

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**

	W. St. Warden		
	FOR	M COMPLETED BY:	
Name		Title	
		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.
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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: 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? Anderson William FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 5 0 5 1 9 8 8 MONTH DAY YEAR
2.	On what date did the inmate die? 1 0 2 5 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Second Degree Murder b.
3.	What was the name and location of the correctional facility involved? Facility Name: Elayn Hunt Correctional Center Facility City: St. Gabriel Facility State: LA	d. e.
4.	What was the inmate's date of birth? 0 2 2 4 1 9 4 9 MONTH DAY YEAR	10. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes ☐ No ☐ Don't Know
5.	What was the inmate's sex? Male Female	In a general housing unit in the facility or 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 th review	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
	$\overline{\mathbf{c}}$	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] ——— Cardiopulmonary Arrest
		Acquired Immune Deficiency Syndrome (AIDS)
	1 0	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] —
	_	e did the incident (e.g., accident, suicide, or homicide) causing the death take place?
		NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
		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
	[PLEASE SPECIFY]	
		☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
		Elsewhere within the prison facility
		Please Specify:
		Outside the prison facility (e.g., while on work release or on work detail)
		Please Specify:
	_	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)
	Ġ	
1		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?									
0	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide								
	a. Evaluated by physician/medical staff			 	PLEASE PR RESPONSE EACH ITEM	FOR			
after	the cause of death the result of a pre-existing medic r admission? (If multiple conditions caused the death e-existing medical condition.")								
	NOT APPLICABLE—Cause of death was accidental in	njury, into	oxication,	suicide, or hom	nicide				
	Deceased developed condition after admission								
Please ad	dd any additional notes regarding this death here:								
						-			
	•								

OMB No. 1121-0249 Approval Expires 03/31/2019

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 Zip E-mail

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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? Augustine Floyd FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 1 2 2 0 1 9 8 4 MONTH DAY YEAR
3.	On what date did the inmate die? O 8 1 6 2 0 1 6 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: Elayn Hunt Correctional Center Facility City: Facility State: St. Gabriel LA	9. For what offense(s) was the inmate being held? a. Second Degree Murder b. C. C. d. E. Since admission, did the inmate ever etc.
4.	What was the inmate's date of birth? 0 8 2 3 1 9 5 8 MONTH DAY YEAR	10. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes ☐ No ☐ Don't Know
		11. Where did the inmate die?
 6. 	What was the inmate's sex? ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	 In a general housing unit in the facility or 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
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	Elsewhere Please Specify:
	 White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify: 	

- /60	o the	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
7		YES CONTINUE TO Q13
1		- 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. WI	nat v	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
1	_	Illness—Exclude AIDS-related deaths [Specify] ——— Acute Hypoxia repiratory failure
	_	
	ш	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]
	4	Homicide [Describe]
	×	Other cause(s) [Specify]
14. W	_	e did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
		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)
[PLEA		In a special medical unit/infirmary
SPEC	IFY]	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 prices facility (e.g. while on work release or on work detail)
		Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
		Please Specify:
15. WI	hen	did the incident (e.g., accident, suicide, or homicide) causing the death occur?
	V	
		Morning (6 am to Noon)
		Afternoon (Noon to 6 pm) Because (6 pm to Midnight)
	-	

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?								
■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide								
YES NO DON'T KNOW a. Evaluated by physician/medical staff								
 17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined 								
Please add any additional notes regarding this death here: RTI MB: Changed Baton Rouge General Medical Center in Q11 to "In a medical center outside"								



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

(Adde	enaum)	*	g ,	DEATH REP	ORT	All D	RTI INTERNATIONAL
Y		6		FORM COMPLE	TED BY:		
Name			9		Title		
Official Address					Telephone		
City	1 / 12				FAX		, ,
State		Zip		E-mail	3		

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EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

What was the inmate's name? Bingham Ray LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities?
On what date did the inmate die? 0 8 2 6 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. First Degree Murder b.
What was the name and location of the correctional facility involved? Facility Name: Elayn Hunt Correctional Center Facility City: St. Gabriel Facility State: LA	d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?
What was the inmate's date of birth? 0 2 0 5 1 9 6 1 MONTH DAY YEAR	☐ Yes ☐ No ☐ Don't Know
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
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:
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:	
	Bingham Ray

re the	results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
1 0	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 w	as the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Iness—Exclude AIDS-related deaths [Specify] ——— Heart Attack
_ A	Acquired Immune Deficiency Syndrome (AIDS)
□ A	Accidental alcohol/drug intoxication [Describe] ———
_ A	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents luring transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, ntentional drug overdose) [Describe]
□ н	Homicide [Describe]
	Other cause(s) [Specify]
14. Where o	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	IOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
[PLEASE SPECIFY]	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:
_	id 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	iding emergency care provided at the time of death, did the inmate receive any of the following medical cos 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
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
Please ad	d any additional notes regarding this death here:



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

	Reg.	Seller.				
			FORM COMPLE	TED BY:		
Name				Title		
Official Address				Telephone	 A a	
City]	FAX	4	,
State	Zip		E-mail			

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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? Broussard Michael LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 5 1 1 2 0 0 9 MONTH DAY YEAR
2.	On what date did the inmate die? 1 1 2 0 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Molestation of a Juvenile b.
3.	What was the name and location of the correctional facility involved? Facility Name: Elayn Hunt Correctional Center Facility City: St. Gabriel Facility State: LA	c. d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 6 1 3 1 9 6 1 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
		11. Where did the inmate die?
5.	What was the inmate's sex? ☑ Male ☐ Female	☐ 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:	

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 course of death 2. Ith Plane ODEO/EV course of death, it is critical information the
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
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In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary
[PLEASE] In a special medical unit/infirmary SPECIFY D 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)
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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?						
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		A. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Médications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				
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				
Ple	ase ad	d any additional notes regarding this death here:				

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BURDEN STATEMENT

What was the inmate's name? Dempsey Daniel LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities?
On what date did the inmate die? 0 1 2 0 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Schedule I b. Oper Vehicle Intoxiacted
What was the name and location of the correctional facility involved? Facility Name: Elayn Hunt Correctional Center Facility City: St. Gabriel Facility State: LA	c. Schedule II d. e.
What was the inmate's date of birth? 1 1 4 1 9 5 4 MONTH DAY YEAR	overnight in a mental health facility? Yes No Don't Know
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
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:
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:	
	Dempsey LAST FIRST MI On what date did the inmate die? O 1 2 0 2 0 1 6 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: Elayn Hunt Correctional Center Facility City: St. Gabriel Facility State: LA What was the inmate's date of birth? 1 1 1 4 1 9 5 4 MONTH DAY YEAR What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race

review of medical records) available to es	r coroner's evaluation (such as an autopsy, postmortem exam, or
YES — CONTINUE TO Q13 Evaluation complete—results are p	
SKIP REMAINING QUESTING LATER TIME FOR THE CAU	ONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
☑ No evaluation is planned → CON	
13. What was the cause of death? *** Pleas	e SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths	
☐ Acquired Immune Deficiency Syndron	me (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] ———
☐ Accidental injury to self [Describe] —	
Accidental injury by other (e.g., vehice during transport) [Describe]	
Suicide (e.g., hanging, knife/cutting in intentional drug overdose) [Describe]	
☐ Homicide [Describe] —————	
Other cause(s) [Specify]	•
14. Where did the <u>incident</u> (e.g., accident, su	vicide, or homicide) causing the death take place? 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	
□ In a appoint modical unit/infi	e facility (e.g., yard, library, cafeteria)
[PLEASE SPECIFY] ☐ In a special mental health s ☐ In a segregation unit	
☐ On death row, special unit a	
Elsewhere within the prison Please Specify:	facility
Flease Specily.	
Outside the prison facility (e.g., whElsewhere	ile on work release or on work detail)
Please Specify:	
15. When did the incident (e.g., accident, suited NOT APPLICABLE—Cause of dea	icide, or homicide) causing the death occur? oth was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon)	art was intess, interlocation, of Alborotated
☐ 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					
b. Diagnostic tests (e.g., X-rays, MRI)	EASE PROVIDE A ESPONSE FOR ACH ITEM (a-f)				
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")					
☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicic	de				
 ☑ Pre-existing medical condition ☑ Deceased developed condition after admission ☑ Could not be determined 	<u>.</u>				
Please add any additional notes regarding this death here:					
Lung Cancer with Liver Metastasis.	,				
	,				



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 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.

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

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

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

BURDEN STATEMENT

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
	Diggs Barry L LAST FIRST MI	0 3 0 7 1 9 8 4
-		MONTH DAY YEAR
2.	On what date did the inmate die? 0 1 0 8 2 0 1 6	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Schedule I
3.	What was the name and location of the correctional facility involved?	c. Armed Robbery
	Facility Name:	d.
	Elayn Hunt Correctional Center	е.
	Facility City: Facility State: St. Gabriel 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 1 2 1 9 5 6 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?	your facility In a medical center outside your facility
	☐ Yes ☑ No	In a mental health center outside your facility While in transit Elsewhere
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	Please Specify:
	 □ White □ Black or African American □ American Indian or Alaska Native □ Asian □ Native Hawaiian or Pacific Islander 	
	Some other race Please Specify:	

12 0
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] — Liver Disease
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
☐ Accidental injury to self [Describe] →
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] —————
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ In the prison facility or on the prison grounds
☐ In the inmate's cell/room☐ In a temporary holding area/lockup
☐ In a common area within the facility (e.g., yard, library, cafeteria)
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:
Trease opecity.
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?					
	9	NOT APPLICABLE—Cause of death was accident	tal injury, i	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)
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 accident	tal injury, i	ntoxication	n, suicide, or hon	nicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Please add any additional notes regarding this death here: Changed Our Lady of Angels in Q11 to "In a medical center outside"						
_						
-						



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

	de marie				
	FORM COMPLETED BY:				
Name		Title			
Official Address		Telephone			
City		FAX [
State	Zip E-m	nail			

Instructions for Completion

If no deaths occurred in 2016:

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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

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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

		- A.
1.	What was the inmate's name? Flot LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 2 0 5 2 0 1 4 MONTH DAY YEAR
2.	On what date did the inmate die? 1 2 0 4 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Oper-Vehicle Intoxicated b. Agg Flight Fr Officer
3.	What was the name and location of the correctional facility involved? Facility Name: Elayn Hunt Correctional Center Facility City: Facility State:	c. d. e.
	St. Gabriel LA	10. Since admission, did the lamate ever stay overnight in a mental health facility? ☐ Yes ☐ No
4.	What was the inmate's date of birth? 1 0 2 7 1 9 6 1 MONTH DAY YEAR	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] ——— Respiratory Failure / Cardiac 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)				
SPECIFY] In a special mental health services unit				
☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment				
Elsewhere within the prison facility				
Please Specify:				
Outside the prison facility (e.g., while on work release or on work detail)				
Elsewhere Please Specify:				
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related				
☐ Morning (6 am to Noon)				
☐ Afternoon (Noon to 6 pm)				
☐ Evening (6 pm to Midnight) ☐ Overnight (Midnight to 6 am)				

16. 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 to after admission? (If multiple conditions caused the death and any of the conditions were 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:

	The second of th	<i>D</i> 2/11/11/12		RITINTERNATIONAL	
FORM COMPLETED BY:					
Name		1	Title		
Official ddress			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.
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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

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

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of
- 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? Foote Michael A FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 5 0 4 1 9 7 9 MONTH DAY YEAR
3.	On what date did the inmate die? O 8 2 1 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. First Degree Murder b. c.
	Facility Name: Elayn Hunt Correctional Center Facility City: St. Gabriel 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 4 5 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex? ☑ Male ☐ Female	11. Where did the inmate die? In a general housing unit in the facility or 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:	

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			
42 180			
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 <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related			
☐ In the prison facility or on the prison grounds			
In the inmate's cell/room			
☐ In a temporary holding area/lockup			
In a common area within the facility (e.g., yard, library, cafeteria) [PLEASE] In a special medical unit/infirmary			
SPECIFYI			
☐ 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			
□ Elsewhere			
□ Elsewhere			
Elsewhere Please Specify:			
□ 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)			
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related			

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



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

	and the same			
FORM COMPLETED BY:				
Name		Title		
Official Address		Telephone		
City		FAX		
State	Zip E-mail			

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g

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

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E-MAIL: bjsdcrp@rti.org

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

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

What was the inmate's name?	8. On what date was the inmate admitted to one of
Harrison Wendell	your correctional facilities?
LAST FIRST MI	0 6 1 6 2 0 0 5
	MONTH DAY YEAR
On what date did the inmate die?	
1 1 0 6 2 0 1 6	9. For what offense(s) was the inmate being held?
MONTH DAY YEAR	a. Manslaughter
	b. [
What was the name and location of the	
correctional facility involved?	c.
Facility Names	d.
	e.
St. Gabriel LA	40. Since admirate and did the investe area of the
	10. Since admission, did the inmate ever stay overnight in a mental health facility?
	☐ Yes
What was the inmate's date of birth?	□ No
0 8 2 1 1 9 6 3	☐ Don't Know
MONTH DAY YEAR	
	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
- Female	☑ In a special medical unit/infirmary within your
	facility In a special mental health services unit within
	your facility
origin?	In a medical center outside your facility
☐ Yes	☐ In a mental health center outside your facility☐ While in transit
E NO	☐ Elsewhere
	Please Specify:
In addition, what was the inmate's race? Please	Please Specify:
select one or more of the following racial	Please Specify:
select one or more of the following racial categories:	Please Specify:
select one or more of the following racial categories: White	Please Specify:
select one or more of the following racial categories: White Black or African American American Indian or Alaska Native	Please Specify:
select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian	Please Specify:
select one or more of the following racial categories: White Black or African American American Indian or Alaska Native	Please Specify:
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	Please Specify:
	On what date did the inmate die? 1 1 0 6 2 0 1 6 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: Elayn Hunt Correctional Center Facility City: St. Gabriel What was the inmate's date of birth? 0 8 2 1 1 9 6 3 MONTH DAY YEAR What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish origin?

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] ——— 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 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)
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 accident	al injury, in	toxicatio	n, suicide, or hor	micide
	a second a s				
Please ad	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

	· Sale	TELESCO POR				-			
	FORM COMPLETED BY:								
Name				Title			, a,		
Official Address				Telephone	1		4 1 9		
City	1 2]	FAX		n Y			
State	Zip		E-mail						

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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

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EXCLUDE deaths of ALL persons...

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- Confined in local jail facilities, whether located in or out of state
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- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

1.	What was the inmate's na	ame?	,	8.	On wha	at dat	e was the inmate admitted to one of
	Hayes	Dannie					tional facilities?
	LAST	FIRST	M		1 2		0 3 2 0 1 5
	Dio!	, mer			MONTH		DAY YEAR
2.	On what date did the inm	ate die?					
	0 1 3 0 2	0 1 6		9.	For wh	at off	fense(s) was the inmate being held?
	MONTH DAY YEAR	₹			a.	Sch	edule II
					b.		
3.	What was the name and I	location of the			Б.		
Э.	correctional facility invol				C.		
	-				d.		
	Facility Name:	-101	111111111111111111111111111111111111111		e.		
	Elayn Hunt Correction	al Center					
	Facility City:	Facility	y State:				
	St. Gabriel	LA					
				10.			sion, did the inmate ever stay a mental health facility?
					_ `		• • • • • • • • •
4.	What was the inmate's da	ate of hirth?				Yes No	The second secon
	0 8 0 3 1						't Know
	MONTH DAY YEAR		1				A TELEPHONE PROPERTY OF THE STATE OF THE STA
	MONTH DAT TEAP						i gomona josephina takon
				11.	Where	did th	ne inmate die?
5.	What was the inmate's se	x?				In a	general housing unit in the facility or in a
	☑ Male					gene	eral housing unit on prison grounds
	☐ Female						segregation unit special medical unit/infirmary within your
						facili	ity
6.	Was the inmate of Hispan	nic Latino or Span	nish				special mental health services unit within facility
٥.	origin?	no, Latino, or opan					medical center outside your facility
	☐ Yes						mental health center outside your facility
	☑ No		100				le in transit ewhere
							Please Specify:
_	L 1.00	·	*				
7.	In addition, what was the select one or more of the		ease			,	
	categories:	rene ming rue iui					
	☐ White						
	☑ Black or African Ar						
	American Indian orAsian	r Alaska Native					
	☐ Native Hawaiian o	r Pacific Islander					
	□ Some other race		111111111111111111111111111111111111111				
	Please Specif	y:					
	the state of the s						

/,	12 .	
	revie	he results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or w of medical records) available to establish an official cause of death?
	[YES — CONTINUE TO Q13 Evaluation complete—results are pending
,		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	, [No evaluation is planned → CONTINUE TO Q13
	4.	
	13. Wha	t 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]
	a la	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
		Homicide [Describe] ————
		Other cause(s) [Specify]
[44. 140	
	14. wne	re did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	0	In the prison facility or on the prison grounds
	3. see \$ 3. s	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	
1		☐ 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)
	ι	Elsewhere Please Specify:
ר		
		n did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	(☐ Morning (6 am to Noon)
	-	Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)
	Č	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 RESPONSE FOR EACH ITEM (a-f)			
	17.	after	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the dea existing medical condition.")	dical cor ath and <u>a</u>	ndition or	did the inmate e conditions we	develop the condition re pre-existing, mark			
I		9	NOT APPLICABLE—Cause of death was accidenta	ıl injury, iı	ntoxicatio	n, suicide, or hon	nicide			
			Pre-existing medical condition Deceased developed condition after admission Could not be determined							
			d any additional notes regarding this death here: cellular Carcinoma		e 1 as					
l										
١										
l										
				Y a						



DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH REPORT

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

	Maria Salar		NVIN ENIANONAE
		FORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip	E-mail	

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If no deaths occurred in 2016:

- You will not need to report anything at this time.
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- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

8. On what date was the inmate admitted to one of your correctional facilities? 0 7 1 1 1 2 0 1 1 MONTH DAY YEAR
9. For what offense(s) was the inmate being held? a. Indecent Behavior- Juveniles b. Molestation of a Juvenile c. Schedule I: Hallucinogenic d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes No Don't Know
11. Where did the inmate die? 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 Please Specify:

	12
1	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
٦	
	13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	☑ Illness—Exclude AIDS-related deaths [Specify] — Hepatocellur Carcinoma
	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]
ſ	44. W
	14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	☐ In the prison facility or on the prison grounds
	In the inmate's cell/room
	☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)
	[PLEASE 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 punishmentElsewhere within the prison facility
	Please Specify:
	Outside the prison facility (e.g., while on work release or on work detail)
	☐ Elsewhere Please Specify:
	Troub opening.
	 15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	☐ 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							
		any additional notes regarding this death here: Natural Expected/Chronic Illness with Normal Progression.							



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

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

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- · Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

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

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 v	vas 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] —
B (Other cause(s) [Specify]
14 Whore	did the incident (e.g. accident quicide or hemicide) equains the death take place?
l _	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
_	In the prison facility or on the prison grounds
3	☐ 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 unitOn 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 d	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							
<i>f</i> .		YES	NO	DON'T KNOW				
	a. Evaluated by physician/medical staff				PLEASE PROVIDE A			
1 80	b. Diagnostic tests (e.g., X-rays, MRI)				RESPONSE FOR EACH ITEM (a—f)			
	c. Medicationsd. Treatment/care other than medications	_			LACITILIVI (a-I)			
	e. Surgery		_					
	f. Confinement in special medical unit	<u>'</u>						
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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")							
	NOT APPLICABLE—Cause of death was accidental	l injury, in	toxication	n, suicide, or hon	nicide			
	Pre-existing medical condition							
	Deceased developed condition after admission							
	Could not be determined							
Please ad	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:

RTIINTERNATIONAL

	The state of the s			RITINIERNATIONAL
	1	FORM COMPLET	TED BY:	
Name			Title	
Official Address			Telephone	
City	V	, r	FAX	
State	Zip	E-mail		

Instructions for Completion

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Jones Curtis	your correctional facilities?
	LAST FIRST MI	1 2 1 4 2 0 1 1
		MONTH DAY YEAR
2.	On what date did the inmate die?	
۷.		
	0 1 2 4 2 0 1 6	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Sched I
		b. Oper Vehicle Intoxiacted
3.	What was the name and location of the	
	correctional facility involved?	Scriedule II
	Facility Name:	d
	Elayn Hunt Correctional Center	e.
	Facility City: Facility State:	
	St. Gabriel LA	
		10. Since admission, did the inmate ever stay
	,	overnight in a mental health facility?
	Wiles Annual Alexander Indiana (China)	☐ Yes ☐ No
4.	What was the inmate's date of birth?	□ Don't Know
	1 2 0 2 1 9 5 9	tribal grand was a second
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	☐ In a general housing unit in the facility or in a
	☑ Male	general housing unit on prison grounds In a segregation unit
	☐ Female	In a segregation unit
		facility
6.	Was the inmate of Hispanic, Latino, or Spanish	In a special mental health services unit within your facility
	origin?	☑ In a medical center outside your facility
	Yes	☐ In a mental health center outside your facility☐ While in transit
	☑ No	Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please	
	select one or more of the following racial	
	categories:	
	□ White☑ Black or African American	
	☑ Black or African American☑ American Indian or Alaska Native	2 50
	☐ Asian	A -
	□ Native Hawaiian or Pacific Islander□ Some other race	
	Please Specify:	
		I .

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 examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or Peview of medical records) available to establish an official cause of death? YES ————————————————————————————————————
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] → Small Cell Lung Cancer with metastasis
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:
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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			
	YES NO DON'T KNOW a. Evaluated by physician/medical staff			
after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide			
0				
A 1				
	d any additional notes regarding this death here: : Changed Our Lady of the Lake Hospital in Q11 to "In a medical center outside"			
)				



DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH DEDORT

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

	The same of the sa	DEATTIKETOKT	RTI INTERNATIONAL
		FORM COMPLETED BY:	
Name		Tit	le
Official Address		Telephor	ne
City		FA	x
State	Zip	E-mail	

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

BURDEN STATEMENT

1.	What was the inmate's name? Lavergne Robert FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 3 0 7 2 0 1 6 MONTH DAY YEAR
3.	On what date did the inmate die? 0 3 0 7 2 0 1 6 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: Elayn Hunt Correctional Center Facility City: Facility State: St. Gabriel LA	9. For what offense(s) was the inmate being held? a. Home Invasion b. S-Escape I c. Simplle Burglary Inhab dwelling d. Unautho entry inhab dwelling e. Forgery 10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 9 0 8 1 9 5 9 MONTH DAY YEAR	☐ Yes ☑ No ☐ Don't Know
5.	What was the inmate's sex? ☑ Male ☐ Female	11. Where did the inmate die? In a general housing unit in the facility or 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:	

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] — Liver Disease
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] ————
☐ Accidental injury to self [Describe] →
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] —————
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) 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					micide
		a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
_						
17.	after	the cause of death the result of a pre-existing medi admission? (If multiple conditions caused the deat existing medical condition.")	cal cond h and <u>al</u>	dition or ny of the	did the inmate conditions we	develop the condition re pre-existing, mark
		NOT APPLICABLE—Cause of death was accidental in	injury, in	toxication	n, suicide, or hon	nicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined		,		
Dia		1				
Plea	ase add	d any additional notes regarding this death here:				

Form NPS-4A U.S. DEPARTMENT OF JUSTICE **DEATHS IN CUSTODY—2016** (Addendum) **BUREAU OF JUSTICE STATISTICS** STATE PRISON INMATE AND ACTING AS COLLECTION AGENT: **DEATH REPORT RTI INTERNATIONAL** FORM COMPLETED BY: Name Title Official Telephone Address **FAX** City 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?	8. On what date was the inmate admitted to one of
	Mahoney Bobby	your correctional facilities?
	LAST FIRST MI	0 5 0 7 2 0 1 3
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 5 0 4 2 0 1 6	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Oper-Vehicle Intoxicated
		b. Sex Offender Register Violation
3.	What was the name and location of the correctional facility involved?	c. Schedule II
	·	d.
	Facility Name:	e.
	Elayn Hunt Correctional Center	· .
	Facility City: Facility State:	
	St. Gabriel LA	
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
	477	Yes
4.	What was the inmate's date of birth?	☑ No
	0 1 2 8 1 9 6 3	☐ Don't Know
	MONTH DAY YEAR	
_		11. Where did the inmate die?
5.	What was the inmate's sex?	In a general housing unit in the facility or in a
	☑ Male □ Female	general housing unit on prison grounds In a segregation unit
	- Female	☑ In a special medical unit/infirmary within your
		facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility
	origin?	In a medical center outside your facility
	☐ Yes	☐ In a mental health center outside your facility ☐ While in transit
	☑ No	Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please	
	select one or more of the following racial	
	categories:	
	☐ White☑ Black or African American	
	American Indian or Alaska Native	
	☐ Asian	and the second s
	□ Native Hawaiian or Pacific Islander□ Some other race	
	Please Specify:	
	- reads speen,	
		I .

Are the	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
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
13. What v	vas the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] ——— Colorectal 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]
١ _	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	In the prison facility or on the prison grounds
	☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE	☐ In a special medical unit/infirmary
SPECIFYJ	☐ In a special mental health services unit ☐ In a segregation unit
	On death row, special unit awaiting capital punishment Elsewhere within the prison facility
	Please Specify:
	Outside the prison facility (e.g., while on work release or on work detail)
5	Elsewhere
1	Please Specify:
A	
15. When o	did the incident (e.g., accident, suicide, or homicide) causing the death occur?
Ø	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	Morning (6 am to Noon) Afternoon (Noon to 6 pm)
1	

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 a	ne cause of death the result of a pre-existing med dmission? (If multiple conditions caused the dea existing medical condition.")	lical cond oth and <u>ar</u>	dition or ny of the	did the inmate conditions we	develop the condition re pre-existing, mark
	NOT APPLICABLE—Cause of death was accidental	l injury, in	toxicatio	n, suicide, or hon	nicide
	Pre-existing medical condition Deceased developed condition after admission Could not be determined				
The patie	any additional notes regarding this death here: ent was in Stage 4 of Colon cancer, Recto-s th involvement of the right ureter and bladde	•			



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

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
1.	What was the inmate's name? McKenzie James FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities?	
2.	On what date did the inmate die? O 2 2 8 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Second Degree Murder b.	
3.	What was the name and location of the correctional facility involved? Facility Name: Elayn Hunt Correctional Center Facility City: St. Gabriel Facility State: LA	c. d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?	
4.	What was the inmate's date of birth? 0 5 0 3 1 9 4 5 MONTH DAY YEAR	☐ Yes ☐ No ☐ Don't Know	
5.	What was the inmate's sex? ☑ Male □ Female	11. Where did the inmate die? ☐ In a general housing unit in the facility or in 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	facility In a special mental health services unit with your facility In a medical center outside your facility In a mental health center outside your facilit While in transit Elsewhere Please Specify:	
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: □ White □ Black or African American □ American Indian or Alaska Native □ Asian □ Native Hawaiian or Pacific Islander □ Some other race □ Please Specify:		

712.	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								
12	40								
13.	What was the cause of death? *** Please SPECIFY cause of death—it is critical information***								
-	☑ Illness—Exclude AIDS-related deaths [Specify] ——— Cardiac Arrest secondary to End Stage Lur								
	Acquired Immune Deficiency Syndrome (AIDS)								
	Accidental alcohol/drug intoxication [Describe]								
	☐ Accidental injury to self [Describe] ————————————————————————————————————								
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]								
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]								
	☐ Homicide [Describe] — →								
	Other cause(s) [Specify]								
14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?									
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related								
	☐ In the prison facility or on the prison grounds ☐ ☐ In the inmate's cell/room								
	In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria)								
[PLEASE] In a special medical unit/infirmary									
☐ In a 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 second secon								
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 b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)			
17.	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							
1	Please add any additional notes regarding this death here: Changed Our Lady of Angels in Q11 to "In a medical center outside"								