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

	Mr. Marie		
		FORM COMPLETED BY	/ :
Name			Title
		,	
Official Address		Teleph	hone
City			FAX
State	Zip	E-mail	

Instructions for Completion

If no deaths occurred in 2016:

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If you had more than one death in 2016:

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

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

E-MAIL: bjsdcrp@rti.org

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name?		On what date was the inmate admitted to one of
	Mcclanhan Lloyd R		your correctional facilities?
	LAST FIRST MI	L	0 5 0 8 1 9 9 0 MONTH DAY YEAR
			MONTH DAT TEAR
2.	On what date did the inmate die?		
	0 5 0 7 2 0 1 6	9. F	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		a. Second Degree Murder
•	Milest was the many and leasting of the		b
3.	What was the name and location of the correctional facility involved?		С.
	•		d.
	Facility Name: Louisiana State Penetentiary		e.
	Facility City: Facility State:		
	Angola	10. 5	Since admission, did the inmate ever stay
			overnight in a mental health facility?
			☐ Yes
4.	What was the inmate's date of birth?		☐ No ☐ Don't Know
	0 5 1 2 1 9 6 0		
	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		your facility
	origin?		 In a medical center outside your facility In a mental health center outside your facility
	☐ Yes ☑ No		☐ While in transit
	_ ,,,,		☐ Elsewhere
		F 10	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 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] ——— 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 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)

	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 RESPONSE FOR c. Medications PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f) d. Treatment/care other than medications PLEACH ITEM (a-f) e. Surgery PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f) f. Confinement in special medical unit PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)							
after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark -existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined							
Please ad	ld any additional notes regarding this death here:							

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

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- 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
	Michael Wallace		your correctional facilities?
	LAST FIRST MI		0 1 1 1 2 0 0 5
			MONTH DAY YEAR
	ž		
2.	On what date did the inmate die?		
	0 3 1 5 2 0 1 6	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		a. Indecent Behavior- Juveniles
			b. [
3.	What was the name and location of the		с. Г
	correctional facility involved?		o.
	Facility Name:		d
	Louisiana State Penetentiary		e.
	Facility City: Facility State:		
	Angola	10	. Since admission, did the inmate ever stay
			overnight in a mental health facility?
			☐ Yes
4.	What was the inmate's date of birth?		☑ No☐ Don't Know
	0 6 2 6 1 9 6 4		□ Don't know
	MONTH DAY YEAR		
		₁₁	. Where did the inmate die?
5.	What was the inmate's sex?	'''	_
3.			 In a general housing unit in the facility or in a general housing unit on prison grounds
	☑ Male☐ Female		In a segregation unit
	_ , sa.s		 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 facilityIn a mental health center outside your facility
	☐ Yes ☑ No		☐ While in transit
	☑ No		Elsewhere
			Please Specify:
7.	In addition, what was the inmate's race? Please		
	select one or more of the following racial		
	categories:		
	☑ White☐ Black or African American		
	 ☐ Black or African American ☐ American Indian or Alaska Native 		
	☐ Asian		
	 □ Native Hawaiian or Pacific Islander □ Some other race 		
	☐ Some other race Please Specify:		
	г товае эрвину.		
		П	

12. Are the review	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
Ø	
	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]
0	, , ,

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?						
	□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
		A Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A c. Medications PROVIDE A d. Treatment/care other than medications PROVIDE A e. Surgery PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f) f. Confinement in special medical unit PROVIDE A RESPONSE FOR EACH ITEM (a-f)					
17.	after "Pre-	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission					
		Could not be determined					
Plea	ase ad	d any additional notes regarding this death here:					

Form NPS-4A (Addendum)



DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH REPORT

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

	Maria Caralleria			
		FORM COMPLETED	BY:	
Name			Title	,
Official Address		Tel	ephone	
City			FAX	
State	Zip	E-mail		

Instructions for Completion

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EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name? Miller Rawleigh LAST FIRST MI	8.	On what date was the inmate admitted to one of your correctional facilities? 1 0 3 0 2 0 0 0 MONTH DAY YEAR
2.	On what date did the inmate die? 0 4 0 2 2 0 1 6 MONTH DAY YEAR	9.	For what offense(s) was the inmate being held? a. Second Degree Murder b.
3.	What was the name and location of the correctional facility involved? Facility Name: Louisiana State Penetentiary Facility City: Angola Facility State: LA	10.	c. d. e. Since admission, did the inmate ever stay
4.	What was the inmate's date of birth? 1 0 2 1 1 9 5 4 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	81 84	 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
12 What was the constitution at the Discontinuous of death, it is suitived information to
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Cardio-respiratory Failure
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] ————
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] —————
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere Please Specify:
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related ☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm)
Evening (6 pm to Midnight)Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?								
□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide								
A. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit	FOR							
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the cafter admission? (If multiple conditions caused the death and any of the conditions were pre-existing "Pre-existing medical condition.")	ondition g, mark							
□ 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:	10 oz							
A								

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:

	,			DEATH REP	ORT			RTI INTERNATIONAL	
FORM COMPLETED BY:									
Name				,	Title			1	
Official Address					Telephone				
City					FAX			,	
State		Zip		E-mail			,		

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- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of
	Mitchell Calvin		your correctional facilities?
	LAST FIRST MI	[1 0 2 0 1 9 7 7
			MONTH DAY YEAR
_			
2.	On what date did the inmate die?		
	0 2 1 6 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		c.
	correctional facility involved?		d.
	Facility Name:		
	Louisiana State Penetentiary		е.
	Facility City: Facility State:		
	Angola		
			Since admission, did the inmate ever stay overnight in a mental health facility?
	i e		
4.	What was the inmate's date of birth?		☐ Yes ☐ No
	0 9 1 2 1 9 4 8		☑ 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 general housing unit on prison grounds
	☑ Male □ Female		☐ In a segregation unit
	1 emale		In a special medical unit/infirmary within your
			facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish		your facility
	origin?		 ☑ In a medical center outside your facility ☑ In a mental health center outside your facility
	☐ Yes ☑ No		☐ While in transit
	2 110		☐ Elsewhere
			Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:		
	☐ White		
	Black or African American		
	American Indian or Alaska NativeAsian	-	
	 Native Hawaiian or Pacific Islander 		
	Some other race		
	Please Specify:		
		1	

review of medical records) available to establish an official cause of death?	exam, or
☑ YES	
Evaluation complete—results are pending	ACTED AT A
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTA	CIED AI A
☐ No evaluation is planned → CONTINUE TO Q13	
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***	
☑ Illness—Exclude AIDS-related deaths [Specify] ———— Acute Respiratory Failure	
Acquired Immune Deficiency Syndrome (AIDS)	
☐ Accidental alcohol/drug intoxication [Describe] ————	
☐ Accidental injury to self [Describe] →	
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
☐ Homicide [Describe] —————	7
Other cause(s) [Specify]	7
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?	
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related	
☐ In the prison facility or on the prison grounds ☐ ☐ In the inmate's cell/room	
☐ In a temporary holding area/lockup	
In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary	
SPECIFY] In a special mental health services unit	
☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment	
Elsewhere within the prison facility	
Please Specify:	
Outside the prison facility (e.g., while on work release or on work detail)	
□ Elsewhere	
Please Specify:	
15. When did the 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)	
I I Afternace (Noon to Count)	
Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)	

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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")
☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
 □ Pre-existing medical condition □ Deceased developed condition after admission □ Could not be determined
Diagon and any additional material within death have
Please add any additional notes regarding this death here: COPD severe, Natural Unexpected/Acute Event

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 E-mail Zip

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

BURDEN STATEMENT

1.	What was the inmate's name? Moore Dwaane LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities?
2.	On what date did the inmate die? 0 8 1 9 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. PW D Schedule II 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 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 3 1 1 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	☐ 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 continue 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 	

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 incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
 ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related ☐ In the prison facility or on the prison grounds
In the inmate's cell/room
☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE] In a special medical unit/infirmary
SPECIFYI
On death row, special unit awaiting capital punishment
Elsewhere within the prison facility Please Specify:
riease Specily.
Outside the prison facility (e.g., while on work release or on work detail)Elsewhere
Please Specify:
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon)
☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

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

Form (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.

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If you had more than one death in 2016:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
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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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of
	Moore Winford J		your correctional facilities?
	LAST FIRST MI		1 2 1 2 2 0 1 2
			MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 2 1 4 2 0 1 6	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		a. Aggravated Rape
			b. [
3.	What was the name and location of the		
J.	correctional facility involved?		C.
	Facility Manager		d.
	Facility Name:		e.
	Louisiana State Penetentiary		
	Facility City: Facility State:		
	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?		☑ No
	0 7 1 4 1 9 4 6		☐ 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
0.	✓ Male		general housing unit on prison grounds
	☐ 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	1	your facility In a medical center outside your facility
	origin?	1	☐ In a mental health center outside your facility
	☐ Yes ☑ No		☐ While in transit
	2 110		☐ Elsewhere
			Please Specify:
7.	In addition, what was the inmate's race? Please		
	select one or more of the following racial categories:		
	☐ White		
	☐ Black or African American		
	American Indian or Alaska Native		
	AsianNative Hawaiian or Pacific Islander		
	Some other race		
	Please Specify:		

	Are th	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or vof medical records) available to establish an official cause of death?
1		YES CONTINUE TO Q13
	_	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
	E	LATER TIME FOR THE CAUSE OF DEATH No evaluation is planned → CONTINUE TO Q13
13.	What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	V	Illness—Exclude AIDS-related deaths [Specify] ——— Larynx 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.	_	e did the incident (e.g., accident, suicide, or homicide) causing the death take place?
	-	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds
	J	In the inmate's cell/room
		☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)
	PLEASE PECIFY]	In a special medical unit/infirmary In a special mental health services unit
	,	☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
		Elsewhere within the prison facility
		Please Specify:
	0	, to 3.,
	0	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
	<u> </u>	Morning (6 am to Noon)
	<u> </u>	Afternoon (Noon to 6 pm)
	ă	

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—Cau	se of death was accident	al injury, in	toxication	, suicide, or hon	nicide
		a. Evaluated by physician b. Diagnostic tests (e.g.,) c. Medications d. Treatment/care other th e. Surgery f. Confinement in special	X-rays, MRI) han medications				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after	he cause of death the res admission? (If multiple co existing medical conditio	onditions caused the de	edical cone eath and <u>a</u>	dition or <u>ny</u> of the	did the inmate conditions we	develop the condition re pre-existing, mark
		NOT APPLICABLE—Cau	se of death was accident	al injury, in	toxication	n, suicide, or hon	nicide
5		Pre-existing medical cond Deceased developed cond Could not be determined					
						7.5	
Plea	ise add	l any additional notes regard	ding this death here:				

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

Form NPS-4 (Addendum	4A)	DEATHS IN CUSTO STATE PRISON I DEATH REPO	NMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLET	red 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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E-MAIL: bjsdcrp@rti.org

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

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

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What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?	
☐ YES —→ CONTINUE TO Q13	
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT	ГΑ
LATER TIME FOR THE CAUSE OF DEATH	
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***	
☑ 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 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	
Elsewhere within the prison facility	
Please Specify:	
Outside the prison facility (e.g., while on work release or on work detail) Elsewhere	
Please Specify:	
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?	-
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related	
Morning (6 am to Noon)	
☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)	
Overnight (Midnight to 6 am)	

16. E	Exclu	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
_		a. Evaluated by physician/medical staff
a	after : <i>'Pre-</i>	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.")
	7	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	e add	d any additional notes regarding this death here:

Form NPS-4A (Addendum)			DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH REPORT			U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL		
			FOR	M COMPLET	ED 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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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

5265 Capital Boulevard Raleigh, NC 27690-1652

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What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Nicholas	your correctional facilities?
	LAST FIRST MI	
		MONTH DAY YEAR
_	On what data did the investor II. O	
2.	On what date did the inmate die?	
	0 8 0 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	с.
	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?
	What are the second sec	☐ Yes ☑ No
4.	What was the inmate's date of birth?	☑ No □ Don't Know
	1 1 2 2 1 9 5 9	
	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
٥.	origin?	☐ 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	7
۲.	select one or more of the following racial	
	categories:	
	☐ White	<i>**</i>
	☑ Black or African American☑ American Indian or Alaska Native	
	Afficial indian of Alaska Native	
	Native Hawaiian or Pacific Islander	
	☐ Some other race	
	Please Specific	2 72
	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
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 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	ıding emerg ces for the ı	ency care pro medical condi	vided at the ti tion that cause	me of deatl ed his/her o	h, did the death afte	inmate er admis	receive any c ssion to your	of the follo correction	wing med al facilitie	dical es?
	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide										
		b. Diagnosc. Medicatd. Treatmee. Surgery	ed by physician tic tests (e.g.,) ions ent/care other the ment in special	K-rays, MRI) nan medication	S				PLEAS RESPO	SE PROVIL DNSE FOR ITEM (a-f)	?
17.	after	admission?	f death the res (If multiple co dical condition	onditions caus	cisting med sed the dea	ical cond th and <u>au</u>	dition or ny of the	did the inmate conditions v	te develop vere pre-e	the cond	dition nark
	□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide										
		Deceased	g medical cond developed cond e determined		nission				j		
Plea	se ado	d anv additio	nal notes regard	ding this death	here:						
		,	an motor rogan								

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

	The same and the			
		FORM COMPLE	TED BY:	
Name		7	Title	
Official Address			Telephone	
City			FAX	
State	Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2016:

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5265 Capital Boulevard Raleigh, NC 27690-1652

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or we of medical records) available to establish an official cause of death?
1 -	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 secondary to Septi
	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. Wher	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
_	
	In the prison facility or on the prison grounds I \(\sum \sum \) In the inmate's cell/room
	☐ In a temporary holding area/lockup
(0) 5405	☐ 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 unitOn death row, special unit awaiting capital punishment
	Elsewhere within the prison facility
	Please Specify:
	Outside the prison facility (e.g., while on work release or on work detail)
6	, , , , , , , , , , , , , , , , , , , ,
	Please Specify:
15. When	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
, <u>c</u>	Morning (6 am to Noon)
	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 PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) RESPONSE FOR c. Medications PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f) d. Treatment/care other than medications P. e. Surgery P. f. Confinement in special medical unit P.								
 17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined 								
Please add any additional notes regarding this death here:								

DEATHS IN CUSTODY—2016 U.S. DEPARTMENT OF JUSTICE Form NPS-4A **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 E-mail State Zip

Instructions for Completion

If no deaths occurred in 2016:

- You will not need to report anything at this time.
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FAX (TOLL-FREE): (866) 800-9179

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

5265 Capital Boulevard Raleigh, NC 27690-1652

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Obney Jack R	your correctional facilities?
	LAST FIRST MI	0 3 0 6 1 9 8 6 MONTH DAY YEAR
		MONTH DAY FEAR
2.	On what date did the inmate die?	
	0 9 0 3 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:	
	Louisiana State Penetentiary	e
	Facility City: Facility State:	
	Angola	40. Since admiration did the immedia over stay.
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
		☐ Yes
4.	What was the inmate's date of birth?	☑ No ☐ Don't Know
	0 5 3 1 1 9 4 2	Bontalow
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	☐ In a general housing unit in the facility or in a
	☑ Male □ Female	general housing unit on prison grounds In a segregation unit
	- Terriale	☐ 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
	☑ No	☐ While in transit☐ Elsewhere
	2	Please Specify:
7.	In addition, what was the inmate's race? Please	7
	select one or more of the following racial	
	categories:	1
	☑ White☐ Black or African American	
	☐ American Indian or Alaska Native ☐ Asian	
	☐ Native Hawaiian or Pacific Islander	
	Some other race	
	Please Specify:	
		1

Are the review	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
1 0	YES — CONTINUE TO Q13 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
0	
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
v	Illness—Exclude AIDS-related deaths [Specify] ——— Cardiorespiratory failure due to exacerbation
	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]
_	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) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify:
0	Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
0	Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)

16. Excl serv	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?					
	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
	A Evaluated by physician/medical staff					
after	17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")					
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
0	Pre-existing medical condition Deceased developed condition after admission Could not be determined					
	d any additional notes regarding this death here: 3: changed University Medical Center New Orleans in Q11 to "in a medical center outside					

Form NPS-4A (Addendum)



DEATHS IN CUSTODY—2016 STATE PRISON INMATE **DEATH REPORT**

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

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

Instructions for Completion

If no deaths occurred in 2016:

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Project Number: 0215015.001.100.102.100

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- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name? Parker Willie LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities?
2.	On what date did the inmate die? 1 0 0 8 2 0 1 6 MONTH DAY YEAR	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: Angola Facility State: LA	d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 1 2 1 8 1 9 6 3 MONTH DAY YEAR	☐ Yes ☐ No ☐ Don't Know
		11 Where did the inmate die?
5.	What was the inmate's sex? ☑ Male □ Female	In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within
	☑ 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

72.	Are th	ne 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?
	V	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
à		No evaluation is planned → CONTINUE TO Q13
T.	340 -4	
13.	_	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	<u></u>	Illness—Exclude AIDS-related deaths [Specify] ——— Heart Attack
	4	Acquired Immune Deficiency Syndrome (AIDS)
		Accidental alcohol/drug intoxication [Describe] ———
	0	Accidental injury to self [Describe]
		Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
		Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
		Homicide [Describe] ————
		Other cause(s) [Specify] ————
14.		e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	_	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
		In the prison facility or on the prison grounds
		☐ In a temporary holding area/lockup
	IEASE	☐ In a common area within the facility (e.g., yard, library, cafeteria) ☐ In a special medical unit/infirmary
	LEASE PECIFY]	☐ In a special mental health services unit
		In a segregation unitOn death row, special unit awaiting capital punishment
		Elsewhere within the prison facility
		Please Specify:
	_	Outside the prison facility (e.g., while on work release or on work detail)
	d	
		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)
	Ē	Evening (6 pm to Midnight)
	0	Overnight (Midnight to 6 am)

16. Excluservi	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, in	toxicatior	n, 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 med	ical cond	dition or	did the inmate	develop the condition
after	admission? (If multiple conditions caused the dea existing medical condition.")				
0	NOT APPLICABLE—Cause of death was accidental	injury, in	toxicatior	n, suicide, or hon	nicide
	Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Diagram	d and additional makes are undired this death have		. ,		
Please add	d any additional notes regarding this death here:				
				h	

DEATHS IN CUSTODY—2016 Form NPS-4A U.S. DEPARTMENT OF JUSTICE **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 E-mail Zip

Instructions for Completion

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What deaths should be reported?

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- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of
	Parks Lionel		your correctional facilities?
	LAST FIRST MI		0 5 2 7 1 9 8 8
			MONTH DAY YEAR
	On what date did the inmate die?		
2.			Faculty of the state of the sta
	0 5 0 3 2 0 1 6 MONTH DAY YEAR	9.	For what offense(s) was the inmate being held?
	MONIH DAY YEAR		a. First Degree Murder
		*	b. Aggravated Battery
3.	What was the name and location of the		c. S-Escape agg-Escape
	correctional facility involved?		d.
	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?	3	☐ Yes ☑ No
	0 1 2 8 1 9 4 0		☐ 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 general housing unit on prison grounds
	☑ Male □ Female	9	In a segregation unit
	1 intale		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?	* 55.	 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:		

7	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
ſ	
	13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information ***
	☑ Illness—Exclude AIDS-related deaths [Specify] ——— Failure to thrive secondary to history CVA,s
	Acquired Immune Deficiency Syndrome (AIDS)
	☐ Accidental alcohol/drug intoxication [Describe] ———
	☐ Accidental injury to self [Describe] ————
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	☐ Homicide [Describe] —————
	Other cause(s) [Specify]
,	
	14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
	O NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	☐ In the prison facility or on the prison grounds
	In the inmate's cell/room
	☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)
	IPLEASE In a special medical unit/infirmary
	SPECIFYI 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)
	☐ Outside the prison facility (e.g., while on work release or on work detail) ☐ Elsewhere
	Please Specify:
ſ	
	 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)
L	— Storing it (manight to 5 am)

16. Exclu servi	5. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?				
0	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide				
	a. Evaluated by physician/medical staff			 	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
after	the cause of death the result of a pre-existing me admission? (If multiple conditions caused the de existing medical condition.") NOT APPLICABLE—Cause of death was accidental pre-existing medical condition Deceased developed condition after admission Could not be determined	ath and <u>an</u> y	y of the co	nditions we	re pre-existing, mark
Please add	d any additional notes regarding this death here:				

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

Instructions for Completion

E-mail

If no deaths occurred in 2016:

State

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If you had more than one death in 2016:

Zip

- · Make copies of this form for each additional death.
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- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

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

2000	
re the results of a medical examiner's or coroner's evaluate review of medical records) available to establish an official	ation (such as an autopsy, postmortem exam, or cause of death?
results are pending	
LATER TIME FOR THE CAUSE OF DEATH	T THIS FORM—YOU WILL BE CONTACTED AT A
☑ No evaluation is planned → CONTINUE TO Q13	
13. What was the same of the U.S. Htt Discourse	
13. What was the cause of death? *** Please SPECIFY cause	
☐ Illness—Exclude AIDS-related deaths [Specify] ———	Paincreatic 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 NOT APPLICABLE—Cause of death was illness, intoxic	,
☐ In the prison facility or on the prison grounds	ation, of Albe Foldied
│ │ In the inmate's cell/room	
☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard,	library cafotoria)
In a special medical unit/infirmary	ilbrary, careteria)
SPECIFY] In a special mental health services unit	
☐ In a segregation unit	-l
On death row, special unit awaiting capital puni Elsewhere within the prison facility	snment
Please Specify:	
, rouse specify.	
Outside the prison facility (e.g., while on work release of	or on work detail)
☐ Elsewhere	
Please Specify:	
45 MIL 1914 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide)NOT APPLICABLE—Cause of death was illness, intoxi	
☐ Morning (6 am to Noon)	
Afternoon (Noon to 6 pm)	
Evening (6 pm to Midnight)Overnight (Midnight to 6 am)	

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?							
■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide							
a. Evaluated by physician/medical staff			 	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)			
17. Was the cause of death the result of a pre-existing med after admission? (If multiple conditions caused the dea "Pre-existing medical condition.")							
□ NOT APPLICABLE—Cause of death was accidenta	l injury, into	oxication,	suicide, or hom	nicide			
 ☑ Pre-existing medical condition ☐ Deceased developed condition after admission ☐ Could not be determined 							
Places add any additional nation remaining this death have							
Please add any additional notes regarding this death here:							
				over the second			
				18 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			

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

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- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name? Rainey Joseph LAST FIRST MI	8.	On whayour co		te was the inmate admitted to one of tional facilities? 2 9 1 9 9 7 YEAR
 3. 	On what date did the inmate die? 1 0 0 9 2 0 1 6 MONTH DAY YEAR What was the name and location of the	9.	a. (b. (fense(s) was the inmate being held? mpted Second Degree Murder
	Facility Name: Louisiana State Penetentiary Facility City: Angola Facility State:				ssion, did the inmate ever stay a mental health facility?
4.	What was the inmate's date of birth? 0 9 2 3 1 9 5 2 MONTH DAY YEAR		0	Yes No Don	't Know
5.	What was the inmate's sex? ☑ Male ☐ Female	11.	Where	In a gene In a In a	general housing unit in the facility or in a eral housing unit on prison grounds segregation unit special medical unit/infirmary within your
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	i i		your In a In a Whi	special mental health services unit within facility medical center outside your facility mental health center outside your facility le in transit where
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:				

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

16. 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?								
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide								
	a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)				
after	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the dea existing medical condition.")	lical cond oth and <u>ar</u>	dition or ny of the	did the inmate conditions we	develop the condition re pre-existing, mark				
	NOT APPLICABLE—Cause of death was accidental	l injury, in	toxicatio	n, suicide, or hon	nicide				
	Pre-existing medical condition Deceased developed condition after admission Could not be determined								
	d any additional notes regarding this death here: Illness with Normal Progression Diabetes	, Hypert	ension	, Stage IV Squ	amous Cell Lung				

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

	What was a state of the state o		
		FORM COMPLETED BY:	
Name		Ті	tle
Official Address		Telepho	ne
City		F.	AX
State	Zip	E-mail	

Instructions for Completion

If no deaths occurred in 2016:

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

If you had more than one death in 2016:

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

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

	_
Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?	
☐ YES ——→ CONTINUE TO Q13	
□ Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A	1
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)	
[PLEASE SPECIFY] In a special medical unit/infirmary In a special mental health services unit	
☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment	
Elsewhere within the prison facility	
Please Specify:	
Outside the prison facility (e.g., while on work release or on work detail)	
Elsewhere Please Specify:	
The second seconds	
	_
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. Excl serv	cluding emergency care provided at the time of death vices for the medical condition that caused his/her d	, did the eath afte	inmate er admis	receive any of s sion to your co	the following medical rrectional facilities?			
	□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide							
	a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)			
after <i>"Pre-</i> □	Pre-existing medical condition Deceased developed condition after admission	h and <u>ar</u>	<u>y</u> of the	conditions we	re pre-existing, mark			
Please add	dd 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 AND ACTING AS COLLECTION AGENT

(Addendum)		1	and the second		EATH REPO			RTI INTERNATIONAL		
				FORM	COMPLET	TED BY:	V			
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...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name?	8.		t date was the inmate admitted to one of rectional facilities?
	Sam Jawaski Jawaski			
	LAST FIRST MI		0 6] [1 9] [2 0 1 4]
			MONTH	DAY YEAR
2.	On what date did the inmate die?			
	0 2 2 2 2 0 1 6	9.	For wha	at offense(s) was the inmate being held?
		•.		
	MONTH DAY YEAR		а.	Simple Burglary
			b. [
3.	What was the name and location of the		L	
ა.	correctional facility involved?		C.	*
	correctional facility involved:		d. Ī	
	Facility Name:		۳. آ	
	Louisiana State Penetentiary		е.	
	Facility City: Facility State:			
	Angola			
		10.		dmission, did the inmate ever stay
			overnig	ht in a mental health facility?
			(1)	Yes
4.	What was the inmate's date of birth?		@ O	No Don't Know
	1 0 2 4 1 9 9 3		U	DOIT KNOW
	MONTH DAY YEAR			
		11.	. Where o	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
				In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	2.1		your facility
	origin?		Ø	In a medical center outside your facility
	☐ Yes			In a mental health center outside your facility While in transit
	☑ No		1 1	Elsewhere
			J	
				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 NativeAsian			
	☐ Native Hawaiian or Pacific Islander			
	Some other race			
	Please Specify:			

review of medical records) available to establish an official cause of death?	xam, or
☑ YES CONTINUE TO Q13	
Evaluation complete—results are pending	255 45 4
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTAC	CTED AT A
☐ No evaluation is planned → CONTINUE TO Q13	
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***	
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Shock Secondary to Hemolytic An	emia
Acquired Immune Deficiency Syndrome (AIDS)	<u> </u>
☐ 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	
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 aviolds or hamieids) covering the deeth accur?	
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related	
☐ Morning (6 am to Noon)	
☐ Afternoon (Noon to 6 pm)	
Evening (6 pm to Midnight)Overnight (Midnight to 6 am)	

16. E	cluding emergency care provided at the time of death, did the inmate receive any of the following medical vices for the medical condition that caused his/her death after admission to your correctional facilities?
	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	A Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit
af	as the cause of death the result of a pre-existing medical condition or did the inmate develop the condition or admission? (If multiple conditions caused the death and any 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:

Form NPS-4A (Addendum)



DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH REPORT

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

	M. Marine		
		FORM COMPLETED BY:	
Name		Tit	le
Official Address		Telephor	ne
City		FA	х
State	Zip	E-mail	

Instructions for Completion

If no deaths occurred in 2016:

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

If you had more than one death in 2016:

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

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Schouest Nolan A	your correctional facilities?
	LAST FIRST MI	1 2 1 0 1 9 7 6
	DIST FIRST MI	MONTH DAY YEAR
2.	On what date did the inmate die?	,
	0 5 0 9 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	с.
	correctional facility involved?	
	Facility Name:	d
	Louisiana State Penetentiary	e.
	Facility City: Facility State:	
	Angola	10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		☐ Yes
4.	What was the inmate's date of birth?	☑ No
	1 0 0 7 1 9 5 0	☐ 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
	A. S. 1 1 1 1	facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	In a special mental health services unit within your facility
	origin?	☑ In a medical center outside your facility
	☐ Yes	☐ In a mental health center outside your facility ☐ While in transit
	☑ No	☐ Elsewhere
	er en	Please Specify:
7	In addition what was the immedals was 2 Disco-	
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] — Septic Shock
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
Accidental injury to self [Describe] ————————————————————————————————————
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
■ Homicide [Describe] →
☐ Other cause(s) [Specify] — →
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit I
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere Please Specify:
Thouse opening.
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon)
☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?				
0	NOT APPLICABLE—Cause of death was acciden	ntal injury, intoxi	cation, suicide, or hor	micide
	a. Evaluated by physician/medical staff			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
after "Pre □	Pre-existing medical condition Deceased developed condition after admission	death and <u>any</u> (of the conditions we	re pre-existing, mark
Please ad	Id any additional notes regarding this death here:			
History	of Hypertension, Hyperlipdemia, Hep C,gla B: changed University Medical Center New	ucoma, bilate Orleans in C	eral lower extremity Q11 to "in a medica	edema, renal mass al center outside"

Form NPS-4A (Addendum)



DEATHS IN CUSTODY—2016 STATE PRISON INMATE **DEATH REPORT**

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

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.
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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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

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)
[PLEASE] In a special medical unit/infirmary
SPECIFYI
On death row, special unit awaiting capital punishment Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
□ Elsewhere
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
 ☑ 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 hon	nicide		
YES NO DON'T KNOW a. Evaluated by physician/medical staff	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)		
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")			
☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hon	nicide		
 ☑ Pre-existing medical condition ☑ Deceased developed condition after admission ☑ Could not be determined 			
Places add any additional materials and the death have			
Please add any additional notes regarding this death here: Offender had a history of Hypertension, asymptomatic bradycardia, acute renal failure, sepsis, retroperitoneal mass.			



DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH REPORT

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

RTI INTERNATIONAL

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

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of 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? Stokes Cebren N LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 6 0 4 1 9 9 3 MONTH DAY YEAR
2.	On what date did the inmate die? 0 7 2 2 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Second Degree Murder b.
3.	What was the name and location of the correctional facility involved? Facility Name: Louisiana State Penetentiary Facility City: Angola Facility State:	d. e. 10. Since admission, did the immate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 1 2 9 1 9 6 3 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex? ☑ Male ☐ Female	In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	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]
44 Mile and did the incident (e.g. cocident evicide on bemiside) covering the deeth toke place?
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify:
Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
Please Specify:
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight) ☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?				
□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide				
YES NO DON'T KNOW a. Evaluated by physician/medical staff	FOR			
 17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the cafter admission? (If multiple conditions caused the death and any of the conditions were pre-existing "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

	Mark Contraction of the Contract			
		FORM COMPLE	TED BY:	
Name			Title	
Name			Title	
Official Address			Telephone	
City			FAX	
State	Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2016:

- You will not need to report anything at this time.
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Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
YES —— CONTINUE TO 013
Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
✓ 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 the inmate's cell/room ☐ In a temporary holding area/lockup
☐ In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE SPECIFY] In a special medical unit/infirmary In a special medical unit/infirmary In a special mental health services unit
☐ In a segregation unit
On death row, special unit awaiting capital punishment
Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere Please Specify:
The disc 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 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?				
1	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide				
	A Evaluated by physician/medical staff				
aft "P	as the cause of death the result of a pre-existing medical condition or did the inmate develop the condition are admission? (If multiple conditions caused the death and any 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:				
	nder passed away of cardiopulmonary arrest secondary to neuroendocrine cancer.				

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

Instructions for Completion

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

5265 Capital Boulevard

Raleigh, NC 27690-1652

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name? Thompson Arthur FIRST MI			t date was the inmate admitted to one of rrectional facilities? O 9 1 9 8 9 DAY YEAR
2.	On what date did the inmate die? 1 2 1 2 2 0 1 6 MONTH DAY YEAR	9.	_ [at offense(s) was the inmate being held? First Degree Murder
3.	What was the name and location of the correctional facility involved? Facility Name: Louisiana State Penetentiary Facility City: Angola Facility State:	10.	c. d. e. Since a	dmission, did the inmate ever stay ht in a mental health facility?
4.	What was the inmate's date of birth? 0 9 1 3 1 9 4 9 MONTH DAY YEAR	1	0	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			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
6.	origin? Yes No	3		In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: □ White □ Black or African American □ American Indian or Alaska Native □ Asian □ Native Hawaiian or Pacific Islander □ Some other race □ Please Specify:			

review	of medical records) available to establish an official cause of death?
	YES CONTINUE TO 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
12 14/1	
1	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
V	Illness—Exclude AIDS-related deaths [Specify] ——— Stage 4 Lung 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]
44 Whare	
_	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
l _	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:
	Flease Specify.
	Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
	Please Specify:
è	
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
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related Morning (6 am to Noon) Afternoon (Noon to 6 pm)

16. Exc	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?					dical es?
	NOT APPLICABLE—Cause of death was accidental	l injury, in	toxicatio	n, suicide, or hor	nicide	
	a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				PLEASE PROVI RESPONSE FO EACH ITEM (a-	R
47 14	4					
afte	s the cause of death the result of a pre-existing med r admission? (If multiple conditions caused the dea e-existing medical condition.")	lical condition of the second	dition or ny of the	did the inmate e conditions we	develop the con re pre-existing; r	dition mark
	NOT APPLICABLE—Cause of death was accidental	l injury, in	toxicatio	n, suicide, or hon	nicide	
	Deceased developed condition after admission					
Diama						
Please at	dd any additional notes regarding this death here:					
						- {

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

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name? Tipton Donnie LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 3 0 6 1 9 9 5 MONTH DAY YEAR
2.	On what date did the inmate die? 0 5 1 3 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Second Degree Murder b.
3.	What was the name and location of the correctional facility involved? Facility Name: Louisiana State Penetentiary Facility City: Angola Facility State:	c. d. e. 10. Since admission, did the inmate ever stay
4.	What was the inmate's date of birth? O 6 1 0 1 9 4 1 MONTH DAY YEAR	overnight in a mental health facility? Yes No Don't Know
		11. Where did the inmate die?
5.	What was the inmate's sex? ☑ Male ☐ Female	☐ In a general housing unit in the facility or in a general housing unit on prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility
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] — Stage 4 Lung Cancer
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
☐ Accidental injury to self [Describe] →
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] —————
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
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[PLEASE SPECIFY] In a special medical unit/infirmary In a special mental health services unit
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Please Specify:
Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
Please Specify:
45. When did the incident (e.g. posident evicide or bemiside) equality to death excess
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. Excluservi	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?				
0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide				
	A Evaluated by physician/medical staff				
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				
	Deceased developed condition after admission				
Please ad	d any additional notes regarding this death here:				



DEATHS IN CUSTODY—2016 STATE PRISON INMATE

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

DEATH REPORT	RTI INTERNATIONAL
ORM COMPLETED BY:	

FORM COMPLETED BY:						
Name			Title			
Official Address		7	Telephone			
City]	FAX			
State	Zip	E-mail				

Instructions for Completion

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- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name? Turner Arthur LAST FIRST MI	8. (On whayour co	at date was the inmate admitted to one of orrectional facilities? 1 9 1 9 7 3 DAY YEAR
2.	On what date did the inmate die? O 6 2 6 2 0 1 6 MONTH DAY YEAR What was the name and location of the	9. 1	Г	at offense(s) was the inmate being held? Second Degree Murder
3.	Facility Name: Louisiana State Penetentiary Facility City: Angola Facility State: Facility State:			idmission, did the inmate over stay
4.	What was the inmate's date of birth? 1 0 2 4 1 9 4 9 MONTH DAY YEAR		0	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
☐ 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] ——— Nat.Unexpected Acute Event (Cardiac Arre
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] ———
☐ Accidental injury to self [Describe] —————
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify:
Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? □ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related □ Morning (6 am to Noon) □ Afternoon (Noon to 6 pm) □ Evening (6 pm to Midnight) □ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?				
NOT APPLICABLE—Cause of death was accidental	injury, intoxicat	ion, suicide, or ho	micide	
b. Diagnostic tests (e.g., X-rays, MRI)			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)	
admission? (If multiple conditions caused the dea existing medical condition.")	th and <u>any</u> of t	he conditions we	ere pre-existing, mark	
d any additional notes regarding this death here: went into Cardiac Arrest				
	NOT APPLICABLE—Cause of death was accidental a. Evaluated by physician/medical staff	NOT APPLICABLE—Cause of death was accidental injury, intoxicat YES NO 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 The cause of death the result of a pre-existing medical condition admission? (If multiple conditions caused the death and any of the existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxicate Pre-existing medical condition Deceased developed condition after admission Could not be determined	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or ho YES NO DON'T KNOW a. Evaluated by physician/medical staff	



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

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

Instructions for Completion

If no deaths occurred in 2016:

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

If you had more than one death in 2016:

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

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

/	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 common area within the facility (e.g., yard, library, cafeteria)
	SPECIFY] In a special mental health services unit
	☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
	Elsewhere within the prison facility Please Specify:
	Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
	Please Specify:
	15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?
	 ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related ☑ Morning (6 am to Noon)
	☐ Afternoon (Noon to 6 pm)
	☐ Evening (6 pm to Midnight) ☐ Overnight (Midnight to 6 am)

16. Excl serv	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?					
	□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
	a. Evaluated by physician/medical staff	7(7(7(7(PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)	
after	is the cause of death the result of a pre-existing medica er admission? (If multiple conditions caused the death a re-existing medical condition.")	l condition	on or dic	I the inmate on the inditions were	develop the condition re pre-existing, mark	
	☐ NOT APPLICABLE—Cause of death was accidental inju	ury, intox	ication, s	uicide, or hom	nicide	
prior m	add any additional notes regarding this death here: medical conditions which included: chronic kidney n prostatic hypertrophy, hypertension, hyperlipide	diseas mia, vit	e with a amin D	solidary kio deficiency,	dney, renal cysts gout, Hep C	
V . W .						
		,				



DEATHS IN CUSTODY—2016 STATE PRISON INMATE DEATH REPORT

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

	and the second s						
	FORM COMPLETED BY:						
Name		Title					
Official Address		Telephone					
City		FAX					
State	Zip E-m	ail					

Instructions for Completion

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9-1-

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- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name? Williams John LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? O 4 1 0 1 9 7 8 MONTH DAY YEAR
2.	On what date did the inmate die? 0 8 0 5 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Armed Robbery b. First Degree Murder
3.	What was the name and location of the correctional facility involved? Facility Name:	c. d.
	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 2 0 7 1 9 5 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 ☐ In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: □ White □ Black or African American □ American Indian or Alaska Native □ Asian □ Native Hawaiian or Pacific Islander □ Some other race □ Please Specify:	

the the	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
78410	YES CONTINUE TO Q13
7 0	1 results are perfaming
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	No evaluation is planned → CONTINUE TO Q13
42 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)
٦	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 Whan	a did the incident (o.g. encident evicide exhamicide) equains the deeth take along
_	e did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
_	
	In the prison facility or on the prison grounds In the inmate's cell/room
	☐ In a temporary holding area/lockup
	In a common area within the facility (e.g., yard, library, cafeteria) 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:
	, (),
٦	Please Specify:
	, location operation.
15. When	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
Į ē	
	, marriag (c amir ac vices)
-	
. 1	Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?				
■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide				
YES NO DON'T KNO a. Evaluated by physician/medical staff	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)			
17. Was the cause of death the result of a pre-existing medical condition or did the inmater admission? (If multiple conditions caused the death and any of the conditions "Pre-existing medical condition.") □ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or □ Pre-existing medical condition □ Deceased developed condition after admission □ Could not be determined	were pre-existing, mark			
Please add any additional notes regarding this death here:				
riease and any additional notes regarding this death here:				

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

Instructions for Completion

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

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- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name? Wilson Brandon LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities?
2.	On what date did the inmate die? 0 6 3 0 2 0 1 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Obstruction of Justice b. Armed Robbery
3.	What was the name and location of the correctional facility involved? Facility Name: Louisiana State Penetentiary Facility City: Facility State:	c. d. e.
4.	Angola LA What was the inmate's date of birth?	10. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes ☐ No ☑ Don't Know
	0 3 2 2 1 9 9 2 MONTH DAY YEAR	11. Where did the inmate die?
5.	What was the inmate's sex? ☑ Male ☐ Female	 □ In a general housing unit in the facility or in a general housing unit on prison grounds □ In a segregation unit □ In a special medical unit/infirmary within your facility □ 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:	

Are the	$_{10}$ results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or $_{10}$ of medical records) available to establish an official cause of death?				
£ 5	YES CONTINUE TO Q13				
	- I statistic 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] Asphyxia by hanging				
	Homicide [Describe]				
	Other cause(s) [Specify]				
14 Who	re did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?				
I 4. Wilei	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)				
	Please Specify:				
	The second secon				
15. When	did the incident (e.g., accident, suicide, or homicide) causing the death occur?				
0					
[
_	Overnight (Midnight to 6 am)				

4	
-	-

16.	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?				
	•	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide			
		A. Evaluated by physician/medical staff			
17.	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.")			
	v	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

	What was a state of the			
		FORM COMPLETED	BY:	
Name			Title	
Official			11110	
Address		Te	elephone	
City			FAX	7
State	Zip	E-mail		

Instructions for Completion

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Raleigh, NC 27690-1652

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
YES — CONTINUE TO Q13 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEATH ☐ No evaluation is planned → CONTINUE TO Q13
2 The Grandation is planned — CONTINGE TO Q15
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Pulmonary Embolism
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] ————
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ In the prison facility or on the prison grounds
☐ In the inmate's cell/room ☐ In a temporary holding area/lockup
☐ In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE In a special medical unit/infirmary In a special mental health services unit
☐ In a segregation unit
 On death row, special unit awaiting capital punishment Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere Please Specify:
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon)
Afternoon (Noon to 6 pm)
☐ Evening (6 pm to Midnight) ☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?						
	□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
	a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit]]]]		PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)		
after	17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")					
	NOT APPLICABLE—Cause of death was accidental injur	ry, intoxicati	on, suicide, or hor	nicide		
	- constant and a contained and					
Please add	dd any additional notes regarding this death here:					