify:
15. When	did the incident (e.g., accident, suicide, or homicide) causing the death occur?
1	Morning (6 am to Noon)
	Afternoon (Noon to 6 pm)
	Evening (6 pm to Midnight)

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  b. Diagnostic tests (e.g., X-rays, MRI)  c. Medications  d. Treatment/care other than medications  e. Surgery  f. Confinement in special medical unit
17.	after	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.")
	10	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:
Ch	ange	ed Q13 from Other Causes to Illness, Q14 from Special Medical Unit to NA, and Q15 from the latest to NA.
	Aller and	



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

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

	Soma W	DEATTREFORT	RTI INTERNATIONAL
		FORM COMPLETED	DBY:
Name			Title
ficial ress		Те	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.
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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

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Harrison Glen L	your correctional facilities?
	LAST FIRST MI	0 4 2 0 1 9 9 0
		MONTH DAY YEAR
	Out to the still the turneds die?	
2.	On what date did the inmate die?	
1	1 1 1 3 2 0 1 5 MONTH DAY YEAR	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Armed Robbery
		b. Unauho entry -inhab dwelling
3.	What was the name and location of the correctional facility involved?	c. First Degree Robbery
	correctional facility involved:	d. Aggravated Rape
	Facility Name:	e.
	Louisiana State Penetentiary	6.
1.	Facility City: Facility State:	
	Angola	40. Since administrative HAM
1		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 3 1 7 1 9 4 9	☐ 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
and the second	☐ Female	<ul><li>In a segregation unit</li><li>In a special medical unit/infirmary within your</li></ul>
		facility  In a special mental health services unit within
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
108-4	☐ Yes ☐ No	☐ 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:	and the second of the second o
	White	
	☑ Black or African American	The control of the co
	<ul><li>American Indian or Alaska Native</li><li>Asian</li></ul>	Company of a superior material decisions of the company of the com
	☐ Native Hawaiian or Pacific Islander	in the garden and the second with the grown of the second
6	1.1.0	
	Some other race	
	Some other race  Please Specify:	

	results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
	YES —— CONTINUE TO Q13
<i></i>	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
Ø	No evaluation is planned → CONTINUE TO Q13
13. What w	as the cause of death? *** Please SPECIFY cause of death—it is critical information***
<b>☑</b> Ⅱ	Iness—Exclude AIDS-related deaths [Specify] ——— Cardiopulmonary arrest (Stage IV colon ca
	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, ntentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]
* * * * * * * * * * * * * * * * * * * *	
	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?  NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	n 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 medical unit/infirmary In a special mental health services unit
Sr Lon 17	☐ In a segregation unit
	<ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul>
	Please Specify:
	Outside the prison facility (e.g., while on work release or on work detail)
0	Elsewhere  Please Specify:
	Trease 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. Exc	cluding emergency care provided at the time of death, did the inmate receive any of the following medical vices for the medical condition that caused his/her death after admission to your correctional facilities?
C	
	A Evaluated by physician/medical staff
afte	s the cause of death the result of a pre-existing medical condition or did the inmate develop the condition or admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark re-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
Chan	add any additional notes regarding this death here:  ged Q13 from Other Causes to Illness, Q14 from Special Medical Unit to NA, Q15 from  night 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:

	10 TOT 12 TO 10 TO		RITINTERNATIONAL
	FORM COMPLETE	D BY:	
Name		Title	
Official Address		Telephone	
City	to a short	FAX	
State	Zip E-mail		

# Instructions for Completion

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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

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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**

	Mile de la la la la la la mara 2	0.	1 2	and admitted to an
1.	What was the inmate's name?	8.	On wha	at date was the inmate admitted to one of
	Hinton Rothern R			orrectional facilities?
	LAST FIRST MI	2	0 5	1 8 1 9 8 9
		1	MONTH	DAY YEAR
	*			
2.	On what date did the inmate die?			
	0 2 2 7 2 0 1 5	9.	For wha	at offense(s) was the inmate being held?
	MONTH DAY YEAR		Г	
		8	Į	Sexual Battery
			b.	
3.	What was the name and location of the		с. [	
	correctional facility involved?			5 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Facility Name:		d.	
	Louisiana State Penetentiary		e. [	
1		1		
ì	Facility City: Facility State:			
ST - 18	Angola LA			
1		10.		dmission, did the inmate ever stay
			overnig	ht in a mental health facility?
1				Yes
4.	What was the inmate's date of birth?	\$400	0	No
	0 8 2 4 1 9 5 9			Don't Know
	MONTH DAY YEAR	1		
	1			
	AM twenty is the part of the second	11.	Where o	did the inmate die?
5.	What was the inmate's sex?			In a general housing unit in the facility or on
	☑ Male		Taken a	prison grounds
	□ Female			In a segregation unit
	ener tener har he en			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	1		your facility
	origin?		o o	In a medical center outside your facility
	☐ Yes			In a mental health center outside your facility
	☑ No			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			
	<ul><li>American Indian or Alaska Native</li><li>Asian</li></ul>	100		
	☐ Native Hawaiian or Pacific Islander	1		
	Some other race			
	Please Specify:			
		1		

2. Are the	he results of a medical examiner's or coronal
revie	he results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or w of medical records) available to establish an official cause of death?
"	YES —— CONTINUE TO Q13
	Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	No evaluation is planned → CONTINUE TO Q13
13. What	woodh a san a faladh o ann an
- Wilat	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] ——— Ischemic Heart Disease due to Coronary O
	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]
0	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:
a and formal	
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
0000	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 time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	A. Evaluated by physician/medical staff
after "Pre-	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark existing medical condition.")  NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide  Pre-existing medical condition  Deceased developed condition after admission  Could not be determined
1	Id any additional notes regarding this death here: ed Q11 from elsewhere-Hospital outside of the prison facility to medical center outside jail
	Changed Q13 from Other Causes to Illness, Q14 from Elsewhere to NA, and Q15 to NA.
(1) m (1) m (1)	



### **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	COMP	ETED	BY:		

Name			Title	
Official Address			Telephone	
City			FAX	
State	Zip	E-mail		

# Instructions for Completion

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- 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?  Honore  David  LAST  FIRST  MI	8. On what date was the inmate admitted to one of your correctional facilities?    0 8 1 4 2 0 0 1
2.	On what date did the inmate die?  0 2 2 4 2 0 1 5  MONTH DAY YEAR	9. For what offense(s) was the inmate being held?  a. Second Degree Murder
3.	What was the name and location of the correctional facility involved?  Facility Name:  Louisiana State Penetentiary  Facility City:  Angola  Facility State:  LA	b. 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 1 2 4 1 9 7 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:	

2. Are the review	results of a medical examiner's or coroner's eval of medical records) available to establish an offic	uation (such as an autopsy, postmortem exam, or
0	YES — CONTINUE TO Q13 Evaluation complete—results are pending	lai cause of death:
	SKIP REMAINING QUESTIONS AND SUB LATER TIME FOR THE CAUSE OF DEATH	MIT THIS FORM—YOU WILL BE CONTACTED AT A
	No evaluation is planned → CONTINUE TO Q13	7 1
13. What	was the cause of death? *** Please SPECIFY cause	se of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify]	<b>→</b>
	Acquired Immune Deficiency Syndrome (AIDS)	
	Accidental alcohol/drug intoxication [Describe]	<b>→</b>
	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]	→ Asphyxia due to hanging
	Homicide [Describe]	
	Other cause(s) [Specify]	<b>→</b>
0	NOT APPLICABLE—Cause of death was illness, into  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., ya) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital point in the prison facility  Please Specify:  Outside the prison facility (e.g., while on work release Elsewhere    Please Specify: Medical facility out of the	rd, library, cafeteria)  unishment  se or on work detail)
	The second of the second secon	
15. When	Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)	de) causing the death occur? stoxication, or AIDS-related

16. Exclu service	uding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	a. Evaluated by physician/medical staff
17. Was 1	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 existing medical condition.")
Ø	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
0	Pre-existing medical condition Deceased developed condition after admission Could not be determined
- ·	
	d any additional notes regarding this death here:  Iral Death by suicide/ suffered anoxic brain injury and cardiac arrest.



# DEATHS IN CUSTODY—2015 STATE PRISON INMATE

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

		DEATH REPORT	RTI INTERNATIONAL
		FORM COMPLETED BY:	
Name		Tit	le
Official Address		Telephor	ie
City		FA	X Z
State	Zin	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

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

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

12. Are th	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or v of medical records) available to establish an official cause of death?
	YES CONTINUE TO Q13
	- The state of the
	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
40.1011	
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] ——— Heart Attack
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe] ———
	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]
14. Wher	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?  NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
[PLEASE SPECIFY]	In the prison facility or on the prison grounds
	Outside the prison facility (e.g., while on work release or on work detail)  Elsewhere
	Please Specify:
2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
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)

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 accider	ntal injury, into:	xication, suicide, or ho	omicide	
a. Evaluated by physician/medical staff			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)	
17. Was the cause of death the result of a pre-existing mafter admission? (If multiple conditions caused the confirmal forms of the confi				
□ NOT APPLICABLE—Cause of death was accider	ntal injury, into	xication, suicide, or ho	omicide	
<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:			1 - 20 - 40	
			· ·	



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

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

	June 1	DEATH REPORT	RTI INTERNATIONAL
		FORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip	E-mail	

# **Instructions for Completion**

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

#### **BURDEN STATEMENT**

	<del></del>	<b>************************************</b>
1.	What was the inmate's name?  James  Nolan	8. On what date was the inmate admitted to one your correctional facilities?
	LAST FIRST MI	MONTH DAY YEAR
2.	On what date did the inmate die?  0 6 1 9 2 0 1 5	9. For what offense(s) was the inmate being held?
2	What was the name and location of the	a. Second Degree Murder b.
3.	correctional facility involved?	d.
	Facility Name: Louisiana State Penetentiary	e.
	Facility City: Facility State:  Angola LA	
5	Aligola	10. Since admission, did the inmate ever stay overnight in a mental health facility?
2.		☐ Yes
4.	What was the inmate's date of birth?	□ No □ Don't Know
	0 9 0 1 1 9 4 4 MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	☐ In a general housing unit in the facility or on
	☑ Male □ Female	prison grounds In a segregation unit
i .		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
0.	origin?	your facility 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:	
Security of the second section of the section of th	<ul> <li>□ White</li> <li>□ Black or African American</li> <li>□ American Indian or Alaska Native</li> <li>□ Asian</li> <li>□ Native Hawaiian or Pacific Islander</li> </ul>	
	Some other race  Please Specify:	
7	Trouse aposity.	

the results of a medical examiner's or coroner's evaluation of medical records) available to establish an official	ation (such as an autopsy, postmortem exam, or I cause of death?
YES CONTINUE TO Q13	
□ Evaluation complete—results are pending  SKIP REMAINING QUESTIONS AND SUBM	IT THIS FORM—YOU WILL BE CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEATH	THIS TORM—TOO WILL BE CONTACTED AT A
✓ No evaluation is planned → CONTINUE TO Q13	The second of th
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 NOT APPLICABLE—Cause of death was illness, intoxic	
☐ In the prison facility or on the prison grounds	auon, or Albo Tolatoa
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 pun	shment
Elsewhere within the prison facility	
Please Specify:	
Outside the prison facility (e.g., while on work release	or on work detail)
☐ Elsewhere  Please Specify:	
	and the second section of the sectio
15. When did the incident (e.g., accident, suicide, or homicide)  NOT APPLICABLE—Cause of death was illness, intox	
Morning (6 am to Noon)	
☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)	
Overnight (Midnight to 6 am)	1. 10. 100 KH 1 KH 1 100 LINGS LINGS 200 LINGS

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.")
P	□ 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>
O	frender was admitted to Hospice Care and received treatment. Offender had pre existing medical and its death that included Chronic Kidney Disease, COPD, and Degenerative Disc sease.



## **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

	No. of Contract of			
		FORM COMPLET	TED BY:	
Name		t	Title	
Official Address			Telephone	
City		d says to	FAX	
State [	Zip	E-mail		

## Instructions for Completion

#### If no deaths occurred in 2015:

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## 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?  Jean  Larry  6  LAST  FIRST  MI	8.	On what date was the inmate admitted to one of your correctional facilities?  0 5 1 7 2 0 0 7  MONTH DAY YEAR
<ol> <li>3.</li> </ol>	On what date did the inmate die?  1 1 0 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 State:  Angola  What was the inmate's date of birth?  0 5 1 4 1 9 4 8	9.	For what offense(s) was the inmate being held?  a. Forcible Rape  b
	MONTH DAY YEAR	11	1. Where did the inmate die?
5.	What was the inmate's sex?  ☑ Male □ Female		<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> </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>		

1	2. Are the review	of medical records) available to establish an official cause of death?
1		The state of the s
		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
25	<b>2</b>	No evaluation is planned → CONTINUE TO Q13
	and making and	
13	_	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	V	Illness—Exclude AIDS-related deaths [Specify] ——— Cardiopulmonary Arrest
		Acquired Immune Deficiency Syndrome (AIDS)
	9	Accidental alcohol/drug intoxication [Describe]
		Accidental injury to self [Describe]
		Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
		Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
		Homicide [Describe]
		Other cause(s) [Specify]
44	M/h a m	a did the incident (e.g. pecident evicide or hemicide) covering the death take place?
14		e did the incident (e.g., accident, suicide, or homicide) causing the death take place?  NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	0	In the prison facility or on the prison grounds
	_	☐ In the inmate's cell/room
		☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)
	PLEASE	In a special medical unit/infirmary In a special mental health services unit
'	SPECIFY]	In a segregation unit
		<ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul>
		Please Specify:
		the second section of
		Outside the prison facility (e.g., while on work release or on work detail)  Elsewhere
		Please Specify:
		A Discontinue of the Control of the
45	\A/L	did the incident (e.g. englident evilaide en benefatile) en electrical de des de de electrical de la company
15.	. wnen ☑	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
	Þ	Afternoon (Noon to 6 pm)
_		

16.	Exclu servi	uding emergency care provided at the time of death, did the inmate receive any of the following med ces for the medical condition that caused his/her death after admission to your correctional facilities	ical s?
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide	
	6	A. Evaluated by physician/medical staff	
	after a	the cause of death the result of a pre-existing medical condition or did the inmate develop the condi admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, ma 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	The State of
- 1			
Plea	se add	d any additional notes regarding this death here:	
			7
		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 COMPLET	ED BY:	
Name			Title	
Official Address			Telephone	
City			FAX	a state
State	Zip	E-mail		

## **Instructions for Completion**

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0213149.001.400.402.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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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
	Jenkins Ezekiel	your correctional facilities?
	LAST FIRST MI	1 2 0 4 1 9 7 4
100		MONTH DAY YEAR
2.	On what date did the inmate die?	
2.		9. For what offense(s) was the inmate being held?
	1 0 1 8 2 0 1 5 MONTH DAY YEAR	
1		a. First Degree Murder
		b.
3.	What was the name and location of the correctional facility involved?	c.
		d.
1	Facility Name:	e. [
	Louisiana State Penetentiary	6.
	Facility City: Facility State:	
	Angola	10. Since admiration did the investor over the
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
1		□ Yes
4.	What was the inmate's date of birth?	□ No □ Don't Know
	0 1 1 4 1 9 4 1	□ 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
1	☐ 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	In a special mental health services unit within your facility
	origin?	☐ In a medical center outside your facility
- C	☐ 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	
	☐ Black or African American	
	American Indian or Alaska Native	The second of th
	☐ Asian	
	☐ Native Hawaiian or Pacific Islander ☐ Some other race	
	Native Hawaiian or Pacific Islander	

	are the	he results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or we of medical records) available to establish an official cause of death?
		YES CONTINUE TO Q13
7	L	Evaluation complete—results are pending  SKIP REMAINING OUESTIONS AND SUBMIT THIS SORM YOU WILL BE CONTROLED AT A
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
1		No evaluation is planned → CONTINUE TO Q13
F.,-		
13.	_	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	V	Illness—Exclude AIDS-related deaths [Specify] ——— Cancer of the Lung
		Acquired Immune Deficiency Syndrome (AIDS)
Ĭ,	9	Accidental alcohol/drug intoxication [Describe] ———
į.		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]
144	10/1	a did the inside the management quicids an homicids) coursing the death take misse?
14.	vvner	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
Á	0	In the prison facility or on the prison grounds
1	_	In the inmate's cell/room
		☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)
[PI	LEASE	In a special medical unit/infirmary
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:
į		
1		Please Specify:
15.	When	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
	Ø	
		Morning (6 am to Noon)
		Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)
	ŏ	Overnight (Midnight to 6 am)

16. Excli servi	uding emergency care provided at the time of death, did the inmate receive any of the following medical ices for the medical condition that caused his/her death after admission to your correctional facilities?
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	A. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A C. Medications PROVIDE A C. Medi
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:
	any additional notice regarding and actual here.



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

U.S. DEPARTMENT OF JUST BUREAU OF JUSTICE STATIS AND ACTING AS COLLECTION . RTI INTERNATIONAL

	F(	ORM COMPLET	TED BY:	
-				
Name		5	Title	
Official Address			Telephone	
City	3		FAX	
State	Zip	E-mail	\$	

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## INCLUDE deaths of ALL persons...

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

## EXCLUDE deaths of ALL persons...

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

#### **BURDEN STATEMENT**

1. What was the inmate's name?  Johnson  LAST  FIRST  MI  STATE PRISON INMATE DEATH REPORT  8. On what date was the inmate admitted to one or your correctional facilities?  your correctional facilities?  your correctional facilities?  yEAR	
Johnson Melvin  LAST  FIRST  MI  WONTH  DAY  YEAR	
LAST FIRST MI 0 5 0 4 YEAR MONTH DAY	
LAST FIRST MI MONTH DAY YEAR	
FIRST MI MONTH DAY	
2. On what date did the inmate die?	7
4 offense(s) was	
9. For what offends(-)	=
MONTH DAY YEAR a. Armed Robbery	
b. Theft	
3. What was the name and location of the correctional facility involved?	
d.	=
Facility Name:	4
Louisiana State Penetentiary e.	
F. W. O.	
Facility City: Facility State:	4
Angola LA LA LA CHARLES AND STATE OF ST	1
10. Since admission, did the inmate ever stay	
overnight in a mental health facility?	
☐ Yes	
4. What was the inmate's date of birth?	
0 3 2 3 1 9 6 1 Don't Know	
	1
MONTH DAY YEAR	
11. Where did the inmate die?	1
in a general housing unit in the facility of	)r on
Male prison grounds	
☐ Female ☐ In a segregation unit ☐ In a special medical unit/infirmary within	o vour
facility	ı you.
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 f	facility
☑ While in transit	
Lisewnere	
Please Specify:	
7. In addition, what was the inmate's race? Please	
select one or more of the following racial	
categories:	
☐ White	
<ul><li>☑ Black or African American</li><li>☐ American Indian or Alaska Native</li></ul>	
American Indian of Alaska Native	
☐ Native Hawaiian or Pacific Islander	
Some other race	
Please Specify:	

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
☐ YES ——→ CONTINUE TO Q13
Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
☑ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] ——— Cardiopulmonary Arrest secondary to Meta
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
THO THE ETONISEE SHOWS IN THE MINISTER WITH SHOWING THE SHOWING
☐ 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 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)  c. Medications  d. Treatment/care other than medications  e. Surgery  f. Confinement in special medical unit
after a <i>"Pr</i> e-e	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and 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
Planca add	any additional notes regarding this death here:
	d Q13 from Other Causes to Illness, Q14 from Elsewhere 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

	Woodby				 
		FORM COMPLET	ED BY:		
Nama			T		
Name	×		Title		-
Official Address			Telephone		
Address					
City	2		FAX		1
State	Zip	E-mail		K 10.	
	The second secon		The second second		7 1112

## **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:

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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

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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.	What was the inmate's name?	8.	On what date was the inmate admitted to one of
	Johnston James C		your correctional facilities?
	LAST FIRST MI		0 3 3 0 1 9 7 8
			MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 1 2 7 2 0 1 5	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		a. Second Degree Murder
			b.
3.	What was the name and location of the		
٥.	correctional facility involved?		c.
	Facility Name:		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?
			Yes
4.	What was the inmate's date of birth?		□ No
	0 1 2 7 1 9 4 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
	☐ Female		<ul><li>In a segregation unit</li><li>In a special medical unit/infirmary within your</li></ul>
			facility  In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish		your facility
	origin?		<ul> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> </ul>
	☐ Yes ☐ No		☐ While in transit
	L 140		☐ 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>		
	☐ Asian		
	<ul><li>□ Native Hawaiian or Pacific Islander</li><li>□ Some other race</li></ul>	Ž.	
	Please Specify:	1	
	A Company of the Comp		

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] — Heart Attack
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] ————
☐ Accidental injury to self [Describe] →
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
□ Homicide [Describe] —————
☐ Other cause(s) [Specify] —————
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?  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:
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. Excl servi	uding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	A. Evaluated by physician/medical staff
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	
Please ad	d any additional notes regarding this death here:



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

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

	FORM COMPLET	ED BY:	- 4
Name		Title	
Official Address		Telephone	
City		FAX	(a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
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

5265 Capital Boulevard Raleigh, NC 27690-1652

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## What deaths should be reported?

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- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
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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?  Lofton  Larry  FIRST  MI	8. On what date was the inmate admitted to one of your correctional facilities?  0 8 0 6 1 9 8 2
		MONTH DAY YEAR
2.	On what date did the inmate die?  1 0 1 3 2 0 1 5  MONTH DAY YEAR	9. For what offense(s) was the inmate being held?  a. Second Degree Murder
3.	What was the name and location of the correctional facility involved?	b. c.
	Facility Name: Louisiana State Penetentiary	d. e.
	Facility City: Facility State:  Angola LA	Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth?  0 7 0 8 1 9 6 1  MONTH DAY YEAR	☐ Yes ☐ No ☐ Don't Know
		11. Where did the inmate die?
5.	What was the inmate's sex?  ☑ Male ☐ Female	<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</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin?  ☐ Yes ☑ No	facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere  Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	<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:	

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
☐ 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] — Cardiopulmonary arrest as a result of cardio
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)
<ul><li>Evening (6 pm to Midnight)</li><li>Overnight (Midnight to 6 am)</li></ul>

16. Excluservi	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
	A Evaluated by physician/medical staff
after <i>"Pr</i> e- □	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and 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
Change	d any additional notes regarding this death here: ed Q11 from Elsewhere - R.E Barrow Jr. Treatment Center to Medical Center Outside Facility moved specified text.



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

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

	O'STONE AND	JEAN REFORT	RTI INTERNATIONAL
1		FORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip	E-mail	

## **Instructions for Completion**

## If no deaths occurred in 2015:

- You will not need to report anything at this time.
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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

5265 Capital Boulevard Raleigh, NC 27690-1652

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## What deaths should be reported?

## INCLUDE deaths of ALL persons...

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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**

	STATE PRISON IN	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?
	Maricle Jimmy D	
	LAST FIRST MI	MONTH DAY YEAR
2.	On what date did the inmate die?	9. For what offense(s) was the inmate being held?
	0 3 2 1 2 0 1 5	9. For what offense(s) was a
	MONTH DAY YEAR	a. Aggravated Rape
	and leastion of the	b.
3.	What was the name and location of the correctional facility involved?	C.
	Facility Name:	d.
	Louisiana State Penetentiary	e.
	Facility City: Facility State:	
	Angola	10. Since admission, did the inmate ever stay
v V		overnight in a mental fleath facility
4.	What was the inmate's date of birth?	☐ Yes ☐ No
	1 1 0 9 1 9 5 8	☐ 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 prison grounds
	☑ Male □ Female	<ul><li>In a segregation unit</li><li>☑ In a special medical unit/infirmary within your</li></ul>
		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
1	☐ 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:	
39	<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	
100000	Please Specify:	
i La		and the second s

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] ——— Coronary Artery 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]
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)
IPLEASE In a special medical unit/infirmary
SPECIFY]
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:
Trease Specify.
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon)
☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?
□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
a. Evaluated by physician/medical staff
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")
□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
<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:  Recoded Q11 from elsewhere-R.E Barrow Jr. Treatment Center to a special medical unit within the jail facility. Changed Q13 from Other Causes to Illness, Q14 from Inmate's Cell to NA, Q15 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:

	DETECTION OF THE PARTY OF THE P	DEATH REPOR	RT	RTI INTERNATIONAL
		FORM COMPLETE	D BY:	
Name			Title	
Official Address			Telephone	
City			FAX	
State	Zip	E-mail		

## **Instructions for Completion**

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0213149.001.400.402.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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

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

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

#### **BURDEN STATEMENT**

1.	What was the inmate's name?  Marsh  Micheal  L	8. On what date was the inmate admitted to one of your correctional facilities?
		0 7 3 0 1 9 9 6
	LAST FIRST MI	
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 1 1 3 2 0 1 5	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Second Degree Murder
		b.
, ,	Miles de la constant	
3.	What was the name and location of the	C.
	correctional facility involved?	
	Facility Name:	d.
		e.
	Louisiana State Penetentiary	
	Facility City: Facility State:	
	Angola	
	[Aligoid	10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		Yes D No
4.	What was the inmate's date of birth?	□ No □ Don't Know
	0   7     1   6     1   9   7   7	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
7	46.	prison grounds
	☑ Male	☐ In a segregation unit
	☐ Female	☐ In a special medical unit/infirmary within your
	A STATE OF THE STA	facility
	4	☐ 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	<ul><li>In a mental health center outside your facility</li><li>While in transit</li></ul>
	☑ No	Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please	
	select one or more of the following racial	
	categories:	
	☑ White	
	Black or African American	
	American Indian or Alaska Native	
	☐ Asian	
	☐ Native Hawaiian or Pacific Islander	
	☐ Some other race	
	Please Specify:	

4.7		of medical records) available to establish an official cause of death?
1		
=/		_ calculation complete results are periang
1		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
13. \	What v	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	v	Illness—Exclude AIDS-related deaths [Specify] ——— Natural Unexpected/Acute Event
11 2 2 2		Acquired Immune Deficiency Syndrome (AIDS)
		Accidental alcohol/drug intoxication [Describe] ———
		Accidental injury to self [Describe]
j. w		Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
-		Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	3	Homicide [Describe]
		Other cause(s) [Specify]
44.	• "	
14.	_	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
8 2		☐ In a common area within the facility (e.g., yard, library, cafeteria) ☐ In a special medical unit/infirmary
	EASE ECIFY]	In a special medical dilutilitimary
	,	☐ In a segregation unit
		On death row, special unit awaiting capital punishment  Elsewhere within the prison facility
		Please Specify:
i i		Outside the prison facility (e.g., while on work release or on work detail)
i.		Please Specify:
15. \	When	did the incident (e.g., accident, suicide, or homicide) causing the death occur?
.5.	<b>☑</b>	V March 1 4 A A
	-	Morning (6 am to Noon)
	0	the second secon
	ö	

16. E	xclu ervic	ding emergency care provided at the time of death, did the inmate receive any of the following medical ses for the medical condition that caused his/her death after admission to your correctional facilities?
-	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	-38	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
af	ter a	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
796		Pre-existing medical condition  Deceased developed condition after admission  Could not be determined
Please	add	any additional notes regarding this death here:
Inma	ate h	nad several pre exiting conditions Cardiopulmonary Arrest, Abdominal pain led to the Changed Q13 from Other Causes to Illness, Q14 from Special Medical Unit to NA, Q15 to NA.
	Same of the	



## **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	TED BY:	
Name			Title	
Official dress			Telephone	
City	Sa array Managara and a sa array and		FAX	
State	Zip	E-mail		

## Instructions for Completion

#### If no deaths occurred in 2015:

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

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

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

E-MAIL: bisdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0213149.001.400.402.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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

ĩĩ.	What was the inmate's name?	
9.12		8. On what date was the inmate admitted to one of your correctional facilities?
	Martin Windell	
i.	LAST FIRST MI	0 1 1 4 1 9 7 1
		MONTH DAY YEAR
•	Out that date did the immete die?	
2.	On what date did the inmate die?	
	1 1 1 2 5	9. For what offense(s) was the inmate being held?
V	MONTH DAY YEAR	a. Aggravated Rape
1		
		b
3.	What was the name and location of the correctional facility involved?	c.
	don't do inti radinty involved:	d.
	Facility Name:	d.
	Louisiana State Penetentiary	е.
	Facility City: Facility State:	
	Angola LA	
	Aligoia	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
	1 0 1 2 1 9 3 8	☐ 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
	☐ Female	☐ In a segregation unit☐ In a special medical unit/infirmary within your
	en la	In a special medical unit/infirmary within your facility
		☐ In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility
	origin?	<ul> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> </ul>
	☐ Yes ☑ No	While in transit
	in i	Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please	
	select one or more of the following racial	
	categories:	Provide such and passive operations and hard and the restablish such as a finite of the contract of the contra
	White	
	☐ Black or African American	
	American Indian or Alaska Native Asian	
	☐ Native Hawaiian or Pacific Islander	the second of the second secon
*	Some other race	
	Please Specify:	
		Freeze, 1989 of Christian Strategick Christian in Application of the sign of t
	The state of the s	

		e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or volve of medical records) available to establish an official cause of death?
	ē	
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
1		No evaluation is planned → CONTINUE TO Q13
13	What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
10.		Illness—Exclude AIDS-related deaths [Specify] ——— Heart Attack
9		Acquired Immune Deficiency Syndrome (AIDS)
	90	Accidental alcohol/drug intoxication [Describe] ———
		Accidental injury to self [Describe]
	_	
ž		Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Þ	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
		Homicide [Describe]
		Other cause(s) [Specify]
14.	_	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	<b>⊘</b>	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) In a special medical unit/infirmary
	.EASE ECIFY]	
		☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
		<ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul>
		Please Specify:
	_	
	1	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)
1		Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)
	9	

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?					
0	NOT APPLICABLE—Cause of death was accidental	l injury, in	toxicatio	n, 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)
after	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the dea existing medical condition.")				
	NOT APPLICABLE—Cause of death was accidental	l injury, in	toxication	n, suicide, or hon	nicide
0	Pre-existing medical condition Deceased developed condition after admission Could not be determined	Second day			
Please add	d any additional notes regarding this death here:	The second of			



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

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

	Vallet La		1.0	RITINTERNATIONAL
		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.
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ONLINE: Complete the report online at: https://bjsdcrp.rti.org

E-MAIL: bisdcrp@rti.org

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

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

> 5265 Capital Boulevard Raleigh, NC 27690-1652

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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
- 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?  Massey  Bryant  A  FIRST  MI	[	On whayour co	at date was the inmate admitted to one of orrectional facilities?  1 4 1 9 9 5  DAY YEAR
2.	On what date did the inmate die?  O 1 5 2 0 1 5  MONTH DAY YEAR	9. 1	1	at offense(s) was the inmate being held? Second Degree Murder
3.	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			dmission, did the inmate ever stay ht in a mental health facility?
4.	What was the inmate's date of birth?  O 1 1 9 1 9 6 1  MONTH DAY YEAR	\$ 20 m 19 m		Yes No Don't Know
		11. \	Where o	did the inmate die?
<ol><li>6.</li></ol>	What was the inmate's sex?  Male Female  Was the inmate of Hispanic, Latino, or Spanish origin?  Yes			In a general housing unit in the facility or on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility
	☐ No	19 J		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:	V Comments of the Comments of		

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***
1	☑ Illness—Exclude AIDS-related deaths [Specify] ——— Inmate had Pacreatic Cancer, and passed
1	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe] ———
	☐ Accidental injury to self [Describe] →
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	☐ Other cause(s) [Specify] —————
14.	. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	<ul> <li>In the prison facility or on the prison grounds</li> <li>I ☐ 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
	PLEASE In a special medical diffillitimary  D In a special mental health services unit
	☐ In a segregation unit
	<ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul>
	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. E	xcluding emergency care provided at the time of death, did the inmate receive any of the following medical ervices 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
at	las the cause of death the result of a pre-existing medical condition or did the inmate develop the condition fter 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	e add any additional notes regarding this death here:
1	nged Q13 from Other Causes to Illness, Q14 from Elsewhere to NA, Q15 from Morning to NA.
-	



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

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

RTI INTERNATIONAL

2 1 6		FORM COMPLETED BY:	
Name [		Title	
fficial dress		Telephone	
City		FAX	
State	Zip	E-mail	

## **Instructions for Completion**

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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

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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
- 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?  Mullin  Vernon  L  LAST  FIRST  MI	8. On what date was the inmate admitted to one your correctional facilities?  1 2 0 2 2 0 1 3  MONTH DAY YEAR
2.	On what date did the inmate die?  1 2 0 5 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:  Louisiana State Penetentiary  Facility City:  Angola  Facility State:  LA	c. d. e.  10. Since admission, did the inmate ever stay
4.	What was the inmate's date of birth?  0 5 1 6 1 9 6 4  MONTH DAY YEAR	overnight in a mental health facility?  ☐ Yes ☐ No ☐ Don't Know
5.	What was the inmate's sex?  ☑ Male ☐ Female	In a general housing unit in the facility or on prison grounds     In a segregation unit     In a special medical unit/infirmary within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin?  ☐ Yes ☐ No	In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere
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:	Please Specify:

ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or jew 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)				

R