Form CJ	J-5	2017 ANNUAL SURVEY OF JAILS			U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL	
		FORM COMPLE	ETED BY—			
Name	Eva Banner		Title		У	
Official Address			Telephone	504	374-7710	
City	Gretna		FAX	504	7769	ĺ
State LA Zip 70053		Email banner_		n@jpsc	o.com	را

# Instructions for completion and submission

## FOR EACH ITEM-

- If the answer to a question is "none" or "zero," write "0" in the space provided.
- When exact numeric answers are not available, provide estimates and mark ( X ) in the checkbox beside each number that is estimated. For example 1234 ⊠

Please submit your completed form(s) within 30 days of receipt. You may submit information in one of these ways:

ONLINE: Complete this form online at: https://bjsdcrp.rti.org

EMAIL: bjsasj@rti.org

FAX (TOLL-FREE): 1-866-800-9179

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.300.017.102

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact Matt Bensen of RTI International toll-free at 1-866-354-4992 or bisasi@rti.org.

#### What to include and exclude in this data collection

#### INCLUDE-

- Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles
- ✓ All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facilities.
- ✓ Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- ✓ Temporary holding or lockup facilities if they are part of your combined function.
- ✓ Inmates held for other jurisdictions, including federal authorities, state prison authorities, American Indian or Alaska Native tribal governments, and other local jail jurisdictions.

# EXCLUDE-

- X Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment.
- X Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities). These jails will be contacted directly for this data collection.

#### BURDEN STATEMENT

# Section I — SUPERVISED POPULATION

- 1. On <u>June 30, 2017</u>, how many persons under the supervision of your jail jurisdiction were
  - a. CONFINED in your jail facilities?

#### INCLUDE-

- Persons on transfer to treatment facilities but who remain under your jurisdiction
- ✓ Persons held for other jurisdictions
- Persons in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to jail at night
- Persons out to court while under your jurisdiction.

#### **EXCLUDE**—

- X Persons under your jurisdiction who are boarded elsewhere
- X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- X Persons in community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) who do NOT return to jail at night.

941

b. Under jail supervision, but NOT CONFINED?

#### INCLUDE-

✓ Persons in community-based programs run by your jail jurisdiction (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) who do NOT return to jail at night.

#### EXCLUDE-

- X Persons on pretrial release who are not in a community-based program run by your jail jurisdiction
- X Persons under the supervision of probation, parole, or other agencies
- X Inmates on weekend programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday)
- X Inmates participating in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to jail at night.

0

When exact numeric answers are not available, provide estimates and mark ( X ) in the checkbox beside each number that is estimated. For example 1234 ⊠

2.	On the weekend prior to June 30, 2017, did your jail facilities have a weekend program?
	Weekend programs allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).
	1 Yes – How many inmates participated?
	2_No
3.	Of all the persons CONFINED in your jail facilities on June 30, 2017 (as reported in item 1a), how many were not U.S. citizens?
	Non-U.S. citizens
Se	ction II — INMATE COUNTS AND MOVEMENTS OF THE CONFINED POPULATION
4.	On June 30, 2017, how many persons CONFINED in your jail facilities were—
	a. Adult males (age 18 or older)
	b. Adult females (age 18 or older)
	c. Males age 17 or younger
	d. Females age 17 or younger
	e. TOTAL (Sum of items 4a through 4d should equal item 1a)
5.	Of all the persons age 17 or younger CONFINED in your jail facilities on June 30, 2017 (sum of 4c and 4d), how many were tried or awaiting trial in adult court?
	Number of persons age 17 or younger held as adults
6.	Of all persons CONFINED in your jail facilities on June 30, 2017, how many were—
	<ul> <li>For persons with more than one status, report the status associated with the most serious offense.</li> </ul>
	<ul> <li>For convicted inmates, include probation and parole violators with no new sentence.</li> </ul>
	a. Convicted
	b. Unconvicted
	c. TOTAL (Sum of items 6a and 6b should equal item 1a)
MARKER PRO	

	fense type of— or persons with more than one offense, report the most	jail facilities were held for— Count persons with multiple holds only once with priority
sei	rious type of offense.	being federal, state, tribal, and local.  ✓ INCLUDE contractual, temporary, courtesy, or ad ho
a.	Felony	holds for other agencies.  a. Federal authorities
b.	Misdemeanor	a. Federal authorities 1. U.S. Marshals Service
C.	Other - Specify	Federal Bureau of Prisons
d.	TOTAL (Sum of items 7a to 7c should equal item 1a)	Bureau of Indian Affairs (BIA)      X EXCLUDE inmates being housed for tribal governments in item 9c below.
	June 30, 2017, how many persons CONFINED in your	5. Other – Specify
	White, not of Hispanic origin	b. State prison authorities
	Black or African American, not of Hispanic origin	1. For your state
	Hispanic or Latino	2. For other states
d	American Indian or Alaska Native, not of Hispanic origin	c. American Indian or Alaska Native tribal government  X EXCLUDE inmates being housed for the BIA in item 9a4.
	Asian, not of Hispanic origin	Rem 534.
	Native Hawaiian or other Pacific Islander, not of Hispanic origin	d. Other local jail jurisdictions
h. ,	Two or more races, not of Hispanic origin  Additional categories in your information system – Specify	<ul> <li>X EXCLUDE inmates being housed for your own jurisdiction (i.e., your own county/city inmates).</li> <li>X EXCLUDE inmates being housed for tribal governments in item 9c.</li> </ul>
- 1	Site Site Site Site Site Site Site Site	1. Within your state
i.	Not known	2. Outside your state
	TOTAL (Sum of items 8a to 8i should equal item 1a)	e. TOTAL (Sum of items 9a to 9d)

10.	a. During the 30-day period from June 1 to J. 2017, on what day did your jail facilities he greatest number of inmates?		13. How many persons under the supervision of jurisdiction were—	your jail
	Peak population should be equal to or greate confined inmate population reported in item 1		<ul> <li>a. ADMITTED to your jail facilities between J and June 30, 2017?</li> </ul>	uly 1, 2016,
	June [ b. How many persons were CONFINED on the	, 2017	INCLUDE—  ✓ Persons officially booked into and hous facilities by formal legal document and I authority of the courts or some other off	by the ficial agency
	Number that day		<ul> <li>Repeat offenders booked on new charg</li> <li>Persons serving a weekend sentence of the facility for the first time.</li> </ul>	
11.	Between July 1, 2016, and June 30, 2017, wha average daily population of your jail facilities		EXCLUDE—  X Returns from escape, work release, me	
	INCLUDE inmates who participated in week programs that allow offenders to serve their of confinement only on weekends (e.g., Fride	sentences	appointments/treatment facilities, furlous bail/bond releases, and court appearance.	
	<ul> <li>of confinement only on weekends (e.g., Frid</li> <li>To calculate the average daily population, a number of persons for each day during the;</li> </ul>	dd the	New admissions  1. Males	
	2016, through June 30, 2017, and divide the 365.	e result by	2. Females	
	<ul> <li>If daily counts are not available, estimate the daily population by adding the number of pe on the same day of each month and divide t</li> </ul>	rsons held	3. TOTAL (Sum of items 13a1 and 13a2)	5630
	<ul> <li>If average daily population cannot be calcular directed above, then estimate the typical null</li> </ul>	ated as	<ul> <li>DISCHARGED from your facilities between 2016, and June 30, 2017?</li> </ul>	ı July 1,
	persons held in your jail facilities each day.	inder of	INCLUDE—  ✓ Persons released after a period of confinition (e.g., sentence completion, bail/bond re	
	Average daily population	862	pretrial releases, transfers to other juriso deaths)	dictions, or
	a. Males	107	<ul> <li>Persons completing their weekend sent the facility for the <u>last</u> time.</li> </ul>	ence leaving
12.	c. TOTAL (Sum of items 11a and 11b)	969	EXCLUDE—  X Temporary discharges (e.g., work release appointments/treatment, out to courts, for day reporters, or transfers to other facility your jurisdiction).	urloughs,
	your jail facilities, excluding separate tempora areas?	ary holding	Final discharges	
	<ul> <li>Rated capacity is the maximum number of b inmates assigned by a rating official to a face</li> </ul>		1. Males	
	<ul> <li>If rated capacity is not available, estimate by design capacity and mark the checkbox.</li> </ul>	using the	7. TOTAL (Sum of items 13b1 and 13b2)	5809
	Rated capacity	1085	3. TOTAL (Sum of items 1301 and 1302)	NAME OF THE OWNER, WAS ASSESSED.
estii	en exact numeric answers are not available, pro nates and mark ( <b>X</b> ) in the checkbox beside ea is estimated. For example <u>1234</u> 🔀			

Section III — POPULATION SUPERVISED IN THE COMMUNITY	Section IV —STAFFING
If item 1b equals 0 (zero), SKIP to item 15.	15. On June 30, 2017, how many staff employed in your
14. On June 30, 2017, how many persons under the supervision of your jall jurisdiction who were NOT CONFINED participated in—	facilities were—  Count each employee only once. Classify employees with multiple functions by the function performed most frequently.  ✓ INCLUDE payroll staff, nonpayroll staff on the payroll of
X EXCLUDE inmates on weekend programs.	other government agencies (e.g., health department,
a. Electronic monitoring 0  b. Home detention without electronic monitoring 0	school district, or court), and unpaid interns.  X EXCLUDE staff paid through contractual agreements and community volunteers.  a. Correctional officers
c. Community service 0	(Deputies, monitors, and other custody staff who spend more than 50% of their
d. Day reporting	time with the incarcerated population.)
e. Other pretrial supervision	Of these, how many were –  1. Males
f. Other alternative work programs	2 51-
X EXCLUDE inmates participating in work release programs who return to jail at night.	D. All other staff  (Administratory algorithms and residence and re
g. Alcohol/drug treatment programs	(Administrators, clerical and maintenance staff, educational staff, professional and technical staff, and other staff – unspecified who spend more than 50% of
h. Other programs outside of	their time in the facility.)
jail facilities - Specify ₹	Of these, how many were –
	1. Males
i. TOTAL (Sum of items 14a to 14h should equal item 1b)	2. Females
	c. TOTAL (Sum of items 15a and 15b)
When exact numeric answers are not available, provide estimates and mark ( X ) in the checkbox beside each number that is estimated. For example 1234 区	



## **DEATHS IN CUSTODY—2017 DEATH REPORT ON INMATES UNDER JAIL JURISDICTION**

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

				FORM COMPLE	:IED BY:		
e	Eva Banner			Title	Deputy		
	100 Dolhonde Street			Telephone	504	374-7710	
	Gretna			FAX	504	7769	
			70053	E-mail	banner_e	n@ips	o.com

# Instructions for Completion

#### If no deaths occurred in 2017:

- You do 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: bisdcrp@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, contact 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 jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your iurisdiction

## EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential communitybased programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

#### **BURDEN STATEMENT**

Bell	Jerome		under y	- r		<b></b>	П			
LAST	FIRST	MI	0 7		0	2	0	1	7	
			MONTH	DAY		YEAI	?			
	the inmate die?									
0   8   0   4 MONTH DAY		9.	was the						your	jail facili
NONIA DAT	FEAR								FACI	H ITEM (a-
										DO
	me and location of the co							Υ	ES	NO KNO
acility involved?			U.S. In Custon					Г	П	.глГ
acility Name:	aansellaan ja kalaisin ja jäliselään kaisi 1986 kaasta ja ja	HISTORY CONTRACTOR AND						<b>[</b>	<b>]</b>	<b>8E</b>
efferson Paris	h Jail	C.	Bureau	or federa u of India	an Affa	airs,				
acility City:	Fac	cility State:	or any	other ja	il juris	dictior		·····[	<b>]</b>	Ø
Gretna	LA									
		10	For wha	at offen	se(s)	was t	he in	mate	e bei	ng held?
What was the inv	nate's date of birth?		a. Art	t 899 V	iol of	Prol	atio	n		
1 1 0 2			b.							NA.
MONTH DAY	YEAR		U							
			c							
/hat was the inr	nate's sex?		d.							
☑ Male			. 🗀							
☐ Female			e							
Vas the inmate origin?	of Hispanic, Latino, or Sp	anish   11	What w							
Yes										status, rej s offense
☑ No				Convicte						
				Convicte Jnconvi		turned	l prob	atio	n/par	ole violate
	was the inmate's race? I			Other _						
ategories:	,				Please	Specify	:			
☐ White	rican American			L						
☐ American	ncan American ndian or Alaska Native	49	Since a	dmissi	n di	d the	nme	to ev	or e	av
☐ Asian ☐ Native Hav	vaiian or Pacific Islander									n unit or
			outside							
☐ Some other		1 April 1 Apri								
	se Specify:			Yes No						

13. Where	In a general housing unit within the jail facility or in a ln a segregation unit In a special medical unit/infirmary within the jail facil In a special mental health services unit within the jail In a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere  Please Specify:	ity
reviev	he results of a medical examiner's or coroner's ev w of medical records) available to establish an off YES ———> CONTINUE TO Q15	aluation (such as an autopsy, postmortem exam, or cial cause of death?
	Evaluation complete—results are pending	THIS FORM—YOU WILL BE CONTACTED AT A LATER
	No evaluation is planned → CONTINUE TO Q15	
15. What	was the cause of death? *** Please SPECIFY cal	use of death—it is critical information ***
	Illness—Exclude AIDS-related deaths [Specify]	
	Acquired Immune Deficiency Syndrome (AIDS)	
	Accidental alcohol/drug intoxication [Describe]	<b>-</b>
	Accidental injury to self [Describe]	<b>-</b>
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	<b>-</b>
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	► Asphyxia due to hanging
	Homicide [Describe]	<b>&gt;</b>
	Other cause(s) [Specify]	<b>-</b>
16. Where		cation, or AIDS-related rd, library, cafeteria)
	Please Specify:	

	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
Ø	Morning (6 am to Noon)
	Afternoon (Noon to 6 pm)
	Evening (6 pm to Midnight)
	Overnight (Midnight to 6 am)
	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?
Ø	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW
	<ul> <li>a. Evaluation by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> </ul> PLEASE PROVIDE A RESPONSE FOR
	b. Diagnostic tests (e.g., X-rays, MRI)
	c. Medications EACH ITEM (a-f)
	e. Surgery
	f. Confinement in special medical unit.
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
	d any additional notes regarding this death here:
150 au	rany additional notes regarding uns death here.



## DEATHS IN CUSTODY—2017 DEATH REPORT ON INMATES UNDER JAIL JURISDICTION

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

	an America		FORM COMPLE	TED BY:			
Name	Eva Banner			Title	Deput	у	
Official Address	100 [	Oolhonde Street		Telephone	504	374-7710	
City	Gretn	ia		FAX	504	7769	
State	<b>ILA</b>	<b>Zip</b> 70053	E-mail	banner e	m@jps	o.com	

# **Instructions for Completion**

# If no deaths occurred in 2017:

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

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## What deaths should be reported?

# INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

## EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential communitybased programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

#### **BURDEN STATEMENT**

Evans	Jatory	under your jurisdiction?
LAST	FIRST	M 1 1 0 9 2 0 1 6
O	L :	MONTH DAY YEAR
On what date did t	<b>1</b>	0. Wee the investe hairs a refined in your initial facilities
0 9 2 7 MONTH DAY	2 0 1 7 YEAR	9. Was the inmate being confined in your jail facilit on behalf of any of the following?  PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-
What was the nam facility involved?	e and location of the correc	a. U.S. Immigration and
Facility Name:		b. U.S. Marshals Service
Jefferson Parish	Jail	c. State or federal prison,
Facility City:	Facility S	Bureau of Indian Affairs, or any other jail jurisdiction
Gretna	LA	
		10. For what offense(s) was the inmate being held?
What was the inma	ate's date of birth?	a. LaRS 14:32.6
0 4 2 1	1 9 8 8	b. LaRS 14.30 3 counts
MONTH DAY	YEAR	
		C
What was the inma	ite's sex?	d
☑ Male		<b>e</b> .
D Female		
N Ale les-	191	
was the inmate of origin?	Hispanic, Latino, or Spanisl	11. What was the inmate's legal status at time of
☐ Yes		death? (For inmates with more than one status, rep the status associated with the most serious offense.
☑ No		☐ Convicted—new court commitment
		☐ Convicted—returned probation/parole violato☐ Unconvicted
	as the inmate's race? Pleas	Ge Other
	of the following racial	Please Specify:
		AND AND THE REPORT OF THE PROPERTY AND T
select one or more categories:		
categories:      White     Black or Afric		
categories:	lian or Alaska Native	12. Since admission, did the inmate ever stay
categories:	lian or Alaska Native iian or Pacific Islander	overnight in a mental health observation unit or
Categories:  White Black or Afric American Inc Asian Native Hawa Some other r	lian or Alaska Native iian or Pacific Islander ace	overnight in a mental health observation unit or outside mental health facility?
Categories:  White Black or Afric American Inc Asian Native Hawa Some other r	lian or Alaska Native iian or Pacific Islander	overnight in a mental health observation unit or

13. When	e did the inmate die?		
00000000	In a general housing unit within the jail facility or in In a segregation unit In a special medical unit/infirmary within the jail facility a special mental health services unit within the In a medical center outside the jail facility In a mental health center outside the jail facility While in transit  Elsewhere  Please Specify:	zility	
	ne results of a medical examiner's or coroner's e w of medical records) available to establish an o	evaluation (such as an autopsy, postmortem exam, or fficial cause of death?	
	YES ——> CONTINUE TO Q15 Evaluation complete—results are pending  L SKIP REMAINING QUESTIONS AND SUBM	IIT THIS FORM—YOU WILL BE CONTACTED AT A LATER	
	TIME FOR THE CAUSE OF DEATH  No evaluation is planned → CONTINUE TO Q15		
15. What	was the cause of death? *** Please SPECIFY of	ause of death—it is critical information ***	
	Illness—Exclude AIDS-related deaths [Specify] —	<b>→</b>	7
	Acquired Immune Deficiency Syndrome (AIDS)		J
	Accidental alcohol/drug intoxication [Describe] ——	<b>→</b>	7
	Accidental injury to self [Describe]	<b>—</b>	1
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	<b>→</b>	J . T
Ø	Suicide (e.g., hanging, knife/cutting instrument,		_
	intentional drug overdose) [Describe]	Asphyxia due to hanging	_
	Homicide [Describe]	<b>→</b>	
	Other cause(s) [Specify]	<b>→</b>	
16 Whor	e did the <u>incident</u> (e.g., accident, suicide, or hom	sicida) causing the death take place?	_
	NOT APPLICABLE—Cause of death was illness, into		
Ø	In the jail facility or on the jail grounds		
	☐ In the inmate's cell/room ☐ In a temporary holding area/lockup		
[PLEASE SPECIFY	γ — in a segregation unit	/ard, library, cafeteria)	
o, <u>-</u> o,,	In a special medical distributionary  In a special mental health services unit		
	Elsewhere within the jail facility  Please Specify:		
B	Outside the jail facility (e.g., while on work release or	on work detail)	
U	Elsewhere  Please Specify:		

NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide  YES NO DON'T KNOW  a. Evaluation by physician/medical staff	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide  YES NO DON'T KNOW  a. Evaluation by physician/medical staff	. Exclu	ding	vernight (Midnight to 6 am)  ig emergency care provided at the time of death, did the inmate receive any of the following medical for the medical condition that caused his/her death after admission to your correctional facilities?
a. Evaluation 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.  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	a. Evaluation 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  Was the cause of death the result of a pre-existing medical condition or did the inmate develop the conditafter admission? (If multiple conditions caused the death and any of the conditions were pre-existing, matheraceurs medical condition.")  NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide  Pre-existing medical condition Deceased developed condition after admission	1		
□ Pre-existing medical condition □ Deceased developed condition after admission	☐ Pre-existing medical condition ☐ Deceased developed condition after admission		b. c. d.	Evaluation by physician/medical staff  Diagnostic tests (e.g., X-rays, MRI)  Medications  Treatment/care other than medications  Surgery.  PLEASE PROVIDE A  RESPONSE FOR EACH ITEM (a-f)
☐ Deceased developed condition after admission	☐ Deceased developed condition after admission	after a	f. he d	Confinement in special medical unit
		after a	f. the cadm	Confinement in special medical unit

State | LA



## **DEATHS IN CUSTODY—2017 DEATH REPORT ON INMATES UNDER JAIL JURISDICTION**

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

		FORM COMPLETED BY:		
Name	Eva Banner	Title	Deput	ty
Official Address	100 Dolhonde Street	Telephone	504	374-7710
City	Gretna	FAX	504	7769

# Instructions for Completion

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Make copies of this form for each additional death.

70053

- Complete the entire form for each inmate death.
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E-MAIL: bisdcrp@rti.org

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

E-mail banner em@jpso.com

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact 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 jail facilities, whether housed under your own or another jurisdiction
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- In transit to or from your facilities while under your jurisdiction

## **EXCLUDE** deaths of ALL persons...

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- In the process of arrest by your agency, but not yet booked into your jail facility

#### **BURDEN STATEMENT**

1.	What was the inmate's name?	8. On what date was the inmate admitted to a facility under your jurisdiction?
	Belcher Joshua FIRST MI	0 8 0 7 2 0 1 7 MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 8 1 9 2 0 1 7 MONTH DAY YEAR	9. Was the inmate being confined in your jail facility on behalf of any of the following?
		PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c) DON'T
3.	What was the name and location of the correction facility involved?	YES NO KNOW a. U.S. Immigration and
	Facility Name:	Customs Enforcement
	Jefferson Parish Jail	c. State or federal prison, Bureau of Indian Affairs,
	Facility City: Facility State	
	Gretna LA	
		10. For what offense(s) was the inmate being held?
4.	What was the inmate's date of birth?	a. LaRS 14:000 FUGITIVE FROM fLORIDA
	0 1 2 8 1 9 8 5 MONTH DAY YEAR	b
	MONTH DATE TEAM	c.
5.	What was the inmate's sex?	d.
	Male .	e.
	☐ Female	
6.	Was the inmate of Hispanic, Latino, or Spanish	11. What was the inmate's legal status at time of
	origin?  Yes	death? (For inmates with more than one status, report the status associated with the most serious offense.)
	☑ No	☐ Convicted—new court commitment
<b>7</b> .	In addition, what was the inmate's race? Please	☐ Convicted—returned probation/parole violator ☐ Unconvicted
	select one or more of the following racial	Other  Please Specify:
	categories:	
	☐ Black or African American ☐ American Indian or Alaska Native	
	☐ Asian ☐ Native Hawaiian or Pacific Islander	12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an
	□ Some other race	outside mental health facility?
	Please Specify:	│
		「

13. When	e did the inmate die?
0000000	In a general housing unit within the jail facility or in a general housing unit on jail grounds In a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail facility In a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere  Please Specify:
	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 Q15 Evaluation complete—results are pending  L 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 Q15
15. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information ***
	Illness—Exclude AIDS-related deaths [Specify]
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]  Asphyxia due to hanging
	Homicide [Describe]
	Other cause(s) [Specify]
16 Where	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
Ø	In the jail facility or on the jail grounds  In the inmate's cell/room  In a temporary holding area/lockup
[PLEASE SPECIFY	In a common area within the facility (e.g., yard, library, cafeteria) In a segregation unit In a special medical unit/infirmary In a special mental health services unit Elsewhere within the jail facility
	Please Specify:  Outside the jail facility (e.g., while on work release or on work detail)
ā	Elsewhere  Please Specify:

	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	Morning (6 am to Noon)
☑	Afternoon (Noon to 6 pm)
	Evening (6 pm to Midnight)
	Overnight (Midnight to 6 am)
servic	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?
Ø	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW
	a. Evaluation by physician/medical staff PLEASE PROVIDE A
	b. Diagnostic tests (e.g., X-rays, MRI)
	c. Medications
	u. Treatment/care other than medications
	e. Surgery
	f. Confinement in special medical unit.
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
ease ado	d any additional notes regarding this death here:



## **DEATHS IN CUSTODY—2017 DEATH REPORT ON INMATES UNDER JAIL JURISDICTION**

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

		C						

Name	Eva E	Banner		Title	Deput	ty
fficial dress	100 E	Oolhonde Street		Telephone	504	374-7710
City	Gretn	a		FAX	504	7769
State	LA	Zip 70053	E-mail	banner_e	m@ips	o.com

# Instructions for Completion

#### If no deaths occurred in 2017:

- You do 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.
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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

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- Confined in your jail facilities, whether housed under your own or another jurisdiction
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- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

## EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential communitybased programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

#### **BURDEN STATEMENT**

What was the in	Danielle	── S     *.	On what date was the inmate admitted to a facility under your jurisdiction?
LAST	FIRST	МІ	0 4 0 9 2 0 1 7
On what date did	the inmate die?		MONTH DAY YEAR
0 4 1 0	0 2 0 1 7	9.	Was the inmate being confined in your jail facility on behalf of any of the following?
MONTH DAY	YEAR		PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)
What was the na facility involved?	me and location of the		DON" YES NO KNOV . U.S. Immigration and
Facility Name:			Customs Enforcement
Jefferson Paris	sh Jail		State or federal prison,
Facility City:		acility State:	Bureau of Indian Affairs, or any other jail jurisdiction
Gretna	L	.A	
		10	. For what offense(s) was the inmate being held?
What was the in	mate's date of birth?		a. Art 899 Viol of Prob
0 6 1	1 1 9 7 9		b. LaRS 40:968.C
MONTH DAY	YEAR		c. LaRS 14:92
			d. LaRS 14:108.B.1.C
What was the in	nate's sex?		
☑ Female			e. LARS 14:67.10B (3)
Was the inmate of	of Hispanic, Latino, or S	Spanish   11	. What was the inmate's legal status at time of
origin?			death? (For inmates with more than one status, report
☐ No			the status associated with the most serious offense.)  Convicted—new court commitment
			☐ Convicted—returned probation/parole violator ☐ Unconvicted
	was the inmate's race?		Other
categories:			Please Specify:
☑ White ☐ Black or Af	frican American		
☐ American I☐ Asian	ndian or Alaska Native	12	. Since admission, did the inmate ever stay
□ Native Hav	vaiian or Pacific Islander		overnight in a mental health observation unit or a outside mental health facility?
□ Some othe		——————————————————————————————————————	
	OF OUTCHY.		
Plea	se Specify:		☐ Yes ☑ No ☐ Don't Know

	In a general housing unit within the jail facility or in a gin a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail fin a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere  Please Specify:	
	ne results of a medical examiner's or coroner's eval v of medical records) available to establish an offic	
Ø	YES —— CONTINUE TO Q15 Evaluation complete—results are pending	
H		THIS FORM—YOU WILL BE CONTACTED AT A LATER
	No evaluation is planned → CONTINUE TO Q15	
15. What	was the cause of death? *** Please SPECIFY caus	se of death—it is critical information ***
☑	Illness—Exclude AIDS-related deaths [Specify]	Cardiac arrhythmia due to cardiomegaly of hype
	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]	
16 Whore	e did the <u>incident</u> (e.g., accident, suicide, or homicid	do) causing the death take place?
	NOT APPLICABLE—Cause of death was illness, intoxica	
	In the jail facility or on the jail grounds	
	In the inmate's cell/room In a temporary holding area/lockup	
[PLEASE SPECIFY		, library, cafeteria)
Or Lon 1	In a special medical diffillimitary  In a special mental health services unit	
	Elsewhere within the jail facility  Please Specify:	
	Outside the jail facility (e.g., while on work release or on	work detail)
	Elsewhere  Please Specify:	

7. When	n did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
Ø	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)
	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
	A Evaluation 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  PLEASE PROVIDE A  RESPONSE FOR EACH ITEM (a-f)
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 <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
lease add	d any additional notes regarding this death here:



## **DEATHS IN CUSTODY—2017** DEATH REPORT ON INMATES **UNDER JAIL JURISDICTION**

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

Name	Eva Banner		Title	Deput	У
Official Address	100 Dolhonde Street		Telephone	504	374-7710
City	Gretna		FAX	504	7769
State	LA <b>Zip</b> 70053	E-mail	banner_e	n@jps	o.com

# **Instructions for Completion**

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E-MAIL: bisdcrp@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

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- In the process of arrest by your agency, but not yet booked into your jail facility

#### **BURDEN STATEMENT**

1. What was the inmate's name?	8. On what date was the inmate admitted to a facility under your jurisdiction?
Struggs Darius MI	08082017
	MONTH DAY YEAR
2. On what date did the inmate die?	
1 0 1 7 2 0 1 7 MONTH DAY YEAR	9. Was the inmate being confined in your jail facility on behalf of any of the following?
	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)
3. What was the name and location of the correctional facility involved?	DON'T YES NO KNOW a. U.S. Immigration and
Facility Name:	b. U.S. Marshals Service
Jefferson Parish Jail	c. State or federal prison,
Facility City: Facility State:	Bureau of Indian Affairs, or any other jail jurisdiction
Gretna	
	10. For what offense(s) was the inmate being held?
. What was the inmate's date of birth?	a. LaRS14:130.1
1 1 1 2 1 9 7 9	b. LaRS14:62.2
MONTH DAY YEAR	
	C.
. What was the inmate's sex?	d
☑ Male □ Female	e
. Was the inmate of Hispanic, Latino, or Spanish origin?	11. What was the inmate's legal status at time of death? (For inmates with more than one status, report
☐ Yes ☑ No	the status associated with the most serious offense.)
. In addition, what was the inmate's race? Please	☐ Convicted—new court commitment ☐ Convicted—returned probation/parole violator ☐ Unconvicted ☐ Other
select one or more of the following racial	Other  Please Specify:
categories: ☐ White	
☐ Black or African American ☐ American Indian or Alaska Native	
☐ Asian	12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an
☐ Native Hawaiian or Pacific Islander ☐ Some other race	outside mental health facility?
Please Specify:	☐ Yes ☑ No ☐ Don't Know

13. When	In a general housing unit within the jail facility or in a gin a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail in a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere  Please Specify:	
	ne results of a medical examiner's or coroner's eval w of medical records) available to establish an offic	
	YES —— CONTINUE TO Q15 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 Q15	
15. What	was the cause of death? *** Please SPECIFY caus	se of death—it is critical information ***
	Illness—Exclude AIDS-related deaths [Specify]	Intracerebral hemorrhage
	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]	
	In the jail facility or on the jail grounds  In the jail facility or on the jail grounds  In the inmate's cell/room  In a temporary holding area/lockup	The state of the control of the state of the
[PLEASE SPECIFY	In a common area within the facility (e.g., yard	I, library, cafeteria)
	Outside the jail facility (e.g., while on work release or on Elsewhere  Please Specify:	work detail)

17. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
<ul> <li>☐ Morning (6 am to Noon)</li> <li>☐ Afternoon (Noon to 6 pm)</li> <li>☐ Evening (6 pm to Midnight)</li> <li>☐ Overnight (Midnight to 6 am)</li> </ul>
18. 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 Evaluation by physician/medical staff  Diagnostic tests (e.g., X-rays, MRI)  C. Medications  D. Treatment/care other than medications  E. Surgery  C. Confinement in special medical unit.
19. 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
<ul> <li>□ Pre-existing medical condition</li> <li>□ Deceased developed condition after admission</li> <li>□ Could not be determined</li> </ul>
Please add any additional notes regarding this death here:



## **DEATHS IN CUSTODY—2017** DEATH REPORT ON INMATES **UNDER JAIL JURISDICTION**

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

							E			

Name	Eva	Banner	SEC. SEC. SEC. SEC. SEC. SEC. SEC. SEC.	Title	Deput	у
Official ddress	100 [	Dolhonde Street		Telephone	504	374-7710
City	Gretr	าล		FAX	504	7769
State	LA	<b>Zip</b> 70053	E-mail	banner_e	m@jps	o.com

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- In the process of arrest by your agency, but not yet booked into your jail facility

#### **BURDEN STATEMENT**

Perez-Rodriguez Omar	under your jurisdiction?
LAST FIRST MI	0 9 1 7 2 0 1 7
	MONTH DAY YEAR
On what date did the inmate die?	0 Was the leavest being and by discount 115 at 115
1 0 2 6 2 0 1 7 MONTH DAY YEAR	9. Was the inmate being confined in your jail facilit on behalf of any of the following?
	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-
What was the name and location of the correctional	DOI
acility involved?	YES NO KNO
acility Name:	b. U.S. Marshals Service
Jefferson Parish Jail	c. State or federal prison,
Facility City: Facility State:	Bureau of Indian Affairs, or any other jail jurisdiction
Gretna LA	
J. L.A.	10. For what offense(s) was the inmate being held?
Vhat was the inmate's date of birth?	a. [LaRS 14:40.1
0   4   0   9   1   9   5   4   MONTH DAY YEAR	b. LaRS 14:63.3
NONTH DAT TEAR	c. LaRS 14:108
Vhat was the inmate's sex?	d
☑ Male □ Female	e
Was the inmate of Hispanic, Latino, or Spanish	11. What was the inmate's legal status at time of
origin? □ Yes	death? (For inmates with more than one status, rep
☐ res ☑ No	the status associated with the most serious offense.  Convicted—new court commitment
	☐ Convicted—returned probation/parole violate
n addition, what was the inmate's race? Please	☐ Unconvicted ☐ Other
elect one or more of the following racial ategories:	Please Specify:
ategories.	
☑ White	11
☐ Black or African American	
<ul><li>□ Black or African American</li><li>□ American Indian or Alaska Native</li><li>□ Asian</li></ul>	12. Since admission, did the inmate ever stay
<ul> <li>□ Black or African American</li> <li>□ American Indian or Alaska Native</li> <li>□ Asian</li> <li>□ Native Hawaiian or Pacific Islander</li> </ul>	overnight in a mental health observation unit or
<ul><li>□ Black or African American</li><li>□ American Indian or Alaska Native</li><li>□ Asian</li></ul>	overnight in a mental health observation unit or outside mental health facility?
□ Black or African American □ American Indian or Alaska Native □ Asian □ Native Hawaiian or Pacific Islander □ Some other race	overnight in a mental health observation unit or

13. When	In a general housing unit within the jail facility or in a general housing unit on jail grounds In a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail facility In a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere  Please Specify:
	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or w of medical records) available to establish an official cause of death?
Ø	YES — CONTINUE TO Q15  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 Q15
15. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information ***
Ø	Illness—Exclude AIDS-related deaths [Specify] —— Sepsis due to intrabdominal Abscesses
	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]
16, Where	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	In the jail facility or on the jail grounds
[PLEASE SPECIF)	In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a segregation unit In a special medical unit/infirmary In a special mental health services unit Elsewhere within the jail facility
	Please Specify:  Outside the jail facility (e.g., while on work release or on work detail)
百	Elsewhere
	Please Specify:

100	n did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
Ø	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)
	ding emergency care provided at the time of death, did the inmate receive any of the following medical ses for the medical condition that caused his/her death after admission to your correctional facilities?
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW
	a. Evaluation by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI)  PLEASE PROVIDE A RESPONSE FOR
	b. Diagnostic tests (e.g., X-rays, MRI)
	c. Medications
	u. Treatment care of the trial medications
	f. Confinement in special medical unit.
	he cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark
	existing medical condition.")
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
Ø	Pre-existing medical condition
	Deceased developed condition after admission
	Could not be determined
ease add	l any additional notes regarding this death here: