Form NPS-4A (Addendum)



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DEATHS IN CUSTODY—2015 STATE PRISON INMATE DEATH REPORT

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

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---	---	---	---	---	---	---	---	---	---	----	----	----	-----	--

Name			Title	
Official Address			Telephone	
City			FAX	
State	Zip	E-mail	7 1	

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 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
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STATE PRISON INMATE DEATH REPORT

1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of
	Fontenot Victor K		your correctional facilities?
1.8	LAST FIRST MI		1 0 1 8 2 0 0 7
			MONTH DAY YEAR
2.	On what date did the inmate die?		
\$	0 7 1 7 2 0 1 5	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR	3.	
, .			a. Molestation of a Juvenile
1	And the state of t	7	b.
3.	What was the name and location of the correctional facility involved?	1	c.
	correctional facility involved i		d.
	Facility Name:		e.
f year !	Winn Correctional Center		C.
ia e e	Facility City: Facility State:		
. 3	Winnfield	10	Cines admiration wild the formation of the
		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 2 0 2 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
i.	Female		In a segregation unitIn a special medical unit/infirmary within your
			facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish		your facility
2	origin?		 In a medical center outside your facility In a mental health center outside your facility
	☐ Yes ☑ No		☑ While in transit
	E 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		
ě.	American Indian or Alaska NativeAsian	1	
	Native Hawaiian or Pacific Islander		
	Some other race Please Specify:		
	Flease Specify.		

3	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
ł	□ No evaluation is planned → CONTINUE TO Q13
	The state of the 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)
1	☐ Accidental alcohol/drug intoxication [Describe] →
The state of	Accidental injury to self [Describe]
No.	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
The second	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
100	Homicide [Describe]
A. 1, 14	Other cause(s) [Specify] Heart Attack
	14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
	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
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	□ 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
	□ 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
	□ 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)
か 一	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit
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- T-	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify:

16. Excli	uding emergency care provided at the time of dices for the medical condition that caused his/h	er death aft	ter admi	ssion to your co	rrectional facilities?
	a. Evaluated by physician/medical staff	YES	20 	DON'T KNOW	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
after		death and <u>a</u>	ny of th	e conditions we	re pre-existing, mark
Please ad	d any additional notes regarding this death here:				

Form NPS-4A (Addendum)



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

	Will The Control of t		
		FORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip	E-mail	

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STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
Jones	A CONTRACTOR OF THE PARTY OF TH
LAST FIRST MI	0 1 0 4 2 0 1 5
	MONTH DAY YEAR
2. On what date did the inmate die?	之外。在一条。4、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1
0 1 0 4 2 0 1 5	9. For what offense(s) was the inmate being held?
MONTH DAY YEAR	Simple Battery inahabited dwelling
	b.
3. What was the name and location of the	
correctional facility involved?	C.
	d (
Facility Name:	e. •
Winn Correctional Center	the street of th
Facility City: Facility State:	
Winnfield	
	10. Since admission, did the inmate ever stay
	overnight in a mental health facility?
	□ Yes □ No
4. What was the inmate's date of birth?	Don't Know
0 7 0 8 1 9 6 3	Low the said the way of the said that the said t
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
and the second s	facility
	In a special mental health services unit within
6. Was the inmate of Hispanic, Latino, or Spanish	your facility In a medical center outside your facility
origin?	In a mental health center outside your facility
☐ Yes ☑ No	While in transit
The second of the second of the second	
	Please Specify:
7. In addition, what was the inmate's race? Please	and the second s
select one or more of the following racial	The second of th
categories:	The second second
☐ White ☐ Black or African American	The programming of the second state of the sec
American Indian or Alaska Native	Language and the second of the
Asian Registration of Registrated Internation	Mary and property of the second party of the second second second second
□ Native Hawaiian or Pacific Islander□ Some other race	The state of the s
Please Specify:	more and the second
	Lient in Suitable and Light All and a long that the
	properties the state of the sta

re the results of a medical examiner's or coroner's eval	uation (such as an autopsy, postmortem exam, or
YES CONTINUE TO Q13	
Evaluation complete—results are pending	AT
SKIP REMAINING QUESTIONS AND SUBM	MIT THIS FORM-YOU WILL BE CONTACTED AT
LATER TIME FOR THE CAUSE OF DEATH	
No evaluation is planned → CONTINUE TO Q13	Market State Control of the Control
13. What was the cause of death? *** Please SPECIFY cause	of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify]	Ending Stage of Liver Disease, Respirtory
Acquired Immune Deficiency Syndrome (AIDS)	
Accidental alcohol/drug intoxication [Describe]	
Accidental injury to self [Describe]	
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	
The state of the s	PRES.
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
☐ Homicide [Describe] —	
Other cause(s) [Specify]	
The state of the s	Service Service
14. Where did the incident (e.g., accident, suicide, or homicide)	causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxica	ation, or AIDS-related
In the prison facility or on the prison grounds	
In the inmate's cell/room	
I la c common area within the lacility (e.g., yara,	ibrary, cafeteria)
[PLEASE In a special medical unit/infirmary In a special mental health services unit Special mental health services unit In a special medical unit/infirmary In a special mental health services unit In a special mental health services In a special mental health services	and the second s
	he and
☐ In a segregation unit ☐ On death row, special unit awaiting capital punis ☐ Elsewhere within the prison facility	nmerit
Please Specify:	E
	(d - t - ii)
Outside the prison facility (e.g., while on work release o	r on work detail)
Elsewhere Please Specify:	
7,000	
	Court on P1
15. When did the incident (e.g., accident, suicide, or homicide) o	ausing the death occur?
☑ NOT APPLICABLE—Cause of death was illness, intoxic	ation, or AIDS-related
☐ Morning (6 am to Noon)	24730 - 1
☐ 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
Please add any additional notes regarding this death here: Inmate was in the last stage of Liver Disease. Changed Q13 from Other Causes to Illness, Q14 from Outside Prison Facility to NA, Q15 from Overnight to NA.

1	NPS-4A endum)	DEATHS IN CUS STATE PRISO DEATH RE	N INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPL	ETED BY:	
Name			Title	
Official Address			Telephone	
City		- X	FAX	4
State	Zip	E-mai	I D	

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STATE PRISON INMATE DEATH REPORT

1.	What was the inmate's r	name?	8.	On wh	at date was the inmate admitted to one of
	Tucker	Howard		your co	orrectional facilities?
	LAST	FIRST	MI	0 1	
				MONTH	DAY YEAR
2.	On what date did the inn	mate die?			
۷.			9.	Forwh	at afference (a) was the inmeter being hold?
	0 2 0 4 2 MONTH DAY YEA		s.		at offense(s) was the inmate being held?
					Agg Incest
				b.	
3.	What was the name and correctional facility invo			C.	*
				d.	
	Facility Name:			e.	
	Winn Correctional Ce				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Facility City:		ity State:		
	Winfield	LA	10	. Since a	admission, did the inmate ever stay
					ght in a mental health facility?
					Yes
4.	What was the inmate's o			0	No Don't Know
	1 2 2 9 1				
	MONTH DAY YE	AR			
			11	. Where	did the inmate die?
5.	What was the inmate's s	sex?			In a general housing unit in the facility or on
	☑ Male				prison grounds In a segregation unit
	☐ Female			ō	In a special medical unit/infirmary within your
					facility In a special mental health services unit within
6.	Was the inmate of Hispa	anic, Latino, or Spa	nish		your facility
	origin?				In a medical center outside your facility In a mental health center outside your facility
	☐ Yes ☑ No				While in transit
				☑	
					Please Specify: Winfield Medical Cer
7.	In addition, what was the select one or more of the		lease		No feet Clarest town Proud a common a factor of a common and a common
	categories:				
	☑ White☐ Black or African A	A mariaan			
	☐ Black or African A ☐ American Indian				
	Asian	or Dooifie Islanda			
	□ Native Hawaiian□ Some other race	or Pacific Islander			
	Please Spec		r to an year of the series		
		*	***************************************		

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, por review of medical records) available to establish an official cause of death?	ostmortem exam, or
YES CONTINUE TO Q13	
Evaluation complete—results are pending	DE 001110752 17 1
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL LATER TIME FOR THE CAUSE OF DEATH	BE CONTACTED AT A
☐ No evaluation is planned → CONTINUE TO Q13	
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical inform	nation***
☑ 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]	at the second
☐ Homicide [Describe] —————	4,
Other cause(s) [Specify]	
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take pla	ce?
☑ 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 SPECIFY] In a special medical unit/infirmary In a special mental health services unit	
☐ In a segregation unit	
On death row, special unit awaiting capital punishment	
Elsewhere within the prison facility	
Please Specify:	
Outside the prison facility (e.g., while on work release or on work detail)	
□ Elsewhere	
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.	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?		
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide	
		a. Evaluated by physician/medical staff	
17.	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:			
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