		OMB No. 1	1121-0249 Approval Expires 03/31/2019	
Form NPS-4A (Addendum)	DEATHS IN CUSTODY- STATE PRISON INMA DEATH REPORT		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL	
	FORM COMPLETED	BY:		
Name		Title		
Official ddress	Tel	ephone		
City		FAX		
State Zip	E-mail			
If no deaths occurred in 2017: • You will not need to report			er or not you had a death occurrence in 201	
<ul> <li>At the beginning of 2018, y</li> <li>If you had more than one death</li> </ul>	5 9 <sup>1</sup> 5 5 6 1	orm whethe	er or not you had a death occurrence in 201	
<ul> <li>Make copies of this form for</li> </ul>				
Complete the entire form for				
Once your death records a	re complete, there are several ways to su	omit a deatr	пероп	
ONLINE: Complete the re	port online at: https://bjsdcrp.rti.org		RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.10	
E-MAIL: bjsdcrp@rti.org			5265 Capital Boulevard Raleigh, NC 27690-1652	
FAX (TOLL-FREE): (866)	800-9179			
If you need assistance	e, call Matt Bensen of RTI International to	ll-free at (80	00) 344-1387 or bisdcro@rti.ora	

## What deaths should be reported?

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

## BURDEN STATEMENT

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# INMATE DEATH REPORT

	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name?       Brown     Billy       LAST     FIRST	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 7 1 2 1 9 9 4</li> <li>MONTH DAY YEAR</li> </ul>
2.	On what date did the inmate die? $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	9. For what offense(s) was the inmate being held? a. Intim-Imped injur-witns offcr b.
3.	Facility Name: B. B. RAYBURN CORRECTIONAL CENTER Facility City: ANGIE LA	cd 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       2       0       1       9       4       6         MONTH       DAY       YEAR	<ul> <li>☐ Yes</li> <li>☐ No</li> <li>② Don't Know</li> </ul>
5.	What was the inmate's sex? ☑ Male □ Female	<ul> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	<ul> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	Some other race Please Specify:	

to one of	eview	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? ] 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. N	What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	2	Illness—Exclude AIDS-related deaths [Specify] Respiratory Arrest secondary to Lung Canc
		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]
5		
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
	Ū	In the prison facility or on the prison grounds
		In the inmate's cell/room
		<ul> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> </ul>
	EASE ECIFY]	In a special medical unit/infirmary In a special mental health services unit
376		In a segregation unit
		<ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul>
		Please Specify:
		Outside the prison facility (e.g., while on work release or on work detail)
	Ē	
		Please Specify:

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

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

- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

Please add any additional notes regarding this death here:

6-40		OMB No.	1121-0249 Approval Expires 03/31/2019
	endum) STATE PRIS	USTODY—2017 SON INMATE REPORT	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
	FORM CON	IPLETED BY:	
Name		Title	
Official ddress		Telephone	
City	in the second	FAX	
State	Zip	-mail	
• A <u>If you</u> • N	You will not need to report anything at this time. At the beginning of 2018, you will be asked to complete a <u>I had more than one death in 2017:</u> Make copies of this form for each additional death. Complete the entire form for each inmate death.	a summary form wheth	ner or not you had a death occurrence in 201
	Once your death records are complete, there are severa	I ways to submit a dea	th report:
	ONLINE: Complete the report online at: <u>https://bjsdcrp.r</u> E-MAIL: <u>bjsdcrp@rti.org</u>	ti.org MAIL:	RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652
	FAX (TOLL-FREE): (866) 800-9179		a fan de Manael an ar
	If you need assistance, call Matt Bensen of RTI Inte	ernational toll-free at (8	800) 344-1387 or <u>bjsdcrp@rti.org</u>
	What deaths sh	ould be reporte	d?
CLUDE	eaths of ALL persons		ns of ALL persons
	onfined in your correctional facilities, whether housed ider your jurisdiction or that of another state	Confined i	in your state n local jail facilities, whether located in or out
	nder your jurisdiction but housed in private correctional cilities, whether located in or out of state	state	r jurisdiction but housed in a state-operated

 Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)

1

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

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	STATE PRISON INM	ATE DEATH REPORT
•	What was the inmate's name?       Davenport       Allen       LAST   FIRST MI	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0</li> <li>8</li> <li>2</li> <li>0</li> <li>1</li> <li>9</li> <li>9</li> <li>3</li> <li>MONTH</li> <li>DAY</li> <li>YEAR</li> </ul>
	correctional facility involved?	9. For what offense(s) was the inmate being held? a. Simple Burgulary b. c. d.
	Facility Name:         B. B. RAYBURN CORRECTIONAL CENTEF         Facility City:       Facility State:         ANGIE       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     5     0     1     1     9     5     7       MONTH     DAY     YEAR	☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex? ☑ Male □ Female	<ul> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> </ul>
5.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	<ul> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
•	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
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]
<ul> <li>14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> <li>In the prison facility or on the prison grounds</li> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> <li>In a special mental health services unit</li> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>
45 Million did the incident (e.g. excident quicide on hemiside) coursing the death second
<ul> <li>15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> </ul>
<ul> <li>Morning (6 am to Noon)</li> <li>Afternoon (Noon to 6 pm)</li> <li>Evening (6 pm to Midnight)</li> <li>Overnight (Midnight to 6 am)</li> </ul>

"AGENICV ID"

	uding emergency care provided at the time of death, ices for the medical condition that caused his/her de				
D	NOT APPLICABLE—Cause of death was accidental in	njury, ii	ntoxicatio	n, suicide, or hon	nicide
	<ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> <li>f. Confinement in special medical unit</li> </ul>				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)
after	the cause of death the result of a pre-existing medic admission? (If multiple conditions caused the death -existing medical condition.")				
	NOT APPLICABLE—Cause of death was accidental in	njury, i	ntoxicatio	n, suicide, or hor	nicide
	9				

Please add any additional notes regarding this death here:

(Addendum) STATE PRIS		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	ED BY:	
Name			Title	
Official ddress			Telephone	
City			FAX	
State	Zip	E-mail		and and any strain the
If no deaths occu • You will not i	need to report anythin	Instructions for C	tan menter Tua	n and en and an anna statistic to provide a second statistical de secondaria de secondaria e secondaria e secondaria Internet e secondaria de la secondaria e espectativa de secondaria de secondaria de la secondaria de la secondar Internet e secondaria de la secondaria de secondaria de secondaria de secondaria de la secondaria de la seconda
If no deaths occu You will not not a second	need to report anythin ing of 2018, you will man one death in 201	g at this time. be asked to complete a summ 7:	tan menter Tua	ner or not you had a death occurrence in 201
If no deaths occu You will not	need to report anythin ing of 2018, you will nan one death in 201 of this form for each e entire form for each	g at this time. be asked to complete a summ <u>7:</u> additional death.	nary form wheth	ner or not you had a death occurrence in 201
If no deaths occu You will not not At the beginn If you had more the Make copies Complete the Once your deaths	need to report anythin ing of 2018, you will nan one death in 201 of this form for each e entire form for each eath records are com	g at this time. be asked to complete a summ <u>7:</u> additional death. inmate death.	ary form wheth	ner or not you had a death occurrence in 201 hth report:
If no deaths occu You will not not At the beginn If you had more the Make copies Complete the Once your deaths	need to report anythin ing of 2018, you will than one death in 201 of this form for each the entire form for each the ath records are com the omplete the report on	g at this time. be asked to complete a summ <u>7:</u> additional death. inmate death. olete, there are several ways t	ary form wheth	ner or not you had a death occurrence in 201
If no deaths occu You will not	need to report anythin ing of 2018, you will than one death in 201 of this form for each the entire form for each the ath records are com the omplete the report on	g at this time. be asked to complete a summ <u>7:</u> additional death. inmate death. blete, there are several ways t line at: <u>https://bjsdcrp.rti.org</u>	ary form wheth	her or not you had a death occurrence in 201 hth report: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard

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

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# STATE PRISON INMATE DEATH REPORT

	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name?         Rogers       Benjamin         LAST       FIRST       MI	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 2 1 4 2 0 1 2 MONTH DAY YEAR</li> </ul>
2.	On what date did the inmate die?         0       3       1       9       2       0       1       7         MONTH       DAY       YEAR         What was the name and location of the correctional facility involved?         Facility Name:         B. B. RAYBURN CORRECTIONAL CENTEF         Facility City:       Facility State:         ANGIE       LA	<ul> <li>9. For what offense(s) was the inmate being held? <ul> <li>a. Theft</li> <li>b. Poss Cocaine</li> <li>c</li></ul></li></ul>
4.	What was the inmate's date of birth?       0     3     1     0     1     9     5     9       MONTH     DAY     YEAR	<ul> <li>☑ NO</li> <li>☑ Don't Know</li> <li>11. Where did the inmate die?</li> </ul>
5.	What was the inmate's sex? ☑ Male □ Female	<ul> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> </ul>
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:	

1	
	esults of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or f medical records) available to establish an official cause of death?
	TES 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	s the cause of death? *** Please SPECIFY cause of death—it is critical information***
e Illn	ess—Exclude AIDS-related deaths [Specify]
Ac	quired Immune Deficiency Syndrome (AIDS)
Act	cidental alcohol/drug intoxication [Describe]
🗆 Ac	cidental injury to self [Describe]
	cidental injury by other (e.g., vehicular accidents ring transport) [Describe]
	icide (e.g., hanging, knife/cutting instrument, entional drug overdose) [Describe]
🛛 Но	omicide [Describe]
Ot Ot	her cause(s) [Specify]
14 Where di	d the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
_	DT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	the prison facility or on the prison grounds
	In a temporary holding area/lockup
	<ul> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> </ul>
[PLEASE <b>L</b> SPECIFY]	In a special mental health services unit
	□ In a segregation unit
	<ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul>
	Please Specify:
	Outside the prison facility (e.g., while on work release or on work detail)
0 6	Elsewhere
	Please Specify:
har was the	and a second
n rakari serin Ang Serin	
	d 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)

one of

D	NOT APPLICABLE—Cause of death was accide			on, suicide, or hor	
	<ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> </ul>				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)
	f. Confinement in special medical unit				
after	the cause of death the result of a pre-existing r admission? (If multiple conditions caused the -existing medical condition.")	nedical con death and <u>a</u>	dition o <u>ny</u> of th	r did the inmate e conditions we	develop the condition re pre-existing, mark
after	admission? (If multiple conditions caused the	death and <u>a</u>	<u>ny</u> of th	e conditions we	re pre-existing, mark
after <i>"Pre</i> □	admission? (If multiple conditions caused the existing medical condition.") NOT APPLICABLE—Cause of death was accide Pre-existing medical condition	death and <u>a</u>	<u>ny</u> of th	e conditions we	re pre-existing, mark
after "Pre □ □	admission? (If multiple conditions caused the existing medical condition.") NOT APPLICABLE—Cause of death was accide Pre-existing medical condition Deceased developed condition after admission	death and <u>a</u>	<u>ny</u> of th	e conditions we	re pre-existing, mark

Form NPS-4A (Addendum)		DEATHS IN CUSTO STATE PRISON DEATH REP	INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL			
		FORM COMPLE	TED BY:				
Name			Title				
Official ddress			Telephone				
City	and a second second		FAX				
State	Zip	E-mail	ompletion	a standard to the first of the second s			
		Instructions for C	ompletion	s and some interesting of the second s			
If no deaths occurre • You will not nee	d in 2017: d to report anything	Instructions for C at this time.		or or not you had a death occurrence in 201			
If no deaths occurre You will not nee At the beginning	<u>d in 2017:</u> d to report anything g of 2018, you will be	Instructions for C at this time. e asked to complete a summ		r or not you had a death occurrence in 201			
If no deaths occurre You will not nee At the beginning If you had more than	<u>d in 2017:</u> d to report anything g of 2018, you will be n one death in 2017:	Instructions for C at this time. e asked to complete a summ		er or not you had a death occurrence in 201			
If no deaths occurre • You will not nee • At the beginning If you had more than • Make copies of	<u>d in 2017:</u> d to report anything g of 2018, you will be	Instructions for C at this time. e asked to complete a summ		er or not you had a death occurrence in 201			
If no deaths occurre You will not nee At the beginning If you had more than Make copies of Complete the end	d in 2017: ed to report anything g of 2018, you will be n one death in 2017: this form for each ar ntire form for each ir	Instructions for C at this time. e asked to complete a summ	nary form whethe				
If no deaths occurre You will not nee At the beginning If you had more than Make copies of Complete the end Once your deat	<u>d in 2017:</u> d to report anything g of 2018, you will be <u>n one death in 2017:</u> this form for each ar ntire form for each ir h records are compl	Instructions for C at this time. e asked to complete a summ dditional death. mate death.	nary form whethe o submit a death MAIL:	report: RTI International, Attn: Data Capture			
If no deaths occurre You will not nee At the beginning If you had more than Make copies of Complete the end Once your deat	d in 2017: ed to report anything g of 2018, you will be n one death in 2017: this form for each ar ntire form for each ir h records are compl plete the report onlir	Instructions for C at this time. e asked to complete a summ dditional death. mate death. ete, there are several ways t	nary form whethe o submit a death MAIL:	ı report:			

# What deaths should be reported?

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

### BURDEN STATEMENT

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# STATE PRISON INMATE DEATH REPORT

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

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12. Arev	e the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or 'iew 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. Wł	nat 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]
<b>(</b>	Homicide [Describe]
(	□ Other cause(s) [Specify]
14. WH	ere did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	In the prison facility or on the prison grounds
	<ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> </ul>
	In a common area within the facility (e.g., yard, library, cafeteria)
[PLEAS SPECI	
SPLOI	In a segregation unit
	<ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul>
	Please Specify:
	Outside the prison facility (e.g., while on work release or on work detail)
	C Elsewhere  Please Specify:
	- Flease Specify.

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

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

16.	Exclu servi	ıdin ces	ng s f	g emerge for the m	ency o ledica	care p al con	rovide dition	ed at t that c	the tin cause	ne of d d his/h	leath ner de	, did t eath a	he i fter	nmate admis	receiv sion t	ve any of o your co	the	following m ctional facili	edical ties?	10.0
	Ø	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide																		
		b. c. d. e.		Evaluate Diagnost Medicatio Treatmer Surgery. Confinen	ic test ons nt/care	s (e.g e other	., X-ray	ys, MF medic	RI) ations						······		PI RI	LEASE PRO ESPONSE F ACH ITEM (a	OR	

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")

NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

Please add any additional notes regarding this death here:

The Autopsy results are still in a pending status... Death was caused by self inflicting trauma to the head.