# 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

	*D/201619					
		FORM COMPLE	TED BY:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	· · · · · · · · · · · · · · · · · · ·	1.1				
Name			Title		2	
Official Address			Telephone	6 6		
City		h 1	FAX	) 		91.8
State	Zip	E-mail			900 - 100 K - 100 BK - 100 - 1	

# 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**

1:	What was the inmate's name?	8.	On what date was the inmate admitted to one of
	Jones Rosetta	ari .	your correctional facilities?
ì	LAST FIRST MI		1 2 0 4 1 9 9 5
1			MONTH DAY YEAR
2.	On what date did the inmate die?	,	
-	0 8 1 3 2 0 1 7	9.	For what offense(s) was the inmate being held?
ĺ	MONTH DAY YEAR	J .	
			Second Degree Murder
	Marie de la companya de la contra del contra de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del la c		b
3.	What was the name and location of the correctional facility involved?	1 1	c.
1			d.
	Facility Name:  LOUISIANA CORRECTIONAL INSTITUTION		e.
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Facility City: Facility State:  SAINT GABRIEL LA		
	SAINT GABRIEL LA	10.	Since admission, did the inmate ever stay
			overnight in a mental health facility?
			☐ Yes
4.	What was the inmate's date of birth?		<ul><li>☑ No</li><li>☐ Don't Know</li></ul>
	0 1 3 0 1 9 4 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 ☑ Female		general housing unit on prison grounds  In a segregation unit
	E remaie		In a special medical unit/infirmary within your
		1	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		<ul><li>☐ While in transit</li><li>☐ Elsewhere</li></ul>
			Please Specify:
7.	In addition, what was the inmate's race? Please		, react special,
	select one or more of the following racial categories:		
	White		
	<ul><li>☐ Black or African American</li><li>☐ American Indian or Alaska Native</li></ul>		
	<ul><li>☐ Asian</li><li>☐ Native Hawaiian or Pacific Islander</li></ul>	\$100 miles	
	<ul><li>□ Native Hawaiian or Pacific Islander</li><li>□ Some other race</li></ul>		
	Please Specify:		
	V = 1		

A
12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
YES — CONTINUE TO Q13 Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
✓ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Heart 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. cooldent quicide on homicide) couring 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) 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:
The second secon
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	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?
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		a. Evaluated by physician/medical staff
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 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	se ado	any additional notes regarding this death here:
,		
× .		

#### 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 E-mail Zip

# **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

# What deaths should be reported?

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

#### 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?  Langlinias  LAST  FIRST  MI	8. On what date was the inmate admitted to one of your correctional facilities?  0 1 2 2 1 9 9 1  MONTH DAY YEAR
2.	On what date did the inmate die?  0 8 1 0 2 0 1 7  MONTH DAY YEAR	9. For what offense(s) was the inmate being held?  a. Second Degree Murder  b.
3.	What was the name and location of the correctional facility involved?  Facility Name:  LOUISIANA CORRECTIONAL INSTITUTION  Facility City:  SAINT GABRIEL  LA	c. d. e.  10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth?  1 1 0 9 1 9 4 4  MONTH DAY YEAR	☐ Yes ☑ No ☐ Don't Know
5.	What was the inmate's sex?  ☐ Male ☐ Female	11. Where did the inmate die?  ☐ In a general housing unit in the facility or in a general housing unit on prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility
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:	

١		
	. Are the review	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or volume of medical records) available to establish an official cause of death?
1		
		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
1		A LOUIS AND DESCRIPTION OF A LOUIS AND A L
	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]
١	E	
	_	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
	- 0	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 segregation unit
١	i 2.	On death row, special unit awaiting capital punishment
	3	Elsewhere within the prison facility
		Please Specify:
	•	Outside the prison facility (e.g., while on work release or on work detail)
	Œ	
		Please Specify:
١		
	15. When <b>☑</b>	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
	. 6	
		Evening (6 pm to Midnight)
L	8	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)
	•••					t the condition
17.	after	the cause of death the result of a pre-existing medic admission? (If multiple conditions caused the death existing medical condition.")	al cond and <u>a</u>	dition or ny of the	did the inmate of conditions were	re pre-existing, mark
		NOT APPLICABLE—Cause of death was accidental in	njury, in	toxication	n, suicide, or hom	nicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Plo:	se adr	d any additional notes regarding this death here:				
1 102	ise auc	a any additional notes regarding this death here.				

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:

RTI	INTERNATIONAL	
1711	MIERNATIONAL	

	A STATE OF THE STA	DEATHREP	UKI		RTIINTERNATIONAL	
		FORM COMPLE	TED BY:			· · · · · · · · · · · · · · · · · · ·
	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	**			* * *	
Name			Title			
Official Address			Telephone			
City			FAX	ž ž	, "P	,
State	Zip	E-mail	# · · · · · · · · · · · · · · · · · · ·	aka ba	200 m	
	And a grant	seem the seems of	1 - 52		part constitution applies	

# Instructions for Completion

#### If no deaths occurred in 2017:

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

#### If you had more than one death in 2017:

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

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.100.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org

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**

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

. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
☐ 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] ——— Acute Hypoxemic Respiratory Failure, Adul
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   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:
Ticase 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
- Add and a manage beginning to the control of the
Morning (6 am to Noon)  Afternoon (Noon to 6 pm)
<ul><li>Evening (6 pm to Midnight)</li><li>Overnight (Midnight to 6 am)</li></ul>

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 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)	
2 2							
17.	after	the cause of death the result of a pre-existing me admission? (If multiple conditions caused the deexisting medical condition.")  NOT APPLICABLE—Cause of death was accident	eath and <u>a</u>	any of the	e conditions we	re pre-existing, mark	
		Pre-existing medical condition	ye saar				
Blo		d any additional notes regarding this death here:		y y	1		
Flea	ise aud	i any additional notes regarding this death here:					

AND THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PART

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:

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The second second	DEATH REP	ORT	RTI INTERNATIONAL
			FORM COMPLE	TED BY:	
Name	2			Title	
Official Address		***		Telephone	**************************************
City		1 1 1		FAX	
State		Zip	E-mail	Appetito (1970)	

# **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**

			X.
1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of your correctional facilities?
	Walters   Judith		
	LAST FIRST MI		0 2 1 0 1 9 8 7
			MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 9 2 7 2 0 1 7	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR	J.	
	MONTH DAY YEAR		a. First Degree Murder
			b.
3.	What was the name and location of the		
٥.	correctional facility involved?		c.
	,,,,		d.
	Facility Name:		
	LOUISIANA CORRECTIONAL INSTITUTION		e.
	Equility City:		4, 24
	Facility City: Facility State:		
	SAINT GABRIEL LA		
		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 ② Don't Know
	0 1 3 0 1 9 5 3		e bont 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  In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish		<ul> <li>In a special mental health services unit within your facility</li> </ul>
•	origin?	1	☐ In a medical center outside your facility
	☐ Yes		☐ In a mental health center outside your facility
	□ No		☐ While in transit
	<b>B</b> 110		Elsewhere
			Please Specify:
7.	In addition, what was the inmate's race? Please		A A CONTRACT STREET
7.	select one or more of the following racial		
	categories:	1	
		1	
	<ul><li>☑ White</li><li>☐ Black or African American</li></ul>	II	
	American Indian or Alaska Native	1	
	Asian		
	☐ Native Hawaiian or Pacific Islander	1	
	☐ Some other race		
	Please Specify:		
	the state of the s	1	
	Light to the second of the sec	1	danceres openings purposes and acceptances

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 LATER TIME FOR THE CAUSE OF DEATH	A
☑ 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] ——— Pneumonia and cystitis	٦
Acquired Immune Deficiency Syndrome (AIDS)	_]
	٦
□ Accidental alcohol/drug intoxication [Describe] ————	٦
Accidental injury to self [Describe]	
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	7
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
☐ Homicide [Describe] —————	7
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	
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:	
The second secon	
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?	0
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. 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?
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
after "Pre-	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
0	Pre-existing medical condition Deceased developed condition after admission Could not be determined
Please ad	d any additional notes regarding this death here:
1	
Î	

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

F	a	P	N	Λ	C	0	٨	٨	D	1	E.	П	E	n	Ü	D	V	
	v	17	w	"	v	v	ı٧	ш		_				ப	, ,	•		

Name		Title
Official Address	The second secon	Telephone
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.
- 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**

9 -	Mosey Carry Co., No. 10, 10, 11, 10, 11, 11, 11, 11, 11, 11,	975	10.0
1.	What was the inmate's name?  Williams  Debra	8.	On what date was the inmate admitted to one of
	LAST FIRST MI		0 7 2 0 2 0 1 6 MONTH DAY YEAR
2.	On what date did the inmate die?  0 3 0 6 2 0 1 7  MONTH DAY YEAR	9.	For what offense(s) was the inmate being held?  a. DIT schedule II  b.
3.	What was the name and location of the correctional facility involved?  Facility Name:  LOUISIANA CORRECTIONAL INSTITUTION  Facility City:  SAINT GABRIEL  LA	10	c. d. e.
4.	What was the inmate's date of birth?		Since admission, did the inmate ever stay overnight in a mental health facility?  Yes No
	1 2 0 4 1 9 5 3 MONTH DAY YEAR		☑ Don't Know
	What was the immetals and	11.	Where did the inmate die?
5.	What was the inmate's sex?  ☐ Male ☐ Female		<ul> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin?  ☐ Yes ☐ No	A series de la descripción de	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:		

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 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:						
Outside the prison facility (e.g., while on work release or on work detail)						
Elsewhere  Please Specify:						
Flease 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. 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										
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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")										
000	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 ad	d any additional notes regarding this death here:										

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

F	OI	RI	M	CO	M	ΡI	FI	ED	RY	٧٠
г	v		VI.	-	IVI	Гι		-	_	

	The second secon		
Name		Title	
Official Address		Telephone	
City	Exemple of the first of the fir	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

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Williams	your correctional facilities?  1 0 0 9 2 0 1 5
	LAST FIRST MI	1 0 0 9 2 0 1 5 MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 4 2 3 2 0 1 7 MONTH DAY YEAR	9. For what offense(s) was the inmate being held?
		a. Poss Schedule II
3.	What was the name and location of the	b
٠.	correctional facility involved?	С.
	Facility Name:	d.
	LOUISIANA CORRECTIONAL INSTITUTION	e.
	Facility City: Facility State:	
	SAINT GABRIEL LA	10 Since admission did the investment of the
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
		O Yes
4.	What was the inmate's date of birth?	☑ No ☐ Don't Know
	0 8 2 8 1 9 5 3 MONTH DAY YEAR	
5.	What was the inmate's sex?	11. Where did the inmate die?
J.	✓ 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
6.	Was the inmate of Hispanic, Latino, or Spanish	In a special mental health services unit within your facility
	origin?	☑ In a medical center outside your facility
	Yes	☐ 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	
	<ul><li>☑ Black or African American</li><li>☑ American Indian or Alaska Native</li></ul>	
	Asian	
	<ul><li>□ Native Hawaiian or Pacific Islander</li><li>□ Some other race</li></ul>	
	Please Specify:	

42 Are the result	
12. Are the results of a medical examiner's or coroner's review of medical records) available to establish an	s evaluation (such as an autopsy, postmortem exam, or official cause of death?
☐ YES — CONTINUE TO Q13 ☐ Evaluation complete—results are pending	
	SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
☑ No evaluation is planned → CONTINUE TO	
13. What was the cause of death? *** Please SPECIF	cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify]	→ End Stage Renal Failure
☐ Acquired Immune Deficiency Syndrome (AIDS)	
Accidental alcohol/drug intoxication [Describe] -	
Accidental injury to self [Describe]	<b></b>
Accidental injury by other (e.g., vehicular accidental during transport) [Describe]	nts
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
☐ Homicide [Describe] ————————————————————————————————————	
Other cause(s) [Specify]	and the state of t
14. Where did the <u>incident</u> (e.g., accident, suicide, or ho	
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	,, yard, library, caleteria)
SPECIFY] In a special mental health services unit	
<ul> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> </ul>	
Elsewhere within the prison facility	
Please Specify:	
Outside the prison facility (e.g., while on work r	elease or on work detail)
☐ Elsewhere	· · · · · · · · · · · · · · · · · · ·
Please Specify:	
For the most program by the property of the production of the prod	The state of the s
15. When did the incident (e.g., accident, suicide, or ho	micide) causing the death occur?
☑ NOT APPLICABLE—Cause of death was illnes	
☐ 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	
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	
000	Pre-existing medical condition Deceased developed condition after admission Could not be determined	
Plassa ad	d any additional notes regarding this death here:	
riease au	u any additional notes regarding this death here.	
A s		