

Form NPS-4A  
(Addendum)DEATHS IN CUSTODY—2017  
STATE PRISON INMATE  
DEATH REPORTU.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 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- 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 27690-1652E-MAIL: [bjsdcrp@rti.org](mailto: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](mailto: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

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# STATE PRISON INMATE DEATH REPORT

Are the results of the review of medical records?  
 YES ☐ NO ☐ Evaluated ☐

1. What was the inmate's name?

Burkhalter Eddie   
 LAST FIRST MI

2. On what date did the inmate die?

1 0 0 1 2 0 1 7  
 MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:  
 DIXON CORRECTIONAL INSTITUTE  
 Facility City: JACKSON Facility State: LA

4. What was the inmate's date of birth?

0 7 3 0 1 9 4 0  
 MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

1 0 1 8 1 9 7 4  
 MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

- a. Second Degree Murder  
 b.   
 c.   
 d.   
 e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☐ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☒ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

Please Specify:

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☐ YES → CONTINUE TO Q13

☐ Evaluation complete—results are pending

→ SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH

☒ No evaluation is planned → CONTINUE TO Q13

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → Heart Attack

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

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

☐ In the prison facility or on the prison grounds

[PLEASE SPECIFY]

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

☐ In a common area within the facility (e.g., yard, library, cafeteria)

☐ In a special medical unit/infirmary

☐ 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 .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PLEASE PROVIDE A  
RESPONSE FOR  
EACH ITEM (a-f)

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

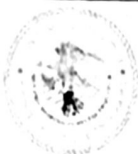
☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☒ Pre-existing medical condition

☐ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here:

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RTI INTERNATIONAL

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

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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
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# STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Edinburgh Godfrey

LAST FIRST MI

2. On what date did the inmate die?

0 4 1 7 2 0 1 7

MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

DIXON CORRECTIONAL INSTITUTE

Facility City:

JACKSON

Facility State:

LA

4. What was the inmate's date of birth?

1 2 0 6 1 9 5 9

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 8 0 4 1 9 9 2

MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

a. Schedule II

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☐ In a special medical unit/infirmary within your facility  
☐ In a special mental health services unit within your facility  
☒ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

↳ Please Specify:

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☐ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☒ No evaluation is planned → **CONTINUE TO Q13**

**13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\***

☒ Illness—Exclude AIDS-related deaths [Specify] → Respiratory arrest due to Pneumonia with Em

☐ 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

[PLEASE SPECIFY]

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

☐ In a common area within the facility (e.g., yard, library, cafeteria)

☐ In a special medical unit/infirmiry

☐ 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 .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE PROVIDE A  
RESPONSE FOR  
EACH ITEM (a-f)

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

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

☐ Pre-existing medical condition

☒ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here:

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Zip

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INCLUDE deaths of ALL persons...

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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
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# STATE PRISON INMATE DEATH REPORT

Are the results  
review of me  
YES  
NO  
Even

1. What was the inmate's name?

Edwards Oleander  
LAST FIRST MI

2. On what date did the inmate die?

0 7 3 1 2 0 1 7  
MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

DIXON CORRECTIONAL INSTITUTE

Facility City:

JACKSON

Facility State:

LA

4. What was the inmate's date of birth?

0 5 2 1 1 9 6 0  
MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

1 0 1 9 2 0 0 9  
MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

- a. Schedule II  
b.  
c.  
d.  
e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☐ In a special medical unit/infirmarary within your facility  
☐ In a special mental health services unit within your facility  
☒ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

Please Specify:

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] → Empyema

☐ 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

[PLEASE SPECIFY]

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

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☐ In a special medical unit/infirmery

☐ 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:

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☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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☐ 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 .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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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:

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AND ACTING AS COLLECTION AGENT:  
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## FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

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EXCLUDE deaths of ALL persons...

- Executed in your state
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Fontenot Ronald MI  
LAST FIRST MI

2. On what date did the inmate die?

1 1 1 5 2 0 1 7  
MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

DIXON CORRECTIONAL INSTITUTE

Facility City:

JACKSON

Facility State:

LA

4. What was the inmate's date of birth?

1 2 2 8 1 9 4 6  
MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

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☐ Black or African American  
☐ American Indian or Alaska Native  
☐ Asian  
☐ Native Hawaiian or Pacific Islander  
☐ Some other race

→ Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?

0 3 0 8 2 0 1 6  
MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

a. Sexual Battery

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☐ In a special medical unit/infirmarary within your facility  
☐ In a special mental health services unit within your facility  
☒ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:

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

[PLEASE SPECIFY]

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

☐ In a common area within the facility (e.g., yard, library, cafeteria)

☐ In a special medical unit/infirmery

☐ 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 .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)</b>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Surgery .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

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

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

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)DEATHS IN CUSTODY—2017  
STATE PRISON INMATE  
DEATH REPORTU.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

## FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

## Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- 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 27690-1652E-MAIL: [bjsdcrp@rti.org](mailto: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](mailto: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

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

# STATE PRISON INMATE DEATH REPORT

Are the results of  
review of medical  
YES Evaluation  
YES Evaluation  
YES Evaluation

1. What was the inmate's name?

Maize Robert MI  
LAST FIRST MI

2. On what date did the inmate die?

0 4 2 5 2 0 1 7  
MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:  
DIXON CORRECTIONAL INSTITUTE  
Facility City: JACKSON Facility State: LA

4. What was the inmate's date of birth?

1 1 2 2 1 9 4 3  
MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 5 0 6 2 0 0 2  
MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

- a. Second Degree Murder  
b.  
c.  
d.  
e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☒ No  
☐ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☒ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☐ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

Please Specify:

one of

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☐ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☒ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → 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

[PLEASE SPECIFY]

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

☐ In a common area within the facility (e.g., yard, library, cafeteria)

☐ In a special medical unit/infirmery

☐ 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 .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**PLEASE PROVIDE A  
RESPONSE FOR  
EACH ITEM (a-f)**

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

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

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

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)DEATHS IN CUSTODY—2017  
STATE PRISON INMATE  
DEATH REPORTU.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

## FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

## Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

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

ONLINE: Complete the report online at: <https://bjsdcrp.rti.org>E-MAIL: [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

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

MAIL: RTI International, Attn: Data Capture  
Project Number: 0215015.001.100.102.100  
5265 Capital Boulevard  
Raleigh, NC 27690-1652*If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or [bjsdcrp@rti.org](mailto: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

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

# STATE PRISON INMATE DEATH REPORT

Are the res  
review of m  
YES  
NO

1. What was the inmate's name?

Mason

LAST

Thomas

FIRST

MI

2. On what date did the inmate die?

1 1

MONTH

0 7

DAY

2 0 1 7

YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

DIXON CORRECTIONAL INSTITUTE

Facility City:

JACKSON

Facility State:

LA

4. What was the inmate's date of birth?

0 1

MONTH

0 8

DAY

1 9 5 2

YEAR

5. What was the inmate's sex?

☒ Male

☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

☐ Yes

☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 6

MONTH

0 4

DAY

2 0 1 2

YEAR

9. For what offense(s) was the inmate being held?

a. Oper Vehicle Intoxicated

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

☐ Yes

☐ No

☒ Don't Know

11. Where did the inmate die?

☐ In a general housing unit in the facility or in a general housing unit on prison grounds

☐ In a segregation unit

☐ In a special medical unit/infirmary within your facility

☐ In a special mental health services unit within your facility

☒ In a medical center outside your facility

☐ In a mental health center outside your facility

☐ While in transit

☐ Elsewhere



Please Specify:

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

- ☒ YES → **CONTINUE TO Q13**
- ☐ Evaluation complete—results are pending  
 → **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**
- ☐ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

- ☒ Illness—Exclude AIDS-related deaths [Specify] → Heart Attack
- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Accidental alcohol/drug intoxication [Describe] →
- ☐ Accidental injury to self [Describe] →
- ☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →
- ☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
- ☐ Homicide [Describe] →
- ☐ Other cause(s) [Specify] →

14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

- ☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- ☐ In the prison facility or on the prison grounds
- (PLEASE SPECIFY) →
- ☐ In the inmate's cell/room
  - ☐ In a temporary holding area/lockup
  - ☐ In a common area within the facility (e.g., yard, library, cafeteria)
  - ☐ In a special medical unit/infirmery
  - ☐ 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 .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**PLEASE PROVIDE A  
RESPONSE FOR  
EACH ITEM (a-f)**

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

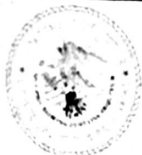
☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☒ Pre-existing medical condition

☐ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)
**DEATHS IN CUSTODY—2017  
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	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

**Instructions for Completion**If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- 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](mailto: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](mailto: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

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# STATE PRISON INMATE DEATH REPORT

Are the res  
review of m  
YES  
Eva

1. What was the inmate's name?

Peavoy Stephen MI  
LAST FIRST MI

2. On what date did the inmate die?

0 6 0 6 2 0 1 7  
MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

DIXON CORRECTIONAL INSTITUTE

Facility City:

JACKSON

Facility State:

LA

4. What was the inmate's date of birth?

1 2 1 2 1 9 5 9  
MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 1 2 1 2 0 1 5  
MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

a. Monetary Instrument Abuse

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☒ No  
☐ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☐ In a special medical unit/infirmary within your facility  
☐ In a special mental health services unit within your facility  
☒ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:

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] → Shock Syndrome with Hypertension respira

☐ 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

[PLEASE SPECIFY]

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

☐ In a common area within the facility (e.g., yard, library, cafeteria)

☐ In a special medical unit/infirmery

☐ 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 .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PLEASE PROVIDE A  
RESPONSE FOR  
EACH ITEM (a-f)

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

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

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

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)DEATHS IN CUSTODY—2017  
STATE PRISON INMATE  
DEATH REPORTU.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

## FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

## Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- 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 27690-1652E-MAIL: [bjsdcrp@rti.org](mailto: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](mailto: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

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

# STATE PRISON INMATE DEATH REPORT

2. Are the review o

1. What was the inmate's name?

Rhodes Willie

LAST FIRST MI

2. On what date did the inmate die?

1 1 1 8 2 0 1 7

MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:  
DIXON CORRECTIONAL INSTITUTE

Facility City: JACKSON Facility State: LA

4. What was the inmate's date of birth?

1 2 1 4 1 9 5 2

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 9 0 4 2 0 1 3

MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

- a. Seond Degree Cruelty  
b.   
c.   
d.   
e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☐ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☒ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:

2. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☐ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☒ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → Congestive Heart Failure

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

14. Where did the 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

(PLEASE SPECIFY)

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

☐ In a common area within the facility (e.g., yard, library, cafeteria)

☐ In a special medical unit/infirmery

☐ 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 .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**PLEASE PROVIDE A  
RESPONSE FOR  
EACH ITEM (a-f)**

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

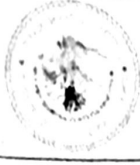
☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☒ Pre-existing medical condition

☐ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)
**DEATHS IN CUSTODY—2017  
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	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

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

**E-MAIL:** [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)
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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
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# STATE PRISON INMATE DEATH REPORT

2. Are the results of review of medical  
☐ YES  
☐ Evaluation

1. What was the inmate's name?

Riley Gregory  
LAST FIRST MI

2. On what date did the inmate die?

0 4 0 6 2 0 1 7  
MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:  
 DIXON CORRECTIONAL INSTITUTE  
 Facility City:  
 JACKSON  
 Facility State:  
 LA

4. What was the inmate's date of birth?

0 4 2 6 1 9 6 6  
MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 4 3 0 1 9 9 9  
MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

- a. Sexual Battery  
 b. Molestation of a Juvenile  
 c.  
 d.  
 e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☒ No  
☐ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☐ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☒ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:

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☐ 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?

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☐ In the prison facility or on the prison grounds

[PLEASE SPECIFY]

☐ In the inmate's cell/room

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☐ In a special mental health services unit

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☐ Elsewhere

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

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE PROVIDE A  
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- ☒ Pre-existing medical condition  
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☐ Could not be determined

Please add any additional notes regarding this death here: