DEATHS IN CUSTODY—2017 U.S. DEPARTMENT OF JUSTICE Form NPS-4A **BUREAU OF JUSTICE STATISTICS** STATE PRISON INMATE AND ACTING AS COLLECTION AGENT: (Addendum) **DEATH REPORT RTI INTERNATIONAL** FORM COMPLETED BY: Title Name Official Telephone Address FAX City State Zip E-mail

Instructions for Completion

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- Complete the entire form for each inmate death.
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ONLINE: Complete the report online at: https://bjsdcrp.rti.org

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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

What deaths should be reported?

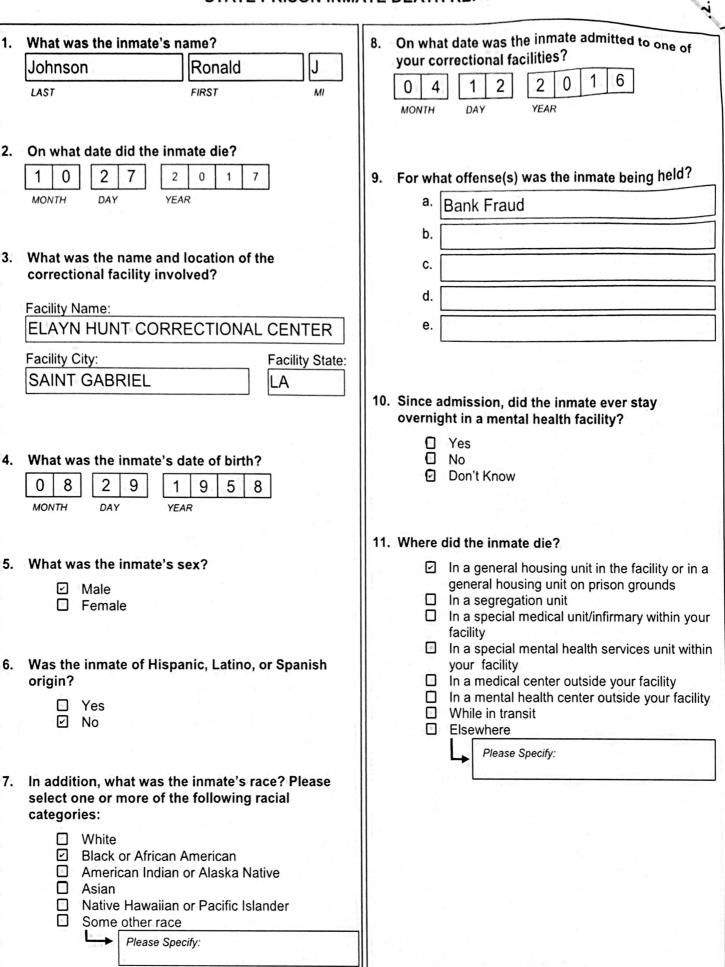
INCLUDE deaths of ALL persons...

- 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
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EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT



Are the review

7e of

16. Exclud	ling emergency care provided at the time of death, did the inmate receive any of the following medical es for the medical condition that caused his/her death after admission to your correctional facilities?
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	A. Evaluated by physician/medical staff
after a∉ "Pre-e. □	ne cause of death the result of a pre-existing medical condition or did the inmate develop the condition dmission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark xisting 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:

Und you	Nah	OMB No. 1121-0249 Approval Expires 03/31/2019			
(Addendun	ndum)	DEATHS IN CUSTOD STATE PRISON IN DEATH REPO	IMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL	
1		FORM COMPLETE	ED BY:		
Name		2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
		246	Title		
Official Address					
dress			Telephone		
City			FAX		
State	Zip	E-mail			

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BURDEN STATEMENT

ä.	What was the inmate's name?	8.	On wha	at date was the inmate admitted to one of
	Jones Christopher J		your co	
	LAST FIRST MI		0 7	2 1 2 0 0 9
			MONTH	DAY YEAR
2.	On what date did the inmate die?			
	0 2 1 1 2 0 1 7	9.	For wh	at offense(s) was the inmate being held?
	MONTH DAY YEAR		a.	Obscenity
•	What was the name and beaution of the	T.	b.	Unauth use of movable
3.	What was the name and location of the correctional facility involved?		C.	Carnal knowledge Juvenile
	Facility Name:	j.	d.	* · · · · · · · · · · · · · · · · · · ·
	ELAYN HUNT CORRECTIONAL CENTER		e.	
	Facility City: Facility State:			
	SAINT GABRIEL LA			
		10.	Since a	dmission, did the inmate ever stay
			overniç	tht in a mental health facility?
3				Yes
4.	What was the inmate's date of birth?			No Don't Know
	0 6 1 2 1 9 6 2			Don't Know
	MONTH DAY YEAR	1.0		
		11.	Where	did the inmate die?
5.	What was the inmate's sex?			In a general housing unit in the facility or in a
	☑ Male		_	general housing unit on prison grounds
	Female			In a segregation unit
			۷	In a special medical unit/infirmary within your facility
				In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	1 1		your facility In a medical center outside your facility
	Yes		ö	In a mental health center outside your facility
	□ res ☑ No			While in transit
				Elsewhere
				Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:			
		1		
	☐ White☑ Black or African American			
	American Indian or Alaska Native			
	Asian Book and Asian			
	□ Native Hawaiian or Pacific Islander□ Some other race			
	Please Specify:			
	A company of a com			

12. Are the review	results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
	YES — → CONTINUE TO Q13 Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
D	No evaluation is planned → CONTINUE TO Q13
	the state of the s
	vas 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] ————
0	did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
15. When (did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight) Overnight (Midnight to 6 am)

16.	Exclu servi	uding emergency care provided at the time of death, did the inmate receive any of the following medical ices for the medical condition that caused his/her death after admission to your correctional facilities?
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
100		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit
17.	after a	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined
Plea	ise ado	d 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 E	3Y:	
Name).	7 - 7	Title	
Official Address	1. 4	Tele	phone	
City			FAX	
State	Zip	E-mail		

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- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Joubert Russell	your correctional facilities?
2	LAST FIRST MI	1 1 0 3 2 0 0 3
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	1 1 0 9 2 0 1 7	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Manslaughter
	1	b.
3.	What was the name and location of the	С.
	correctional facility involved?	0.1
	Facility Name:	d.
	ELAYN HUNT CORRECTIONAL CENTER	e.
	[V = 0 = - 4]	
	Facility City: Facility State: SAINT GABRIEL LA	
	DAINT GABRILE	10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		☐ Yes
4.	What was the inmate's date of birth?	☐ No ☑ Don't Know
	0 7 0 3 1 9 5 3	☑ Don't Know
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	
	✓ Male	In a general housing unit in the facility or in a general housing unit on prison grounds
	☐ Female	☐ In a segregation unit
		 In a special medical unit/infirmary within your facility
		☐ In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	your facility
		 ☑ In a medical center outside your facility ☑ In a mental health center outside your facility
	☐ Yes ☑ No	☐ While in transit
		☐ Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please	The state of the s
	select one or more of the following racial categories:	
	☑ White	
	☐ Black or African American	
	American Indian or Alaska Native	
	☐ Asian☐ Native Hawaiian or Pacific Islander	
	Some other race	
	Please Specify:	

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
☐ YES ——→ CONTINUE TO Q13
□ Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEATH
✓ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] ——— 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 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.	cluding emergency care provided at the time of death, did the inmate receive any of the following medical rvices for the medical condition that caused his/her death after admission to your correctional facilities?
	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	A. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit
17.	as the cause of death the result of a pre-existing medical condition or did the inmate develop the condition ter admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark tre-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
0/-	
Pie	add any additional notes regarding this death here:
1	

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

Form NPS-4A (Addendum)



DEATHS IN CUSTODY—2017 STATE PRISON INMATE DEATH REPORT

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

RTI INTERNATIONAL

	FORM COMPLE	TED BY:	
	2		
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip E-mail	4 x x x x x x x x x x x x x x x x x x x	

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BURDEN STATEMENT

1.	What was the inmate's name?	8.	On wha	at date was the inmate admitted to one of
	Kingston Robert	0.	your co	rrectional facilities?
	LAST FIRST MI	[0 4	1 7 1 9 8 9
	LAST PINST MI		MONTH	DAY YEAR
2.	On what date did the inmate die?			
	0 6 2 4 2 0 1 7	9.	For wha	at offense(s) was the inmate being held?
	MONTH DAY YEAR		1	Aggravated Rape
		, · · · · ·	b. [, iggravated ridge
3.	What was the name and location of the correctional facility involved?		c. [
	=		d.	
	Facility Name: ELAYN HUNT CORRECTIONAL CENTER		е. [
	Facility City: Facility State:			
	SAINT GABRIEL LA	40	•	
		10.	Since a overnic	dmission, did the inmate ever stay tht in a mental health facility?
				Yes
4.	What was the inmate's date of birth?	N.	ē	No
	0 8 0 3 1 9 4 6			Don't Know
	MONTH DAY YEAR			
		11.	Where	did the inmate die?
5.	What was the inmate's sex?			In a general housing unit in the facility or in a
	☑ Male			general housing unit on prison grounds
	☐ Female			In a segregation unit In a special medical unit/infirmary within your
				facility
c	Was the inmete of Hispania Lating or Spanish			In a special mental health services unit within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin?			In a medical center outside your facility
	☐ Yes			In a mental health center outside your facility
	☑ No			While in transit Elsewhere
			7	Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:			
	 White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race 			
	Please Specify:			
	Trouse opening.			
		A		

12 A	Are the results of a medical avanchasis or according evaluation (such as an automation as an automation as an automation as an automation as a second
12. F	Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or eview of medical records) available to establish an official cause of death?
	☐ YES ——→ CONTINUE TO Q13
	Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
s.	No evaluation is planned → CONTINUE TO Q13
13 V	What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
10.	☑ 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]
1 - 3 J	to the second of
14. W	Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	In the prison facility or on the prison grounds
	☐ In the inmate's cell/room ☐ In a temporary holding area/lockup
	☐ In a common area within the facility (e.g., yard, library, cafeteria)
[PLE	ASE In a special medical unit/infirmary
SPE	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:
k wile in the	The second secon
- 17.7	
15. W	/hen did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	☐ Morning (6 am to Noon)
	☐ Afternoon (Noon to 6 pm)
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16.	Exclu servi	cluding emergency care provided at the time of death, did the inmate receive any of the follow vices for the medical condition that caused his/her death after admission to your correctiona	wing medical al facilities?
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide	
		b. Diagnostic tests (e.g. X-rays MRI)	E PROVIDE A NSE FOR TEM (a-f)
17.	after "Pre-	s the cause of death the result of a pre-existing medical condition or did the inmate develop er admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing medical condition.")	the condition isting, mark
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide	
1	000	Deceased developed condition after admission	
		and the second control of the second control	
Ple	ase ad	add any additional notes regarding this death here:	
1			

	OMB No. 11.	OMB No. 1121-0249 Approval Expires 03/31/2019				
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City	FAX					
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BURDEN STATEMENT

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

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
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SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
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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]
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☐ In the prison facility or on the prison grounds ☐ ☐ In the inmate's cell/room
☐ In a temporary holding area/lockup
In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary
SPECIFY
☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
☐ Elsewhere
Please Specify:
The state of the s
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm)
Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

16.	Exclu	iding emergency care provided at the time of deces for the medical condition that caused his/h	eath, did the inmer death after ad	ate receive any o mission to your o	of the following medical correctional facilities?
	0	NOT APPLICABLE—Cause of death was acciden			
		a. Evaluated by physician/medical staff			V PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
					to lea the condition
17.	after	the cause of death the result of a pre-existing nadmission? (If multiple conditions caused the caused medical condition.")	nedical condition death and <u>any</u> of	or did the inmate the conditions w	e develop the condition ere pre-existing, mark
		NOT APPLICABLE—Cause of death was acciden	ntal injury, intoxica	ation, suicide, or ho	omicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined			
Pla	250 240	d any additional notes regarding this death here:			
Fie	ase aut	rany additional notes regarding this death here.			
à.					

Form NPS-4A (Addendum)



DEATHS IN CUSTODY—2017 STATE PRISON INMATE

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

	Some of the second	DEATH REPOR		RTIINTERNATIONAL
		FORM COMPLETE	D BY:	
Name		e existence de la company	Title	
Official ddress	4	1 1 2 2	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:

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

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

E-MAIL: bjsdcrp@rti.org

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

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

5265 Capital Boulevard Raleigh, NC 27690-1652

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) evaluable to establish an official cause of death?
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
☐ In the inmate's cell/room ☐ In a temporary holding area/lockup
In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE] In a special medical unit/infirmary
SPECIFY]
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.	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?					
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
		a. Evaluated by physician/medical staff	YES	9	DON'T KNOW	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.")					
5		NOT APPLICABLE—Cause of death was accidenta	l injury, ir	ntoxication	n, suicide, or hom	nicide
ů.		Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Pleas	e add	any additional notes regarding this death here:				-
-						
a ^r				200 j		, (ii

Form NPS-4A (Addendum)			DEATHS IN CUSTO STATE PRISON DEATH REP	INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT; RTI INTERNATIONAL	
			FORM COMPLE	TED BY:		
Name				Title		
Official Address				Telephone		
City				FAX		
State		Zip	E-mail			

Instructions for Completion

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MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name? Marshall Carl LAST FIRST MI		what date was the inmate admitted to one of r correctional facilities? 2 2 1 1 9 9 4 TH DAY YEAR
3.	On what date did the inmate die? 1 0 1 2 2 0 1 7 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: SAINT GABRIEL LA	10. Since	what offense(s) was the inmate being held? a. Cancer b. C.
4.	What was the inmate's date of birth? 0 2 1 2 1 9 5 9 MONTH DAY YEAR		☐ Yes ☐ No ☐ Don't Know
5.	What was the inmate's sex? ☑ Male ☐ Female	11. Who	ere did the inmate die? ☐ In a general housing unit in the facility or in a general housing unit on prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No	your facility In a medical center outsi In a mental health center While in transit Elsewhere	your facility In a medical center outside your facility In a mental health center outside your facility While in transit
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:		

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

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

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 COMPLE	TED BY:	
	3 - 18 - 1 - 1 - 1 - 1 - 1 - 1	e value avional value		
Name	EX		Title	
Official Address			Telephone	
_			FAX	
City	the same of the sa		<u>ا</u> س ا	y (12) - 1200 -
State	Zip	E-mail		The state of the s

Instructions for Completion

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Project Number: 0215015.001.100.102.100

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

The Marie Washington Control of the Control of the

		1		V
11:	What was the inmate's name? Mcguire Leonard	8.	your co	or date was the inmate admitted to one of orrectional facilities?
ì	LAST FIRST MI		0 <u>5</u> молтн	DAY YEAR
2.	On what date did the inmate die?			the immedia balan belia.
	0 6 1 3 2 0 1 7 MONTH DAY YEAR	9.	r	at offense(s) was the inmate being held? PW Firearm
			b. [
3.	What was the name and location of the correctional facility involved?		c. [
	Facility Name:		d. [
	ELAYN HUNT CORRECTIONAL CENTER		е. [
	Facility City: Facility State: SAINT GABRIEL LA			
ž.		10.	Since a overnig	idmission, did the inmate ever stay ght in a mental health facility?
4.	What was the inmate's date of birth?		0	Yes
	0 1 2 7 1 9 5 4 MONTH DAY YEAR		ä	Don't Know
		11.	Where	did the inmate die?
5.	What was the inmate's sex?	140		In a general housing unit in the facility or in a general housing unit on prison grounds
	✓ Male			
	☑ Male □ Female			In a segregation unit In a special medical unit/infirmary within your
6.	☐ Female	drag Algorithms (Silver		In a special medical unit/infirmary within your facility In a special mental health services unit within
6.	☐ Female Was the inmate of Hispanic, Latino, or Spanish origin?	And American States and States	0	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
6.	☐ Female Was the inmate of Hispanic, Latino, or Spanish	And Assessment State of the Sta		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
6.	□ FemaleWas the inmate of Hispanic, Latino, or Spanish origin?□ Yes	An Assessment William		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
6. 7.	□ FemaleWas the inmate of Hispanic, Latino, or Spanish origin?□ Yes	to the modelline and their		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
	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No 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			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
	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No 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	As it would be considered the first of the constraint of the const		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

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
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] ———
☐ Accidental injury to self [Describe] →
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] — →
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special 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.	5. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?							
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
4		A. Evaluated by physician/medical staff						
17.	after a	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
3		Pre-existing medical condition Deceased developed condition after admission Could not be determined						
Plas		d any additional notes regarding this death here:						
riea	se auu	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

FO	RM	COM	PIFT	LED	RV.

		v - 8 - 8 - 850°		
Name			Title	
Official Address			Telephone	
City	\$ 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		FAX	
State	Zip	E-mail		

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EXCLUDE deaths of ALL persons...

- Executed in your state
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- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

1.	What was the inmate's name?	8.		date was the inmate admitted to one of
	Meadows Albert			rectional facilities?
	LAST FIRST MI		1 2 MONTH	DAY YEAR
2.	On what date did the inmate die?			
	1 1 2 2 0 1 7 MONTH DAY YEAR	9.		t offense(s) was the inmate being held? Aggravated Rape
		1	b. [Aggravated Nape
3.	What was the name and location of the correctional facility involved?		c. [d. [
	Facility Name: ELAYN HUNT CORRECTIONAL CENTER		e. [
	Facility City: Facility State: SAINT GABRIEL LA			
		10.		dmission, did the inmate ever stay ht in a mental health facility?
4.	What was the inmate's date of birth?		Ō	Yes No Don't Know
	0 3 1 6 1 9 4 1 MONTH DAY YEAR			
		11.	Where d	lid the inmate die?
5.	What was the inmate's sex?			In a general housing unit in the facility or in a
	☑ Male☐ Female	71.52.00		general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your
ŝ.	Was the inmate of Hispanic, Latino, or Spanish		0	facility In a special mental health services unit within your facility
	origin?			In a medical center outside your facility In a mental health center outside your facility While in transit
	☑ No			Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	Total Control of Contr		
	 ☑ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Some other race ☐ Please Specify: 			
	The second secon			

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								
La indevaluation is planned — Continue to U13								
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***								
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Cancer								
Acquired Immune Deficiency Syndrome (AIDS)								
☐ Accidental alcohol/drug intoxication [Describe] ———								
☐ Accidental injury to self [Describe] →								
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]								
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]								
☐ Homicide [Describe] — →								
Other cause(s) [Specify]								
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?								
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related								
In the prison facility or on the prison grounds								
In the inmate's cell/room In a temporary holding area/lockup								
In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary								
SPECIFY]								
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:								
A CONTROL OF THE CONT								
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)								

16.	Exclu servi	luding emergency care provided at the time of death rices for the medical condition that caused his/her de	, did the eath afte	inmate er admis	receive any of t sion to your co	the following medical rrectional facilities?
	0	NOT APPLICABLE—Cause of death was accidental in	injury, in	toxication	, suicide, or hon	nicide
	*	a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after	the cause of death the result of a pre-existing medical radmission? (If multiple conditions caused the deate-existing medical condition.") NOT APPLICABLE—Cause of death was accidental	th and <u>ar</u>	ny of the	conditions wer	re pre-existing, mark
Ple	ase ad	dd any additional notes regarding this death here:		1000		

Form NPS-4A (Addendum)



DEATHS IN CUSTODY—2017 STATE PRISON INMATE DEATH REPORT

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

		FORM COMPLET	TED BY:		-
Name			Title		
Official Address	3	ş	Telephone		\equiv
City		4 20	FAX		
State	Zip	E-mail	3	 	

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.

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

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

5265 Capital Boulevard Raleigh, NC 27690-1652

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

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

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?									
0	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide								
	a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)				
after	17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")								
	 □ Pre-existing medical condition □ Deceased developed condition after admission 								
Please add	d any additional notes regarding this death here:				a a				
and the second			3	erware					

OMB No. 1121-0249 Approval Expires 03/31/2019 Form NPS-4A (Addendum) U.S. DEPARTMENT OF JUSTICE **DEATHS IN CUSTODY—2017 BUREAU OF JUSTICE STATISTICS** STATE PRISON INMATE AND ACTING AS COLLECTION AGENT: **DEATH REPORT RTI INTERNATIONAL** FORM COMPLETED BY: Name Title Official Address Telephone City FAX State Zip E-mail

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- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

AND SEE	and the second of the second o	\$ 50 S
		ATE DEATH REPORT
	STATE PRISON INMA	ATE DEATHTIE
1.	What was the inmate's name?	was the inmate admitted to on
	Plaisance William L	8. On what date was the your correctional facilities?
	LAST FIRST MI	MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 3 1 3 2 0 1 7	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Second Degree Murder
		b.
3.	What was the name and location of the correctional facility involved?	C.
	Facility Name:	d.
	ELAYN HUNT CORRECTIONAL CENTER	e.
	Facility City: Facility State:	
	SAINT GABRIEL LA	
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth?	☐ Yes
	0 8 1 1 1 9 5 1	☑ No ☑ Don't Know
4 Jane	MONTH DAY YEAR	
1		11. Where did the inmate die?
5.	What was the inmate's sex?	☐ In a general housing unit in the facility or in a
1	✓ Male □ Female	general housing unit on prison grounds In a segregation unit
4		In a special medical unit/infirmary within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish	☐ In a special mental health services unit within
1	origin?	your facility In a medical center outside your facility
1	☐ Yes ☑ No	In a mental health center outside your facility While in transit
4 -		Elsewhere
7.	In addition, what was the inmate's race? Please	Please Specify:
	select one or more of the following racial categories:	
	☑ White	
1	Black or African AmericanAmerican Indian or Alaska Native	
	AsianNative Hawaiian or Pacific Islander	
1	Some other race	
1	Please Specify:	

12. Are th	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or v of medical records) available to establish an official cause of death?
	YES CONTINUE TO Q13
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	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	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
0	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
0	In the prison facility or on the prison grounds [
	☐ In a temporary holding area/lockup
(0) 5405	☐ In a common area within the facility (e.g., yard, library, cafeteria) ☐ In a special medical unit/infirmary
[PLEASE SPECIFY]	☐ In a special mental health services unit
	☐ In a segregation 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
1	Please Specify:
5	
the state of the s	
15. When	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	Afternoon (Noon to 6 pm)

16. E	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?							
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
		a. Evaluated by physician/medical staff	7					
а	fter	the cause of death the result of a pre-existing medical condition or did the inmate develop the conditions admission? (If multiple conditions caused the death and any of the conditions were pre-existing, medical condition.")	lition lark					
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
· · · · ·	000							
Pleas	e ado	ld any additional notes regarding this death here:						
7 7003		as any additional notes regulating this death here.						
2								
i i								

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	y y				
State	Zip	E-mail	1					

Instructions for Completion

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E-MAIL: bjsdcrp@rti.org

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

5265 Capital Boulevard Raleigh, NC 27690-1652

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EXCLUDE deaths of ALL persons...

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- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

		/ no re
1.	What was the inmate's name?	8. On what date was the inmate admitted to one series your correctional facilities? 0 7 2 9 2 0 0 9
	Robert	your contours
	LAST FIRST MI	MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 2 2 4 2 0 1 7	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Oper vehicle intoxicated
		b.
3.	What was the name and location of the correctional facility involved?	c.
		d.
	Facility Name: ELAYN HUNT CORRECTIONAL CENTER	е.
	Facility City: Facility State:	
	SAINT GABRIEL LA	
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth?	☐ Yes ☐ No
₹.	0 8 0 8 1 9 5 5	☐ No ☐ Don't Know
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	In a general housing unit in the facility or in a
	☑ Male☐ Female	general housing unit on prison grounds In a segregation unit
	- Female	☐ In a special medical unit/infirmary within your
		facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	your facility ☐ In a medical center outside your facility
	Yes	☐ In a mental health center outside your facility
	☑ No	☐ While in transit☐ Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	☐ White ☐ Black or African American ☐ American Indian or Alaska Native	
	American Indian or Alaska NativeAsian	
	Native Hawaiian or Pacific IslanderSome other race	
	Please Specify:	
		II .

O Arou	
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 A	ГА
□ No evaluation is planned → CONTINUE TO Q13	
42 No. 1	engery 2
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]	. ?
	J.
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?	
O NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related	
☐ In the prison facility or on the prison grounds	
☐ In the inmate's cell/room	
☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)	
[PLEASE] In a special medical unit/infirmary	
SPECIFY Un a special mental health services unit	
☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment	
D Elsewhere within the prison facility	
Please Specify:	
Outside the prison facility (e.g., while on work release or on work detail)Elsewhere	
Please Specify:	
A STATE OF THE PROPERTY OF THE	
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)	
Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)	
Overnight (Midnight to 6 am)	

16.	Exclu servi	uding emergency care provided at the time of death ices for the medical condition that caused his/her de	, did the inmat eath after adm	e receive any of ission to your co	the following medical prrectional facilities?
,	0	NOT APPLICABLE—Cause of death was accidental in	injury, intoxicati	on, suicide, or hor	micide
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit	YES NO	DON'T KNOW	The second secon
7					
17.	after	the cause of death the result of a pre-existing medical admission? (If multiple conditions caused the death-existing medical condition.")	cal condition of the same of the same can be same can be same can be same call and the same can be same call and the sam	or did the inmate ne conditions we	re pre-existing, mark
		NOT APPLICABLE—Cause of death was accidental in	njury, intoxicati	on, suicide, or hon	nicide
Ple	ase add	d any additional notes regarding this death here:			
n e					
e e					

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:

RTLINTERNATIONAL

		Branch .				NI III ENNATIONAL	
			FO	RM COMPLET	ED BY:		
Name				1 1	Title		
Official Address					Telephone		
City	2				FAX		
State		Zip	- 1	E-mail			/

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

BURDEN STATEMENT

.2. Are the review of

1.	What was the inmate's name? Robinson Troy LAST FIRST MI	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
2.	On what date did the inmate die? 1 2 0 2 2 0 1 7 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: Facility State:	9.	For what offense(s) was the inmate being held? a. Armed Robbery b
	SAINT GABRIEL LA		Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 8 2 8 1 9 7 6 MONTH DAY YEAR		☐ Yes ☐ No ☐ Don't Know
		11.	Where did the inmate die?
 6. 	What was the inmate's sex? ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No		 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
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:		

9

_		10
16.		iding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
Ŷ		YES NO DON'T KNOW
		a. Evaluated by physician/medical staff
		c. Medications EACH ITEM (a-f) d. Treatment/care other than medications
		e. Surgery
E		1. Commement in special medical unit
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined
Dia		
Piea	ise auc	any additional notes regarding this death here:
-		

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

PS-4A lum)	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:	The second secon		
	Titl	е		
The state of the s	Telephon	e		
A SECTION OF SECTION O	FA	X		
Zip	E-mail			
	um)	DEATH REPORT FORM COMPLETED BY: Titl Telephon		

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

BURDEN STATEMENT

12. Are the re≡review of ■ □ Y■□ □ E□

STATE PRISON INMATE DEATH REPORT

"可以加工的工程的分别。" 第一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Rollins James E	your correctional facilities?
	LAST FIRST MI	0 1 1 0 1 9 7 2 MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 3 2 9 2 0 1 7	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. First Degree Murder
		b.
3.	What was the name and location of the correctional facility involved?	c.
	Facility Name:	d.
	ELAYN HUNT CORRECTIONAL CENTER	e.
	Facility City: Facility State:	
	SAINT GABRIEL LA	
		Since admission, did the inmate ever stay overnight in a mental health facility?
		☐ Yes
4.	What was the inmate's date of birth?	☐ No ② Don't Know
	0 2 2 4 1 9 4 4 MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	☐ In a general housing unit in the facility or in a
	Male	general housing unit on prison grounds In a segregation unit
	☐ Female	☐ In a special medical unit/infirmary within your
		facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility
	origin?	 ✓ In a medical center outside your facility ☐ In a mental health center outside your facility
	☐ Yes ☑ No	☐ While in transit
	3 110	☐ Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	White	
	☑ Black or African American☑ American Indian or Alaska Native	
	Anierican Indian of Alaska Native Asian	
	☐ Native Hawaiian or Pacific Islander	
	Some other race Please Specify:	
	r lease Specify.	
	the first and the company of the state of th	The second of th

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

16. Exclu servi	uding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?			
٥	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide			
	A. Evaluated by physician/medical staff			
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")				
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide			
	Pre-existing medical condition Deceased developed condition after admission Could not be determined			
Please add	d 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

(Addendum)			DEATH REPO	ORT	RTI INTERNATIONAL	
			FORM COMPLET	TED BY:		
		and the second second				
Name	20 200 y -			Title		
Official Address		1,-2,-1	1,12	Telephone		
City	£			FAX		
State		Zip	E-mail	4		

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?

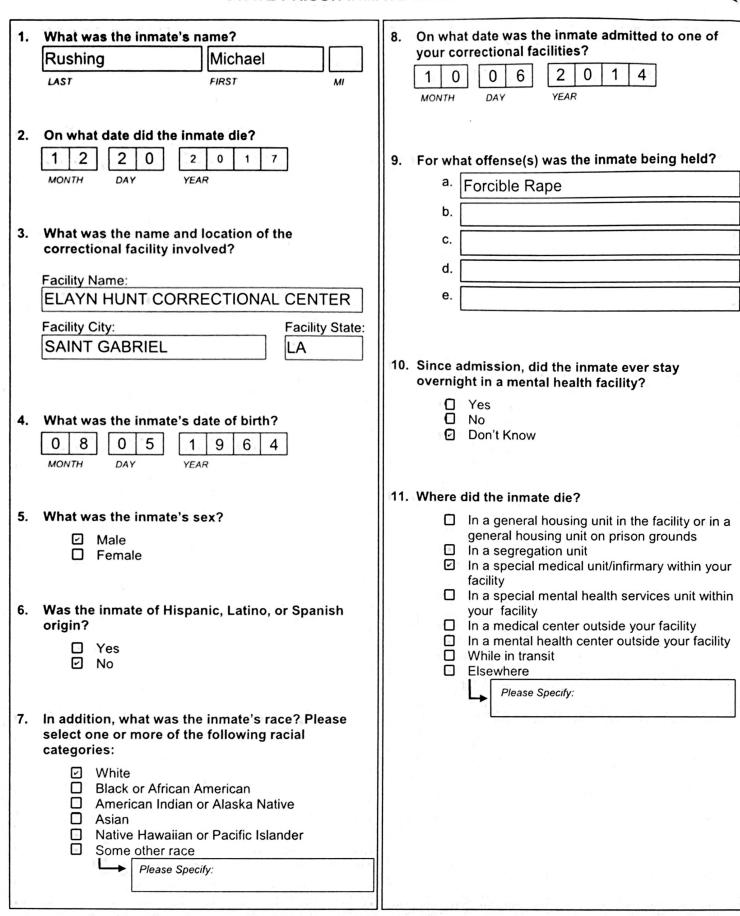
INCLUDE deaths of ALL persons...

- 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



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 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 hemicide) equains the death take place?
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds
In the inmate's cell/room
☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)
IPLEASE In a special medical unit/infirmary
SPECIFYI
On death row, special unit awaiting capital punishment
Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere Please Specify:
I lease opecity.
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)

of of

16. Exclu servi	iding emergency care provided at the time of death, did the inmate receive any of ces for the medical condition that caused his/her death after admission to your co	the following medical prrectional facilities?
0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hol	micide
	A. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
after	the cause of death the result of a pre-existing medical condition or did the inmate admission? (If multiple conditions caused the death and <u>any</u> of the conditions we existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hor	re pre-existing, mark
	Pre-existing medical condition Deceased developed condition after admission Could not be determined	
Please add	l any additional notes regarding this death here:	A Secretary Secr
riease aut	any additional notes regarding this death here.	2. 5 1
		,

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 COMPLE	TED BY:	
Name	A CONTRACTOR OF THE CONTRACTOR	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 bisdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

	A Third command and descriptions are a series of the second and th	
	STATE PRISON INMA	8. On what date was the inmate admitted to one
_		A STORY
١.	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
	Rusk Joseph P	1 0 2 3 2 0 1 3
	DIST MI	MONTH DAY YEAR
	On what date did the inmate die?	
	0 3 1 1 2 0 1 7	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Sex Offender register vioilation
		b. False repre of cds
3.	What was the name and location of the correctional facility involved?	c.
		d.
	Facility Name: ELAYN HUNT CORRECTIONAL CENTER	e.
	Facility City: Facility State:	7
	SAINT GABRIEL LA	
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
		☐ Yes
	What was the inmate's date of birth?	□ No □ Don't Know
	0 6 2 4 1 9 8 2 MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	☐ In a general housing unit in the facility or in a
	☑ Male □ Female	general housing unit on prison grounds In a segregation unit
	Female	In a special medical unit/infirmary within your facility
	Was the immete of Hismania Latina on Smaniah	☐ In a special mental health services unit within
5 .	Was the inmate of Hispanic, Latino, or Spanish origin?	your facility In a medical center outside your facility
	☐ Yes ☑ No	☐ In a mental health center outside your facility☐ While in transit
	E NO	Elsewhere
7.	In addition, what was the inmate's race? Please	Please Specify:
•	select one or more of the following racial categories:	
	White	
	□ Black or African American□ American Indian or Alaska Native	
	AsianNative Hawaiian or Pacific Islander	
	Some other race	
	Please Specify:	

Are 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
☐ In the inmate's cell/room
☐ In a temporary holding area/lockup ☐ In a common area within the facility (e.g., yard, library, cafeteria)
IPLEASE In a special medical unit/infirmary
SPECIFYI In a special mental health services unit In a segregation unit
On death row, special unit awaiting capital punishment
Elsewhere within the prison facility Please Specify:
Please Specily.
Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
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 accidenta	al injury, in	ntoxication	n, suicide, or hon	nicide
5		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after	he cause of death the result of a pre-existing me admission? (If multiple conditions caused the de existing medical condition.")	dical con ath and <u>a</u>	dition or any of the	did the inmate	develop the condition re pre-existing, mark
-		NOT APPLICABLE—Cause of death was accidental	al injury, ir	ntoxicatio	n, suicide, or hon	nicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined				
		The state of the s				*
Plea	se ado	any additional notes regarding this death here:				
				organis or		i de esperantes de la constante de la constant

OMB No. 1121-0249 Approval Expires 03/31/2019 U.S. DEPARTMENT OF JUSTICE Form NPS-4A BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: DEATHS IN CUSTODY—2017 (Addendum) STATE PRISON INMATE RTI INTERNATIONAL DEATH REPORT FORM COMPLETED BY: Title Name Telephone Official Address FAX City E-mail

Instructions for Completion

If no deaths occurred in 2017:

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:

Zip

State

Make copies of this form for each additional death.

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

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name? Todd David LAST FIRST MI	8.	On what date was the inmate admitted to one of your correctional facilities? 0 4 1 9 1 9 8 3
2.	On what date did the inmate die? 0 5 0 1 2 0 1 7 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: Facility State:	9.	a. Aggravated Rape b. Armed Robbery c. Simple Burgulary d. e.
4.	What was the inmate's date of birth? 0 7 1 6 1 9 6 1 MONTH DAY YEAR	10.	O. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes ☐ No ☐ Don't Know
5.	What was the inmate's sex? ☑ Male ☐ Female	11.	 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
	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No In addition, what was the inmate's race? Please		your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
	select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:		

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

							e inmate	receive any	of the following r correctional faci	nedical lities?
16. E	Exclud	ling emerg es for the r	ency care p nedical con	rovided at the dition that cau	time of deal	death aft	er admis	DON'T KNO	of the following recorrectional faci nomicide	
			.071222	adde of dodner.		YES	NO	DON'T KNO	PLEASE PRO RESPONSE F EACH ITEM (OR OR
		b. Diagnosc. Medicat	tic tests (e.g	an/medical sta ., X-rays, MRI)					EACHTEM	7 /
		e. Surgery	mont in cook	r than medicati			.			
17. \	Was th after a <i>"Pr</i> e-e	ne cause o dmission? existing me	f death the (If multiple edical condi	result of a pre conditions ca tion.")	-existing me aused the de	dical con ath and <u>a</u>	dition o any of th	r did the inma e conditions v	te develop the covere pre-existing	, mark
		NOT APPL	ICABLE—C	ause of death v	was accidenta	al injury, i	ntoxicatio	on, suicide, or h	Omiciae	
		Pre-existin Deceased	g medical co	ndition ondition after a						
							A 1			
Pleas	se add	any additio	nal notes reg	arding this dea	th here:					
							1 7			
		21				6	1 1	F 79	1	

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	COMPL	FTFD	RY.
	COMIT		D 1.

No.	grander of the state of the sta	
Name		Title
Official		
Official Address		Telephone
41035	- P	
City	1	FAX
State	Zip E-mail	1

Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
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- · Complete the entire form for each inmate death.
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FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard

5265 Capital Boulevard Raleigh, NC 27690-1652

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What deaths should be reported?

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

		Property of the linear admitted by the linear
1.	What was the inmate's name? Washington Dennis	8. On what date was the inmate admitted to one of your correctional facilities?
	LAST FIRST MI	0 3 1 7 1 9 7 7 MONTH DAY YEAR
 3. 	On what date did the inmate die? O 8 O 5 2 0 1 7 What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: SAINT GABRIEL What was the inmate's date of birth? O 2 1 6 1 9 4 7	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
5.6.7.	What was the inmate's sex? ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No In addition, what was the inmate's race? Please select one or more of the following racial categories: ☐ White	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:
	 White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify: 	

2.	Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or
Y	review of medical records) available to establish an official cause of death?
	☐ YES → CONTINUE TO Q13 ☐ Evaluation complete—results are pending
	✓ No evaluation is planned → CONTINUE TO Q13
13	3. 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] →
7	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	□ Homicide [Describe] →
	Other cause(s) [Specify]
14.	. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
[F	In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify:
	Outside the prison facility (e.g., while on work release or on work detail)
	Elsewhere Please Specify:
15.	. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	 □ Morning (6 am to Noon) □ Afternoon (Noon to 6 pm) □ Evening (6 pm to Midnight) □ Overnight (Midnight to 6 am)

16. E	Excluservi	uding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities? NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit
а	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark existing medical condition.")
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
, ,		
Pleas	e ado	d any additional notes regarding this death here:
=		

Fa.			OMB No. 11	21-0249 Approval Expires 03/31/2019
Form NP:	S-4A m)	DEATHS IN CUSTO STATE PRISON DEATH REP	INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLE	TED BY:	
Name		The Second Secon	Title	A Company of Company o
Official Address		CAMPANA A CAMPANA	Telephone	
City			FAX	
State	Zip	E-mail	A CONTRACTOR OF THE STATE OF TH	

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

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	White Anthony	your correctional facilities?
	LAST FIRST MI	1 2 0 1 1 9 8 1
		MONTH DAY YEAR
2.	On what date did the inmate die?	u t sta baism bald?
	0 3 1 4 2 0 1 7	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Second Degree Murder
		b. Aggravated Battery
3.	What was the name and location of the	c.
	correctional facility involved?	
	Facility Name:	d.
	ELAYN HUNT CORRECTIONAL CENTER	e.
	Facility City: Facility State:	
	SAINT GABRIEL LA	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		Yes O No
4.	What was the inmate's date of birth?	☐ NO ☐ Don't Know
	1 1 0 5 1 9 5 3	
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	☐ In a general housing unit in the facility or in a
	☑ Male	general housing unit on prison grounds
	☐ Female	☐ In a segregation unit☐ In a special medical unit/infirmary within your
		facility
_	and the second s	In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	your facility In a medical center outside your facility
	☐ Yes	 In a mental health center outside your facility
	☐ No	☐ While in transit☐ Elsewhere
		Please Specify:
		ricase opecity.
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:	

.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 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. [16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?						
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
	,	a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)	
 17. Was the cause of death the result of a pre-existing 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:							
1							

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 [- - 			

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EXCLUDE deaths of ALL persons...

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- 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

7		6	Ou what date was the inmate admitt.
1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of your correctional facilities?
	Wright		0 4 2 4 1 9 7 5
i	LAST FIRST MI		MONTH DAY YEAR
			MONTH DAY TEXN
2.	On what date did the inmate die?		
	0 8 0 8 2 0 1 7	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR] 3 .	
	TEAR	1	a. Second Degree Murder
			b.
3.	What was the name and location of the		C.
	correctional facility involved?		
	Facility Name:		d.
	ELAYN HUNT CORRECTIONAL CENTER		e.
	Facility City: Facility State:		
	SAINT GABRIEL LA		
		10.	Since admission, did the inmate ever stay
			overnight in a mental health facility?
		28	☐ Yes
4.	What was the inmate's date of birth?	1	☐ No ② Don't Know
	0 6 2 0 1 9 4 9		E DON'T KNOW
	MONTH DAY YEAR		
		11.	Where did the inmate die?
5.	What was the inmate's sex?		☐ In a general housing unit in the facility or in a
	☑ Male		general housing unit on prison grounds
	☐ Female		☐ In a segregation unit☐ In a special medical unit/infirmary within your
			facility
6	Was the inmete of Hispania Letina or Spenish		In a special mental health services unit within
0.	Was the inmate of Hispanic, Latino, or Spanish origin?		your facility In a medical center outside your facility
	☐ Yes		 In a mental health center outside your facility
	☑ No		☐ While in transit☐ Elsewhere
			Please Specify:
			r lease Specify.
7.	In addition, what was the inmate's race? Please		
	select one or more of the following racial categories:		
	☐ White	Chi lavage	
	☑ Black or African American		
	American Indian or Alaska Native		
	☐ Asian☐ Native Hawaiian or Pacific Islander		
	Some other race	X X	
	Please Specify:		
	A service of the serv		

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
☐ In the inmate's cell/room☐ In a temporary holding area/lockup
In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary
SPECIFY]
On death row, special unit awaiting capital punishment Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
☐ Elsewhere
Please Specify:
The Adaptive Continue of the Adaptive Continue
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?
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Morning (6 am to Noon)Afternoon (Noon to 6 pm)
 Evening (6 pm to Midnight) Overnight (Midnight to 6 am)

16.	Exclu servi	iding emergency care provided at the time of deces for the medical condition that caused his/he	ath, did th r death af	e inmate ter admi:	receive any of ssion to your co	the following medical rrectional facilities?		
i .	0	NOT APPLICABLE—Cause of death was accident	of death was accidental injury, intoxication, suicide, or homicide					
		a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)		
17.	after	the cause of death the result of a pre-existing meadmission? (If multiple conditions caused the de	edical con	dition o	r did the inmate e conditions wei	develop the condition re pre-existing, mark		
-	"Pre-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide							
	0	Pre-existing medical condition Deceased developed condition after admission	tai injury, ii	ntoxicatio	in, suicide, or hon	nicide		
	ö	Could not be determined						
. 6-2								
Plea	se ado	d any additional notes regarding this death here:						
7 .								
1								
				ac 19 ;				