

DEATHS IN CUSTODY—2015 STATE PRISON INMATE

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

	a terrice with	DEATH REPORT	RTI INTERNATIONAL
		FORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City		FAX [
State	Zip	E-mail	

Instructions for Completion

If no deaths occurred in 2015:

- You 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: 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

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1.	What was the inmate's name? Phillips Thomas LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 1 2 1 1 9 7 6 MONTH DAY YEAR
2.	On what date did the inmate die? 1 2 0 7 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: Angola Facility State: LA	c. d. e.
4.	What was the inmate's date of birth? 0 4 2 7 1 9 3 8 MONTH DAY YEAR	10. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes ☐ No ☐ Don't Know
		11. Where did the inmate die?
 6. 	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 ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Some other race ☐ Please Specify:	

	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or we want 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
42 What	
_	t was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	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]
Ø	Other cause(s) [Specify] — Cardiopulmonary Arrest
[PLEASE SPECIFY	In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary
0	n 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)

116.	Exclu servi	uding emergency care provided at the time of death, ces for the medical condition that caused his/her de	did th	e inmate ter admis	receive any of t sion to your co	the following medical rrectional facilities?
		NOT APPLICABLE—Cause of death was accidental in	njury, ir	ntoxicatio	n, suicide, or hon	nicide
		a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after	the cause of death the result of a pre-existing medic admission? (If multiple conditions caused the death existing medical condition.")	al con	dition or any of the	did the inmate conditions we	develop the condition re pre-existing, mark
		NOT APPLICABLE—Cause of death was accidental in	njury, ir	ntoxicatio	n, suicide, or hon	nicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Ple	ase add	d any additional notes regarding this death here:			production and only are the control of	es, es como con esta de esta el distribuir de como como como como como como como com
1						
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	F	ORM COMPLETED BY:		
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	power page 100 miles and 100 m	the inmate admitted to one of
114	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
1.	Pinkerton Thomas	
	T IT	0 7 2 5 2 5
	LAST FIRST WII	MONTH DAY YEAR
2.	On what date did the inmate die?	9. For what offense(s) was the inmate being held?
	0 7 1 1 2 0 1 5	9. For what offense(s) was the initiate
	MONTH DAY YEAR	a. First Degree Murder
	WONTH	
		b. Aggravated Arson
3.	What was the name and location of the	С.
	correctional facility involved?	d.
	Facility Name:	
	Louisiana State Penetentiary	е.
	- "" O	
	Tability Oity.	
	Angola	10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		☐ Yes
4.	What was the inmate's date of birth?	☐ No ☐ Don't Know
,	0 7 2 9 1 9 5 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
	☐ Female	☑ In a special medical unit/infirmary within your
17 5		facility In a special mental health services unit within
	Was the inmate of Hispanic, Latino, or Spanish	your facility
6.	origin?	☐ In a medical center outside your facility
1	☐ Yes	☐ In a mental health center outside your facility ☐ While in transit
3	☑ No	Elsewhere
		Please Specify:
141		
7.	In addition, what was the inmate's race? Please	
u j	select one or more of the following racial categories:	
	- · · · · · · · · · · · · · · · · · · ·	
1	☑ White☐ Black or African American	
1	American Indian or Alaska Native	
	Asian	
	Native Hawaiian or Pacific IslanderSome other race	
	Please Specify:	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
k R		A STATE OF THE STA

		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 Evaluation complete—results are pending
	_	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
1	☑	No evaluation is planned → CONTINUE TO Q13
13. V	/hat v	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
		Illness—Exclude AIDS-related deaths [Specify]
er gr		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]
	V	Other cause(s) [Specify] Stage IV colon cancer metasis
14. \	Vher	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	0	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	☑ EASE CIFY]	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:
2 -		,
		Please Specify:
W. C.	1	
15. V		Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)

16.	Exclu servi	iding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
		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.		he cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined
Plea	se add	any additional notes regarding this death here:
	Parker I	



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

RTI INTERNATIONAL

		FORM COMPLET	ED BY:	
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Official ddress			Telephone	
City			FAX	
State	Zip	E-mail		

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1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of
	Ray Leslie D		your correctional facilities?
	LAST FIRST MI		0 5 0 1 1 9 9 7
			MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 1 2 5 2 0 1 5	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		a. Armed Robbery
			b.
3.	What was the name and location of the correctional facility involved?		C.
			d.
	Facility Name:	74.4	e.
	Louisiana State Penetentiary		C.
	Facility City: Facility State:		
	Angola		
		10.	Since admission, did the inmate ever stay
		1	overnight in a mental health facility?
			Yes
4.	What was the inmate's date of birth?		O No
	1 2 0 2 1 9 5 0	3	☐ 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	1 - 5 1	prison grounds ☐ In a segregation unit
	☐ Female		☐ In a special medical unit/infirmary within your
		<i>y</i>	facility
c	Was the inmete of Hispania Letina on Counish	10.0	☐ In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?		your facility In a medical center outside your facility
			☐ In a mental health center outside your facility
	☐ Yes ☑ No		☐ While in transit
			Elsewhere
			Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial		
	categories:		
	☑ White	1	
	☐ Black or African American		
	American Indian or Alaska Native		
	Asian		
	□ Native Hawaiian or Pacific Islander□ Some other race		
	Please Specify:		
		lilli Tilling	

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] ——— Chronic Illness/ Respiratory Failure
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] ————
☐ Accidental injury to self [Describe] —————
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] —————
Other cause(s) [Specify]
14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds
☐ In the inmate's cell/room☐ In a temporary holding area/lockup
In a common area within the facility (e.g., yard, library, cafeteria)
[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:
Tiodoc opesity.
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)
☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?
□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
YES NO DON'T KNOW a. Evaluated by physician/medical staff
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")
NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
 ☑ Pre-existing medical condition ☐ Deceased developed condition after admission ☐ Could not be determined
Please add any additional notes regarding this death here:
Changed Q13 from Other Causes to Illness, Q14 from Special medical unit to NA, Q15 from Evening to NA.



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Name Official Telephone Address

FAX City E-mail Zip State

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3.	On what date did the inmate die? 0 4 1 9 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:	9.	For what offense(s) was the inmate being held? a. Aggravated Rape b
4.	Angola LA What was the inmate's date of birth? 0 1 2 0 1 9 4 0		Since admission, did the inmate ever stay overnight in a mental health facility? Yes No Don't Know
	MONTH DAY YEAR	11.	Where did the inmate die?
5.	What was the inmate's sex? ☑ Male □ Female		 □ In a general housing unit in the facility or on prison grounds □ In a segregation unit □ In a special medical unit/infirmary within your facility □ 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:
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Are the results of a medical exercises
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
— Evaluation complete—results are pondi-
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□ No evaluation is planned → CONTINUE TO Q13
13. What was the saves of the U.S.
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]
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14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
O NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
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☐ 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
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)
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?
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Overnight (Midnight to 6 am)

16. Ex	cluding emergency care provided at the time of death, did the inmate receive any of the following medical rvices for the medical condition that caused his/her death after admission to your correctional facilities?
e d	□ 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
aft	as the cause of death the result of a pre-existing medical condition or did the inmate develop the condition er admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark re-existing medical condition.")
. 41	□ 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
Auto	add any additional notes regarding this death here: psy confirmed complications of HIV/ AIDS. Recoded Q11 from elsewhere-ILH, New Orleans, LA medical center outside the jail facility.
	The state of the s
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ate	Zip	E-mail		*	The second secon				

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

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1:	What was the inmate's name? Romero LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 3 0 5 2 0 0 8 MONTH DAY YEAR
3.	On what date did the inmate die? 1 0 2 3 2 0 1 5 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: Louisiana State Penetentiary Facility City: Facility State:	9. For what offense(s) was the inmate being held? a. Aggravated flight officer b. Unauthorized use of a motor vehicle c. d. e.
4.	What was the inmate's date of birth? 1 2 0 5 1 9 6 7 MONTH DAY YEAR	10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes No Don't Know
		11. Where did the inmate die?
 5. 6. 	What was the inmate's sex? ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish	 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
	origin? ☐ Yes ☑ No	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:

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]
The state of the s
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] ————
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] Asphyxia by hanging
☐ Homicide [Describe] ————
☐ Other cause(s) [Specify] — →
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the prison facility or on the prison grounds In the 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)

16. Ex	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										
aft	s the cause of death the result of a pre-existing medical condition or did the inmate develop the condition r admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark e-existing medical condition.")										
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide										
	Pre-existing medical condition Deceased developed condition after admission Could not be determined										
Please	dd any additional notes regarding this death here:										

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

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

		FORM COMPLETED BY:	
Name		Title	
Official Idress		Telephone	
City	A STATE OF THE STA	FAX [
State	Zip	E-mail	14 11 12 14 14 14 14 14 14 14 14 14 14 14 14 14

Instructions for Completion

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- Complete the entire form for each inmate death.
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E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0213149.001.400.402.100

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4	M/h at was the immetale name?		On what data was the inmate admitted to a
1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of your correctional facilities?
	Stevens Billy R		
	LAST FIRST MI		
			MONTH DAY YEAR
2.	On what date did the inmate die?		
7	1 1 2 6 2 0 1 5		Formulation of the manufacture of the immate being held?
	MONTH DAY YEAR	9.	For what offense(s) was the inmate being held?
	MONTH DAY TEAR		a. Possession of Cocaine
			b. Aggravated Rape
3.	What was the name and location of the		c.
	correctional facility involved?		
	Facility Name:		d.
	Louisiana State Penetentiary		е.
	Facility City: Facility State:		
	Angola LA		
	, mgoid	10.	Since admission, did the inmate ever stay
			overnight in a mental health facility?
			Yes
4.	What was the inmate's date of birth?	.74	☑ No □ Don't Know
	0 8 2 1 1 9 5 7	n rec	a bontknow
	MONTH DAY YEAR		
	an Lucard form, if a built in the control of the co	11.	Where did the inmate die?
5.	What was the inmate's sex?		☐ In a general housing unit in the facility or on
	☑ Male	a	prison grounds
	☐ Female		☐ In a segregation unit☐ In a special medical unit/infirmary within your
		1 - 1	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?		your facility In a medical center outside your facility
	☐ Yes		In a mental health center outside your facility
	☑ No		☐ While in transit ☐ Elsewhere
			Please Specify:
_			
7.	In addition, what was the inmate's race? Please select one or more of the following racial		
	categories:		and the state of t
	White		
	☑ Black or African American☑ American Indian or Alaska Native		
	American Indian of Alaska Native Asian	12-14	and respectively. The respective substitution of the contract
	☐ Native Hawaiian or Pacific Islander		and the second s
	Some other race Please Specify:		
	Ticase Specify.		

	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?
	<u> </u>	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
	Ø	No evaluation is planned → CONTINUE TO Q13
13 \	Nhat v	vas the cause of death? *** Please SPECIFY cause of death—it is critical information***
10.		and the second s
	19.0	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]
48-		Other cause(s) [Specify]
200		did the invident (e.g. posident quiside or homiside) equaing the death take place?
14.		edid 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
(DI	EASE	☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)☐ In a special medical unit/infirmary
SPE	ECIFY]	☐ In a special mental health services unit ☐ In a segregation unit
		 On death row, special unit awaiting capital punishment Elsewhere within the prison facility
		Please Specify:
	0	Outside the prison facility (e.g., while on work release or on work detail)
		Elsewhere Please Specify:
		Trease opening.
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
	0000	Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight) Overnight (Midnight to 6 am)

16.	Exclu	ıdin ces	ng emer	gency o	are pro	vided tion th	at the	time used l	of dea	ath, dic death	the afte	e inma er adm	te r iss	eceive ion to y	any of our co	the follorrection	lowing r nal faci	medical lities?
		NO	OT APPI	ICABL	E—Cau	se of c	death v	vas ac	ccident	al injur	y, in	toxicati	ion,	suicide	, or ho	micide		
		b. c. d.	Evaluat Diagno Medica Treatm Surgery Confine	stic test tions ent/care	s (e.g., e other t	X-rays han m	, MRI) edicati	ons							KNOW	RESP	SE PRO ONSE F ITEM (á	OR
17.	after	adr -exi N	cause of mission isting m OT APP re-existing eceased could not	edical of LICABL ng medi develo	condition E—Cau cal condition ped cor	on.") use of d	death v	was ac	ccident	atii aii	<u>u</u>	<u>.,,</u> 0, .,					p the co existing,	ndition , mark
v																A STATE OF S		
0	change vening	ed	ny additi Q13 fro o NA.	onal not	es regainer Ca	rding th uses	his dea to Illne	th here	e: Q14 fi	om S _l	pec	ial Me	edic	al Uni	t to NA	A, and	Q15 fro	om
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DEATHS IN CUSTODY—2015 STATE PRISON INMATE

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

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DTI	INIT	EDN	ATI	0	IAL		

	Anna	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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STATE PRISON INM	ato admitted to one of
1. What was the inmate's name? Stokes Ernie LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 3 2 7 1 9 8 1 MONTH DAY YEAR
2. On what date did the inmate die? 1 0 1 0 2 0 1 5 MONTH DAY YEAR 3. What was the name and location of the correctional facility involved? Facility Name: Louisiana State Penetentiary Facility City: Angola Facility State: LA	9. For what offense(s) was the inmate being held? a. Aggravated Rape 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 9 1 1 9 5 9 MONTH DAY YEAR	☐ Yes ☐ No ☐ Don't Know 11. Where did the inmate die?
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
Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	riease specify.

2. Are th review	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
0	YES
	- results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
닏	No evaluation is planned → CONTINUE TO Q13
3. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] ——— Respiratory 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	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 prison facility of on the prison grounds I Description 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
SPECIFYJ	☐ 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:
0	
_	Please Specify:
I5. 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
9	Morning (6 am to Noon)
	Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)
ä	
	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
	Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined
to a series of	
Re	se add any additional notes regarding this death here: coded Q11 from med center outside to med center inside jail facility given referenced to R.E. rrow Jr. Treatment Center. Q13 from Other Causes to Illness, Q14 from Elsewhere to NA, Q15 to
	The definition of the second 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**

	William Control		- 4 2	
		FORM COMPLE	TED BY:	
Name			Title	
Official Address			Telephone	
City			FAX	
State	Zip	E-mail		

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		The state of the s
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
	Sykes	
4	LAST FIRST MI	1 2 1 7 1 9 9 9
		MONTH DAY YEAR
1.	**	
2.	On what date did the inmate die?	
	1 2 0 8 2 0 1 5	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	
1	MONTH DAT TEAN	a. Indecent Behavior- Juveniles
		b.
3.	What was the name and location of the	
٥.	correctional facility involved?	C.
		d.
	Facility Name:	<u> </u>
	Louisiana State Penetentiary	e.
	Facility City: Facility State:	
	Angola	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		☐ Yes
4.	What was the inmate's date of birth?	☑ No □ Don't Know
	0 5 0 7 1 9 3 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
	☐ Female	☐ In a segregation unit
	The state of the s	☐ In a special medical unit/infirmary within your
		facility
6	Was the inmate of Hispanic, Latino, or Spanish	In a special mental health services unit within your facility
υ.	origin?	☐ In a medical center outside your facility
	그리 되는 이 그 그는 그를 가입니다면 하는 이 이 경우를 가셨다고 때	☐ In a mental health center outside your facility
	☐ Yes ☑ No	☐ While in transit
	- NO	Elsewhere
		Please Specify:
7	In addition what was the immete's wass? Places	
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	The state of the s
	☐ Native Hawaiian or Pacific Islander	grade the same and
	□ Some other race	
	Please Specify:	
		[17] 경제 [24] [24] [24] [24] [24] [24] [24] [24]

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
2 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] ——— Sepsis
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]
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 openity.
 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)
☐ 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?		
□ NO	OT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide	
b. c. d. e.	Evaluated by physician/medical staff Diagnostic tests (e.g., X-rays, MRI) Medications Treatment/care other than medications Surgery Confinement in special medical unit	
after adm	cause of death the result of a pre-existing medical condition or did the inmate develop the condition nission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark sting medical condition.")	
	OT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide	
☐ De	e-existing medical condition eceased developed condition after admission ould not be determined	
Places add an	y additional notes regarding this death here:	
Changed Q13 from Other Causes to Illness, Q14 from Special Medical Unit to NA, and Q15 from Afternoon to NA.		
	A STATE OF THE PROPERTY 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 COMPLETED BY:
Name	Title
ficial Iress	Telephone
City	FAX
State Zip	E-mail

Instructions for Completion

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Project Number: 0213149.001.400.402.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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EXCLUDE deaths of ALL persons...

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BURDEN STATEMENT

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

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

Are the
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?
review of medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or YES —— CONTINUE TO Q13
Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND QUESTIONS
LATER TIME FOR THE CAUSE OF DEATH No evaluation is planned CONTINUED TO
No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** By
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information*** Illness—Exclude AIDS-related doaths (Sec. 16.)
Respiratory Failure Secondary to End Lund
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 eques(s) (Specific)
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)
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 b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit			
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")			
□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide			
 ☑ Pre-existing medical condition ☑ Deceased developed condition after admission ☑ Could not be determined 			
Places add any additional action would be this death to			
Please add any additional notes regarding this death here: Changed Q13 from Other Causes to Illness, Q14 from Special Medical Unit to NA, and Q15 from 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 AGENT: RTI INTERNATIONAL

	William Control	<u> </u>	
		FORM COMPLETED BY:	
Name		Titl	e
Official Address		Telephon	e e
City		FA	X
State	Zip	E-mail	

Instructions for Completion

If no deaths occurred 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		the inmate admitted to one of
١.	What was the inmate's name?	8.	On what date was the inmate admitted to one on the colliner.
	Theriot Vohries J		your correctional factors
	LAST FIRST MI		0 8 1 5 2 0 0 0
	WI .		MONTH DAY YEAR
		-	
2.	On what date did the inmate die?		
	0 7 2 4 2 0 1 5		For what offense(s) was the inmate being held?
	MONTH DAY YEAR	9.	For what offense(s) was the
	BAT YEAR		a. Second Degree Murder
3.	What was the name and location of the		b.
	correctional facility involved?		C.
		13	
	Facility Name:	3	d.
	Louisiana State Penetentiary		e.
	Facility City: Facility State:		
	Angola		
		10.	Since admission, did the inmate ever stay
			overnight in a mental health facility?
			□ Yes
4.	What was the inmate's date of birth?		O No
	0 6 0 3 1 9 2 0		☐ Don't Know
	MONTH DAY YEAR		
		11.	Where did the inmate die?
5.	What was the inmate's sex?		
	☑ Male		In a general housing unit in the facility or on
	☐ Female		prison grounds In a segregation unit
			In a special medical unit/infirmary within your
			facility
6.	Was the inmate of Hispanic, Latino, or Spanish	100	In a special mental health services unit within
	origin?		your facility In a medical center outside your facility
	☐ Yes		 ☑ In a medical center outside your facility ☐ In a mental health center outside your facility
	□ No		While in transit
			□ Elsewhere
			Please Specify:
7.	In addition, what was the immedals are a DI		The state of sony.
Ċ	In addition, what was the inmate's race? Please select one or more of the following racial		
	categories:		
	☑ White	* * * * * * * * * * * * * * * * * * * *	2 99 49 4 1 1 1 1 1 1 1 1 1 1 1 1
	☐ Black or African American		Supplied the figure of the supplied of the sup
	American Indian or Alaska Native		
	Asian		and the second of the second o
	Native Hawaiian or Pacific Islander	-	
	□ Some other race		
	Please Specify:		
	A** 1 4.1		
		11.	

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 PEMAINING OUTSTIONS AND SUBMIT TWO TO THE PERSON OF TH
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT LATER TIME FOR THE CAUSE OF DEATH
☑ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Respiratory Failure
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
☐ Accidental injury to self [Describe] ——————
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] →
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ In the prison facility or on the prison grounds ☐ ☐ In the inmate's cell/room
☐ In a temporary holding area/lockup
In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary
SPECIFY In a special mental health services unit
☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere Please Specify:
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm)
Evening (6 pm to Midnight)Overnight (Midnight to 6 am)

16. Ex	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?						
/8	□ NOT APPLICA	BLE—Cause of de	ath was accidenta	al injury, in	toxication	n, suicide, or hon	nicide
	b. Diagnostic tec. Medicationsd. Treatment/cae. Surgery	physician/medica ests (e.g., X-rays, I are other than med in special medica	MRI) dications	V			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
af		nultiple conditior					develop the condition re pre-existing, mark
i i	□ NOT APPLICATION	BLE—Cause of de	ath was accidenta	al injury, in	toxicatior	n, suicide, or hom	nicide
	☑ Pre-existing me☐ Deceased deve☐ Could not be de	loped condition af	ter admission				
Plance	add any additional n	otos rogarding this	doath horo:		4 10 1		
Due	to advanced age h (suspected) an	, hypertension,	dementia, per				
7							
et annous l'est		ari					
Betterado e on		5 17 - 10 to 10 10 10 10 10 10 10 10 10 10 10 10 10			100		1.8 2.5 4



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

F

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

ORM COMPLETED BY:				
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and the second s				

Name		Title		and the second second
fficial dress		Telephone		where have
City		FAX	4	
State Zip	E-mail	*		2 49

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BURDEN STATEMENT

All models of	programmed through 200 cm in the profession of the programmed and the contract of the contract	The state of the s
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
7	Tremelon	
	LAST FIRST MI	0 6 1 3 2 0 1 3
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	S. S	a to the in a held?
1	0 1 0 1 2 0 1 5	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Simple Burglary
100		
		b.
3.	What was the name and location of the	C.
3	correctional facility involved?	
	Facility Name:	d.
	Louisiana State Penetentiary	e.
	Louisiana State i eneteritary	
- 0.34	Facility City: Facility State:	
	Angola	
	and the second of the second o	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 8 1 4 1 9 6 0	☐ Don't Know
	MONTH DAY YEAR	
	HOWING	
		11. Where did the inmate die?
5.	What was the inmate's sex?	In a general bousing unit in the facility or an
, ,		In a general housing unit in the facility or on prison grounds
	☑ Male ☐ Female	☐ In a segregation unit
	The inflate	☑ In a special medical unit/infirmary within your
		facility
6	Was the inmate of Hispanic, Latino, or Spanish	In a special mental health services unit within your facility
6.	origin?	In a medical center outside your facility
	- ^^ ^ <u></u>	☐ In a mental health center outside your facility
	☐ Yes ☑ No	☐ While in transit
	□ NO	Elsewhere
		Please Specify:
7	In addition what was the issuetals as a 2 Diago.	
7.	In addition, what was the inmate's race? Please select one or more of the following racial	
	categories:	
	<u> </u>	
	☑ White☐ Black or African American	
	American Indian or Alaska Native	
	Asian	
	 Native Hawaiian or Pacific Islander 	
	☐ Some other race	
	Please Specify:	
		HI.

j2. }	Are revie	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or ewo 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.	Wha	t was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	· · · · ·	
		Accidental alcohol/drug intoxication [Describe]
		Accidental injury to self [Describe]
	9	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]
*		many to the telegraph of the second of the s
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
l.		In the prison facility or on the prison grounds
	۳	In the inmate's cell/room
		 □ In a temporary holding area/lockup □ In a common area within the facility (e.g., yard, library, cafeteria)
(0)	-405	In a special medical unit/infirmary
	EASE ECIFY]	☐ In a special mental health services unit
		 □ In a segregation unit □ On death row, special unit awaiting capital punishment
,		Elsewhere within the prison facility
Red Trans		Please Specify:
2	0	Outside the prison facility (e.g., while on work release or on work detail)
		Elsewhere
		Please Specify:
R. Mar Samerana and A.	of many security	
15 14	lhon	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
15. W	men d	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 b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit			
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")			
□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide			
 ☑ Pre-existing medical condition ☑ Deceased developed condition after admission ☑ Could not be determined 			
Please add any additional notes regarding this death here:			
Hepatitis C with Cirrhosis, Left Shoulder pain, end stage of Liver disease and Hepatorenal Syndrome.			
termental production of the second 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 COMPLETED BY:				
Name		Title		
Official Address	A Company of the Comp	Telephone		
City	All Control Co	FAX		
State	Zip	E-mail	Analysis of Colorests and Colorests of Color	

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BURDEN STATEMENT

300 00		Start	and a grant of the state of the	Annual An
1.	What was the inmate's	s name?	8.	On what date was the inmate admitted to one of
	Vail	Ronald	M_	your correctional facilities?
	LAST	FIRST	МІ	0 8 1 8 2 0 1 4 MONTH DAY YEAR
				MONTH DAT TEAR
2.	On what date did the i	nmate die?		
	0 9 2 0	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 ar			с.
	correctional facility in	volved?		d.
	Facility Name:			e.
	Louisiana State Per	netentiary		6.
	Facility City:		y State:	
	Angola	LA	10.	Since admission, did the inmate ever stay
				overnight in a mental health facility?
4	What was the immetals	adata at bindho		☐ Yes ☑ No
4.	What was the inmate's	1 9 5 2		Don't Know
		YEAR		
				Who and did the invested the O
5.	What was the inmate's	sex?	11.	Where did the inmate die?
	☑ Male			In a general housing unit in the facility or on prison grounds
	☐ Female			In a segregation unitIn a special medical unit/infirmary within you
				facility
6.	Was the inmate of His	panic, Latino, or Span	ish	In a special mental health services unit within your facility
	origin?			 In a medical center outside your facility In a mental health center outside your facility
	☐ Yes ☑ No		4	☐ While in transit
	— 140			☐ Elsewhere
				Please Specify:
7.	In addition, what was t select one or more of t		ase	
	categories:	ne tonowing rucial		
	White			
	☐ Black or Africar☐ American India	n American n or Alaska Native		
	☐ Asian			
	Native HawaiiaSome other rac	n or Pacific Islander e		

Please Specify:

j vite	the results of a medical examiner's or coroner's evaluated of medical records) available to establish an official	tion (such as an autopsy, postmortem exam, or cause of death?
	☐ YES CONTINUE TO Q13	
. / d	 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT 	THE FORM YOU WILL BE CONTACTED AT A
	LATER TIME FOR THE CAUSE OF DEATH	THIS FORM—YOU WILL BE GOTTO
(✓ No evaluation is planned → CONTINUE TO Q13	
7		information***
13. Wha	t 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]	Lung Cancer with Meastasis to the brain.
		the state take place?
14. Whe	re did the <u>incident</u> (e.g., accident, suicide, or homicide)	causing the death take place:
	NOT APPLICABLE—Cause of death was illness, intoxical	lion, or Albo-related
	In the prison facility or on the prison grounds In the inmate's cell/room	
	G + tholding area/lockill	orary cafeteria)
	☐ In a temporary riolding alrea/lockup☐ In a common area within the facility (e.g., yard, lil☐ In a special medical unit/infirmary	orary, careteria)
[PLEASE SPECIFY	In a special mental health services unit	
Or Low Y	☐ In a segregation unit☐ On death row, special unit awaiting capital punish	nment
	☐ Elsewhere within the prison facility	Andrew Christian Control
	Please Specify:	
	Outside the prison facility (e.g., while on work release or	on work detail)
	Elsewhere	
	Please Specify:	
15 Mhs-	n did the <u>incident</u> (e.g., accident, suicide, or homicide) c	ausing the death occur?
15. When	a company and the company and	ation, or AIDS-related
<u> </u>		
F	• No. 1 T. C. A. C	

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
a	after a "Pre-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
		any additional notes regarding this death here: r died of lung cancer with metastasis to the brain.



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

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

RTIINTERNATIONAL

	PARTICE PARTIES			
		FORM COMPLET	ED BY:	
Name			Title	100 0000 E 00 100 000 000 000 000 000 00
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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ONLINE: Complete the report online at: https://bjsdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0213149.001.400.402.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of
- 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? Velez Miguel FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities?
3.	On what date did the inmate die? O 8 2 5 2 0 1 5 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: Louisiana State Penetentiary	9. For what offense(s) was the inmate being held? a. First Degree Murder b. c. d. e.
	Facility City: Facility State: Ang 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 6 0 7 1 9 4 9 MONTH DAY YEAR	☐ Yes ☑ No ☐ Don't Know
		11. Where did the inmate die?
5.	What was the inmate's sex? ☑ Male □ Female	☐ In a general housing unit in the facility or on prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility
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 t	he results of a wall
	revie	he results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or working of medical records) available to establish an official cause of death?
	ſ	w of medical records) available to establish an official cause of death?
		- ISO
1		Evaluation complete—results are pending
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
7 - 2		No evaluation is planned → CONTINUE TO Q13
5		
13.		was the cause of death? *** Please SPECIFY cause of death—it is critical information***
		Illness—Exclude AIDS-related deaths [Specify] ——— Respiratory Failure Secondary to lymphom
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]
- According		Homicide [Describe]
To serve a second depth of the		Other cause(s) [Specify]
	y.	
14.	Where	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
		NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
1	_	
ľ		In the prison facility or on the prison grounds ☐ In the inmate's cell/room
		☐ In a temporary holding area/lockup
		☐ In a common area within the facility (e.g., yard, library, cafeteria)
[PL	EASE	In a special medical unit/infirmary
	CIFYJ	☐ 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:
*		r lease openly.
	1	Outside the prison facility (e.g., while on work release or on work detail)
	ō	Elsewhere
		Please Specify:
45		
15. V	_	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)
	0	Afternoon (Noon to 6 pm)
		Evening (6 pm to Midnight) Overnight (Midnight to 6 am)

16.	coluding 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?
- (a)	□ 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.	as the cause of death the result of a pre-existing medical condition or did the inmate develop the condition ter admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark Pre-existing medical condition.")
	□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	 ☑ Pre-existing medical condition ☐ Deceased developed condition after admission ☐ Could not be determined
	the state of the s
C	e add any additional notes regarding this death here: nged Q13 from Other Causes to Illness, Q14 from Outside Prison Facility to NA, and Q15 from rnight to NA.
3.	

Name

Official **Address**

City

State



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

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

	RITINTERNATIONAL
FORM COMPLETED BY:	3
Title	
Telephone	
FAX	

Instructions for Completion

E-mail

If no deaths occurred in 2015:

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If you had more than one death in 2015:

Zip

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

BURDEN STATEMENT

1.	What was the inmate's name? Volentine LAST FIRST MI	8.		nat date was the inmate admitted to one of orrectional facilities? DAY PEAR PAR
 3. 	On what date did the inmate die? 1 2 0 5 2 0 1 5 MONTH DAY YEAR What was the name and location of the	9.	For wha.	Negligent Homicide Simple Burglary
J.	correctional facility involved? Facility Name: Louisiana State Penetentiary		c. d. e.	Forgery
	Facility City: Facility State: Angola LA			admission, did the inmate ever stay ght in a mental health facility?
4.	What was the inmate's date of birth? 1 1 2 6 1 9 6 8 MONTH DAY YEAR		0	Yes No Don't Know
		11.	Where	did the inmate die?
5.	What was the inmate's sex? ☑ Male ☐ Female		0 0	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		0 0 0	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 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
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?
O NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ In the prison facility or on the prison grounds
In the inmate's cell/room In a temporary holding area/lockup
☐ In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE In a special medical unit/infirmary
SPECIFY] In a special mental health services unit In a segregation unit
On death row, special unit awaiting capital punishment
Elsewhere within the prison facility
Please Specify:
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. Ex	cluding emergency care provided at the time of death, did the inmate receive any of the following medical rvices 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.	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)
afte	is the cause of death the result of a pre-existing medical condition or did the inmate develop the condition er admission? (If multiple conditions caused the death and <u>any</u> 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
Please :	add any additional notes regarding this death here:
Natur	ral Unexpected/Acute Event. Changed Q13 from Other Causes to Illness, Q14 from Special cal Unit to NA, and Q15 from Morning to NA.
	The second of th
£	



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**

	Allegar.	11.		
		FORM COMPLET	ED BY:	
Name			Title	
Official Address			Telephone	
City	7		FAX	
State	Zip	E-mail [

Instructions for Completion

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Project Number: 0213149.001.400.402.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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

BURDEN STATEMENT

1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of
	Walker Willmoth J		your correctional facilities?
	LAST FIRST MI		0 8 3 1 1 9 5 7
			MONTH DAY YEAR
2.	On what date did the inmate die?	1	
	1 2 1 1 2 0 1 5	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR	2	a. Manslaughter
-		1	b.
3.	What was the name and location of the		с.
	correctional facility involved?	1	
	Facility Name:		d.
	Louisiana State Penetentiary	l l	е.
	Facility City: Facility State:		
	Angola		
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?	1.10	☑ No □ Don't Know
	0 8 3 1 1 9 5 7		Bontkhow
	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
	1 emale		☑ 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?		your facility In a medical center outside your facility
3	☐ Yes		☐ In a mental health center outside your facility
	☑ No	3.	☐ 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 AmericanAmerican Indian or Alaska Native		
	AsianNative Hawaiian or Pacific Islander		
	Some other race		
	Please Specify:	100	
		1 1 1 1	

	Are the	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or y of medical records) available to establish an official cause of death?
		YES ——— CONTINUE TO 013
		- Lesuis are bending
1	_	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
To and		the formation ***
13.	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)
j		Accidental alcohol/drug intoxication [Describe]
		Accidental injury to self [Describe]
		Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
i t		Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	9	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?
	Ø	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)
	EASE	In a special medical unit/infirmary In a special mental health services unit
SPE	CIFY]	☐ 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. W	17.	lid the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
		NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
		Morning (6 am to Noon) Afternoon (Noon to 6 pm)
		Evening (6 pm to Midnight)
		Overnight (Midnight to 6 am)



DEATHS IN CUSTODY—2015 STATE PRISON INMATE DEATH REPORT

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

	10 TOTAL PR		5		KITINTERNATIONAL	
	4.	FORM COMPLE	TED BY:			
Name			Title			
Official Address			Telephone			
City			FAX	i i		1
State	Zip	E-mail				
City State	Zip	E-mail		3 514e		

Instructions for Completion

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of your correctional facilities?
	Washington Jesse C	ا ا	
	LAST FIRST MI		1 1 2 8 1 9 7 3
	The state of the s		MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 3 1 9 2 0 1 5	9.	For what offense(s) was the inmate being held?
		9.	
	MONTH DAY YEAR		a. First Degree Murder
	4	1	b. Simple Kidnapping
2	What was the name and location of the	1	b. Simple Kidnapping
3.	correctional facility involved?	-27	C.
	correctional facility involved:	-	d.
	Facility Name:		d.
	Louisiana State Penetentiary	y 50 y	e.
	Louisiana State i Snotomary	20 49 1	
b	Facility City: Facility State:		
	Angola	4	
6			Since admission, did the inmate ever stay
			overnight in a mental health facility?
			☐ Yes
4.	What was the inmate's date of birth?	1	□ No
	0 7 2 9 1 9 4 8		☐ Don't Know
	MONTH DAY YEAR		
		11. 1	Where did the inmate die?
5.	What was the inmate's sex?		☐ In a general housing unit in the facility or on
13.	_		prison grounds
	☑ Male □ Female		☐ In a segregation unit
	□ Female		In a special medical unit/infirmary within your
			facility
	W. W. S. C.		In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?		your facility In a medical center outside your facility
			☐ In a mental health center outside your facility
	☐ Yes		☐ While in transit
	☑ No		☐ Elsewhere
			Please Specify:
			- 1.000 Sport
7.	In addition, what was the inmate's race? Please	į	
	select one or more of the following racial		
	categories:	3	
	White		
	☑ Black or African American		
	American Indian or Alaska Native	1	
	Asian		
	☐ Native Hawaiian or Pacific Islander☐ Some other race	galet.	
		7 9 5	
	Please Specify:		
		100	

^{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] — Non-Ischemic Cardiomyopathy (Cardiac Ar
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
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☐ 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:
45. When did the incident to a section to the section of the secti
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, di services for the medical condition that caused his/her death	did the inmate receive any of the following medical ath after admission to your correctional facilities?
☐ NOT APPLICABLE—Cause of death was accidental inju	ury, intoxication, suicide, or homicide
a. Evaluated by physician/medical staff	RESPONSE FOR EACH ITEM (a-f)
17. Was the cause of death the result of a pre-existing medical after admission? (If multiple conditions caused the death a "Pre-existing medical condition.")	
☐ NOT APPLICABLE—Cause of death was accidental inju	ury, intoxication, suicide, or homicide
 ☑ Pre-existing medical condition ☐ Deceased developed condition after admission ☐ Could not be determined 	
Please add any additional notes regarding this death here:	
regional residence on the major of the first of the recition o	

Form (Adde	NPS-4A endum)	6			THS IN CUSTO TATE PRISON I DEATH REPO	NMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
				F	ORM COMPLE	TED BY:	
Name						Title	
Official Address						Telephone	, i
City			2	1 4		FAX	
State		Zip			E-mail	4	· · · · · · · · · · · · · · · · · · ·

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E-MAIL: bjsdcrp@rti.org

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

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

5265 Capital Boulevard Raleigh, NC 27690-1652

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

What deaths should be reported?

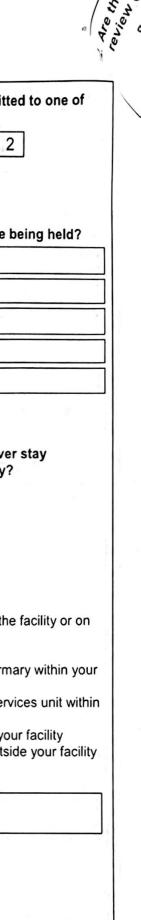
INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT



1.	What was the inmate's name? Wehner Lawrence FIRST MI	8.		at date was the inmate admitted to one of orrectional facilities? 3 0 2 0 0 2 DAY YEAR
3.	On what date did the inmate die? 1 1 2 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	9.	For what a. [b. [c. [d. [e. [at offense(s) was the inmate being held? Aggravated Rape
4.	What was the inmate's date of birth? 0 2 0 1 1 9 4 2 MONTH DAY YEAR	10.		dmission, did the inmate ever stay tht in a mental health facility? Yes No Don't Know
5.	What was the inmate's sex? ☑ Male ☐ Female	11.	Where	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			

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

16.	Exclu servi	Iding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		A. Evaluated by physician/medical staff
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined
· pro-		
Plea	ase ad	d any additional notes regarding this death here:

Name

Official Address

City

State



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

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

FORM COMPLET	TED BY:	
10	Title	
	Telephone	
	FAX	

Instructions for Completion

E-mail

If no deaths occurred in 2015:

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

If you had more than one death in 2015:

Zip

- 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

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EXCLUDE deaths of ALL persons...

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- 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
	Woods Michael W	your correctional facilities?
	LAST FIRST MI	0 1 1 4 1 9 9 3
		MONTH DAY YEAR
2.	On all and a many	
۷.	On what date did the inmate die?	
	0 9 0 2 2 0 1 5	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. First Degree Murder
		b.
3.	What was the name and location of the	0.
	correctional facility involved?	C.
	FW-M	d.
	Facility Name:	
	Louisiana State Penetentiary	е.
	Facility City: Facility State:	
	Angola	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
4.	What was the inmate's date of birth?	☐ Yes ☐ No
٦.		Don't Know
	0 3 1 2 1 9 6 9	
	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
		In a special medical unit/infirmary within your facility
The Personal Property of the Personal Property		In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	your facility In a medical center outside your facility
	트레이트 <u></u>	In a medical center outside your facility In a mental health center outside your facility
	☐ Yes ☑ No	☐ While in transit
		Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please	
	select one or more of the following racial	
	categories:	
	☐ White	
Sales and the control of	Black or African AmericanAmerican Indian or Alaska Native	
	Asian Asian	
	Native Hawaiian or Pacific Islander	
	Some other race	
	Please Specify:	
	And the control of th	

	of medical records) available to establish an official ca	
	YES CONTINUE TO Q13 Evaluation complete—results are pending	
	SKIP REMAINING QUESTIONS AND SUBMIT LATER TIME FOR THE CAUSE OF DEATH	THIS FORM—YOU WILL BE CONTACTED AT A
B	No evaluation is planned → CONTINUE TO Q13	
13. What w	as the cause of death? *** Please SPECIFY cause o	f death—it is critical information***
	Ilness—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]	Pulmonary Thromboemboli due to prolonge
	Other cause(s) [Specify]	
	e did the <u>incident</u> (e.g., accident, suicide, or homicide	
	NOT APPLICABLE—Cause of death was illness, intoxic	ation, or AIDS-related
	In the prison facility or on the prison grounds	
	☐ In the inmate's cell/room☐ In a temporary holding area/lockup	
	☐ In a common area within the facility (e.g., yard,	library, cafeteria)
[PLEASE SPECIFY]	In a special medical unit/infirmary In a special mental health services unit	
0, 20, .,	☐ In a segregation unit	
	 On death row, special unit awaiting capital pun Elsewhere within the prison facility 	ishment
	Please Specify:	
	Outside the prison facility (e.g., while on work release	or on work detail)
Ō	Elsewhere	
	Please Specify:	
15 When	did the incident (e.g. accident suicide or hemicide	A causing the death occur?
15. When	did the <u>incident</u> (e.g., accident, suicide, or homicide NOT APPLICABLE—Cause of death was illness, into	

	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide YES NO DON'T KNOW a. Evaluated by physician/medical staff
а	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 e-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
Pleas	dd any additional notes regarding this death here: