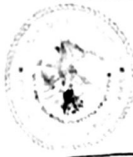


Form NPS-4A
(Addendum)
**DEATHS IN CUSTODY—2017
STATE PRISON INMATE
DEATH REPORT**
**U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL**
FORM COMPLETED BY:

Name

Title

Official
Address

Telephone

City

FAX

State

Zip

E-mail

Instructions for CompletionIf 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
FAX (TOLL-FREE): (866) 800-9179

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bjsdcrp@rti.org
What deaths should be reported?**INCLUDE** deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

1. What was the inmate's name?

Johnson

LAST

Ronald

FIRST

J

MI

2. On what date did the inmate die?

1 0

MONTH

2 7

DAY

2 0 1 7

YEAR

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

0 8

MONTH

2 9

DAY

1 9 5 8

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

MONTH

1 2

DAY

2 0 1 6

YEAR

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

a. Bank Fraud

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/infirmiry 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/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 type="checkbox"/>	<input checked="" 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:



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"/>	E-mail	<input type="text"/>
Zip	<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://bjdscrp.rti.org>

E-MAIL: bjdscrp@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 bjdscrp@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

1. What was the inmate's name?

Jones Christopher J
LAST FIRST MI

2. On what date did the inmate die?

0 2 1 1 2 0 1 7
MONTH DAY YEAR

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

0 6 1 2 1 9 6 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 7 2 1 2 0 0 9
MONTH DAY YEAR

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

- a. Obscenity
b. Unauth use of movable
c. Carnal knowledge Juvenile
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] →

☒ 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 type="checkbox"/>	<input checked="" 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:

**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

Title

Official
Address

Telephone

City

FAX

State

Zip

E-mail

Instructions for CompletionIf 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

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

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

What deaths should be reported?INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

1. What was the inmate's name?

Joubert Russell

LAST FIRST MI

2. On what date did the inmate die?

1 1 0 9 2 0 1 7

MONTH DAY YEAR

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

0 7 0 3 1 9 5 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?

1 1 0 3 2 0 0 3

MONTH DAY YEAR

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

- a. Manslaughter
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/infirmarv 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] → Liver Disease

☐ 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

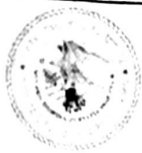
**PLEASE PROVIDE A
RESPONSE FOR
EACH ITEM (a–f)**

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:

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

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

1. What was the inmate's name?

Kingston Robert

LAST

FIRST

MI

2. On what date did the inmate die?

0 6 2 4 2 0 1 7

MONTH

DAY

YEAR

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

0 8 0 3 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:

- ☐ 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 1 7 1 9 8 9

MONTH

DAY

YEAR

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

a. Aggravated Rape

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] → Cardiac Arrest- Cancer

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

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

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

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

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

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

☐ In the prison facility or on the prison grounds

[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 checked="" type="checkbox"/>	<input 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.")

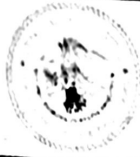
☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☐ Pre-existing medical condition

☒ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here:

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 CompletionIf 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 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

12. Are the review

1. What was the inmate's name?

Landor Morris MI
LAST FIRST MI

2. On what date did the inmate die?

0 7 2 0 2 0 1 7
MONTH DAY YEAR

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

Facility Name:
ELAYN HUNT CORRECTIONAL CENTER
Facility City: SAINT GABRIEL Facility State: LA

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

0 6 2 8 1 9 4 8
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 5 2 0 0 5
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/infirmarv 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] → Cardiac Arrest

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

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

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

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

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

☒ 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 checked="" type="checkbox"/>	<input 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:

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

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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
revi

1. What was the inmate's name?

Lee Kelly O
LAST FIRST MI

2. On what date did the inmate die?

0 5 0 2 2 0 1 7
MONTH DAY YEAR

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

0 4 1 6 1 9 6 8
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 1 8 1 9 9 0
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] → Liver Disease

☐ 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/infirmar

☐ 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

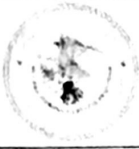
	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications	<input checked=""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

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

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

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

What deaths should be reported?

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

12. Are the
review

1. What was the inmate's name?

Marshall Carl
LAST FIRST MI

2. On what date did the inmate die?

1 0 1 2 2 0 1 7
MONTH DAY YEAR

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

Facility Name:
ELAYN HUNT CORRECTIONAL CENTER

Facility City: SAINT GABRIEL Facility State: LA

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

0 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 2 2 1 1 9 9 4
MONTH DAY YEAR

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

- a. Cancer
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] → Cancer

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

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

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

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

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

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

☐ In the prison facility or on the prison grounds

(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 checked="" type="checkbox"/>	<input 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:

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

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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 results review of

1. What was the inmate's name?

Mcguire

LAST

Leonard

FIRST

MI

2. On what date did the inmate die?

0 6

MONTH

1 3

DAY

2 0 1 7

YEAR

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

0 1

MONTH

2 7

DAY

1 9 5 4

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

MONTH

1 7

DAY

2 0 1 1

YEAR

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

a. PW Firearm

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/infirmarv 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] → Cardiac Arrest

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

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

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

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

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

☒ 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 type="checkbox"/>	<input checked="" 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:

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"/> <input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/> <input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

Instructions for CompletionIf 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
FAX (TOLL-FREE): (866) 800-9179

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bjsdcrp@rti.org
What deaths should be reported?**INCLUDE** deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

12. Are the re
review of

1. What was the inmate's name?

Meadows Albert MI
LAST FIRST MI

2. On what date did the inmate die?

1 1 1 2 2 0 1 7
MONTH DAY YEAR

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

0 3 1 6 1 9 4 1
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 2 2 6 1 9 8 4
MONTH DAY YEAR

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

a. Aggravated Rape

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/infirmarv 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] → Cancer

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

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

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

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

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

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

☐ In the prison facility or on the prison grounds

[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 checked="" type="checkbox"/>	<input 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:

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://bjscrp.rti.org>MAIL: RTI International, Attn: Data Capture
Project Number: 0215015.001.100.102.100
5265 Capital Boulevard
Raleigh, NC 27690-1652E-MAIL: bjscrp@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 bjscrp@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

1. What was the inmate's name?

Milton

LAST

Larry

FIRST

MI

2. On what date did the inmate die?

1

0

2

6

2

0

1

7

MONTH

DAY

YEAR

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

0

5

0

1

1

9

5

4

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

8

1

9

9

4

MONTH

DAY

YEAR

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

a. Second Degree Murder

b. Aggravated Battery

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:

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

☐ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

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

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

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

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

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

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

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

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

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 type="checkbox"/>	<input checked="" 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:

DEATHS IN CUSTODY—2017
STATE PRISON INMATE
DEATH REPORTU.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL

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

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

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

1. What was the inmate's name?

Plaisance William L
LAST FIRST MI

2. On what date did the inmate die?

0 3 1 3 2 0 1 7
MONTH DAY YEAR

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

Facility Name:
ELAYN HUNT CORRECTIONAL CENTER
Facility City: SAINT GABRIEL Facility State: LA

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

0 8 1 1 1 9 5 1
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 1 1 0 1 9 9 8
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:

2. Are the results of a review of medical records...
☐ YES
☐ NO

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] → Liver Failure secondary to small cell lung ca

☐ 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 type="checkbox"/>	<input checked="" 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:

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"/>	E-mail	<input type="text"/>
Zip	<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://bjscrp.rti.org>E-MAIL: bjscrp@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 bjscrp@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

1. What was the inmate's name?

Robert Steve B
LAST FIRST MI

2. On what date did the inmate die?

0 2 2 4 2 0 1 7
MONTH DAY YEAR

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

0 8 0 8 1 9 5 5
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 7 2 9 2 0 0 9
MONTH DAY 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:

to 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] → Liver Disease

☐ 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

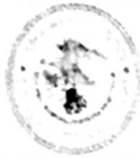
PLEASE PROVIDE A
RESPONSE FOR
EACH ITEM (a-f)

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:

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

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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 ☐

1. What was the inmate's name?

Robinson Troy
LAST FIRST MI

2. On what date did the inmate die?

1 2 0 2 2 0 1 7
MONTH DAY YEAR

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

0 8 2 8 1 9 7 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?

1 0 0 5 1 9 9 2
MONTH DAY YEAR

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

- a. Armed Robbery
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:

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

☐ YES → CONTINUE TO Q13

☐ Evaluation complete—results are pending

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

☒ No evaluation is planned → CONTINUE TO Q13

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

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

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

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

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

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

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"/>	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
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 type="checkbox"/>	<input checked="" 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"/>	

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 CompletionIf 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 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

12. Are the re
review of

1. What was the inmate's name?

Rollins James E
LAST FIRST MI

2. On what date did the inmate die?

0 3 2 9 2 0 1 7
MONTH DAY YEAR

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

0 2 2 4 1 9 4 4
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 1 0 1 9 7 2
MONTH DAY YEAR

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

a. First Degree Murder

b.

c.

d.

e.

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

- ☐ Yes
☐ No
☒ 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:

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

☐ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

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

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

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

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

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

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

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

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

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

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

☐ In the prison facility or on the prison grounds

[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 type="checkbox"/>	<input checked="" 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:

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

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

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

What deaths should be reported?

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

12. Are the
review

1. What was the inmate's name?

Rushing **Michael**
LAST FIRST MI

2. On what date did the inmate die?

1 **2** **2** **0** **2** **0** **1** **7**
MONTH DAY YEAR

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

0 **8** **0** **5** **1** **9** **6** **4**
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** **0** **6** **2** **0** **1** **4**
MONTH DAY YEAR

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

a. **Forcible Rape**

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] → Cancer

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

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

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

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

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

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

☐ In the prison facility or on the prison grounds

[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 checked="" type="checkbox"/>	<input 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:

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

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bjsdcrp@rti.org
What deaths should be reported?**INCLUDE** deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

1. What was the inmate's name?

Rusk

LAST

Joseph

FIRST

P

MI

2. On what date did the inmate die?

0

3

MONTH

1

1

DAY

2

0

1

7

YEAR

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

0

6

MONTH

2

4

DAY

1

9

8

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?

1

0

MONTH

2

3

DAY

2

0

1

3

YEAR

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

a.

Sex Offender register violation

b.

False repre of cds

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/infirmiry 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] → Cardiac Arrest-Metabolic Acidosis

☐ 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Surgery	<input checked="" type="checkbox"/>	<input 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:

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>

E-MAIL: bjsdcrp@rti.org

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

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

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

What deaths should be reported?

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

1. What was the inmate's name?

Todd David

LAST FIRST MI

2. On what date did the inmate die?

0 5 0 1 2 0 1 7

MONTH DAY YEAR

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

0 7 1 6 1 9 6 1

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 1 9 1 9 8 3

MONTH DAY YEAR

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

- a. Aggravated Rape
b. Armed Robbery
c. Simple Burglary
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] → Cancer

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

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

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

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

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

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

☐ In the prison facility or on the prison grounds

[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 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:

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"/> <input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/> <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

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

4. Are the results
review of me

1. What was the inmate's name?

Washington

LAST

Dennis

FIRST

R

MI

2. On what date did the inmate die?

0 8

MONTH

0 5

DAY

2 0 1 7

YEAR

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

0 2

MONTH

1 6

DAY

1 9 4 7

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 3

MONTH

1 7

DAY

1 9 7 7

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/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:

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] → Cancer

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

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

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

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

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

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

☐ In the prison facility or on the prison grounds

(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://bjscrp.rti.org>

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

E-MAIL: bjscrp@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 bjscrp@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 result
review of med
Y

1. What was the inmate's name?

White

LAST

Anthony

FIRST

MI

2. On what date did the inmate die?

0 3

MONTH

1 4

DAY

2 0 1 7

YEAR

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

1 1

MONTH

0 5

DAY

1 9 5 3

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 2

MONTH

0 1

DAY

1 9 8 1

YEAR

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

a. Second Degree Murder

b. Aggravated Battery

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/infirmarv 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

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

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

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

- ☐ In the prison facility or on the prison grounds

[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 checked="" type="checkbox"/>	<input 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.")

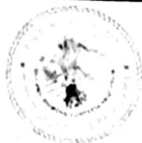
☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☐ Pre-existing medical condition

☒ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here:

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

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

12. Are the
re...

1. What was the inmate's name?

Wright Eugene
LAST FIRST MI

2. On what date did the inmate die?

0 8 0 8 2 0 1 7
MONTH DAY YEAR

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

0 6 2 0 1 9 4 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 4 2 4 1 9 7 5
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] → Cardio Pulmonary

☐ 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 type="checkbox"/>	<input checked="" 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: