

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		. 4	Title				
Official Address			Telephone				
City		, i	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 bjsdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
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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?	8. On what date was the inmate admitted to one of
	Meeks Anthony B	your correctional facilities?
	LAST FIRST MI	0 5 1 5 1 9 9 8
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 9 1 4 2 0 1 6	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Armed Robbery
		Affiled Nobbery
_	Miles Aures Alexander and League of Alexander	b. Simple Burglary
3.	What was the name and location of the correctional facility involved?	С.
	•	d.
	Facility Name: Elayn Hunt Correctional Center	е.
	Facility City: Facility State: St. Gabriel LA	
	ot. Cabilei	10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
	What was the inmate's date of birth?	☐ Yes ☐ No
4.	0 4 1 1 1 9 6 1	☑ Don't Know
	MONTH DAY YEAR	
_	What was the inmate's sex?	11. Where did the inmate die?
5.	_	In a general housing unit in the facility or in a general housing unit on prison grounds
	☑ Male □ 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
0.	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	
	American Indian or Alaska NativeAsian	
	Native Hawaiian or Pacific IslanderSome other race	
	Please Specify:	1
		J[]

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 013
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***
- Gardide / intest
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 SPECIFY] In a special medical unit/infirmary In a special mental health services unit
☐ In a segregation unit
On death row, special unit awaiting capital punishment Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere
Please Specify:
15. When did the incident (e.g. cocident cuicide or hemiside) coursing the death access?
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								
YES NO DON'T KNOW a. Evaluated by physician/medical staff								
 17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined 								
Please add any additional notes regarding this death here: Changed St. Elizabeth Hospital (STEH) in Q11 to "In a medical center outside"								

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

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BURDEN STATEMENT

1.	What was the inmate's name?			date was the inmate admitted to one of
	Mire Mike		your cor	rectional facilities?
	LAST FIRST MI		0 5	0 1 1 9 9 6
			MONTH	DAY YEAR
2.	On what date did the inmate die?			
	0 7 0 4 2 0 1 6	9.	For what	t offense(s) was the inmate being held?
	MONTH DAY YEAR		a. F	First Degree Murder
			b. [- J
3.	What was the name and location of the		_	
٥.	correctional facility involved?		с	
	F. W. M.		d. [
	Facility Name:		e. 🗀	
	Elayn Hunt Correctional Center			
	Facility City: Facility State:			
	St. Gabriel LA	40	Cimara	Indicates all data to the state of the state
		10.		Imission, did the inmate ever stay at in a mental health facility?
			_	Yes
4.	What was the inmate's date of birth?			No
	1 2 0 8 1 9 5 9		0	Don't Know
	MONTH DAY YEAR			
		11.	Where d	id the inmate die?
5.	What was the inmate's sex?			In a general housing unit in the facility or in a
	☑ Male □ Female	4		general housing unit on prison grounds In a segregation unit
	☐ Female		\square	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?	14		In a medical center outside your facility
	Yes			In a mental health center outside your facility While in transit
	☑ No			Elsewhere
	9 20		-	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 Asian	¥		
	☐ Native Hawaiian or Pacific Islander			
	Some other race			
	Please Specify:			

12.	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?
		YES — CONTINUE TO Q13 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
	Ø	LATER TIME FOR THE CAUSE OF DEATH No evaluation is planned → CONTINUE TO Q13
12	Mhat	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
13.		
		Illness—Exclude AIDS-related deaths [Specify] ——— Cardiogenic Shock with mulitsyste organ fa
		Acquired Immune Deficiency Syndrome (AIDS)
	9	Accidental alcohol/drug intoxication [Describe] ———
		Accidental injury to self [Describe]
		Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	7	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	•	Homicide [Describe]
	7	Other cause(s) [Specify]
14.	_	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
		In the prison facility or on the prison grounds
	J	☐ 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
"	oreciti)	☐ In a segregation unit
		 On death row, special unit awaiting capital punishment Elsewhere within the prison facility
		Please Specify:
	0	Outside the prison facility (e.g., while on work release or on work detail)
	0	Elsewhere
		Please Specify:
		,
15.	_	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
		3 (
	-	

16.		ding emergency care provided at ces for the medical condition that								
	□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide									
	-	a. Evaluated by physician/medical b. Diagnostic tests (e.g., X-rays, N c. Medications	IRI)				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)			
17.	after	he cause of death the result of a admission? (If multiple conditions existing medical condition.") NOT APPLICABLE—Cause of deather of the existing medical condition Pre-existing medical condition Deceased developed condition after the could not be determined	s caused the dea	th and <u>aı</u>	ny of the	conditions we	re pre-existing, mark			
Plea	ase add	any additional notes regarding this	death here:				with the state of			



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

•	 1		DEATH REP	ORT		RTI INTERNATIONAL	
		· F	ORM COMPLE	TED BY:	1		
Name				Title			
Official Address				Telephone	- 1 1 1		
City				FAX			
State	Zip		E-mail				

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BURDEN STATEMENT

		7
1.	What was the inmate's name? Nelson Roderick L FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? O 2 2 4 2 0 1 0 MONTH DAY YEAR
2.	On what date did the inmate die? 1 1 2 5 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 Robbery b. Armed Robbery c.
	Facility Name: Elayn Hunt Correctional Center Facility City: St. Gabriel Facility Involved? Facility Name: Facility State: LA	de.
4.	What was the inmate's date of birth? 0 5 1 6 1 9 6 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?
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:	

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	Α
□ No evaluation is planned → CONTINUE TO Q13	
12 What was the same of the U.S. att Discuss OF COEN same of death, it is switigal information the	_
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information*** ✓ Illness—Exclude AIDS-related deaths [Specify] — I iver Disease	
Zivoi Biodad	
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 SPECIFY] In a special medical unit/infirmary 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 of services for the medical	are provided at the time of dea I condition that caused his/her	th, did the inmat death after adm	e receive any of t ssion to your co	the following medical rrectional facilities?
□ NOT APPLICABLE	E—Cause of death was accident	al injury, intoxication	on, suicide, or hon	nicide
b. Diagnostic tests c. Medications d. Treatment/care e. Surgery	other than medical unit			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17. Was the cause of death	the result of a pre-existing me	dical condition o	r did the inmate	develop the condition
	tiple conditions caused the de			
□ NOT APPLICABLE	—Cause of death was accident	al injury, intoxication	on, suicide, or hon	nicide
☑ Pre-existing medic☑ Deceased develop☑ Could not be determined	ed condition after admission			
Di-				
Please add any additional note	s regarding this death here:			
		97		



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

	The state of the s			
		FORM COMPLETE	ED BY:	
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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? Nicholas Larry FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? O 4 1 2 2 0 1 6 MONTH DAY YEAR
2.	On what date did the inmate die? 0 4 1 2 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Armed Robbery b. Manslaughter
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
4.	What was the inmate's date of birth? 0 1 0 6 1 9 8 2 MONTH DAY YEAR	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	 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
	☑ No	Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	 White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify: 	

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, review of medical records) available to establish an official cause of death?	or
YES — CONTINUE TO Q13	
Evaluation complete—results are pending	
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED LATER TIME FOR THE CAUSE OF DEATH	AT A
☑ No evaluation is planned → CONTINUE TO Q13	el el
13 What was the standard to the Plance SPECIEV cause of death, it is critical information***	
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***	—
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Cardiopulmonary arrest	
Acquired Immune Deficiency Syndrome (AIDS)	
☐ Accidental alcohol/drug intoxication [Describe] ————	
☐ Accidental injury to self [Describe] —————	
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
☐ Homicide [Describe] —————	
Other cause(s) [Specify]	
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[PLEASE	
SPECIFY] Un a special mental health services unit In a segregation unit	
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Please Specify:	
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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			
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 any additional notes regarding this death here:			
F	OR INMATE , CHANGED ST ELIZABETH HOSPITAL (STEH) IN Q11 TO IN A MEDICAL CENTER UTSIDE			



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1.	What was the inmate's name? Pena Richard T LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? O 4 2 1 2 0 0 8 MONTH DAY YEAR
2.	On what date did the inmate die? O 4 2 9 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Oper-Vehicle Intoxicated 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. 10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 1 2 0 7 1 9 6 3 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 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:	

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
13.	What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	☑ Illness—Exclude AIDS-related deaths [Specify] — Acute Lukemia
	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)
[P	EASE In a special medical unit/infirmary
SF	☐ 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				
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")				
□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide				
 □ Pre-existing medical condition □ Deceased developed condition after admission □ Could not be determined 				
Please add any additional notes regarding this death here: Changed BatonRouge General MedicalCenter in Q11 to "In a medical center outside"				

DEATHS IN CUSTODY—2016 U.S. DEPARTMENT OF JUSTICE Form NPS-4A **BUREAU OF JUSTICE STATISTICS** STATE PRISON INMATE AND ACTING AS COLLECTION AGENT: (Addendum) **DEATH REPORT RTI INTERNATIONAL** FORM COMPLETED BY: Title Name 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.
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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? Reddick Lewis A FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 7 1 6 2 0 1 3 MONTH DAY YEAR
2.	On what date did the inmate die? 1 0 1 9 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Sexual Battery b. Oral Sexual Battery
3.	What was the name and location of the correctional facility involved? Facility Name: Elayn Hunt Correctional Center Facility City: Facility State:	c. Aggrav Incest d. Molestation of a Juvenile e.
	St. Gabriel LA	10. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes
4.	What was the inmate's date of birth? 1 1 0 1 9 4 9	☐ 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
5.6.	What was the inmate's sex? ☑ 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

12.	Are th	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or volume of medical records) available to establish an official cause of death?
		YES CONTINUE TO Q13
	L	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] ——— Heart Attack
	v	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.	_	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
		NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds
	_	☐ In the inmate's cell/room
		In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria)
	EASE	In a special medical unit/infirmary
SP	ECIFY]	In a special mental health services unit In a segregation unit
		☐ On death row, special unit awaiting capital punishment
		Elsewhere within the prison facility Please Specify:
		Flease Specify.
	[, ()
	-	Elsewhere Please Specify:
		r reads spearly.
15.	_	did the incident (e.g., accident, suicide, or homicide) causing the death occur?
	_ _	
	9	
		• =v

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 <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:			

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

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:

RTLINTERNATIONAL

	Mr. march		
		FORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip	E-mail	

Instructions for Completion

If no deaths occurred in 2016:

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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?	8. On what date was the inmate admitted to one of
	Richard Daniel	your correctional facilities?
	LAST FIRST MI	1 0 1 5 2 0 1 2
		MONTH DAY YEAR
•	On what data did the investa dia 2	
2.	On what date did the inmate die?	
	0 7 3 0 2 0 1 6	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Domestic Abuse Battery
		b. Schedule I
3.	What was the name and location of the	c. Second Degree Robbery
	correctional facility involved?	d.
	Facility Name:	
	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?
4.	What was the inmate's date of birth?	☐ Ves ☐ No
	0 5 0 8 1 9 7 6	☐ Don't Know
	MONTH DAY YEAR	
_	Will a second se	11. Where did the inmate die?
5.	_	In a general housing unit in the facility or in a general housing unit on prison grounds
	⊔ Male □ Female	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	your facility
	origin?	☐ In a medical center outside your facility☐ In a mental health center outside your facility
	☐ Yes ☑ No	☐ While in transit
	2 110	☐ 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	t e pe
	American Indian or Alaska Native	
	☐ Asian☐ Native Hawaiian or Pacific Islander	
	Some other race	
	Please Specify:	
		11.1

review of medica	or a medical examiner's or coroner's evalua al records) available to establish an official	ation (such as an autopsy, postmortem exam, or cause of death?
☑ YES —	→ CONTINUE TO Q13	
☐ Evaluation	on complete—results are pending	
→ SF	KIP REMAINING QUESTIONS AND SUBMI ATER TIME FOR THE CAUSE OF DEATH	T THIS FORM—YOU WILL BE CONTACTED AT A
☐ No evalu	uation is planned → CONTINUE TO Q13	
13. What was the ca	ause of death? *** Please SPECIFY cause	of death—it is critical information***
☐ Illness—Ex	xclude AIDS-related deaths [Specify]	
☐ Acquired In	mmune Deficiency Syndrome (AIDS)	
☐ Accidental	alcohol/drug intoxication [Describe]	
☑ Accidental	injury to self [Describe]	Respiratory failure secondary to intracraial
	injury by other (e.g., vehicular accidents asport) [Describe]	
	.g., hanging, knife/cutting instrument, drug overdose) [Describe]	
Homicide [[Describe]	
☐ Other caus	se(s) [Specify]	
14. Where did the <u>in</u>	<u>icident</u> (e.g., accident, suicide, or homicide)	causing the death take place?
☐ NOT APPL	LICABLE—Cause of death was illness, intoxica	ation, or AIDS-related
	on facility or on the prison grounds	
	n the inmate's cell/room	
	n a temporary holding area/lockup n a common area within the facility (e.g., yard, l	library cafeteria)
	a special medical unit/infirmary	istary, caretonay
SPECIFY] In	n a special mental health services unit	
	n a segregation unit	hmont
	On death row, special unit awaiting capital punis Elsewhere within the prison facility	siment
L	Please Specify:	
☐ Outside t	the prison facility (e.g., while on work release o	r on work detail)
☐ Elsewher		
P	Please Specify:	
15. When did the inc	cident (e.g., accident, suicide, or homicide) o	causing the death occur?
	PLICABLE—Cause of death was illness, intoxic	_
	(6 am to Noon)	
	n (Noon to 6 pm) (6 pm to Midnight)	
	it (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) d. Treatment/care other than medications e. Surgery PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f) f. Confinement in special medical unit					
 17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined 					
Please add any additional notes regarding this death here: Changed Our Lady of the Lake in Q11 to "In a medical center outside" The intracranial hemorrhage and seizures were due to a fall on the concrete and he was unconscious with scalp hematoma over.					



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

	Marie Control		
	FORM COMPL	ETED BY:	
Name		Title	
Official		」 ヿ _	
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:

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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

The complete the report offine dt. <u>Intpolifologie interior</u>

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? Roberson Kenneth I AST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 6 0 1 1 9 9 9 MONTH DAY YEAR
3.	On what date did the inmate die? O 2 1 1 2 0 1 6 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: Elayn Hunt Correctional Center	9. For what offense(s) was the inmate being held? a. Forcible Rape b. C. d. e.
	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? 0 8 1 8 1 9 5 7 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 012	
Evaluation complete—results are pending	T 1
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED A LATER TIME FOR THE CAUSE OF DEATH	I A
☑ No evaluation is planned → CONTINUE TO Q13	
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***	
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Cardiac/Sepsis	
Acquired Immune Deficiency Syndrome (AIDS)	
☐ Accidental alcohol/drug intoxication [Describe] →	
☐ Accidental injury to self [Describe] →	
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
☐ Homicide [Describe] —————	
Other cause(s) [Specify]	
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?	
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related	
☐ In the prison facility or on the prison grounds ☐ In the inmate's cell/room	
☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)	
IPLEASE 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	
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)	

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 1	the cause of death the result of a pre-existing medica	al condition	on or did the inmate	develop the condition			
after	admission? (If multiple conditions caused the death existing medical condition.")	and <u>any</u> o	of the conditions wer	re pre-existing, mark			
	NOT APPLICABLE—Cause of death was accidental inj	jury, intoxi	cation, suicide, or hom	nicide			
	in a series of the series of t						
Di							
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

	W. Trucks The			
		FORM COMPLETE	D BY:	
Name			Title	
Official Address			Telephone	
City			FAX	
State	Zip	E-mail		

Instructions for Completion

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- 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? Rochelle LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities?	
2.	On what date did the inmate die? O 4 0 7 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Forcible Rape b.	
 4. 	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?	c. d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes No Don't Know	
	1 0 3 1 1 9 5 8 MONTH DAY YEAR	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 general housing unit on prison grounds □ In a segregation unit □ In a special medical unit/infirmary within yo 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 facil □ While in transit □ Elsewhere Please Specify:	our hin
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 reconstruction of the second of					
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] ——— End Stage of Stomach 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?					
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) In a special medical unit/infirmary					
[PLEASE SPECIFY] In a special medical univiniffmary SPECIFY] In a special medical univiniffmary					
☐ 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 b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)		
after	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 accidenta	l injury, in	itoxication	n, suicide, or hon	nicide		
	Deceased developed condition after admission				tur		
Please ad	ld any additional notes regarding this death here:						

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

	Che Cott Char.		
	FORM COMPL	ETED 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

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? Santee Jerry LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 5 2 8 2 0 1 6 MONTH DAY YEAR
2.	On what date did the inmate die? 0 5 2 8 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Manslaughter b. Habitual Offender Law
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? O 8 2 0 1 9 4 8 MONTH DAY YEAR	☐ Yes ☐ No ☐ Don't Know
5.	What was the inmate's sex?	11. Where did the inmate die?
	✓ Male ☐ Female Was 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
	origin? □ Yes □ No	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] — 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. 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)		
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						
Hea	Please add any additional notes regarding this death here: Heart Attack was attributed to an extensive medical history which includes: Hypertension, COPD, Chronic Hepatitis C infection, cirrhosis.							
			2					

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

	1849 36-71 17.23 4.					
	FORM COMPLETED BY:					
		1				
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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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

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What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of 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
	Smallwood Billy R		your correctional facilities?
	LAST FIRST MI		0 4 1 5 2 0 0 2
			MONTH DAY YEAR
_			
2.	On what date did the inmate die?		
	1 1 2 9 2 0 1 6	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		^{a.} Agg-Oral Sexual Battery
			b.
3.	What was the name and location of the		с.
	correctional facility involved?		
	Facility Name:		d.
	Elayn Hunt Correctional Center		e.
	Facility City: Facility State:		
	St. Gabriel LA		
	En	10.	Since admission, did the inmate ever stay
			overnight in a mental health facility?
	William and the format had been stated to		☐ Yes ☐ No
4.	What was the inmate's date of birth?		☐ Don't Know
	0 7 1 0 1 9 3 0		
	MONTH DAY YEAR		
	1	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 special medical unit/infirmary within your
			facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish		 In a special mental health services unit within your facility
	origin?		☐ In a medical center outside your facility
	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		
	AsianNative Hawaiian or Pacific Islander		
	Some other race		
	Please Specify:		
	1	1	

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
✓ 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] ——— Cardiac Arrest
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] ————
Other cause(s) [Specify]
14. Where did the <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 SPECIFY] In a special medical unit/infirmary 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:
45 40 814 4 4 4
 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?							
0	□ 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. Treatment/care other than medications E. Surgery PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f) C. Treatment/care other than medications E. Surgery PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)						
 17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and 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:						

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. meer						
	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.

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- Make copies of this form for each additional death.
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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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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? Thomas Richard W LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 3 2 4 2 0 1 5 MONTH DAY YEAR
2.	On what date did the inmate die? 0 8 1 5 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Sex Offender Register Violation b.
3.	What was the name and location of the correctional facility involved? Facility Name: Elayn Hunt Correctional Center Facility City: St. Gabriel 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 9 1 1 1 9 5 7 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	your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

The second
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
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?							
□ 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 <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")	1						
□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide							
 ☑ Pre-existing medical condition ☑ Deceased developed condition after admission ☑ Could not be determined 							
Please add any additional notes regarding this death here: Changed Our Lady of the Lake Hospital in Q11 to "In a medical center outside"							

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**

	15000		
	FORM COMPL	ETED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip E-mai	Į is	

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.
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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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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? Turner John LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? O 3 2 9 2 0 1 6 MONTH DAY YEAR
2.	On what date did the inmate die? 1 2 1 3 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Simple Burglary b. Theft
3.	What was the name and location of the correctional facility involved? Facility Name: Elayn Hunt Correctional Center Facility City: Facility State:	c. Theft of Motor Vehicle d. e.
4.	St. Gabriel What was the inmate's date of birth? 1 1 7 1 9 6 5 MONTH DAY YEAR	10. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes ☐ No ☐ Don't Know
		11. Where did the inmate die?
5.	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
12 100-4
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. 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					
47 March					
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:					
ricuse and any additional notes regarding this death here.					

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

	1,223,5			
		FORM COMPLETED	BY:	
Name			Title	
Official Address			elephone	
City			FAX	
State	Zip	E-mail		

Instructions for Completion

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

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- 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
	Wallace Steven	your correctional facilities?
	LAST FIRST MI	0 3 1 5 2 0 1 6
		MONTH DAY YEAR
2	On what date did the inmate die?	
2.		a
	0 3 1 5 2 0 1 6	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Negligent Homicide
		b.
3.	What was the name and location of the	с.
	correctional facility involved?	
	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?
	Miles Assess the Secretary Lands of Children	☐ Yes ☑ No
4.	What was the inmate's date of birth?	Don't Know
	0 5 0 9 1 9 6 6	
	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
	☐ 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
•	origin?	☐ In a medical center outside your facility
	3	
	Yes	In a mental health center outside your facility
	_	
	Yes	☐ In a mental health center outside your facility☐ While in transit
7.	☐ Yes ☑ No	☐ In a mental health center outside your facility ☐ While in transit ☐ Elsewhere
7.	☐ Yes ☐ No ☐ No ☐ In addition, what was the inmate's race? Please select one or more of the following racial	☐ In a mental health center outside your facility ☐ While in transit ☐ Elsewhere
7.	☐ Yes ☐ No In addition, what was the inmate's race? Please	☐ In a mental health center outside your facility ☐ While in transit ☐ Elsewhere
7.	☐ Yes ☐ No In addition, what was the inmate's race? Please select one or more of the following racial categories: ☑ White	☐ In a mental health center outside your facility ☐ While in transit ☐ Elsewhere
7.	☐ 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 mental health center outside your facility ☐ While in transit ☐ Elsewhere
7.	☐ 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 mental health center outside your facility ☐ While in transit ☐ Elsewhere
7.	☐ 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 mental health center outside your facility ☐ While in transit ☐ Elsewhere
7.	☐ 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 mental health center outside your facility ☐ While in transit ☐ Elsewhere

review of medical records) available to establish an official cause of death?
YES —— CONTINUE TO 013
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 ADDITION F. Course of death was illness interior for AIDS related
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ In the prison facility or on the prison grounds ☐ ☐ In the inmate's cell/room
☐ In the prison facility or on the prison grounds ☐ In the inmate's cell/room ☐ In a temporary holding area/lockup
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 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 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
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
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:
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)
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
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)
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
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?
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 medical unit/infirmary In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify:
In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary 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?

ding emergency care provided at the time of death	n, did the	inmate	receive any of	the following	
services for the medical condition that caused his/her death after admission to your correctional facilities?					
NOT APPLICABLE—Cause of death was accidental	injury, int	oxication	n, suicide, or hor	nicide	
b. Diagnostic tests (e.g., X-rays, MRI)				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)	
he cause of death the result of a pre-existing medi admission? (If multiple conditions caused the deat existing medical condition.")	ical cond th and <u>ar</u>	ition or ny of the	did the inmate conditions we	develop the condition re pre-existing, mark	
NOT APPLICABLE—Cause of death was accidental	injury, int	oxicatior	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: For Q11, changed Elsewhere answer of "University Medical Center -New Orleans" to "In a medical center"					
hae	a. Evaluated by physician/medical staff	YES 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 cause of death the result of a pre-existing medical conditions medical conditions not applicable—Cause of death was accidental injury, interesting medical condition Pre-existing medical condition Pre-existing medical condition Deceased developed condition after admission Could not be determined any additional notes regarding this death here: changed Elsewhere answer of "University Medical"	YES NO a. Evaluated by physician/medical staff	YES NO DON'T KNOW a. Evaluated by physician/medical staff	

Form NPS-4A (Addendum)

Name

Official Address

City

State



DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH REPORT

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

•		RITINTERNATIONAL
	FORM COMPLETED BY:	
	Title	
	Telephone	
	FAX	
	5	

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:

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...

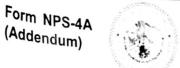
- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but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

BURDEN STATEMENT

1.	What was the inmate's name? Watson Stephen FIRST MI	y	On whateour co	at date orrecti	
2.	On what date did the inmate die? O 1 0 2 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. F		Poss P-Fir	Schedule II Drugs earm edule II: Opium/Opiate Vege
4.	What was the inmate's date of birth? 0 7 1 8 1 9 4 9 MONTH DAY YEAR			yht in a Yes No	ion, did the inmate ever stay a mental health facility? Know
	30° 30° 30° 30° 30° 30° 30° 30° 30° 30°	11. V	Vhere	did the	e inmate die?
5.	What was the inmate's sex? ☑ Male ☐ Female			gener In a s In a s facilit	
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	r, r		your In a n In a n	pecial mental health services unit within facility nedical center outside your facility nental health center outside your facility in transit where 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] ——— Cardiorespiratory failure, subdural hygroma
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]
On death row, special unit awaiting capital punishment Elsewhere within the prison facility
Please Specify:
Thousand appears)
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 inju	ry, intoxica	ation, suicide, or hon	nicide	
	a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)	
after	the cause of death the result of a pre-existing medical radmission? (If multiple conditions caused the death a e-existing medical condition.")	condition nd <u>any</u> of	or did the inmate of the conditions were	develop the condition re pre-existing, mark	
	NOT APPLICABLE—Cause of death was accidental inju	ry, intóxica	ation, suicide, or hom	nicide	
	Deceased developed condition after admission	ag ta bili sa Hawaitan			
Diagonal					
Please add	dd any additional notes regarding this death here:				
,2 ,98 (6.1)					
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				8 1 2	
		7., 7.		and the second	



DEATHS IN CUSTODY—2016 STATE PRISON INMATE

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

	The same of the sa	DEATH REP	ORT	RTIINTERNATIONAL						
	FORM COMPLETED BY:									
Name			Title							
Official ddress		- 1	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
- 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
	Young Johnie	your correctional facilities?
	LAST FIRST MI	0 5 2 2 2 0 1 6
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 5 2 2 2 0 1 6	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Oper-Vehicle Intoxicated
		b. Schedule II
3.	What was the name and location of the	c.
	correctional facility involved?	
	Facility Name:	d
	Elayn Hunt Correctional Center	e.
	Facility City: Facility State:	
	St. Gabriel LA	
	ot. Cubitei	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 3 1 3 1 9 5 3	Don't know
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	
J .	_	In a general housing unit in the facility or in a general housing unit on prison grounds
	☑ Male □ Female	☐ 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	your facility
	origin?	 □ In a medical center outside your facility □ In a mental health center outside your facility
	☐ Yes ☑ No	While in transit
		Elsewhere
	2	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	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or working of medical records) available to establish an official cause of death?				
	٦٥٠١٥١	available to establish an official cause of death.				
	Ċ	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				
	5	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] ——— Palliative Care				
		Acquired Immune Deficiency Syndrome (AIDS)				
		Accidental alcohol/drug intoxication [Describe] ———				
		Accidental injury to self [Describe]				
	ii ii	Accidental injury by other (e.g., vehicular accidents				
	_	during transport) [Describe]				
	÷	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]				
		Homicide [Describe] —				
		Other cause(s) [Specify] —				
_						
14	. Wher	e did the incident (e.g., accident, suicide, or homicide) causing the death take place?				
	0	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related				
		In the prison facility or on the prison grounds I D 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				
	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)				
	[Elsewhere Please Specify:				
		Trease openly.				
\equiv						
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 accidenta	□ 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 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: It was determined prior to according to the autopsy to Stage IV gastric adenocarcinoma.									
				· · · · · · · · · · · · · · · · · · ·					