-				OMBN	o. 1121-0249 Approval Expires 03/31/2019
Form (Adde	NPS-4A endum)		DEATHS IN CUSTO STATE PRISON II DEATH REPO	MATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
			FORM COMPLET	ED BY:	
Name				Title	
Official Address				Telephone	
City				FAX	
State		Zip	E-mail	L	
• Y		eed to report anyth		ary form whet	her or not you had a death occurrence in 2015
• M • C	lake copies of omplete the	entire form for eac	h additional death.	o submit a dea	ath report:
	DNLINE: Co E-MAIL: <u>bjsd</u>		online at: <u>https://bjsdcrp.rti.org</u>	MAIL	 RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652
F	AX (TOLL-F	REE): (866) 800-9	179		
	lf you ne	ed assistance, cal	I Matt Bensen of RTI Internation	al toll-free at (i	800) 344-1387 or <u>bisdcrp@rti.org</u>

What deaths should be reported?

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

BURDEN STATEMENT

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

1.	What was the inmate's name? Andrews Wayne LAST FIRST	 8. On what date was the inmate admitted to one of your correctional facilities? 0 9 2 7 1 9 8 3
2.	On what date did the inmate die? 0 8 2 3 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Armed Robbery b.
3.	What was the name and location of the correctional facility involved? Facility Name: Louisiana State Penetentiary	c d e
	Facility City: Facility State: Angola	10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 2 0 2 1 9 6 0 MONTH DAY YEAR	D Yes D No D 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:	

and the second se							
Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?							
 YES> CONTINUE TO Q13 Evaluation complete—results are pending 							
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH							
□ No evaluation is planned → CONTINUE TO Q13							
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***							
Illness—Exclude AIDS-related deaths [Specify] — Cancer							
Acquired Immune Deficiency Syndrome (AIDS)							
Accidental alcohol/drug intoxication [Describe]							
Accidental injury to self [Describe]							
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]							
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]							
Homicide [Describe]							
Other cause(s) [Specify]							
 14. Where did the <u>incident</u> (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 							
[PLEASE SPECIFY] In the prison denity of 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							
C 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	15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?					
\checkmark	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related					
	Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight) Overnight (Midnight to 6 am)					

16.	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?							
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
		YES NO DON'T KNOW a. Evaluated by physician/medical staff Image: Constraint of the state o						
17.	after	he cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")						
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
		Pre-existing medical condition Deceased developed condition after admission Could not be determined						

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: RTI INTERNATIONAL
			FORM COMPL	ETED BY:	
Name				Title	
Official Address				Telephone	
City				FAX	
State		Zip	E-mai	I	

Instructions for Completion

If no deaths occurred in 2016:

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

If you had more than one death in 2016:

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

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

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652

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

What deaths should be reported?

NCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons		
 Confined in your correctional facilities, whether housed under your jurisdiction or that of another state 	Executed in your state		
 Under your jurisdiction but housed in private correctional 	 Confined in local jail facilities, whether located in or out of state 		
facilities, whether located in or out of state	Under your jurisdiction but housed in a state-operated		
 Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, 	 correctional facility in another state or in a federal facility Under probation or parole supervision in your state 		
police/court lockups, or work farms)	 Under your jurisdiction but on AWOL or escape-status at 		
 In transit to or from your facilities while under your supervision 	the time of death		

BURDEN STATEMENT

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1.	What was the inmate's name? Arvie Rickey LAST FIRST	 8. On what date was the inmate admitted to one of your correctional facilities? 0 6 1 7 2 0 1 0 MONTH DAY YEAR
2.	On what date did the inmate die?	9. For what offense(s) was the inmate being held? a. Second Degree Murder b.
3.	What was the name and location of the correctional facility involved? Facility Name: Louisiana State Penetentiary Facility City: Facility State: Angola LA What was the inmate's date of birth?	c
	0 7 1 0 1 9 7 5 MONTH DAY YEAR	Don't Know11. 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	 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:	

1

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?							
□ YES> CONTINUE TO Q13 □ Evaluation complete—results are pending							
Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A							
LATER TIME FOR THE CAUSE OF DEATH							
✓ No evaluation is planned → CONTINUE TO Q13							
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***							
☑ Illness—Exclude AIDS-related deaths [Specify] → Cardiopulmonary Arrest							
Acquired Immune Deficiency Syndrome (AIDS)							
Accidental alcohol/drug intoxication [Describe]							
Accidental injury to self [Describe]							
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]							
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]							
Homicide [Describe]							
Other cause(s) [Specify]							
44. When the the incident (any excident entities on hereicide) equains the death take along 2							
 14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? INOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related 							
In the prison facility or on the prison grounds							
 In the inmate's cell/room In a temporary holding area/lockup 							
In a common area within the facility (e.g., yard, library, cafeteria)							
SPECIFY							
 In a segregation unit On death row, special unit awaiting capital punishment 							
Elsewhere within the prison facility							
Please Specify:							
 Outside the prison facility (e.g., while on work release or on work detail) Elsewhere 							
Please Specify:							
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?							

- D NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
 Afternoon (Noon to 6 pm)
 Evening (6 pm to Midnight)
 Overnight (Midnight to 6 am)

16.	Exclı servi	uding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?				
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide				
		YES NO DON'T KNOW a. Evaluated by physician/medical staff Image: Construction of the state				
	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				
Pleas	se ado	d any additional notes regarding this death here:				

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

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

Instructions for Completion

If no deaths occurred in 2016:

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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 bjsdcrp@rti.org

 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) 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 	NCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons	
 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) Under your jurisdiction or parole supervision in your state 	Confined in your correctional facilities, whether housed	Executed in your state	
 Onder your jurisdiction but noused 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) 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 or that of another state	Confined in local jail facilities, whether located in or out of	
 Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms) Under your jurisdiction but in state-operated correctional facility in another state or in a federal facility Under probation or parole supervision in your state 		state	
 Under probation or parole supervision in your state Under probation or parole supervision in your state 			
police/court lockups, or work farms)		correctional facility in another state or in a federal facility	
		Under probation or parole supervision in your state	
 In transit to or from your facilities while under your supervision Under your jurisdiction but on AWOL or escape-status at the time of death 	In transit to or from your facilities while under your	 Under your jurisdiction but on AWOL or escape-status at the time of death 	

What deaths should be reported?

BURDEN STATEMENT

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STATE PRISON INMATE DEATH REPORT	STATE	PRISON	INMATE	DEATH	REPORT
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1.	What was the inmate's name?BatemanMichaelLASTFIRSTMI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 1 1 3 2 0 1 6 MONTH DAY YEAR
2.	On what date did the inmate die?	 9. For what offense(s) was the inmate being held? a. Simple Burglary b. Oper Clandestine Lab
3.	What was the name and location of the correctional facility involved?	c
	Louisiana State Penetentiary Facility City: Facility State: Angola LA	e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 4 1 9 1 9 7 6 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
		11. Where did the inmate die?
5.	What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish origin?	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility
	□ Yes ☑ No	 While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

 Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death? YES → CONTINUE TO Q13 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] ——— Cardiopulmonary Arrest
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 segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?

- ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
 - Morning (6 am to Noon)
 - Afternoon (Noon to 6 pm)

 - Evening (6 pm to Midnight)
 Overnight (Midnight to 6 am)

		iding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?			
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide			
-		YES NO DON'T KNOW a. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A c. Medications PLEASE FOR d. Treatment/care other than medications PLEASE PROVIDE A e. Surgery PLEASE PROVIDE A f. Confinement in special medical unit PLEASE PROVIDE 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			
Pleas	se ado	d any additional notes regarding this death here:			

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

Instructions for Completion

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

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

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652

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

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

NCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons	
Confined in your correctional facilities, whether housed	Executed in your state	
under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of	
 Under your jurisdiction but housed in private correctional facilities what as leasted is as out of state. 	state	
facilities, whether located in or out of state	Under your jurisdiction but housed in a state-operated	
 Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, 	correctional facility in another state or in a federal facility	
police/court lockups, or work farms)	Under probation or parole supervision in your state	
 In transit to or from your facilities while under your 	Under your jurisdiction but on AWOL or escape-status at	
supervision	the time of death	

BURDEN STATEMENT

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What deaths should be reported?

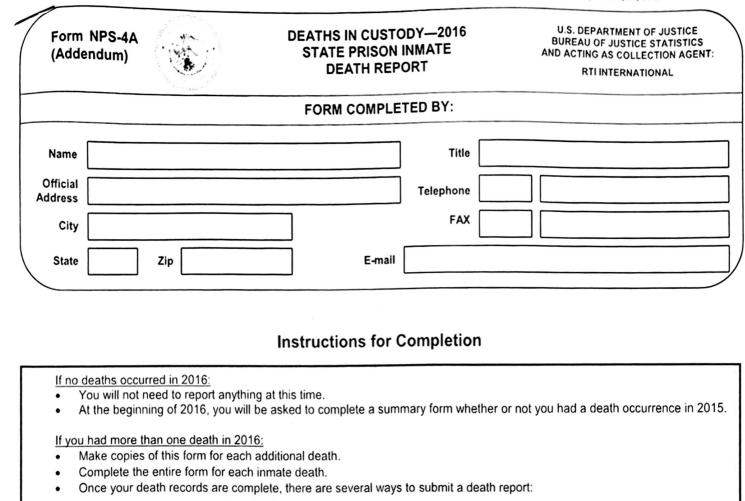
1.	What was the inmate's name? Birtha William LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 8. 1 9 9 7 MONTH DAY YEAR
2.	On what date did the inmate die? $ \begin{array}{c c} \hline 0 & 3 \\ \hline DAY \end{array} \begin{array}{c} \hline 2 & 0 \\ \hline YEAR \end{array} $ What was the name and location of the correctional facility involved?	 9. For what offense(s) was the inmate being held? a. Armed Robbery b. First Degree Murder c. S-Escape Type I
	Facility Name: Louisiana State Penetentiary Facility City: Facility State: Angola 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 1 1 9 1 9 4 4 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 In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	 In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

12. Are the result
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 \rightarrow 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] → Natural Expected/ Chronic Illness with Norr
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
SPECIFY] In a special mental health services unit
 In a segregation unit On death row, special unit awaiting capital punishment
Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Please Specify:
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?
■ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
Morning (6 am to Noon)
Afternoon (Noon to 6 pm)
Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

16 Ex	cluding emergency care provided at the time of death, did the inmate receive any of the following medical
se	rvices for the medical condition that caused his/her death after admission to your correctional facilities?
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW a. Evaluated by physician/medical staff
aft	as the cause of death the result of a pre-existing medical condition or did the inmate develop the condition er admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark re-existing medical condition.")
	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:

Passed away of cardiopulmonary arrest secondary to stage IV lung cancer. He was pronounced dead by LSP staff position.



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

BURDEN STATEMENT

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

	STATE PRISON INM	ATE DEATH REPORT
1. 2.	What was the inmate's name? Boutte Darryl LAST FIRST MI On what date did the inmate die? 0 2 0 1 6	 8. On what date was the inmate admitted to one of your correctional facilities? 0 5 2 9 1 9 8 4 MONTH DAY YEAR 9. For what offense(s) was the inmate being held?
3.	MONTH DAY YEAR What was the name and location of the correctional facility involved?	 a. Armed Robbery b. Aggravated Rape c. d.
	Facility Name: Louisiana State Penetentiary Facility City: Facility State: Angola LA	 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 7 3 1 9 5 9 MONTH DAY YEAR	☐ Yes ☑ No ☐ Don't Know
5.	What was the inmate's sex? Male Female	 11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin? □ Yes ☑ No	 In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

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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] Intracranial Bleed]	
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]	7	
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 <i>Please Specify:</i>		
Outside the prison facility (e.g., while on work release or on work detail)		

Outside the prison facilit
 Elsewhere
 Please Specify:

15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
 NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
 Morning (6 am to Noon)

- □ Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

16.	6. 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?		
	D] NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicic	le
		b. Diagnostic tests (e.g., X-rays, MRI)	EASE PROVIDE A SPONSE FOR CH ITEM (a–f)
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")			
] NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicic	le internet

Please add any additional notes regarding this death here: Changed Our Lady of the Lake Hospital in Q11 to "In a medical center outside . . ."

OMB No. 1121-0249 Approval Expires 03/31/2019 **U.S. DEPARTMENT OF JUSTICE** Form NPS-4A **DEATHS IN CUSTODY**—2016 BUREAU OF JUSTICE STATISTICS STATE PRISON INMATE (Addendum) AND ACTING AS COLLECTION AGENT: DEATH REPORT **RTI INTERNATIONAL** FORM COMPLETED BY: Name Title Official Telephone Address FAX City State Zip E-mail Instructions for Completion

If no deaths occurred in 2016:

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

If you had more than one death in 2016:

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

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

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

INCLUDE deaths of ALL persons		EXCLUDE 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		Executed in your state Confined in local jail facilities, whether located in or out of state
•	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)	•	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
•	In transit to or from your facilities while under your supervision		Under your jurisdiction but on AWOL or escape-status at the time of death

What deaths should be reported?

BURDEN STATEMENT

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		8. On what data was the inmate statute and of
1.	What was the inmate's name?	 On what date was the inmate admitted to one of your correctional facilities?
	Carter Terrance A	
	LAST FIRST MI	MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 4 0 2 2 0 1 6	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. First Degree Murder
		b
3.	What was the name and location of the correctional facility involved?	c.
	correctional facility involved :	d.
	Facility Name:	
	Louisiana State Penetentiary	e.
	Facility City: Facility State:	
	Angola LA	
		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.		Don't Know
	0 7 1 1 1 9 7 9 MONTH DAY YEAR	
	MUNTH DAY TEAR	
		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
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	
		Please Specify:
7.	In addition, what was the inmate's race? Please	
	select one or more of the following racial	
	categories:	
	White Black or African American	
	 Black or African American American Indian or Alaska Native 	
	Asian	
	 Native Hawaiian or Pacific Islander Some other race 	
	Please Specify:	
1		

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revi	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or ew of medical records) available to establish an official cause of death?
	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. Wh	at was the cause of death? *** Please SPECIFY cause of death—it is critical information***
0	Illness—Exclude AIDS-related deaths [Specify]
	Acquired Immune Deficiency Syndrome (AIDS)
0	Accidental alcohol/drug intoxication [Describe]
c	Accidental injury to self [Describe]
с (Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
0	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
с	Homicide [Describe]
c	Other cause(s) [Specify]
	ere 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
0.54	 In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary
[PLEAS SPECII	F_{YJ} 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:

- Afternoon (Noon to 6 pm)
 Evening (6 pm to Midnight)
 Overnight (Midnight to 6 am)

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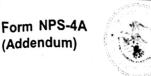
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16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?			
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide		
	YES NO DON'T KNOW a. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) RESPONSE FOR c. Medications EACH ITEM (a-f) d. Treatment/care other than medications EACH ITEM (a-f) e. Surgery Image: Confinement in special medical unit		
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")			
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission		

Could not be determined

Please add any additional notes regarding this death here:



DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH REPORT

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

RTI INTERNATIONAL

FORM COMPLETED BY:

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

Instructions for Completion

If no deaths occurred in 2016:

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

If you had more than one death in 2016:

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

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

INCLUDE deaths of ALL persons		EXCLUDE deaths of ALL persons		
•	Confined in your correctional facilities, whether housed under your jurisdiction or that of another state	Executed in your state		
		Confined in local jail facilities, whether located in or out of		
	Under your jurisdiction but housed in private correctional	state		
	facilities, whether located in or out of state	Under your jurisdiction but housed in a state-operated		
•	 Under your jurisdiction but in special facilities (e.g., 	correctional facility in another state or in a federal facility		
	medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	Under probation or parole supervision in your state		
	 In transit to or from your facilities while under your 	Under your jurisdiction but on AWOL or escape-status at		
	supervision	the time of death		
	3	3 A	2	

What deaths should be reported?

BURDEN STATEMENT

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What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
Ast FIRST MI	J J J J Sector and facilities ? I 0 7 1 5 1 9 9 8 MONTH DAY YEAR
On what date did the inmate die? 0 8 1 6 2 0 1 6 0 8 1 6 2 0 1 6 0 8 1 6 2 0 1 6 0 8 1 6 2 0 1 6 $MONTH$ DAY YEAR What was the name and location of the orrectional facility involved? acility Name: Couisiana State Penetentiary Angola Vhat was the inmate's date of birth? 0 2 0 4 1 9 6 1 $WONTH$ DAY YEAR YEAR YEAR YEAR	9. For what offense(s) was the inmate being held? a. First Degree Murder b. c. d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes No On't Know
What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No	 11. Where did the inmate die? In a general housing unit in the facility or in general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within you 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 facility In a mental health center outside your facility Elsewhere Please Specify:
 addition, what was the inmate's race? Please elect one or more of the following racial ategories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify: 	

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

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

16. E: se	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.")			
	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 		
Place add any additional nation remains this death have			
Flease	add any additional notes regarding this death here:		

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OMB No. 1121-0249 Approval Expires 03/31/2019 Form NPS-4A U.S. DEPARTMENT OF JUSTICE **DEATHS IN CUSTODY**—2016 BUREAU OF JUSTICE STATISTICS (Addendum) STATE PRISON INMATE AND ACTING AS COLLECTION AGENT: DEATH REPORT **RTI INTERNATIONAL** FORM COMPLETED BY: Name Title Official Telephone Address FAX City State Zip E-mail 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

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			EXCL	UDE deaths of ALL persons
•		Confined in your correctional facilities, whether housed under your jurisdiction or that of another state	•	Executed in your state
			•	Confined in local jail facilities, whether located in or out of
•		Under your jurisdiction but housed in private correctional		state
	-	facilities, whether located in or out of state	•	Under your jurisdiction but housed in a state-operated
		Under your jurisdiction but in special facilities (e.g.,		correctional facility in another state or in a federal facility
		medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	•	Under probation or parole supervision in your state
	•	In transit to or from your facilities while under your supervision	·	Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

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Project Number: 0215015.001.100.102.100

5265 Capital Boulevard

Raleigh, NC 27690-1652

What was the inmate's name? Clark Donald LAST FIRST		On what date was the inmate admitted to one of your correctional facilities?
On what date did the inmate die?		MONTH DAY YEAR
0 9 0 3 2 0 1 6 MONTH DAY YEAR	9.	For what offense(s) was the inmate being held? a. Second Degree Murder
What was the name and location of the correctional facility involved? Facility Name: Louisiana State Penetentiary		b
Facility City: Facility State: Angola LA		Since admission, did the inmate ever stay overnight in a mental health facility?
What was the inmate's date of birth? 0 1 9 1 9 4 7 MONTH DAY YEAR		☐ Yes ☐ No ☑ Don't Know
	11.	Where did the inmate die?
What was the inmate's sex? Male Female		 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility
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:
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:	1	
	Clark Donald LAST FIRST MI On what date did the inmate die? 0 9 0 3 2 0 1 0 0 1 0 1 1 9 0 1 1 9 0 1 1 9 1 9 7 MONTH 0 1 1 9 1 9 1 1 9 1 <th>Clark Donald LAST FIRST MI O 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 1 9 1</th>	Clark Donald LAST FIRST MI O 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 1 9 1

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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 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] → Congestive Heart Failure
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds
 In the inmate's cell/room In a temporary holding area/lockup
In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE] In a special medical unit/infirmary
□ In a segregation unit
On death row, special unit awaiting capital punishment
Elsewhere within the prison facility Please Specify:
riease specify.
Outside the prison facility (e.g., while on work release or on work detail)
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)

s	ervio	iding emergency care provided at the time of o ces for the medical condition that caused his/l	her death aft	er admi	ssion to your co	rrectional facilities?
		NOT APPLICABLE—Cause of death was accide	ental injury, ir	ntoxicatio	on, 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)

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:

			01110	
	NPS-4A ndum)	DEATHS IN CUSTOD STATE PRISON INI DEATH REPOR	MATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLETE	D BY:	
Name			Title	
Official ddress			Telephone	
City			FAX	
State	Zip	E-mail		
		Instructions for Co	npletion	
 Yo At If you I Ma Co 	had more than one death in 201 ake copies of this form for each omplete the entire form for each	be asked to complete a summar 1 <u>6:</u> additional death.		ner or not you had a death occurrence in 201 ath report:
	NLINE: Complete the report or -MAIL: bjsdcrp@rti.org	nline at: <u>https://bjsdcrp.rti.org</u>	MAIL:	RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.10 5265 Capital Boulevard Raleigh, NC 27690-1652
F	AX (TOLL-FREE): (866) 800-91	79		
	If you need assistance, call	Matt Bensen of RTI International	toll-free at (&	300) 344-1387 or <u>bjsdcrp@rti.org</u>

What deaths should be reported?

INCLUDE deaths of ALL persons		EXCLUDE deaths of ALL persons		
•	Confined in your correctional facilities, whether housed under your jurisdiction or that of another state	•	Executed in your state	
		•	Confined in local jail facilities, whether located in or out of	
•	Under your jurisdiction but housed in private correctional		state	
	facilities, whether located in or out of state	•	Under your jurisdiction but housed in a state-operated	
•	Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	2	correctional facility in another state or in a federal facility	
		•	Under probation or parole supervision in your state	
-	In transit to or from your facilities while under your	•	Under your jurisdiction but on AWOL or escape-status at	
		-	the time of death	
		1		

BURDEN STATEMENT

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

		1-
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Craddock Calvin	your correctional facilities?
	LAST FIRST MI	
		MONTH DAY YEAR
2.	On what date did the inmate die?	
		9. For what offense(s) was the inmate being held?
	MONTH DAT TEAK	a. Aggravated Rape
		b.
3.	What was the name and location of the	c.
	correctional facility involved?	
	Facility Name:	d.
	Louisiana State Penetentiary	е.
	Facility City: Facility State:	
	Angola LA	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
4.	What was the inmate's date of birth?	No Don't Know
	0 9 0 6 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
0.	origin?	In a medical center outside your facility
	□ Yes	 In a mental health center outside your facility While in transit
	☑ No	
1		Please Specify:
7.	In addition, what was the inmate's race? Please	
1.	select one or more of the following racial	
	categories:	
	White	
	 Black or African American American Indian or Alaska Native 	
	Alian Alian of Alaska Native	
	Native Hawaiian or Pacific Islander	
	Some other race Please Specify:	1
	riease Specily.	

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]
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] Image: Special medical univiniirmary SPECIFY] Image: Image: Special medical univiniirmary Image: Image
On death row, special unit awaiting capital punishment
C Elsewhere within the prison facility → Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Please Specify:
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
 NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related Morning (6 am to Noon)

The sta

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

16. Exclu servi	uding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
Ø	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW a. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) RESPONSE FOR c. Medications Antional content of the medications d. Treatment/care other than medications Antional content of the medications e. Surgery Antional content of the medical unit f. Confinement in special medical unit Antional content of the medical unit
after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	Pre-existing medical condition Deceased developed condition after admission Could not be determined

Please add any additional notes regarding this death here:

Offender passed away of cardiopulmonary arrest secondary to hanging. It is also listed as asphyxia due to hanging.

4

				OMB	No. 1121-0249 Approval Expires 03/31/2019
	NPS-4A endum)		DEATHS IN CUST STATE PRISON DEATH REF	INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
			FORM COMPLE	ETED BY:	
				7	
Name				Title	
Official				Telephone	
Address				FAX	
City			4	FAA	
State		Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2016:

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

If you had more than one death in 2016:

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

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

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652

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

NCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons		
Confined in your correctional facilities, whether housed	Executed in your state		
under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of		
 Under your jurisdiction but housed in private correctiona 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 your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, 	Under probation or parole supervision in your state		
police/court lockups, or work farms)			
In transit to or from your facilities while under your	 Under your jurisdiction but on AWOL or escape-status at the time of death 		
supervision			

What deaths should be reported?

BURDEN STATEMENT

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

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] → 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]
[F	 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 Base 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?

- D NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?					
NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
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.")					
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 N	o. 1121-0249 Approval Expires 03/31/2019
Form NPS-4A (Addendum)	- M 1/2	THS IN CUSTODY—2016 TATE PRISON INMATE DEATH REPORT	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
	FC	ORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State Zip		E-mail	
	Instru	ctions for Completion	
	to report anything at this time		er or not you had a death occurrence in 2015
If you had more than or Make copies of this		- 41-	
 Complete the entir 	s form for each additional de e form for each inmate deat	h.	
Once your death re	ecords are complete, there a	are several ways to submit a dea	th report:
ONLINE: Comple	te the report online at: https:	//bisdern rti ora MAII	RTI International, Attn: Data Capture

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

Raleigh, NC 27690-1652

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

NCI	UDE deaths of ALL persons	EXCLUDE deaths of ALL persons
NOL	ODE deaths of ALE persons	
•	Confined in your correctional facilities, whether housed	Executed in your state
	under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of
•	Under your jurisdiction but housed in private correctional	state
	facilities, whether located in or out of state	Under your jurisdiction but housed in a state-operated
•	Under your jurisdiction but in special facilities (e.g.,	correctional facility in another state or in a federal facility
	medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	Under probation or parole supervision in your state
•	In transit to or from your facilities while under your supervision	 Under your jurisdiction but on AWOL or escape-status at the time of death

What deaths should be reported?

BURDEN STATEMENT

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

E

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
	Fleury	
	LAST FIRST MI	MONTH DAY YEAR
2.	On what date did the inmate die?	
		9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Aggravated Rape
		b. Aggravated Burglary
3.	What was the name and location of the correctional facility involved?	c. Armed Robbery
		d. Agg Crime Against Nature
	Facility Name:	
	Louisiana State Penetentiary	e.
	Facility City: Facility State:	
	Angola	
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth?	
"		Don't Know
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	□ In a general housing unit in the facility or in a
	☑ Male	general housing unit on prison grounds
	Female	In a special medical unit/infirmary within your
1		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	While in transit
	☑ No	
		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] → Cardiopulmonary Arrest				
Acquired Immune Deficiency Syndrome (AIDS)				
□ Accidental alcohol/drug intoxication [Describe]				
Accidental injury to self [Describe]				
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]				
□ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →				
Homicide [Describe]				
□ Other cause(s) [Specify]				
 14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) 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: 				
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?				
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related				
Morning (6 am to Noon)				

- Afternoon (Noon to 6 pm)
 Evening (6 pm to Midnight)
 Overnight (Midnight to 6 am)

_		
16.	Exclu servi	ding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
	D	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES NO DON'T KNOW a. Evaluated by physician/medical staff Image: Construction of the state
17.	after	he cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined

Please add any additional notes regarding this death here:

1.1

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

If no deaths occurred in 2016:

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

If you had more than one death in 2016:

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

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

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org

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

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

	What deaths should be reported?					
INCLUDE deaths of ALL persons			EXCLUDE deaths of ALL persons			
Confined in your correctional facilities, whether housed		•	Executed in your state			
	under your jurisdiction or that of another state		Confined in local jail facilities, whether located in or out of			
•	Under your jurisdiction but housed in private correctional		state			
	facilities, whether located in or out of state	•	Under your jurisdiction but housed in a state-operated			
•	Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)		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			
•	In transit to or from your facilities while under your supervision	10	the time of death			

BURDEN STATEMENT

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

101

12. Are th review	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or v of medical records) available to establish an official cause of death?				
 YES → CONTINUE TO Q13 Evaluation complete—results are pending 					
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT				
Ŀ	LATER TIME FOR THE CAUSE OF DEATH No evaluation is planned				
-	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]				
4.4					
14. wher	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)				
[PLEASE	□ In a special medical unit/infirmary □ In a special mental health services unit				
SPECIFY]	□ In a segregation unit				
	On death row, special unit awaiting capital punishment				
	C Elsewhere within the prison facility				
	Please Specify:				
	Outside the prison facility (e.g., while on work release or on work detail)				
E					
	Please Specify:				

☑ 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)

E

16. Exclu servi	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?					
0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
	YES NO DON'T KNOW a. Evaluated by physician/medical staff Image: Construction of the state					
 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:

				ONBI	NO. 1121-0249 Approval Expires 03/31/2019
Form (Add	NPS-4A endum)		DEATHS IN CUST STATE PRISON DEATH REP	INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
			FORM COMPLE	TED BY:	
Name				Title	
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.
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E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652

ONAD No. 1121 0240 Approval Funites 02/24/20

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

INCLUDE deaths of ALL persons... EXCLUDE deaths of ALL persons... Executed in your state Confined in your correctional facilities, whether housed under your jurisdiction or that of another state Confined in local jail facilities, whether located in or out of state Under your jurisdiction but housed in private correctional 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 your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, Under probation or parole supervision in your state police/court lockups, or work farms) Under your jurisdiction but on AWOL or escape-status at In transit to or from your facilities while under your the time of death supervision

What deaths should be reported?

BURDEN STATEMENT

	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name? Harris Darrion LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 1 0 1 1 1 1 9 9 5 MONTH DAY YEAR
2.	On what date did the inmate die? 0 6 2 4 2 0 1 6 MONTH DAY YEAR	 9. For what offense(s) was the inmate being held? ^{a.} Simple Burglary ^{b.} Simple Burgurlary Inhab Dwelling
3.	What was the name and location of the correctional facility involved? Facility Name: Louisiana State Penetentiary Facility City: Facility State: Angola LA	c d e 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes
4.	What was the inmate's date of birth? 0 7 2 6 DAY YEAR	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 In a special mental health services unit within
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: Uhite Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
 YES → CONTINUE TO Q13 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
☑ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] 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 mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

Morning (6 am to Noon)
 Afternoon (Noon to 6 pm)

- Evening (6 pm to Midnight)
 Overnight (Midnight to 6 am)

16.	Exclu servi	iding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?					
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
		YES NO DON'T KNOW a. Evaluated by physician/medical staff Image: Construction of the state					
17.	17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")						
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
		Pre-existing medical condition Deceased developed condition after admission Could not be determined					

Please add any additional notes regarding this death here:

•

			OMB No	p. 1121-0249 Approval Expires 03/31/2019	
Form NPS-4A (Addendum)		DEATHS IN CUSTO STATE PRISON IN DEATH REPO	MATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL	
		FORM COMPLET	ED BY:		
Name			Title		
Official Address			Telephone		
City			FAX		
State	Zip	E-mail			
 You will 	occurred in 2016: not need to report anythineginning of 2016, you will		ry form wheth	her or not you had a death occurrence in 2015	
Make cCompletion	opre than one death in 201 opies of this form for each te the entire form for each our death records are com	additional death.	submit a dea	ath report:	
ONLIN	E: Complete the report or	nline at: https://bjsdcrp.rti.org	MAIL	: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100	
E-MAIL	: bjsdcrp@rti.org			5265 Capital Boulevard Raleigh, NC 27690-1652	
FAX (T	OLL-FREE): (866) 800-91	179			
	ou need assistance, call				

What deaths should be reported? EXCLUDE deaths of ALL persons... INCLUDE deaths of ALL persons... Executed in your state • Confined in your correctional facilities, whether housed • under your jurisdiction or that of another state Confined in local jail facilities, whether located in or out of • state Under your jurisdiction but housed in private correctional 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 your jurisdiction but in special facilities (e.g., . medical/treatment/release centers, halfway houses, Under probation or parole supervision in your state police/court lockups, or work farms) Under your jurisdiction but on AWOL or escape-status at In transit to or from your facilities while under your • the time of death supervision

BURDEN STATEMENT

1.	What was the inmate's name? Hayes Larry LAST FIRST	 8. On what date was the inmate admitted to one of your correctional facilities? 0 5 2 8 1 9 8 7 MONTH DAY YEAR
2.	On what date did the inmate die? 1 2 5 2 0 1 6 MONTH DAY YEAR	 9. For what offense(s) was the inmate being held? ^{a.} Aggravated Rape b.
3.	What was the name and location of the correctional facility involved? Facility Name: Louisiana State Penetentiary	c
	Facility City: Facility State: Angola 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 1 0 3 1 9 5 2 MONTHDAYYEAR	☐ 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
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	

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?
$\Box \text{ YES } \longrightarrow \text{ CONTINUE TO Q13}$
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
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] → Cardiopulmonary Arrest
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
□ Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds
☐ In the inmate's cell/room
In a temporary holding area/lockup
In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE] In a special medical unit/infirmary SPECIFYI In a special mental health services unit
SPECIFY] U In a special mental health services unit
On death row, special unit awaiting capital punishment
Elsewhere within the prison facility
Please Specify:
 Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
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.	6. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?				
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide			
		YES NO DON'T KNOW a. Evaluated by physician/medical staff Image: Construction of the state			
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			
Dies		d any additional notae reverting this dooth have:			
Plea		Deceased developed condition after admission			

Cardiopulmonary Arrest, Secondary to Liver Cancer

		OMB No. 1121-0249 Approval Expires 03/31/2019			
Form NPS (Addendur	9-4A m)	DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH REPORT	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL		
		FORM COMPLETED BY:			
Name		Title			
Official Address		Telephone			
City		FAX			
State	Zip	E-mail			
		Instructions for Completion	ı		
 You will 	occurred in 2016: I not need to report anythir beginning of 2016, you will		ther or not you had a death occurrence in 2015		
Make co	nore than one death in 201 opies of this form for each te the entire form for each	additional death.			

Once your death records are complete, there are several ways to submit a death report:

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

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652

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

What deaths should be reported?

NCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
Confined in your correctional facilities, whet	
under your jurisdiction or that of another sta	Commed in local jair lacinities, whether located in or out of
 Under your jurisdiction but housed in private 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 your jurisdiction but in special facilitie medical/treatment/release centers, halfway 	lo (og),
police/court lockups, or work farms)	Under probation or parole supervision in your state
 In transit to or from your facilities while unde supervision 	Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

			the second se
1.	What was the inmate's name? Hill Natahan LAST FIRST MI	8.	On what date was the inmate admitted to one of your correctional facilities? 0 2 0 6 1 9 7 6 MONTH DAY YEAR
2.	On what date did the inmate die? $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	9.	For what offense(s) was the inmate being held? ^{a.} First Degree Murder b.
3.	What was the name and location of the correctional facility involved? Facility Name: Louisiana State Penetentiary Facility City: Facility State: Angola LA What was the inmate's date of birth?	10.	c
4.	1 0 3 0 1 9 5 6 MONTH DAY YEAR	11	☑ Don't Know 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:		

and the second se
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] Eruption of Aortic Aneurysm
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 segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

j

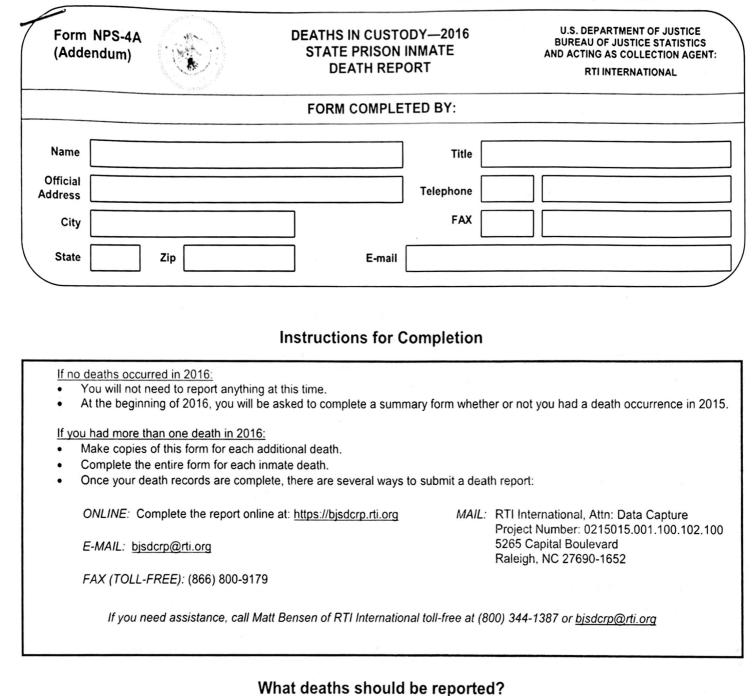
- Morning (6 am to Noon)
 Afternoon (Noon to 6 pm)
 Evening (6 pm to Midnight)
 Overnight (Midnight to 6 am)

16. Exclu servi	uding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW a. Evaluated by physician/medical staff
after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	Pre-existing medical condition Deceased developed condition after admission Could not be determined

Please add any additional notes regarding this death here: Offender had an eruption aortic aneurysm .

p.s.

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



INCLUDE deaths of ALL persons	EXCLUDE 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 	 Executed in your state Confined in local jail facilities, whether located in or out of state 	
 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) 	 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 	
 In transit to or from your facilities while under your supervision 	 Under your jurisdiction but on AWOL or escape-status at the time of death 	

BURDEN STATEMENT

1.	What was the inmate's name? Hills Rickey LAST FIRST	 8. On what date was the inmate admitted to one of your correctional facilities? 0 4 2 9 2 0 0 9 MONTH DAY YEAR
2.	On what date did the inmate die? 1 0 5 2 0 1 6 MONTH DAY YEAR	 9. For what offense(s) was the inmate being held? a. Simple Burglary b. Pos Schedule II
3.	What was the name and location of the correctional facility involved? Facility Name: Louisiana State Penetentiary Facility City: Facility State:	c
	Angola	10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 7 2 3 1 9 6 3 MONTH DAY YEAR	 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 In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	your facility □ In a medical center outside your facility □ In a mental health center outside your facility □ While in transit □ Elsewhere ↓ Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

Are the results of a medic	cal examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or
 ✓ YES → CON ☐ Evaluation comple → SKIP REMALATER TIM 	s) available to establish an official cause of death?
13. What was the cause of de	eath? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude All	DS-related deaths [Specify] — Cirrhosis
Acquired Immune D	eficiency Syndrome (AIDS)
Accidental alcohol/d	rug intoxication [Describe]
Accidental injury to s	self [Describe]
	other (e.g., vehicular accidents escribe]
Suicide (e.g., hangir intentional drug over	ng, knife/cutting instrument, rdose) [Describe]
Homicide [Describe]	1
Other cause(s) [Spe	ecify]►
 NOT APPLICABLE- In the prison facility In the inma In a tempor In a tempor In a common In a specia 	rary holding area/lockup on area within the facility (e.g., yard, library, cafeteria) I medical unit/infirmary I mental health services unit gation unit ow, special unit awaiting capital punishment within the prison facility se Specify:
	g., accident, suicide, or homicide) causing the death occur? E—Cause of death was illness, intoxication, or AIDS-related

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

16. E s	xclu ervi	ding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES NO DON'T KNOW a. Evaluated by physician/medical staff Image: Construction of the state
a	fter	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
	_	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined

Please add any additional notes regarding this death here:

Form				
(Adde	NPS-4A endum)	DEATHS IN CUSTO STATE PRISON I DEATH REPO	INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
	- SIGNA-	FORM COMPLE	FED BY:	
Name			Title	
Official Address			Telephone	
City			FAX	
State	Zip	E-mail		
	n in provinsi provins	Instructions for C	ompletion	
• Yo	leaths occurred in 2016: ou will not need to report anyt t the beginning of 2016, you w	hing at this time.		her or not you had a death occurrence in 207
 Yo At If you I Ma Co 	ou will not need to report anyt t the beginning of 2016, you w had more than one death in 2 lake copies of this form for ear omplete the entire form for ea	thing at this time. vill be asked to complete a summ 1 <u>016:</u> ch additional death.	nary form wheth	her or not you had a death occurrence in 207
 Yo At If you h Ma Co Or 	ou will not need to report anyt t the beginning of 2016, you w <u>had more than one death in 2</u> ake copies of this form for ear omplete the entire form for ear nce your death records are co	hing at this time. vill be asked to complete a summ <u>1016:</u> ch additional death. ich inmate death.	nary form wheth to submit a dea	her or not you had a death occurrence in 20* ath report: : RTI International, Attn: Data Capture
 Yo At If you H Ma Co Or 	ou will not need to report anyt t the beginning of 2016, you w <u>had more than one death in 2</u> ake copies of this form for ear omplete the entire form for ear nce your death records are co	hing at this time. vill be asked to complete a summ 2016: ch additional death. ich inmate death. omplete, there are several ways t	nary form wheth to submit a dea	her or not you had a death occurrence in 201
You H At If you H On On Co	ou will not need to report anyt t the beginning of 2016, you w had more than one death in 2 lake copies of this form for ear omplete the entire form for ea nce your death records are co DNLINE: Complete the report	hing at this time. vill be asked to complete a summ 016: ch additional death. ich inmate death. omplete, there are several ways online at: <u>https://bjsdcrp.rti.org</u>	nary form wheth to submit a dea	her or not you had a death occurrence in 20 ath report: : RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.10 5265 Capital Boulevard

INCLUDE deaths of ALL persons		EXCL	UDE deaths of ALL persons
•	Confined in your correctional facilities, whether housed	•	Executed in your state
	under your jurisdiction or that of another state	•	Confined in local jail facilities, whether located in or out of
•	Under your jurisdiction but housed in private correctional		state
	facilities, whether located in or out of state	•	Under your jurisdiction but housed in a state-operated
•	Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses,		correctional facility in another state or in a federal facility
	police/court lockups, or work farms)	· ·	Under probation or parole supervision in your state
·	In transit to or from your facilities while under your supervision	•	Under your jurisdiction but on AWOL or escape-status at the time of death

What deaths should be reported?

BURDEN STATEMENT

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Howle	your correctional facilities?
	LAST FIRST MI	
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 4 2 8 2 0 1 6	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	^{a.} Second Degree Murder
		b.
3.	What was the name and location of the	c.
	correctional facility involved?	
	Facility Name:	d.
	Louisiana Correctional Institute for Women	e.
	Facility City: Facility State:	
	Angola	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
	What was the inmate's date of birth?	Ves No
4.		Don't Know
	0 1 2 6 1 9 4 5 MONTH DAY YEAR	
	WONTH DAT TEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	In a general housing unit in the facility or in a general housing unit on prices grounds.
	 ☑ Male □ Female 	general housing unit on prison grounds In a segregation unit
		In a special medical unit/infirmary within your facility.
		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
		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 reviev	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
-	LATER TIME FOR THE CAUSE OF DEATH
Ľ	No evaluation is planned CONTINUE TO Q13
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
L	Illness—Exclude AIDS-related deaths [Specify] End Stage COPD
÷	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
-	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]
14. Where	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
Ø	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 mental health services unit
	 In a segregation unit On death row, special unit awaiting capital punishment
	Elsewhere within the prison facility
	Please Specify:
Г	Outside the prison facility (e.g., while on work release or on work detail)
	Please Specify:

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
 Afternoon (Noon to 6 pm)
 Evening (6 pm to Midnight)
 Overnight (Midnight to 6 am)

16.	Exclu servi	iding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES NO DON'T KNOW a. Evaluated by physician/medical staff
	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined
Blac	co ode	I any additional notes regarding this death here:

Please add any additional notes regarding this death here:

			OMB No.	. 1121-0249 Approval Expires 03/31/2019
	endum)	DEATHS IN CUSTODY STATE PRISON INMA DEATH REPORT		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLETED	BY:	
Name			Title	
Official Address		Tel	ephone	
City			FAX	
State	Zip	E-mail		
•)	deaths occurred in 2016: You will not need to report anythin			
			orm wheth	ner or not you had a death occurrence in 201
	had more than one death in 201 Make copies of this form for each			
	Complete the entire form for each Dnce your death records are com	inmate death. plete, there are several ways to su	bmit a dea	ath report:
0	ONLINE: Complete the report or	line at: <u>https://bjsdcrp.rti.org</u>	MAIL	RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100
E	E-MAIL: bjsdcrp@rti.org			5265 Capital Boulevard Raleigh, NC 27690-1652
F	FAX (TOLL-FREE): (866) 800-91	79		
	If you need assistance, call	Matt Bensen of RTI International to	ll-free at (a	800) 344-1387 or <u>bjsdcrp@rti.org</u>

energy of the second	
NCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
Confined in your correctional facilities, whether housed	Executed in your state
under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of
Under your jurisdiction but housed in private correctional facilities what has been to be a second of a table	state
	Under your jurisdiction but housed in a state-operated
	correctional facility in another state or in a federal facility
police/court lockups, or work farms)	Under probation or parole supervision in your state
 In transit to or from your facilities while under your supervision 	Under your jurisdiction but on AWOL or escape-status at the time of death
	 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

What deaths should be reported?

BURDEN STATEMENT

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

	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, e ew 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
	LATER TIME FOR THE CAUSE OF DEATH □ No evaluation is planned → CONTINUE TO Q13
13. Wha	at was the cause of death? *** Please SPECIFY cause of death—it is critical information***
L L	Illness—Exclude AIDS-related deaths [Specify] ——— Cardiac Failure
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
-	Accidental injury to self [Describe]
E	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. Whe	ere did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	In the inmate's cell/room
	 In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria)
[PLEAS SPECIF	
0/ 20//	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:

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

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L'ENTE.

 NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide YES NO DON'T KNOW a. Evaluated by physician/medical staff
a. Evaluated by physician/medical staff
d. Treatment/care other than medications
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:

Please add any additional notes regarding this death here: Cardiac Failure, Multiple Non Compliance, Hypotension

7					OMB	No. 1121-0249 Approval Expires 03/31/2019
(Form NP: (Addendu	S-4A ım)		DEATHS IN CUSTO STATE PRISON DEATH REP	INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
				FORM COMPLE	TED BY:	
						[]
1	Name				Title	
	fficial dress				Telephone	
	City				FAX	
	State		Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2016:

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

If you had more than one death in 2016:

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

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

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652

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

INCLUDE deaths of ALL persons... EXCLUDE deaths of ALL persons... Executed in your state Confined in your correctional facilities, whether housed under your jurisdiction or that of another state Confined in local jail facilities, whether located in or out of state Under your jurisdiction but housed in private correctional 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 your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, Under probation or parole supervision in your state police/court lockups, or work farms) Under your jurisdiction but on AWOL or escape-status at In transit to or from your facilities while under your the time of death supervision

What deaths should be reported?

BURDEN STATEMENT

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Jones Ricky J	your correctional facilities?
	LAST FIRST MI	0 9 1 3 1 9 9 4
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	1 2 0 1 2 0 1 6	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Pos Schedule I
		b.
3.	What was the name and location of the correctional facility involved?	с.
		d.
	Facility Name: Louisiana State Penetentiary	е.
	Facility City: Facility State:	
	Angola LA	
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
		C Yes
4.	What was the inmate's date of birth? 0 8 0 2 1 9 6 3	□ No □ Don't Know
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	In a general housing unit in the facility or in a
	Male	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 origin?	your facility In a medical center outside your facility
	□ Yes	 In a mental health center outside your facility While in transit
	☑ No	
		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:	

d**e**

ĺ	 he results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or w of medical records) available to establish an official cause of death? YES CONTINUE TO Q13 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
	Image: LATER TIME FOR THE CAUSE OF DEATH Image: Description of the continue of the contin the contin the continue of the continue of the con
13. Wha	t was the cause of death? *** Please SPECIFY cause of death—it is critical information***
\checkmark	Illness—Exclude AIDS-related deaths [Specify]
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
	Accidental injury to self [Describe]
-	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]
[PLEASE SPECIFY	
<i>P</i>	

- 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.")
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	 Pre-existing medical condition Deceased developed condition after admission Could not be determined
Plea	se add any additional notes regarding this death here:

				OMB No.	1121-0249 Approval Expires 03/31/2019
Form N (Addeno	PS-4A dum)		DEATHS IN CUST STATE PRISON DEATH REP	INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
			FORM COMPLE	TED BY:	
Name				Title	
Official Address				Telephone	
City				FAX	
State		Zip	E-mail		
			2		
			Instructions for	Completion	
YouAt the	u will not ne he beginni	-	vill be asked to complete a sum	mary form wheth	ner or not you had a death occurrence in 2015
		an one death in 2 of this form for ea	2016: ch additional death.		
• Cor	mplete the	entire form for ea	ach inmate death. omplete, there are several ways	s to submit a dea	th report:
			online at: https://bjsdcrp.rti.org		RTI International, Attn: Data Capture Project Number: 0215015 001 100 102 100

E-MAIL: bjsdcrp@rti.org

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

AIL: RTI International, Atth: 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?

	-
NCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
Confined in your correctional facilities, whether housed	Executed in your state
under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of
 Under your jurisdiction but housed in private correctional 	state
facilities, whether located in or out of state	Under your jurisdiction but housed in a state-operated
 Under your jurisdiction but in special facilities (e.g., 	correctional facility in another state or in a federal facility
medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	Under probation or parole supervision in your state
 In transit to or from your facilities while under your 	Under your jurisdiction but on AWOL or escape-status at
supervision	the time of death

BURDEN STATEMENT

1.	What was the inmate's name? Jordan Samuel LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 8. 0 7 2 0 1 2 MONTH DAY YEAR 	
2.	On what date did the inmate die? $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	 9. For what offense(s) was the inmate being held? ^{a.} First Degree Murder b. 	
3.	What was the name and location of the correctional facility involved? Facility Name: Louisiana State Penetentiary Facility City: Facility State: Angola LA	c	
4.	What was the inmate's date of birth? 0 5 3 0 1 9 8 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 general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within yo facility 	our
6.	Was the inmate of Hispanic, Latino, or Spanish origin? Yes No	 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: 	
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?
\square YES \longrightarrow 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
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] — Heart Attack
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
 14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a 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 (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)

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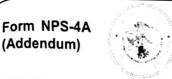
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16. Ex se	cluding emergency care provided at the time of death, did the inmate receive any of the following medical rvices for the medical condition that caused his/her death after admission to your correctional facilities?
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW a. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A c. Medications PLEASE FOR d. Treatment/care other than medications PLEASE PROVIDE A e. Surgery PLEASE PROVIDE A f. Confinement in special medical unit PLEASE PROVIDE A
aft "P	as the cause of death the result of a pre-existing medical condition or did the inmate develop the condition ter admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark pre-existing medical condition.")
	 NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined

Please add any additional notes regarding this death here:

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DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH REPORT

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

RTI INTERNATIONAL

FORM COMPLETED BY:

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

Instructions for Completion

If no deaths occurred in 2016:

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

If you had more than one death in 2016:

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

ONLINE: Complete the report online at: <u>https://bjsdcrp.rti.org</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 bjsdcrp@rti.org

EXCLUDE deaths of ALL persons... INCLUDE deaths of ALL persons... Executed in your state Confined in your correctional facilities, whether housed under your jurisdiction or that of another state Confined in local jail facilities, whether located in or out of state Under your jurisdiction but housed in private correctional 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 your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, Under probation or parole supervision in your state police/court lockups, or work farms) Under your jurisdiction but on AWOL or escape-status at In transit to or from your facilities while under your the time of death supervision

What deaths should be reported?

BURDEN STATEMENT

1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of
	Kirkland Russell		your correctional facilities?
	LAST FIRST MI		0 9 3 0 1 9 9 9
			MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 9 1 1 2 0 1 6	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		a. Second Degree Murder
			b.
3.	What was the name and location of the		c.
	correctional facility involved?		d.
	Facility Name:		u.
	Louisiana State Penetentiary		e.
	Angola	10	Since admission, did the inmate ever stay
		10.	overnight in a mental health facility?
			□ Yes
4.	What was the inmate's date of birth?		
	0 2 0 8 1 9 8 0		Don't Know
2	MONTH DAY YEAR	- 54	
	MONTH DAT TEAK		
		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
	a second and the second se		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
			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:		

 review of medical records) available to establish an official cause of death? 							
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED A LATER TIME FOR THE CAUSE OF DEATH						
(□ No evaluation is planned → CONTINUE TO Q13						
13. Wha	t was the cause of death? *** Please SPECIFY cause of death—it is critical information***						
	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. wne	re did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related						
[PLEASE SPECIFY	 In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary 						
0. E0n 1	 In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility 						
	Please Specify:						
	 Outside the prison facility (e.g., while on work release or on work detail) Elsewhere 						
L. L.	Please Specify:						

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)

		uding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
	D	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES NO DON'T KNOW a. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) RESPONSE FOR c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit
	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined
Plea	se ad	d any additional notes regarding this death here:

				OMBN	lo. 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: RTI INTERNATIONAL
		- 4-05024 M	FORM COMPL	ETED BY:	
Name				Title	
Official [Address]					
City				FAX	
State [Zip	E-mail		
	eaths occurre		Instructions for	-	
• Yo • At	the beginning	ed to report anytl g of 2016, you w	hing at this time. /ill be asked to complete a sum	mary form wheth	ner or not you had a death occurrence in 201
MaCo	ake copies of mplete the e	ntire form for eac	<u>016:</u> ch additional death. ch inmate death. omplete, there are several ways	to submit a dea	ith report:
	NLINE: Com MAIL: <u>bisdcr</u>		online at: <u>https://bjsdcrp.rti.org</u>	MAIL:	RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard
		<i>EE):</i> (866) 800-9	9179		Raleigh, NC 27690-1652
	lf you need	l assistance, cal	I Matt Bensen of RTI Internatio	nal toll-free at (8	800) 344-1387 or <u>bjsdcrp@rti.org</u>

What deaths should be reported?

INCLUDE deaths of ALL persons	EXC	LUDE deaths of ALL persons
Confined in your correctional facilities,		Executed in your state
under your jurisdiction or that of anoth	er state •	Confined in local jail facilities, whether located in or out of
 Under your jurisdiction but housed in p 		state
facilities, whether located in or out of s	state .	Under your jurisdiction but housed in a state-operated
Under your jurisdiction but in special factors		correctional facility in another state or in a federal facility
medical/treatment/release centers, hal police/court lockups, or work farms)	Ifway houses,	Under probation or parole supervision in your state
 In transit to or from your facilities while supervision 	• under your	Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name? Lacey LAST FIRST	 8. On what date was the inmate admitted to one of your correctional facilities? 0 6 0 5 1 9 8 5 MONTH DAY YEAR
2.	On what date did the inmate die?	 9. For what offense(s) was the inmate being held? ^{a.} Second Degree Battery b.
3.	What was the name and location of the correctional facility involved? Facility Name: Louisiana State Penetentiary Facility City: Facility State: Angola LA What was the inmate's date of birth? 0 7 3 0 1 9 5 1	c.
5.	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	11. Where did the inmate die?
	 Male Female 	 general housing unit on prison grounds ☐ In a segregation unit ☑ In a special medical unit/infirmary within your facility ☐ In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify: 	

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review	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or w of medical records) available to establish an official cause of death?
	☐ YES> CONTINUE TO Q13 ☐ Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT
G	LATER TIME FOR THE CAUSE OF DEATH Image: Second state of the
13. What	t was the cause of death? *** Please SPECIFY cause of death—it is critical information***
\checkmark	Illness—Exclude AIDS-related deaths [Specify] ——— Cardiopulmonary Arrest
Ÿ	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. Whe	re did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
Ø	
0	In the prison facility or on the prison grounds
	In a temporary holding area/lockup
[PLEASE	 In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary
SPECIFY	g 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:

- 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.")
NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
 Pre-existing medical condition Deceased developed condition after admission Could not be determined
Places add any additional notes regarding this death here:

Please add any additional notes regarding this death here:

Form NPS-4A (Addendum)	DEATHS IN CUSTODY—2016 STATE PRISON INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS	
	DEATH REPORT	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL	
1994.65	FORM COMPLETED BY:		
Name	Title		
Official Address	Telephone		
City	FAX		
State Zip	E-mail		
 If no deaths occurred in 2016: You will not need to report anything At the beginning of 2016, you will be 		her 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 ac Complete the entire form for each in 	dditional death.		
ONLINE: Complete the report onlin	e at: https://bjsdcrp.rti.org MAIL	.: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100	
E-MAIL: bjsdcrp@rti.org		5265 Capital Boulevard Raleigh, NC 27690-1652	
FAX (TOLL-FREE): (866) 800-9179	19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -		

INCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
Confined in your correctional facilities, whether housed	Executed in your state
under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of
Under your jurisdiction but housed in private correctional	state
facilities, whether located in or out of state	Under your jurisdiction but housed in a state-operated
Under your jurisdiction but in special facilities (e.g.,	correctional facility in another state or in a federal facility
medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	Under probation or parole supervision in your state
 In transit to or from your facilities while under your supervision 	 Under your jurisdiction but on AWOL or escape-status at the time of death

What deaths should be reported?

BURDEN STATEMENT

		the second se
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Laurendine Darryl	your correctional facilities?
	LAST FIRST MI	1 1 0 1 9 9 7 MONTH DAY YEAR
2.	On what date did the inmate die?	
	1 2 1 9 2 0 1 6	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	^{a.} Armed Robbery
		b.
3.	What was the name and location of the	c.
	correctional facility involved?	
	Facility Name:	d.
	Louisiana State Penetentiary	e.
	Facility City: Facility State:	
	Angola LA	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
4.	What was the inmate's date of birth?	I Yes No
	1 0 2 4 1 9 4 8	Don't Know
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	
0.	Male	In a general housing unit in the facility or in a general housing unit on prison grounds
		In a segregation unit
		In a special medical unit/infirmary within your facility
	Was the immedia of the namical stimes as One wish	In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	your facility In a medical center outside your facility
	□ Yes	In a mental health center outside your facility
	☑ No	 While in transit Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please	
	select one or more of the following racial	
	categories:	
	 White Black or African American 	
	American Indian or Alaska Native	
	 Asian Native Hawaiian or Pacific Islander 	
	Some other race	
	Please Specify:	
	L]	

 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 incident (e.g., accident, suicide, or homicide) causing the death take place? Image: Not APPLICABLE—Cause of death was illness, intoxication, or AIDS-related Image:
Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related Morning (6 am to Noon)
Afternoon (Noon to 6 pm)
Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

16.	Exclu servi	ding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
	٥	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES NO DON'T KNOW a. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A c. Medications PLEASE PROVIDE A d. Treatment/care other than medications PLEASE PROVIDE A e. Surgery PLEASE PROVIDE A f. Confinement in special medical unit PLEASE PROVIDE A
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined

Please add any additional notes regarding this death here:

C.S.A

(Addendum) BUREAU OF JUSTICE STATE PRISON INMATE DEATH REPORT RTI INTERNAT FORM COMPLETED BY: Name Title	/2019	
Name Title Official Telephone Address Telephone City FAX State Zip E-mail Instructions for Completion 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 occurred in 2016; Make copies of this form for each additional death. Complete the entire form for each inmate death.	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL	
Official Telephone Address Telephone City FAX State Zip E-mail Instructions for Completion 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 occurred in 2016: Make copies of this form for each additional death. Complete the entire form for each inmate death.		
Address Telephone City FAX State Zip E-mail Instructions for Completion If no deaths occurred in 2016: Instructions for Completion 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 occurred in 2016: 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. Complete the entire form for each inmate death.		
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 occurred in 2016: Make copies of this form for each additional death. Complete the entire form for each inmate death.		
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 occurs. 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.		
 <u>If no deaths occurred in 2016:</u> 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 occurred <u>If you had more than one death in 2016:</u> Make copies of this form for each additional death. Complete the entire form for each inmate death. 		
 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. 	urrence in 201	
ONLINE: Complete the report online at: https://bjsdcrp.rti.org MAIL: RTI International, Attn: Data Project Number: 0215015.00		
E-MAIL: bjsdcrp@rti.org 5265 Capital Boulevard Raleigh, NC 27690-1652		
FAX (TOLL-FREE): (866) 800-9179		

INCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
Confined in your correctional facilities, whether housed	Executed in your state
under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of
Under your jurisdiction but housed in private correctional	state
facilities, whether located in or out of state	Under your jurisdiction but housed in a state-operated
Under your jurisdiction but in special facilities (e.g.,	correctional facility in another state or in a federal facility
medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	Under probation or parole supervision in your state
 In transit to or from your facilities while under your 	Under your jurisdiction but on AWOL or escape-status at
supervision	the time of death

What deaths should be reported?

BURDEN STATEMENT

		1
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
	LAST FIRST MI	
		MONTH DAY YEAR
2.	On what date did the inmate die?	
		0. Found at afforms (a) uses the immeter being held?
	0 1 1 2 2 0 1 6	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	^{a.} Simple Burglary of Inhab Dwelling
		b.
3.	What was the name and location of the	
3.	correctional facility involved?	C.
		d.
	Facility Name:	
	Louisiana State Penetentiary	e.
	Facility City: Facility State:	
	Angola	10. Since admission, did the inmate ever stay
		overnight in a mental boalth facility?
		□ Yes
4.	What was the inmate's date of birth?	
		Don't Knew
	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 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
	□ Yes	In a mental health center outside your facility
	☑ No	While in transit
		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 	
	Native Hawaiian or Pacific Islander	
	Some other race	
	Please Specify:	
		ᅫ
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?
VES 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]
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
□ Other cause(s) [Specify]
14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
□ In the prison facility or on the prison grounds
 In the inmate's cell/room In a temporary holding area/lockup
In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE] In a special medical unit/infirmary SPECIFY] In a special mental health services unit
In a segregation unit
 On death row, special unit awaiting capital punishment Elsewhere within the prison facility
Please Specify:
 Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

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

6

16. Exclu servi	uding emergency care provided at the time of death, did the inmate receive any of the following medication ices for the medical condition that caused his/her death after admission to your correctional facilities?	
0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide	
	YES NO DON'T KNOW a. Evaluated by physician/medical staff Image: Constraint of the state o	
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	
-	d any additional notes regarding this death here:	

			OMBN	Io. 1121-0249 Approval Expires 03/31/2019
Form NPS- (Addendum	4A))	DEATHS IN CUSTODY- STATE PRISON INMA DEATH REPORT		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLETED	BY:	
Name			Title	
Official Address		Tel	ephone	
City			FAX	
State	Zip	E-mail		
	Zip	E-mail	FAX	
		Instructions for Com	nletior	

If no deaths occurred in 2016:

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

If you had more than one death in 2016:

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

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

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652

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

INCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons	
Confined in your correctional facilities, whether housed	Executed in your state	
under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of	
Under your jurisdiction but housed in private correctional	state	
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 your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, 		
police/court lockups, or work farms)	Under probation or parole supervision in your state	
 In transit to or from your facilities while under your supervision 	 Under your jurisdiction but on AWOL or escape-status at the time of death 	

What deaths should be reported?

BURDEN STATEMENT

1.	What was the inmate's name? Lee Derrick LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 8 1 6 2 0 0 4 MONTH DAY YEAR
2. 3.	On what date did the inmate die? $ \begin{array}{c c} 0 & 1 \\ MONTH \end{array} \begin{array}{c} 2 & 1 \\ DAY \end{array} \begin{array}{c} 2 & 0 & 1 \\ YEAR \end{array} $ What was the name and location of the	 9. For what offense(s) was the inmate being held? a. Sex Offender Register Violation b. Oper Vehicle Intoxiacted c.
	correctional facility involved? Facility Name: Louisiana State Penetentiary Facility City: Facility State: Angola 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 1 0 5 1 9 6 8 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:	

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

16.	Exclu servi	uding emergency care provided at the time of death, did the inmate receive any of the following medical ices for the medical condition that caused his/her death after admission to your correctional facilities?
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES NO DON'T KNOW a. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A c. Medications PLEASE FOR d. Treatment/care other than medications PLEASE PROVIDE A e. Surgery PLEASE PROVIDE A f. Confinement in special medical unit PLEASE PROVIDE A
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
Plea	ise ad	d any additional notes regarding this death here:

OMB No. 1121-0249 Approval Expires 03/31/2019 Form NPS-4A **U.S. DEPARTMENT OF JUSTICE DEATHS IN CUSTODY—2016 BUREAU OF JUSTICE STATISTICS** (Addendum) STATE PRISON INMATE AND ACTING AS COLLECTION AGENT: DEATH REPORT **RTI INTERNATIONAL** FORM COMPLETED BY: Name Title Official Telephone Address FAX City State Zip E-mail 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 E-MAIL: bjsdcrp@rti.org Raleigh, NC 27690-1652 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?			
EXCLUDE deaths of ALL persons			
eed e Executed in your state			
Confined in local jail facilities, whether located in or out of			
ional 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
	Leonard Kenneth	your correctional facilities?
	LAST FIRST MI	0 1 2 2 1 9 8 8
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 2 2 6 2 0 1 6	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Second Degree Murder
		b.
3.	What was the name and location of the	
3.	correctional facility involved?	C.
		d. [
	Facility Name:	e.
	Louisiana State Penetentiary	
	Facility City: Facility State:	
	Angola LA	
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
		C Yes
4.	What was the inmate's date of birth?	O No
	0 3 2 3 1 9 4 3	Don't Know
	MONTH DAY YEAR	
5	What was the inmate's say?	11. Where did the inmate die?
5.	What was the inmate's sex?	In a general housing unit in the facility or in a
5.	🗹 Male	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit
5.	_	 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
5.	MaleFemale	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within
5 . 6 .	 Male 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
	 Male Female Was the inmate of Hispanic, Latino, or Spanish origin? 	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within
	 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 In a medical center outside your facility In a mental health center outside your facility While in transit
	 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 Elsewhere
	 Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No 	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit
	 Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No In addition, what was the inmate's race? Please 	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere
6.	 Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No 	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere
6.	 Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No In addition, what was the inmate's race? Please select one or more of the following racial 	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere
6.	 Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American 	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere
6.	 Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native 	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere
6.	 Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander 	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere
6.	 Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race 	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere
6.	 Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander 	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
 ↓ YES → CONTINUE TO Q13 ↓ Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
☑ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] → Cardiopulmonary Arrest
Acquired Immune Deficiency Syndrome (AIDS)
□ Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
□ In the prison facility or on the prison grounds
 In the inmate's cell/room In a temporary holding area/lockup
[PLEASE] In a common area within the facility (e.g., yard, library, cafeteria)
SPECIFY] In a special mental health services unit
On death row, special unit awaiting capital punishment
Elsewhere within the prison facility
Please Specify:
 Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
Please Specify:
 15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
Morning (6 am to Noon)
 Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

	_		
16.	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?		
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide	
		YES NO DON'T KNOW a. Evaluated by physician/medical staff	
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: