	NPS-4A endum)		STATE	IN CUSTO PRISON I ATH REPO		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
			FORM	COMPLET	ED BY:	
Name					Title	
Official Address					Telephone	
City					FAX	
State		Zip		E-mail		

Instructions for Completion

If no deaths occurred in 2016:

- 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 2016:

- · 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

g

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org

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

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.		8. On what date was the inmate admitted to one of your correctional facilities?
	Brazil Isaac	
	LAST FIRST MI	1 2 0 5 1 9 8 8 MONTH DAY YEAR
		MONTH DAY YEAR
2.	On what date did the inmate die?	
۷.		9. For what offense(s) was the inmate being held?
	1 0 0 3 2 0 1 6 MONTH DAY YEAR	a. Aggravated Rape
		b
3.	What was the name and location of the correctional facility involved?	c.
	correctional facility involved:	d.
	Facility Name:	
	Dixon Correctional Center	e
	Facility City: Facility State:	
	Jackson	
		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 2 2 1 9 5 0	
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	11. Where did the inmate die? In a general housing unit in the facility or in a
5.	What was the inmate's sex? Male	In a general housing unit in the facility or in a general housing unit on prison grounds
5.	_	☐ In a general housing unit in the facility or in a general housing unit on prison grounds ☐ In a segregation unit
5.	☑ Male	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility
	☑ Male □ Female	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within
5. 6.	☑ Male☑ FemaleWas the inmate of Hispanic, Latino, or Spanish	 □ In a general housing unit in the facility or in a general housing unit 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
	✓ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin?	 In a general housing unit in the facility or in a general housing unit 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
	 ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes 	□ In a general housing unit in the facility or in a general housing unit 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 □ Unit in transit
	✓ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin?	☐ In a general housing unit in the facility or in a general housing unit 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
	 ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes 	☐ In a general housing unit in the facility or in a general housing unit 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 ☐ Unit in transit
	 ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No In addition, what was the inmate's race? Please	☐ In a general housing unit in the facility or in a general housing unit 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
6.	 ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No 	☐ In a general housing unit in the facility or in a general housing unit 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
6.	✓ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No In addition, what was the inmate's race? Please select one or more of the following racial	☐ In a general housing unit in the facility or in a general housing unit 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
6.	 ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No In addition, what was the inmate's race? Please select one or more of the following racial categories: ☐ White ☑ Black or African American 	☐ In a general housing unit in the facility or in a general housing unit 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
6.	 ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No In addition, what was the inmate's race? Please select one or more of the following racial categories: ☐ White ☑ Black or African American ☐ American Indian or Alaska Native 	☐ In a general housing unit in the facility or in a general housing unit 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
6.	 ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No In addition, what was the inmate's race? Please select one or more of the following racial categories: ☐ White ☑ Black or African American ☐ American Indian or Alaska Native ☐ Asian 	☐ In a general housing unit in the facility or in a general housing unit 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
6.	 ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No In addition, what was the inmate's race? Please select one or more of the following racial categories: ☐ White ☑ Black or African American ☐ American Indian or Alaska Native 	☐ In a general housing unit in the facility or in a general housing unit 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
6.	 ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No In addition, what was the inmate's race? Please select one or more of the following racial categories: ☐ White ☑ Black or African American ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Pacific Islander 	☐ In a general housing unit in the facility or in a general housing unit 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

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 same of death 2. *** Diagram of SECIEV same of death, it is switched information ***
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information*** Illness—Exclude AIDS-related deaths [Specify] ——— Heart Attack
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe] ———
☐ Accidental injury to self [Describe] ————————————————————————————————————
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] —————
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ In the prison facility or on the prison grounds
In the inmate's cell/room In a temporary holding area/lockup
☐ In a common area within the facility (e.g., yard, library, cafeteria)
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:
The Property of State (Assessed Assessed Assesse
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 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) C. Confinement in special medical unit								
afte	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								
Please a	d any additional notes regarding this death here:								

	NPS-4A endum)		DEATHS IN CUSTO STATE PRISON DEATH REP	INMATE	U.S. DEPARTMENT (BUREAU OF JUSTICE AND ACTING AS COLLE RTI INTERNATI	STATISTICS CTION AGENT:
			FORM COMPLE	TED BY:		
Name				Title		
Official Address				Telephone	7	
City				FAX		
State		Zip	E-mail			

Instructions for Completion

If no deaths occurred in 2016:

· 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 2016:

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

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

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

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

review of medical	a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or records) available to establish an official cause of death?
YES —	→ CONTINUE TO Q13
☐ Evaluation	complete—results are pending
→ SKII LAT	P REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A TER TIME FOR THE CAUSE OF DEATH
☑ No evaluate	tion is planned → CONTINUE TO Q13
13. What was the caus	se of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exc	elude AIDS-related deaths [Specify] ——— Heart Attack
☐ Acquired Im	mune Deficiency Syndrome (AIDS)
☐ Accidental a	llcohol/drug intoxication [Describe] ———
☐ Accidental in	njury to self [Describe]
	njury by other (e.g., vehicular accidents port) [Describe]
	., hanging, knife/cutting instrument, lrug overdose) [Describe]
☐ Homicide [D	Describe]
Other cause	e(s) [Specify] —————
_	ident (e.g., accident, suicide, or homicide) causing the death take place?
O NOT APPLI	CABLE—Cause of death was illness, intoxication, or AIDS-related
	n facility or on the prison grounds
	the inmate's cell/room a temporary holding area/lockup
□ In a	a common area within the facility (e.g., yard, library, cafeteria)
1 11 11 11 11 11 11 11 11 11 11 11 11 1	a special medical unit/infirmary
	a special mental health services unit a segregation unit
□ On	death row, special unit awaiting capital punishment
(Els	sewhere within the prison facility
	→ Please Specify:
☐ Outside th	ne prison facility (e.g., while on work release or on work detail)
	ease Specify:
	dent (e.g., accident, suicide, or homicide) causing the death occur? LICABLE—Cause of death was illness, intoxication, or AIDS-related
	6 am to Noon)
	(Noon to 6 pm) 3 pm to Midnight)
	(Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?								
■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide								
	a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)			
after	the cause of death the result of a pre-existing medical conditions caused the deal existing medical condition.") NOT APPLICABLE—Cause of death was accidental Pre-existing medical condition Deceased developed condition after admission Could not be determined	ath and <u>a</u>	ny of the	e conditions we	re pre-existing, mark			
Please add	d any additional notes regarding this death here:							
	,							

Form NPS-4A U.S. DEPARTMENT OF JUSTICE **DEATHS IN CUSTODY—2016 BUREAU OF JUSTICE STATISTICS** (Addendum) STATE PRISON INMATE AND ACTING AS COLLECTION AGENT: **DEATH REPORT RTI INTERNATIONAL** FORM COMPLETED BY: Name Title Official Telephone Address **FAX** City State E-mail Zip

Instructions for Completion

If no deaths occurred in 2016:

- 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 2016:

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

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

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

What deaths should be reported?

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

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? Clark Wilbert FIRST MI	8.	On what date was the inmate admitted to one of your correctional facilities?
2.	On what date did the inmate die? 0 5 0 8 2 0 1 6 MONTH DAY YEAR	9.	For what offense(s) was the inmate being held? a. Manslaughter b. Aggravated Battery
3.	What was the name and location of the correctional facility involved?		c. d.
	Facility Name: Dixon Correctional Institute		e.
	Facility City: Facility State: LA	10.	Since admission, did the inmate ever stay
			overnight in a mental health facility? ———————————————————————————————————
4.	What was the inmate's date of birth? 1 0 0 1 1 9 5 2 MONTH DAY YEAR		☐ 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 in a general housing unit on prison grounds □ In a segregation unit □ In a special medical unit/infirmary within your facility □ In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No		your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:		

Arc th review	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or v of medical records) available to establish an official cause of death?
	YES CONTINUE TO Q13
	Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
	LATER TIME FOR THE CAUSE OF DEATH
	No evaluation is planned → CONTINUE TO Q13
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
V	Illness—Exclude AIDS-related deaths [Specify] ——— Cancer
	Acquired Immune Deficiency Syndrome (AIDS)
0	
	Accidental alcohol/drug intoxication [Describe] ———
	Accidental injury to self [Describe]
в	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
3	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
11	Homicide [Describe] —
-	Other cause(s) [Specify] ————
44 140	
14. wner	ne 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 SPECIFY]	In a special medical unit/infirmary In a special mental health services unit
SPECIFT	☐ 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:
_	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
15. When	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
_	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related Morning (6 am to Noon)

16. Exc serv	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?									
	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide									
	a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)					
afte	s the cause of death the result of a pre-existing many radmission? (If multiple conditions caused the cerexisting medical condition.") NOT APPLICABLE—Cause of death was accident	death and <u>ai</u>	ny of the	conditions we	re pre-existing, mark					
	Deceased developed condition after admission			i						
Please ac	dd any additional notes regarding this death here:	3 3								



DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH REPORT

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

	,		DEATH REP	ORT	RTIINTERNATIONAL	
			FORM COMPLE	TED BY:		
Name				Title		
Official Address				Telephone	 1	
City				FAX	1	
State		Zip	E-mail			/

Instructions for Completion

If no deaths occurred in 2016:

- 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 2016:

- 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

g

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org

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

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

11.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Gaver Dale R	your correctional facilities?
	LAST FIRST MI	1 2 0 4 2 0 0 8
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 9 2 3 2 0 1 6	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Incest Immediate Family
		b.
3.	What was the name and location of the	с.
	correctional facility involved?	
	Facility Name:	d
	Dixon Correctional Institute	е.
	Facility City: Facility State:	
	Jackson LA	
	<u>EA</u>	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 4 1 0 1 9 4 6	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	MONTH DAY YEAR	
	production and the second	11. Where did the inmate die?
5.	What was the inmate's sex?	☐ In a general housing unit in the facility or in a
	✓ Male	general housing unit on prison grounds
	☐ Female	☐ In a segregation unit☐ 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
٠.	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	
٠.	select one or more of the following racial	
	categories:	
	☑ White	
	☐ Black or African American ☐ American Indian or Alaska Native	
	☐ Asian	
	□ Native Hawaiian or Pacific Islander□ Some other race	
	Please Specify:	

12.	Are the results of a medical examiner's or coroner's evaluation (such as an autopsy review of medical records) available to establish an official cause of death?	, postmortem exam, or
	YES —— CONTINUE TO Q13 Evaluation complete—results are pending	
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL LATER TIME FOR THE CAUSE OF DEATH	L 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 info	ormation***
	☑ Illness—Exclude AIDS-related deaths [Specify] ——— Heart Attack	
	Acquired Immune Deficiency Syndrome (AIDS)	
	☐ Accidental alcohol/drug intoxication [Describe] →	
	☐ Accidental injury to self [Describe] —————	
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
	☐ Homicide [Describe] ————	
	Other cause(s) [Specify]	
[NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:	place?
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	RESPONSE FOR			
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:				
ricase and any additional notes regarding this acath here.				



DEATHS IN CUSTODY—2016 STATE PRISON INMATE

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

	and the same	DEATH NEI ON		KITINTERNATIONAL			
	FORM COMPLETED BY:						
Name			Title				
Official Address		Те	elephone				
City			FAX				
State	Zip	E-mail					

Instructions for Completion

If no deaths occurred in 2016:

- · 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 2016:

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

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

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

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? Gramham Bradley LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 3 0 1 2 0 0 2 MONTH DAY YEAR
 3. 	On what date did the inmate die? 1 0 1 6 2 0 1 6 MONTH DAY YEAR What was the name and location of the correctional facility involved?	9. For what offense(s) was the inmate being held? a. Second Degree Battery b. Second Degree Murder c. Aggravated Rape d. Second Degree Kidnapping
	Facility Name: Dixon Correctional Institute Facility City: Facility State: LA	e. Armed Robbery
4.	What was the inmate's date of birth?	10. 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 in a general housing unit 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 the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
YES CONTINUE TO Q13
Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
☑ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
✓ Illness—Exclude AIDS-related deaths [Specify] — Heart Attack
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] ————
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ In the prison facility or on the prison grounds
In the inmate's cell/room In a temporary holding area/lockup
☐ In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE In a special medical unit/infirmary In a special unit/infirm
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:
Please Specily.
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon)
☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?					
□ NOT APPLICABLE—Cause of death was accidental inj	njury, 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 inj	njury, 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: Left Bundle Branch Block and Severe Left Ventricular Dysfunction since 1999, Stroke and Seizures					



DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH REPORT

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

RTI INTERNATIONAL

	The second		* 4
		FORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip	E-mail	

Instructions for Completion

If no deaths occurred in 2016:

- 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 2016:

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

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

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100

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? [pavec Robert MI		On what date was the inmate admitted to one of your correctional facilities? 1 1 8 2 0 1 4 MONTH DAY YEAR
 3. 	On what date did the inmate die? 0 7 0 8 2 0 1 6 MONTH DAY YEAR What was the name and location of the	9.	For what offense(s) was the inmate being held? a. Pornography Juveniles b c.
	Facility Name: Dixon Correctional Institute Facility City: Facility State: Jackson LA		d. e. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 3 0 8 1 9 7 2 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 in a general housing unit 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	. 4.	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:		

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] ——— 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) [PLEASE] In a special medical unit/infirmary				
SPECIFY] Un 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. E	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?					
	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
	YES NO DON'T KNOW a. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) RESPONSE FOR c. Medications					
a	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:					



DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH REPORT

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

RTI INTERNATIONAL

	The same of the sa						
FORM COMPLETED BY:							
Name		- 7	Title				
Official Address			Telephone				
City			FAX				
State	Zip	E-mail					

Instructions for Completion

If no deaths occurred in 2016:

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 2016:

- 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

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org

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

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? Martin Charles E LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? O 1 2 1 1 9 8 0 MONTH DAY YEAR
 3. 	On what date did the inmate die? 1 0 0 6 2 0 1 6 MONTH DAY YEAR What was the name and location of the	9. For what offense(s) was the inmate being held? a. First Degree Murder b.
3.	Facility Name: Dixon Correctional Institute Facility City: Facility State: LA	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 8 0 2 1 9 6 3 MONTH DAY YEAR	☐ Yes ② No ☐ Don't Know
5.	What was the inmate's sex? ☑ Male ☐ Female	In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	 ☑ Black or African American ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Some other race ☐ Please Specify: 	

m, or
D AT A

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?						
0	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
	a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)	
47 14/00	4h				develop the condition	
after	the cause of death the result of a pre-existing me admission? (If multiple conditions caused the de-existing medical condition.")					
	NOT APPLICABLE—Cause of death was accidenta	al injury, into	oxicatio	n, suicide, or hor	nicide	
	Pre-existing medical condition Deceased developed condition after admission Could not be determined					
0/						
Please add any additional notes regarding this death here: Heart Attack with Normal Progression						

State



DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH REPORT

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

	Manual Comment				
FORM COMPLETED BY:					
Name		Title			
Official Address		Telephone			
City		FAX			

Instructions for Completion

E-mail

If no deaths occurred in 2016:

- 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 2016:

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

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

E-MAIL: bjsdcrp@rti.org

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100

> 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? Schaffer Anthony FIRST MI	On what date was the inmate your correctional facilities? 0 5 2 9 1 9 MONTH DAY YEAR	admitted to one of
3.	On what date did the inmate die? 1 0 0 4 2 0 1 6 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: Dixon Correctional Institute Facility City: Facility State:	For what offense(s) was the in a. Armed Robbery b. Simple Burglary c. Theft d. e.	nmate being held?
4.	What was the inmate's date of birth? 0 5 1 1 9 5 1 MONTH DAY YEAR	D. Since admission, did the inmatovernight in a mental health for Yes ☐ No ☐ Don't Know	
		I. Where did the inmate die?	
5.	What was the inmate's sex? ☑ Male ☐ Female	 □ In a general housing urgeneral housing unit or In a segregation unit □ In a special medical unfacility □ In a special mental hea 	prison grounds
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	your facility In a medical center out In a mental health cent While in transit Elsewhere Please Specify:	side your facility
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:		

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?				
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 second of death, it is suiting information that				
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***				
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Heart Attack				
Acquired Immune Deficiency Syndrome (AIDS)				
Accidental alcohol/drug intoxication [Describe] ———				
☐ Accidental injury to self [Describe] —————				
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]				
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]				
■ Homicide [Describe] — →				
Other cause(s) [Specify]				
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?				
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related				
In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary 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 May 1914 1914 1914 1914 1914 1914 1914 191				
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related				
 ☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight) ☐ Overnight (Midnight to 6 am) 				

16.	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 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				
· · ·						
Plea	ase add	d any additional notes regarding this death here:				



DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH REPORT

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

RTI INTERNATIONAL

	Mark Comment					
	FORM COMPLETED BY:					
Name		Title				
Official Address		Telephone				
City		FAX				
State	Zip	E-mail				

Instructions for Completion

If no deaths occurred in 2016:

- · 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 2016:

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

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

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

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? Smith Alexander H LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 8 2 3 2 0 0 0 MONTH DAY YEAR
2. 3.	On what date did the inmate die? 1 1 0 9 2 0 1 6 MONTH DAY YEAR What was the name and location of the	9. For what offense(s) was the inmate being held? a. Manslaughter b
	Facility Name: Dixon Correctional Institute Facility City: Jackson Facility State:	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 4 0 5 1 9 5 6 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex? ☑ Male □ Female	In a general housing unit in the facility or in a general housing unit 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:	

7	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
	Evaluation complete—results are pending
	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] — Heart Attack
	Acquired Immune Deficiency Syndrome (AIDS)
	☐ Accidental alcohol/drug intoxication [Describe] ————
	☐ Accidental injury to self [Describe] →
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	☐ Homicide [Describe] —————
	Other cause(s) [Specify]
14.	Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
	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)
	EASE In a special medical unit/infirmary
SP	☐ In a special mental health services unit ☐ In a segregation unit
	On death row, special unit awaiting capital punishment
	Elsewhere within the prison facility
	Please Specify:
	Outside the prison facility (e.g., while on work release or on work detail)
	□ Elsewhere
	Please Specify:
15	When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
	✓ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	☐ Morning (6 am to Noon)
	Afternoon (Noon to 6 pm)
	Evening (6 pm to Midnight)Overnight (Midnight to 6 am)

16. 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	V		 	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)		
after	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	l injury, int	toxication	, suicide, or hon	nicide		
	Pre-existing medical condition Deceased developed condition after admission Could not be determined		Def				
				4 N° 8 1	20 D		
Please add	d any additional notes regarding this death here:						
,							
					b.		
					*		

Form NPS-4A **DEATHS IN CUSTODY—2016** U.S. DEPARTMENT OF JUSTICE **BUREAU OF JUSTICE STATISTICS** (Addendum) STATE PRISON INMATE AND ACTING AS COLLECTION AGENT: **DEATH REPORT** RTI INTERNATIONAL FORM COMPLETED BY: Name Title Official Telephone Address **FAX** City

Instructions for Completion

E-mail

If no deaths occurred in 2016:

State

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 2016:

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

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

E-MAIL: bjsdcrp@rti.org

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

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

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.

STATE PRISON INMATE DEATH REPORT

1.	What was the inmate's name? Sutherland Peter A FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 1 0 1 6 2 0 1 3 MONTH DAY YEAR
2.	On what date did the inmate die? 1 2 1 1 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Pos Schedule II b.
3.	What was the name and location of the correctional facility involved? Facility Name: Dixon Correctional Institute Facility City: Jackson Facility State: LA	d. e. 10. Since admission, did the inmate ever stay
4.	What was the inmate's date of birth? 1 0 0 3 1 9 6 2 MONTH DAY YEAR	overnight in a mental health facility? ☐ Yes ☐ No ☐ Don't Know
5.	What was the inmate's sex? ☑ Male ☐ Female	11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit 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:	

view of medical records) available to establish an official cause of death?
YES — CONTINUE TO Q13 Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
THE CAUSE OF BEATH
☐ 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] ——— Cancer
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] ———
☐ Accidental injury to self [Describe] ————————————————————————————————————
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] —————
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? □ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related □ Morning (6 am to Noon) □ Afternoon (Noon to 6 pm) □ Evening (6 pm to Midnight) □ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of deat services for the medical condition that caused his/her	h, did the inmate receive any of death after admission to your co	the following medical prrectional facilities?
■ NOT APPLICABLE—Cause of death was accidenta	I injury, intoxication, suicide, or ho	micide
a. Evaluated by physician/medical staff		PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17. Was the cause of death the result of a pre-existing meafter admission? (If multiple conditions caused the definition of the definition	dical condition or did the inmate ath and <u>any</u> of the conditions we	develop the condition ere pre-existing, mark
□ NOT APPLICABLE—Cause of death was accidenta	al injury, intoxication, suicide, or ho	micide
 □ Pre-existing medical condition □ Deceased developed condition after admission □ Could not be determined 		NI NI NI NI NI NI NI NI NI NI NI NI NI N
Please add any additional notes regarding this death here:		
P.		

Form NPS-4A (Addendum)		DEATHS IN CUSTO STATE PRISON DEATH REP	INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLE	TED BY:	
\				
Name		* -	Title	2
Official Address	1 12		Telephone	
City		17	FAX	
State	Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2016:

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 2016:

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

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

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

and the second second

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

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.

STATE PRISON INMATE DEATH REPORT

1.	What was the inmate's name? Taylor Sylvester FIRST MI	8. On what date was the inmate admitted to one your correctional facilities?
2.	On what date did the inmate die? 0 3 1 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Aggravated Rape b.
3.	What was the name and location of the correctional facility involved? Facility Name: Dixon Correctional Institute Facility City: Jackson Facility State: LA	d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 1 0 3 0 1 9 5 0 MONTH DAY YEAR	☐ Yes ☑ No ☐ Don't Know
5.	What was the inmate's sex? ☑ Male ☐ Female	In a general housing unit in the facility or in a general housing unit 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:	

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
☐ YES — CONTINUE TO Q13 ☐ Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
ividition gain a and research Artes
2 (amount minute beneficine, eynatome (vibe)
☐ Accidental alcohol/drug intoxication [Describe] ————
☐ Accidental injury to self [Describe] ————————————————————————————————————
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] ————
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

☐ Morning (6 am to Noon)
☐ Afternoon (Noon to 6 pm)
☐ Evening (6 pm to Midnight)
☐ Overnight (Midnight to 6 am)

16.	Exclu servi	uding emergency care provided at the time of dea ices for the medical condition that caused his/he	ath, did th r death aft	e inmate er admis	receive any of sion to your co	rrectional facilities?
		NOT APPLICABLE—Cause of death was accident	al injury, ir	ntoxicatio	n, suicide, or hor	nicide
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
<u></u>						
17.	after	the cause of death the result of a pre-existing me admission? (If multiple conditions caused the de existing medical condition.")	edical con eath and <u>a</u>	dition or <u>ny</u> of the	did the inmate conditions we	develop the condition re pre-existing, mark
		NOT APPLICABLE—Cause of death was accident	al injury, in	toxication	n, suicide, or hon	nicide
F		Pre-existing medical condition Deceased developed condition after admission Could not be determined	· 9 . ,	γ :		Marine Control of the
Plas	aco ada	d any additional notes regarding this death here:				
rie	ise aud	any additional notes regarding this death here:				
1						

Form NPS-4A (Addendum)



DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH REPORT

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

	M. Carrier Rep.	i i	¥
		FORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip	E-mail	

Instructions for Completion

If no deaths occurred in 2016:

- 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 2016:

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

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

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

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

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.

STATE PRISON INMATE DEATH REPORT

1.	What was the inmate's name? Turner Jerome FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 1 0 0 4 2 0 1 3 MONTH DAY YEAR
2.	On what date did the inmate die? 0 1 1 9 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Armed Robbery b.
3.	What was the name and location of the correctional facility involved? Facility Name: Dixon Correctional Institute Facility City: Facility State:	c. d. e.
	Jackson	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? 1 1 0 4 1 9 6 4 MONTH DAY YEAR	☐ 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 in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

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, Respiratory Failur
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]
44 Where did the incident (on accident evicide on benefit de) continued to death to be about 0.00
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ In the prison facility or on the prison grounds
☐ In the inmate's cell/room
☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)
In a special medical unit/infirmary
SPECIFY] In a special mental health services unit
☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
☐ Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere Please Specify:
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm)
☐ Evening (6 pm to Midnight) ☐ Overnight (Midnight to 6 am)

16.	Excl	uding emergency care provided at the time of death, did the inmate receive any of the following medical ices for the medical condition that caused his/her death after admission to your correctional facilities?
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		A. Evaluated by physician/medical staff
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 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
Ple	ase add	d any additional notes regarding this death here: