Form NPS (Addendu		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:	т 1
Name			Title	
Official Address		a and gradient and a	Telephone	
City			FAX	
State	Zip	E-mail		
<ul> <li>You will</li> </ul>	occurred in 2017: not need to report anythin	Instructions for C	+ 1 هـ ۲ هـ ۲ مېرىمى د	n 1 f. 1 f
<ul> <li>You wil</li> <li>At the b</li> <li>If you had m</li> </ul>	not need to report anythin eginning of 2018, you will hore than one death in 201	ng at this time. be asked to complete a sumn 7:	+ 1 هـ ۲ هـ ۲ مېرىمى د	ner or not you had a death occurrence in 201
<ul> <li>You will</li> <li>At the b</li> <li>If you had m</li> <li>Make c</li> <li>Completion</li> </ul>	not need to report anythin reginning of 2018, you will hore than one death in 201 opies of this form for each te the entire form for each	ng at this time. be asked to complete a sumn <u>7:</u> additional death.	nary form whet	ner or not you had a death occurrence in 201
<ul> <li>You will</li> <li>At the b</li> <li>If you had m</li> <li>Make c</li> <li>Comple</li> <li>Once you</li> </ul>	not need to report anythin reginning of 2018, you will nore than one death in 201 opies of this form for each te the entire form for each our death records are com	ng at this time. be asked to complete a sumn <u>7:</u> additional death. inmate death.	hary form wheth to submit a dea	her or not you had a death occurrence in 201 ath report: : RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.10
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<ul> <li>You will</li> <li>At the b</li> <li>If you had m</li> <li>Make c</li> <li>Comple</li> <li>Once you</li> <li>ONLIN</li> <li>E-MAIL</li> </ul>	not need to report anythin reginning of 2018, you will hore than one death in 201 opies of this form for each te the entire form for each our death records are com E: Complete the report or	ng at this time. be asked to complete a summ <u>7:</u> additional death. inmate death. iplete, there are several ways lline at: <u>https://bjsdcrp.rti.org</u>	hary form wheth to submit a dea	her or not you had a death occurrence in 201 ath report: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.10 5265 Capital Boulevard

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

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### BURDEN STATEMENT

	STATE DDIGON INM	ATE DEATH REPORT
1.	What was the inmate's name?       Burkhalter       LAST   FIRST MI	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>1 0 1 8 1 9 7 4</li> <li>MONTH DAY YEAR</li> </ul>
2.	On what date did the inmate die? 1 0 0 1 2 0 1 7 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Second Degree Murder b.
3.	What was the name and location of the correctional facility involved?          Facility Name:         DIXON CORRECTIONAL INSTITUTE         Facility City:       Facility State:         JACKSON       LA	cd d e 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes
4.	What was the inmate's date of birth?       0     7     3     0     1     9     4     0       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> </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:	
	<ul> <li>White</li> <li>Black or African American</li> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> <li>Some other race</li> <li>Please Specify:</li> </ul>	

	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or ew of medical records) available to establish an official cause of death?
	□ 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
3. Wha	t 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]
4	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
-	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
5	Other cause(s) [Specify]
	ere did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
C	<ul> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> <li>In the prison facility or on the prison grounds</li> </ul>
	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>
[PLEASE	E In a special medical unit/infirmary Y In a special mental health services unit
SPECIF	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:
	<ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>
	Please Specify:
	en did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
	Morning (6 am to Noon)
	<ul> <li>Afternoon (Noon to 6 pm)</li> <li>Evening (6 pm to Midnight)</li> </ul>
	<ul> <li>Evening (o pm to Midnight)</li> <li>Overnight (Midnight to 6 am)</li> </ul>

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

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			OMB No. 1121-0249 Approval Expires 03/31/2019		
Form NPS-4A (Addendum)	DEATHS IN CUS STATE PRISC DEATH R	ON INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL		
	FORM COMP	LETED BY:			
Name		Title			
Official ddress		Telephone			
City	A A A A A A A A A A A A A A A A A A A	FAX			
State Zip	E-m	ail			
	s are complete, there are several wa				
E-MAIL: bjsdcrp@rti.or	report online at: <u>https://bjsdcrp.rti.c</u> g	P 52	TI International, Attn: Data Capture roject Number: 0215015.001.100.102.10 265 Capital Boulevard		
FAX (TOLL-FREE): (86	<ul> <li>A state of the sta</li></ul>	R	aleigh, NC 27690-1652		
lf you need assista	nce, call Matt Bensen of RTI Internation		ne sen andere for opposition of the set of t		
CLUDE deaths of ALL perso		EXCLUDE deaths o	[10] S. M. M. M. S. M		
<ul> <li>Confined in your correction under your jurisdiction or</li> </ul>	nal facilities, whether housed	Executed in yes			
	t housed in private correctional	Contined in log state	cal jail facilities, whether located in or ou		

- 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
- 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

		a a last data was the immete admitted
(1:	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
	Edinburgh Godfrey	
	LAST FIRST MI	
		MONTH DAY YEAR
2.	On what date did the inmate die?	
		a - E
		9. For what offense(s) was the inmate being held?
ŝ	MONTH DAY YEAR	<sup>a.</sup> Schedule II
		b.
3.	What was the name and location of the	c.
	correctional facility involved?	
	Facility Name:	d.
	DIXON CORRECTIONAL INSTITUTE	e.
1		
1	Facility City: Facility State:	
	JACKSON	10. Since administration in the second
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
		Yes
4.	What was the inmate's date of birth?	
	1 2 0 6 1 9 5 9	Don't Know
	MONTH DAY YEAR	
1		
		11. Where did the inmate die?
5.	What was the inmate's sex?	In a general housing unit in the facility or in a
		general housing unit on prison grounds In a segregation unit
	Female	In a special medical unit/infirmary within your
		facility
6.	Was the inmate of Hispanic, Latino, or Spanish	In a special mental health services unit within your facility
	origin?	In a medical center outside your facility
	□ Yes	<ul> <li>In a mental health center outside your facility</li> <li>While in transit</li> </ul>
	☑ No	
		Please Specify:
7	In addition what was the inmete's ress? Places	
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	
	<ul> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> </ul>	
	Some other race	
	Please Specify:	
1		

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Are th	e results of a medical examinar's or coronar's evaluation (such as an extension postmenter even
/ Icvicv	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or w of medical records) available to establish an official cause of death?
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
G	
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness-Exclude AIDS-related deaths [Specify] Respitory arrest due to Pneumonia with Err
	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]
	a did the incident (e.g. eccident quicide on hemicide) coucing the death take place?
	re did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
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4 1	<ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> </ul>
[PLEASE	<ul> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> </ul>
SPECIFY	
	On death row, special unit awaiting capital punishment
	C Elsewhere within the prison facility → Please Specify:
	<ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>
	Elsewhere     Please Specify:
- +	
epine preventi 20 a la se	가 있었다. 이 가지 않는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있었다. 이 가지 않는 것이 있는 것 같은 것이 같은 것이 있는 것 같은 것이 같은 것이 같은 것이 있는 것
	n did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? <ul> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> </ul>
	Morning (6 am to Noon)
	<ul> <li>Afternoon (Noon to 6 pm)</li> <li>Evening (6 pm to Midnight)</li> </ul>
	Overnight (Midnight to 6 am)

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

4A ))		MATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
	FORM COMPLET	ED BY:	
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ore than one death in 201 pies of this form for each	additional death.		
ore than one death in 201 bies of this form for each the entire form for each	additional death.	o submit a death	
bre than one death in 201 bies of this form for each the entire form for each or death records are comp	additional death. inmate death.	MAIL:	n report: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.10
bre than one death in 201 bies of this form for each the entire form for each or death records are comp	additional death. inmate death. plete, there are several ways to	MAIL:	n report:
	) Zip	STATE PRISON IN DEATH REPO FORM COMPLET	STATE PRISON INMATE DEATH REPORT FORM COMPLETED BY: Title Telephone FAX Title Telephone FAX Instructions for Completion

### 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

	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name?         Edwards       Oleander         LAST       FIRST       MI	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>1 0 1 9 2 0 0 9</li> <li>MONTH DAY YEAR</li> </ul>
2.	On what date did the inmate die?	9. For what offense(s) was the inmate being held? a. Schedule II
3.	What was the name and location of the correctional facility involved?Facility Name:DIXON CORRECTIONAL INSTITUTEFacility City:Facility State:JACKSONLAWhat was the inmate's date of birth? $0$ $5$ $2$ $1$ $9$ $6$ $0$ $0$ $1$ $0$ $1$ $9$ $0$ $6$ $0$ $0$ $1$ $9$ $0$ $6$ $0$ $0$ $1$ $9$ $0$ $6$ $0$ $0$ $0$ $1$ $0$ $1$ $9$ $0$ $6$ $0$	b
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> <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:	

	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or ew of medical records) available to establish an official cause of death?
	<ul> <li>YES → CONTINUE TO Q13</li> <li>Evaluation complete—results are pending</li> </ul>
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM-YOU WILL BE CONTACTED AT
	LATER TIME FOR THE CAUSE OF DEATH ■ No evaluation is planned → CONTINUE TO Q13
8 2 S.C.	
13. Wha	t 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]
	re did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	In the prison facility or on the prison grounds
	<ul> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> </ul>
[PLEASE	In a special medical unit/infirmary
SPECIF	<ul> <li>In a special mental health services unit</li> <li>In a segregation unit</li> </ul>
	On death row, special unit awaiting capital punishment
	Elsewhere within the prison facility Please Specify:
	Flease Specify.
	Outside the prison facility (e.g., while on work release or on work detail)
	Please Specify:
an a	
15. Whe	n 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)
	<ul> <li>Afternoon (Noon to 6 pm)</li> <li>Evening (6 pm to Midnight)</li> </ul>
1	Overnight (Midnight to 6 am)

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6.	Exclu servi	iding emergency care provided at the time of de ces for the medical condition that caused his/h	eath, did the er death aft	e inmat er admi	e receive any of ssion to your co	the following medical prrectional facilities?
	D	NOT APPLICABLE—Cause of death was accider	ntal injury, in	toxicatio	on, suicide, or hor	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 m admission? (If multiple conditions caused the c existing medical condition.") NOT APPLICABLE—Cause of death was accider	leath and <u>ai</u>	ny of th	e conditions we	re pre-existing, mark
		Pre-existing medical condition Deceased developed condition after admission Could not be determined				

		OMB No.	. 1121-0249 Approval Expires 03/31/2019
Form NPS-4A (Addendum)	STATE PR	CUSTODY—2017 ISON INMATE I REPORT	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
	FORM CO	MPLETED BY:	
Name		Title	
Official ddress		Telephone	
City		FAX	
State Zip	E	E-mail	
	017: report anything at this time.	for Completion	er or not you had a death occurrence in 201
If you had more than one		a summary form wheth	
	orm for each additional death.		
Complete the entire t	form for each inmate death.		
Once your death rec	ords are complete, there are severa	I ways to submit a deat	th report:
ONLINE: Complete	the report online at: <u>https://bjsdcrp.</u>	rti.org MAIL:	RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.10
E-MAIL: bjsdcrp@rt	i.org		5265 Capital Boulevard Raleigh, NC 27690-1652
FAX (TOLL-FREE):	(866) 800-9179		

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

What deaths should be reported?

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

1.	What was the inmate's name?         Fontenot         Ronald         LAST       FIRST         MI	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 3 0 8 2 0 1 6</li> <li>MONTH DAY YEAR</li> </ul>
2.	On what date did the inmate die?	9. For what offense(s) was the inmate being held? a. Sexual Battery b.
3.	What was the name and location of the correctional facility involved?         Facility Name:         DIXON CORRECTIONAL INSTITUTE         Facility City:       Facility State:         JACKSON       LA	c
4.	What was the inmate's date of birth?         1       2       8       1       9       4       6         MONTH       DAY       YEAR	<ul> <li>10. Since admission, did the inmate ever stay overnight in a mental health facility?</li> <li>Yes</li> <li>No</li> <li>Don't Know</li> </ul>
5.	<ul> <li>What was the inmate's sex?</li> <li>Male</li> <li>Female</li> </ul> Was the inmate of Hispanic, Latino, or Spanish origin? <ul> <li>Yes</li> <li>No</li> </ul>	<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 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:	

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?
<ul> <li>YES → CONTINUE TO Q13</li> <li>Evaluation complete—results are pending</li> </ul>
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT
LATER TIME FOR THE CAUSE OF DEATH
✓ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] —— 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 <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds I ( In the inmate's cell/room
In a temporary holding area/lockup
<i>IPLEASE</i> In a common area within the facility (e.g., yard, library, cafeteria)
SPECIFY]
<ul> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> </ul>
C Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
□ Elsewhere ↓ Please Specify:
Please Specity.
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
<ul> <li>Morning (6 am to Noon)</li> <li>Afternoon (Noon to 6 pm)</li> </ul>
<ul> <li>Afternoon (Noon to 6 pm)</li> <li>Evening (6 pm to Midnight)</li> </ul>
Overnight (Midnight to 6 am)

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

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

Form NPS-4 (Addendum)	<sup>+</sup> A (	DEATHS IN CUSTO STATE PRISON IN DEATH REPO	MATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL
	24 'es 1022.	FORM COMPLET	ED BY:	
Name			Title	
Official ddress	n a cype contraction and all the spectrum contractions of the spectrum of the		Telephone	
City			FAX	
State	Zip	E-mail		
	Zip	E-mail		

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

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

E-MAIL: bjsdcrp@rti.org

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

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

MAIL: RTI International, Attn: Data Capture

5265 Capital Boulevard

Raleigh, NC 27690-1652

Project Number: 0215015.001.100.102.100

INCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
Confined in your correctional facilities, wheth	Executed in your state
under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of
Under your jurisdiction but housed in private	correctional state
facilities, whether located in or out of state	Under your jurisdiction but housed in a state-operated     correctional facility is protocological facility
<ul> <li>Under your jurisdiction but in special facilities medical/treatment/release centers, halfway h</li> </ul>	
police/court lockups, or work farms)	Under probation or parole supervision in your state
<ul> <li>In transit to or from your facilities while under supervision</li> </ul>	• Under your jurisdiction but on AWOL or escape-status at the time of death
In exemption of the second sec	PERSONAL AND

### What deaths should be reported?

### BURDEN STATEMENT

	What was the inmate's n	ame?		8. On what	at date was the inmate admitted to one of orrectional facilities?
	Maize	Robert		your co	prrectional facilities?
	LAST	FIRST	_] [] MI	0 5 MONTH	0 6 2 0 0 2 DAY YEAR
2	On what date did the inm	ate die?			
	0 4 2 5 2	0 1 7		9. For wh	at offense(s) was the inmate being held?
	MONTH DAY YEA	R		a.	Second Degree Murder
				b.	
3.	What was the name and			c.	
	correctional facility invol	ved?		d.	
	Facility Name:			ч. е.	
	DIXON CORRECTION			с.	2. All statistics and the second statistics of the second statistics
	Facility City:		ity State:		
	JACKSON	LA		10. Since a	admission, did the inmate ever stay
				overniç	ght in a mental health facility?
	What was the inmate's d			0	Yes No
<b>I</b> .		9 4 3		Ū	Don't Know
	MONTH DAY YEA				
				44 14/1	
5	What was the inmate's s	222			did the inmate die?
	☑ Male				general housing unit on prison grounds
	Female				
					facility
6.	Was the inmate of Hispa	nic, Latino, or Spa	nish		In a special mental health services unit withi your facility
	origin?				In a medical center outside your facility In a mental health center outside your facility
	□ Yes ☑ No				While in transit
					Elsewhere
1					Please Specify:
7.	In addition, what was the select one or more of the categories:		lease		
	U White				
	<ul> <li>Black or African A</li> <li>American Indian d</li> </ul>				
	Asian				
	<ul> <li>Native Hawaiian of</li> <li>Some other race</li> </ul>	or Pacific Islander			

ь.

	w of medical records) available to establish an official cause of death? ] YES→ CONTINUE TO Q13 ] Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A 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	
15. When	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
Ľ	
	Afternoon (Noon to 6 pm)

"AGENICY ID"

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

Form NPS-4A (Addendum)		DEATHS IN CUSTOD STATE PRISON INM DEATH REPOR	ATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLETE	D BY:	
Name			Title	
Official ddress			elephone	
City			FAX	
State Zi	p	E-mail		] [
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Starting Could be a		8 8 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	to report anything		a ra	Pomentenganalises () Pome
<ul> <li>You will not need</li> <li>At the beginning</li> <li>If you had more than</li> <li>Make copies of the second sec</li></ul>	to report anythin of 2018, you will t	g at this time. be asked to complete a summar <u>r:</u> additional death.	a ra	er or not you had a death occurrence in 201
<ul> <li>You will not need</li> <li>At the beginning</li> <li>If you had more than</li> <li>Make copies of the Complete the end</li> </ul>	to report anythin of 2018, you will b one death in 2017 his form for each ire form for each	g at this time. be asked to complete a summar <u>r:</u> additional death.	y form whethe	
<ul> <li>You will not need</li> <li>At the beginning</li> <li>If you had more than</li> <li>Make copies of th</li> <li>Complete the ent</li> <li>Once your death</li> </ul>	to report anything of 2018, you will to <u>one death in 2017</u> his form for each ire form for each records are comp	g at this time. be asked to complete a summar <u>r.</u> additional death. inmate death.	y form whethe	h report: RTI International, Attn: Data Capture
<ul> <li>You will not need</li> <li>At the beginning</li> <li>If you had more than</li> <li>Make copies of th</li> <li>Complete the ent</li> <li>Once your death</li> </ul>	to report anythin of 2018, you will b one death in 2017 his form for each ire form for each records are comp lete the report onl	g at this time. be asked to complete a summar <u>r.</u> additional death. inmate death. ilete, there are several ways to s	y form whethe	h report:
<ul> <li>You will not need</li> <li>At the beginning</li> <li>If you had more than</li> <li>Make copies of th</li> <li>Complete the ent</li> <li>Once your death</li> <li>ONLINE: Complete</li> <li>E-MAIL: bjsdcrp</li> </ul>	to report anythin of 2018, you will b one death in 2017 his form for each ire form for each records are comp lete the report onl	g at this time. be asked to complete a summar <u>r:</u> additional death. inmate death. blete, there are several ways to so ine at: <u>https://bjsdcrp.rti.org</u>	y form whethe	h report: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.10 5265 Capital Boulevard
<ul> <li>You will not need</li> <li>At the beginning</li> <li>If you had more than</li> <li>Make copies of th</li> <li>Complete the end</li> <li>Once your death</li> <li>ONLINE: Complete</li> <li>E-MAIL: bjsdcrpp</li> <li>FAX (TOLL-FREE)</li> </ul>	to report anythin of 2018, you will b one death in 2017 his form for each ire form for each records are comp lete the report onl @rti.org E): (866) 800-917	g at this time. be asked to complete a summary <u>r.</u> additional death. inmate death. blete, there are several ways to so ine at: <u>https://bjsdcrp.rti.org</u>	y form whethe	h report: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.10 5265 Capital Boulevard Raleigh, NC 27690-1652

ICLUDE	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

		Se is
	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name?       Mason     Thomas       LAST     FIRST     MI	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 6 0 4 2 0 1 2</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. Oper Vehicle Intoxicated b.
5.	Facility Name:         DIXON CORRECTIONAL INSTITUTE         Facility City:       Facility State:         JACKSON       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       1       0       8       1       9       5       2         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>
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:	
	<ul> <li>White</li> <li>Black or African American</li> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> <li>Some other race</li> <li>Please Specify:</li> </ul>	

reviev	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or / of medical records) available to establish an official cause of death? YES→ CONTINUE TO Q13
	Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
	LATER TIME FOR THE CAUSE OF DEATH 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]
4. Where	<ul> <li>a 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 <ul> <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</li> </ul> </li> </ul>
0	Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
15. When C C C C	Morning (6 am to Noon) Afternoon (Noon to 6 pm)

State State

And 114 1 198

The second second second second second second second

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

Form NPS (Addendur	-4A n)	DEATHS IN CUSTO STATE PRISON DEATH REPO	NMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGEN RTI INTERNATIONAL
	20.300	FORM COMPLE	TED BY:	
Name			Title	
Official ddress	n a sasan na kara di araga espek geerka kara		Telephone	
City	n ay shine construction processing (1994) Shine construction of the state of		FAX	
State	Zip	E-mail	a series a s Reference a series a s	
		Instructions for C	ompletion	
<ul> <li>You will</li> </ul>	occurred in 2017: not need to report anythin eginning of 2018, you will t		nary form whether	or not you had a death occurrence in 20

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

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

E-MAIL: bjsdcrp@rti.org

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

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

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

What deaths should be reported?

(1) 「アイロックストレージング」の「アイン」、「「アイン」、「「アイン」、「アイン」、「アイン」、「アイン」、「アイン」、「アイン、「「アイン」、「アイン、「「「、「」、「、「、「、「、「、「、「、「、「、「、「、「、「、「、「、「
EXCLUDE deaths of ALL persons
<ul> <li>Executed in your state</li> <li>Confined in local jail facilities, whether located in or out of</li> </ul>
<ul> <li>state</li> <li>Under your jurisdiction but housed in a state-operated</li> </ul>
<ul> <li>correctional facility in another state or in a federal facility</li> <li>Under probation or parole supervision in your state</li> </ul>
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.

#### "AGENICV ID.

		ATE DEATH REPORT
	STATE PRISON INM	
1.	What was the inmate's name?       Peavoy     Stephen       LAST     FIRST     MI	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 1 2 1 2 0 1 5</li> <li>MONTH DAY YEAR</li> </ul>
2. 3.	On what date did the inmate die?         0       6       0       6       2       0       1       7         MONTH       DAY       YEAR         What was the name and location of the correctional facility involved?         Facility Name:         DIXON CORRECTIONAL INSTITUTE         Facility City:       Facility State:         JACKSON       LA	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         Q No         Don't Know
5.	MONTH DAY YEAR What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes	<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 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> </ul>
7.	<ul> <li>No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial categories:</li> <li>White</li> <li>Black or African American</li> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> <li>Some other race</li> <li>Please Specify:</li> </ul>	Elsewhere Please Specify:

1	are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam eview of medical records) available to establish an official cause of death?
	<ul> <li>YES&gt; CONTINUE TO Q13</li> <li>Evaluation complete—results are pending</li> <li>SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED LATER TIME FOR THE CAUSE OF DEATH</li> </ul>
	☑ 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 re
	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]
[PI	<ul> <li>/here 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 <ul> <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 segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> <li>Please Specify:</li> </ul> </li> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>

☑ 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)

D	NOT APPLICABLE—Cause of death was accident	tal injury, ir	ntoxicatio	on, suicide, or hor	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>	YES		DON'T KNOW	
17. Was		edical con	dition o	r did the inmate	develop the 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:

Millie's Subwalch

		OMB No. 1121-0249 Approval Expires 03/31/2019		
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 COMPLET	ED BY:	
Name			Title	· · · · · · · · · · · · · · · · · · ·
Official Address			Telephone	
City	an a	by - i	FAX	
State	Zip	E-mail		

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

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

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

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

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

### What deaths should be reported?

#### BURDEN STATEMENT

	STATE PRISON INM	MATE DEATH REPORT
<b>(1.</b>	What was the inmate's name?    Rhodes    Willie      LAST   FIRST MI	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 9 0 4 2 0 1 3</li> <li>MONTH DAY YEAR</li> </ul>
2. 3.	On what date did the inmate die?         1       1       8       2       0       1       7         MONTH       DAY       YEAR         What was the name and location of the correctional facility involved?         Facility Name:         DIXON CORRECTIONAL INSTITUTE         Facility City:       Facility State:         JACKSON       LA	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
4.	1     2     1     4     1     9     5     2       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> </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: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	
3	- A set of the set	

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<ol><li>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?</li></ol>
□ 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
3. 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]
<ul> <li>4. 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 prison facility or on the prison grounds</li> <li>In the prison facility or on the prison grounds</li> <li>In a temporary holding area/lockup</li> <li>In a temporary holding area/lockup</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>
5. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
<ul> <li>Morning (6 am to Noon)</li> <li>Afternoon (Noon to 6 pm)</li> </ul>
<ul> <li>Evening (6 pm to Midnight)</li> <li>Overnight (Midnight to 6 am)</li> </ul>

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

Form NP (Addend	C		en e		
(Addend	um)	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 COMP	PLETED BY:		
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If no deat	ns occurred in 2017:			and a subserver of the second s	
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<ul><li>You v</li><li>At the</li></ul>	will not need to report ar e beginning of 2018, you	nything at this time. u will be asked to complete a s		not you had a death occurrence in 201	
<ul> <li>You v</li> <li>At the</li> </ul>	will not need to report an	nything at this time. u will be asked to complete a s		r not you had a death occurrence in 201	

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

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

E-MAIL: bjsdcrp@rti.org

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

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

INCL	<u>UDE</u> deaths of ALL persons	EXCLUDE deaths of ALL persons
•	Confined in your correctional facilities, whether housed under your jurisdiction or that of another state Under your jurisdiction but housed in private correctional	<ul> <li>Executed in your state</li> <li>Confined in local jail facilities, whether located in or out of state</li> </ul>
•	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)	<ul> <li>Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility</li> <li>Under probation or parole supervision in your state</li> </ul>
•	In transit to or from your facilities while under your supervision	Under your jurisdiction but on AWOL or escape-status at the time of death

### What deaths should be reported?

### BURDEN STATEMENT

	(a) A set of a first fig. (b) the product of the constraint approximation of the set	edica,
	STATE PRISON INMA	ATE DEATH REPORT
1.	What was the inmate's name?    Riley    Gregory      LAST      FIRST	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 4 3 0 1 9 9 9</li> <li>MONTH DAY YEAR</li> </ul>
2.	On what date did the inmate die? 0 4 0 6 2 0 1 7 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? <sup>a.</sup> Sexual Battery
3.	What was the name and location of the correctional facility involved?	<ul> <li>b. Molestation of a Juvenile</li> <li>c.</li> </ul>
	Facility Name:         DIXON CORRECTIONAL INSTITUTE         Facility City:       Facility State:         JACKSON       LA	<ul> <li>d.</li> <li>e.</li> <li>10. Since admission, did the inmate ever stay overnight in a mental health facility?</li> </ul>
4.	What was the inmate's date of birth?       0     4     2     6     1     9     6     6       MONTH     DAY     YEAR	☐ Yes ④ 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>
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:	
a sur cutat can be a se	<ul> <li>White</li> <li>Black or African American</li> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> <li>Some other race</li> <li>Please Specify:</li> </ul>	

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f					
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] ——— 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]					
<ul> <li>Where did the <u>incident</u> (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> </ul>					
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>					
[PLEASE ] In a special medical unit/infirmary					
SPECIFY] In a special mental health services unit					
On death row, special unit awaiting capital punishment					
C Elsewhere within the prison facility ↓ Please Specify:					
Please Specify.					
Outside the prison facility (e.g., while on work release or on work detail)					
Elsewhere     Please Specify:					
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?					
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related					

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

16. Excl servi	uding emergency care provided at the time of ices for the medical condition that caused his/	death, did the her death aft	e inmate er admi	e receive any of ssion to your co	the following medical prrectional facilities?
D	NOT APPLICABLE—Cause of death was accid	ental injury, in	toxicatio	on, suicide, or hor	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 admission? (If multiple conditions caused the existing medical condition.")	medical con e death and <u>a</u>	dition o <u>ny</u> of th	r did the inmate le conditions we	develop the condition re pre-existing, mark
-	NOT APPLICABLE—Cause of death was accid	lental injury, ir	toxicatio	on, suicide, or hor	nicide
	Pre-existing medical condition				

- Deceased developed condition after admission
   Could not be determined