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

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

Instructions for Completion

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 no deaths occurred 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

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

E-MAIL: bjsdcrp@rti.org

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

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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

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STATE PRISON INMA	8. On what date was the inmate admitted to one of Recipient
What was the inmate's name? Albert Dale LAST FIRST MI	8. On what date was the inmate admitted to one of Picitor Your correctional facilities? 0 8 1 5 1 9 8 0 YEAR
On what date did the inmate die? 0 8 1 0 2 0 1 7 MONTH DAY YEAR What was the name and location of the	9. For what offense(s) was the inmate being held? a. Second Degree Murder b.
Facility Name: LOUISIANA STATE PENITENTIARY Facility City: ANGOLA Facility State: LA What was the inmate's date of birth?	d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes No Don't Know
MONTH DAY YEAR 5. What was the inmate's sex? ✓ Male ☐ Female 6. Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ✓ No	11. Where did the inmate die? ☐ In a general housing unit in the facility or in a general housing unit on prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility ☐ In a special mental health services unit within your facility ☐ In a medical center outside your facility ☐ In a mental health center outside your facility ☐ Unit 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:	Please Specify:

- 5	YES —— CONTINUE TO Q13 Evaluation complete—results are pending
_	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT
E	No evaluation is planned → CONTINUE TO Q13
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
v	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]
1	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [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)
0	

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				
17.	 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				
-						
Ple	Please add any additional notes regarding this death here:					
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		AND THE RESERVE OF THE PROPERTY OF THE PROPERT				

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		Title	
Official Address		Telephone	
City		FAX	1 J
State	Zip E-mail	,	

Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
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Project Number: 0215015.001.100.102.100

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- 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

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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
□ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
✓ Illness—Exclude AIDS-related deaths [Specify] ——— Heart Attack
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] ———
☐ Accidental injury to self [Describe] —————
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] →
Other cause(s) [Specify]
44. When did the incident (or a considerate avaisable on homisside) considerath to 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)
[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
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)

to one of

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			micide		
			YES	NO	DON'T KNOW	DI FASE PROVID
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI)				PLEASE PROVIDE A RESPONSE FOR
		c. Medicationsd. Treatment/care other than medications				EACH ITEM (a-f)
		e. Surgery f. Confinement in special medical unit		☑		
		1. Commence in operation and a since in the				*
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 acciden	ntal injury, ir	ntoxicatio	n, suicide, or hon	nicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Plea	se ado	d any additional notes regarding this death here:				
Frease and any additional notes regarding this death here:						
	8		To low			

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

Instructions for Completion

E-mail

If no deaths occurred in 2017:

State

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Zip

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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

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1:	What was the inmate's name? Batiste Alton LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 6 2 7 1 9 7 7 MONTH DAY YEAR	
3.	On what date did the inmate die? 1 1 0 5 2 0 1 7 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY Facility City: Facility State: ANGOLA What was the inmate's date of birth? 0 7 0 4 1 9 4 5 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Aggravated Rape b	
		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 you 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:	r n
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:		

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] ——— Respiratory/ Heart Failure			
☐ Acquired Immune Deficiency Syndrome (AIDS)			
☐ Accidental alcohol/drug intoxication [Describe] ———			
☐ Accidental injury to self [Describe] →			
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]			
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]			
☐ Homicide [Describe] ——————			
Other cause(s) [Specify]			
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?			
ONOT 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			
Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:			
energy and 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.	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.	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	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:

	FOR	M COMPLETED BY:	
	A SOCIAL DESCRIPTION OF THE SECTION		
Name		Title	
Official Address		Telephone	
City		FAX	3 7 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
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

		Are the resul
		Are the result
	STATE PRISON INMA	ATE DEATH REPORT
1.	What was the inmate's name? Bello Eric J LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities?
2.	On what date did the inmate die? 0 7 0 3 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 STATE PENITENTIARY	c. d. e.
	Facility City: Facility State: ANGOLA LA	10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 3 2 9 1 9 7 2 MONTH DAY YEAR	☑ No ☑ Don't Know
5 .	What was the inmate's sex? ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	11. Where did the inmate die? ☐ In a general housing unit in the facility or in a general housing unit on prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility ☐ In a special mental health services unit within your facility ☐ In a medical center outside your facility ☐ In a mental health center outside your facility ☐ While in transit ☐ Elsewhere ☐ Please Specify:
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:	

O YES

Are th	De results of a modified associated as considered association (associated association)
revie	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or work of medical records) available to establish an official cause of death?
9	disposition of the second seco
_	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
<u></u>	No evaluation is planned → CONTINUE TO Q13
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
V	Illness—Exclude AIDS-related deaths [Specify] ——— Heart Attack
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe] ———
	Accidental injury to self [Describe]
•	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
95	Homicide [Describe] —
	Other cause(s) [Specify]
_	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
Ð	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
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)
Œ	
	Please Specify:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
15. When	did the incident (e.g., accident, suicide, or homicide) causing the death occur?
	, , , , , , , , , , , , , , , , , , ,
	Overnight (Midnight to 6 am)

16. E	xcluding emergency care provided at the time of death, did the inmate receive any of the following medical ervices 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 b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A C. Medications PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f) d. Treatment/care other than medications PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f) e. Surgery PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
14-	which the state of the state of the condition
a	Vas the cause of death the result of a pre-existing medical condition or did the inmate develop the condition fter 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
Pleas	e add any additional notes regarding this death here:
	en e

Form NPS-4A OMB No. 1121-0249 Approval Expires 03/31/2019 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

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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

1.	What was the inmate's name? Billiot Adam D LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 2 2 5 1 9 9 9 MONTH DAY YEAR
2.	On what date did the inmate die? 0 3 2 5 2 0 1 7 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Simple Burglary b.
3.	What was the name and location of the correctional facility involved?	c
	Facility Name: LOUISIANA STATE PENITENTIARY Facility City: Facility State:	е.
	ANGOLA	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 2 1 9 6 6 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]
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] — multiple blunt force injuries
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
SPECIFY] Un 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:
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Elsewhere
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15. When did the incident (e.g. accident suicide or homicide) causing the death occur?
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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 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
1	 □ Pre-existing medical condition □ Deceased developed condition after admission □ Could not be determined
In	rase add any additional notes regarding this death here: incident occurred in the prison facility, offender was treated and in transit suffered respiratory arrest is a result of the previous incident.
2.	
· ·	

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

May Michael	18 18 18 18 18 18 18 18 18 18 18 18 18 1	A CONTRACTOR OF THE STATE OF TH
FORM COMPLE	TED BY:	
The state of the s		
	Title	1 - 1 - 1
	Telephone	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	FAX	*
Zip E-mail		
		FORM COMPLETED BY: Title Telephone FAX

Instructions for Completion

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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
- 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
	Blackwell Franklin D		your cor	
	LAST FIRST MI		0 4	2 1 2 0 1 1 DAY YEAR
		31 32 1 1		
2.	On what date did the inmate die?			
	0 6 1 8 2 0 1 7 MONTH DAY YEAR	9.		offense(s) was the inmate being held?
	MONTH DAY YEAR		а. Д	Aggravated Rape
			b.	
3.	What was the name and location of the correctional facility involved?		с.	
			d.	
	Facility Name: LOUISIANA STATE PENITENTIARY		e. [
	Mark Property and Company and	1		\$ 15 Care 1
	Facility City: Facility State: ANGOLA LA	1		
	ANGOLA	10.	Since ad	mission, did the inmate ever stay
				nt in a mental health facility?
4.	What was the inmate's date of birth?			Yes No
•	1 2 0 5 1 9 3 4			Don't Know
	MONTH DAY YEAR			
			vanitati a	
5.	What was the inmate's sex?	111.		id the inmate die?
J.	What was the initiate's sex? ☑ Male			In a general housing unit in the facility or in a general housing unit on prison grounds
	☐ Female		H	In a segregation unit
		1		In a special medical unit/infirmary within your facility
•	in an arrangement of the control of			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 of Alaska Native Asian	8 10		
	□ Native Hawaiian or Pacific Islander			
	Some other race Please Specify:	3, 1		
	Flease 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
The state of the s
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] ——— End Stage Dementia- Alzheimers
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.	6. 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						
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						
0/-		demonstrative and the second and the death house.						
Plea	ase add	d any additional notes regarding this death here:						
. 6								

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

Form (Adde	m NPS-4A dendum)		DEATHS IN CUSTO STATE PRISON I DEATH REPO	NMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
<u></u>		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	FORM COMPLE	TED BY:	
Name	2 X 2 X 2			Title	
Official Address	2		- 1	Telephone	
City	N	A	Ť Į	FAX	200
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

E-MAIL: bjsdcrp@rti.org

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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
- 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
	Bowman Darrow		your correctional facilities?
	LAST FIRST MI		1 1 2 9 1 9 6 3 MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 2 1 0 2 0 1 7	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR	f .	a. First Degree Murder
			b. Simple Burglary
3.	What was the name and location of the correctional facility involved?		c.
	Facility Name:		d.
	LOUISIANA STATE PENITENTIARY		e.
	Facility City: Facility State:		
		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
7.	0 5 2 5 1 9 4 5		☑ 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		your facility In a medical center outside your facility
	origin?		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		
	☐ Asian☐ Native Hawaiian or Pacific Islander☐ Some other race		
	Please Specify:		
10		Walter .	and the free supersystems are resident to the control of the first of the first of the component of the control

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem e review of medical records) available to establish an official cause of death?	xam, or
☐ YES ——→ CONTINUE TO Q13	
Evaluation complete—results are pending	TED 4T 4
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTAC	TED AT 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] ——— Cardiopulmonary Arrest Stage IV n	netastic
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]	3 (2)
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
☐ Homicide [Describe] —————	
Other cause(s) [Specify]	*
	4 -
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 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:	
Record to the second se	
	The second
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 Common of the		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 "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 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	d any additional notes regarding this death here:	

Form			OMB No. 1121-0249 Approval Expires 03/31/2019				
Form NPS (Addendur	4A n)	DEATHS IN CUSTO STATE PRISON I DEATH REPO	NMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL			
	. 4-01	FORM COMPLET	TED BY:				
Name			Title				
Official Address	- 1	1 1	Telephone	9			
City			FAX	A			
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? Browder Christopher FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 5 1 0 2 0 1 1 MONTH DAY YEAR
2.	On what date did the inmate die? O 2 1 6 2 0 1 7 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. First Degree Murder b. Manslaughter
3.	What was the name and location of the correctional facility involved?	c.
	Facility Name:	d
	LOUISIANA STATE PENITENTIARY	e.
	Facility City: Facility State: ANGOLA LA	10. 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 2 1 9 8 4 MONTH DAY YEAR	Yes No Don't Know
2		11. Where did the inmate die?
5.	What was the inmate's sex?	
J.	☐ 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 you facility □ In a special mental health services unit within
6.		your facility
	origin? ☐ Yes ☑ No	☐ 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
review of a modical service of
review of medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or YES
review of medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or 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
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 \u00e40
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] ——— Massive Intercranial Hemorphage
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?
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) In a special medical unit/infirmary
[PLEASE In a special medical unit/mirrary 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:
Production Control Con
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
☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm)
Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

16.	Exclu servi	ding emergency care provided at the time of ces for the medical condition that caused his/			
		NOT APPLICABLE—Cause of death was accid	ental injury, into:	xication, suicide, or ho	micide
	<i>y</i>	a. Evaluated by physician/medical staff	YES I	NO DON'T KNOW	
17.	after	he cause of death the result of a pre-existing admission? (If multiple conditions caused the existing medical condition.")	medical condit death and <u>any</u>	tion or did the inmate of the conditions we	develop the condition re pre-existing, mark
d.		NOT APPLICABLE—Cause of death was accid	ental injury, into:	xication, suicide, or hor	micide
v .		Pre-existing medical condition Deceased developed condition after admission Could not be determined			
Plas		l any additional notes regarding this death here:			
Fiea	ase au	any additional notes regarding this death nere:			
9-1					
,					
·					

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	# 1	and you can also also are the arrangement when the second	Title	
Official Address	8		Telephone	
City	2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FAX	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
State	Zip	E-mail	B C	

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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

1.	What was the inmate's name?	8. 0	On what date was the inmate admitted to one of
	Brunner Willie	y	our correctional factorial
	LAST FIRST MI		1 2 1 0 1 9 8 4
			MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 4 2 3 2 0 1 7	9. F	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	7	
	correctional facility involved?		С.
	Facility Name:		d.
	LOUISIANA STATE PENITENTIARY	2	e.
	Facility City: Facility State:		
	ANGOLA		
		10. \$	Since admission, did the inmate ever stay
		9	overnight in a mental health facility?
4.	What was the inmate's date of birth?		☐ Yes ☑ No
7.		8	Don't Know
	1 0 3 1 1 9 5 4 MONTH DAY YEAR		
	TEAN		
		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		your facility
	origin?		 In a medical center outside your facility In a mental health center outside your facility
	☐ Yes ☑ No		☐ While in transit
	- 140		☐ 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:		
		x	

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?	2
 ✓ 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	Α
□ No evaluation is planned → CONTINUE TO Q13	-/-
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***	7
☑ Illness—Exclude AIDS-related deaths [Specify] — Cardiac Arrest, Hypoxia	7
Acquired Immune Deficiency Syndrome (AIDS)	J
☐ Accidental alcohol/drug intoxication [Describe] ———]
Accidental injury to self [Describe]	j
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	j
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? 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:	
TO STATE OF THE PROPERTY OF TH	Tartery or
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	
☐ 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?
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide YES NO DON'T KNOW 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	Deceased developed condition after admission
Ple	ase ad	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:

RTIINTERNATIONAL

	Market State			NI III ENIGHOUSE
		FORM COMPLETE	D BY:	, , , , , , , , , , , , , , , , , , ,
Name			Title	
Official (Address		1	Telephone	
City	Server Commence		FAX	
State	Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
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ONLINE: Complete the report online at: https://bjsdcrp.rti.org

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

E-MAIL: bjsdcrp@rti.org

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? Burns James FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 2 0 7 1 9 9 0 MONTH DAY YEAR
3.	On what date did the inmate die? 1 2 1 4 2 0 1 7 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY Facility City: Facility State: ANGOLA	9. For what offense(s) was the inmate being held? a. Second Degree Murder b
4.	What was the inmate's date of birth? 0 9 1 4 1 9 5 9 MONTH DAY YEAR	☐ 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:	

review of medical records) available to establish an official	
YES CONTINUE TO Q13	
☐ Evaluation complete—results are pending	2.2
SKIP REMAINING QUESTIONS AND SUBMILLATER TIME FOR THE CAUSE OF DEATH	T THIS FORM—YOU WILL BE CONTACTED AT 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]	Cardio-respiratory arrest
☐ Acquired Immune Deficiency Syndrome (AIDS)	
Accidental alcohol/drug intoxication [Describe]	
Accidental injury to self [Describe]	
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
☐ Homicide [Describe] ————————————————————————————————————	
Other cause(s) [Specify]	
14. Where did the <u>incident</u> (e.g., accident, suicide, or homicid	e) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxi	cation, 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	
SPECIFYI In a special mental health services unit In a segregation unit	
On death row, special unit awaiting capital pur	nishment
Elsewhere within the prison facility	
Please Specify:	
Outside the prison facility (e.g., while on work release	e or on work detail)
☐ Elsewhere	
Please Specify:	
	* * * * * * * * * * * * * * * * * * *
15. When did the incident (e.g., accident, suicide, or homicide NOT APPLICABLE—Cause of death was illness, into	
☐ Morning (6 am to Noon)	
☐ Afternoon (Noon to 6 pm)	
Evening (6 pm to Midnight)Overnight (Midnight to 6 am)	

16.	Exclu	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 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	d any additional notes regarding this death here:

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

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EXCLUDE deaths of ALL persons...

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- 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

1.	What was the inmate's name? Cantrelle Anthony FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 3 2 4 2 0 0 8 MONTH DAY YEAR
 3. 	On what date did the inmate die? 1 1 0 4 2 0 1 7 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY	9. For what offense(s) was the inmate being held? a. Aggravated Incest b. c. d. e.
	Facility City: Facility State: ANGOLA LA	10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 6 0 3 1 9 4 3 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:	

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?	10
YES CONTINUE TO Q13	
Evaluation complete—results are pending	
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED A LATER TIME FOR THE CAUSE OF DEATH	ГА
☑ 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]	Ę
	-4
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?	- 1
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	
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:	
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)	

ne of

16. Excluservi	uding emergency care provided at the time of deat ices for the medical condition that caused his/her	th, did th death aft	e inmate er admis	receive any of sion to your co	the following medical rrectional facilities?
0	NOT APPLICABLE—Cause of death was accidenta	l injury, ir	ntoxication	n, suicide, or hon	nicide
	a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
after	Pre-existing medical condition	ath and <u>a</u>	any of the	conditions we	re pre-existing, mark
Please add	ld any additional notes regarding this death here:	and a section of	>1		t cond. A subsection of the desired

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	O	R	M	I C	O	M	IP	L	E٦	ſΕ	D	B	Y	•

Name	y	Title	1
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.

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

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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

	ulls of
STATE PRISON INMA	ATE DEATH REPORT
1. What was the inmate's name? Chapman Walter LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 1 0 2 1 1 9 7 7 MONTH DAY YEAR
2. On what date did the inmate die? 0 8 2 1 2 0 1 7 MONTH DAY YEAR 3. What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY Facility City: Facility State:	9. For what offense(s) was the inmate being held? a. Armed Robbery b
4. What was the inmate's date of birth? 0 3 2 1 1 9 5 4 MONTH DAY YEAR	10. 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 6. 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 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:	

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
to the same of death 2. ### Plance SPECIEV cause of death, it is critical information ###
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Sorosis and Respiratory Failure
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] ———
☐ Accidental injury to self [Describe] →
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] —————
Other cause(s) [Specify]
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:
I the trade of the control of the co
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	ding emergency care provided at the time of do	eath, did the er death afte	inmate r er admiss	eceive any of to ion to your co	the following medical rrectional facilities?
		NOT APPLICABLE—Cause of death was acciden	ntal injury, in	toxication,	suicide, or hon	nicide
1		a. Evaluated by physician/medical staff	YES	9	DON'T KNOW	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	"Pre-e	he cause of death the result of a pre-existing nadmission? (If multiple conditions caused the existing medical condition.") NOT APPLICABLE—Cause of death was acciden	death and <u>ar</u>	ny of the	conditions wer	re pre-existing, mark
		Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Plas	200 200	lany additional nation remarking this start.		11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
riea	ise add	any additional notes regarding this death here:				
8						

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

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

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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

-		Are the results eview of medic.
	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name? Citizen Jonathan FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 7 0 8 2 0 1 1 MONTH DAY YEAR
2.	On what date did the inmate die? 0 6 1 2 2 0 1 7 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Dist Schedule II b.
3.	What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY	c. d. e.
4.	Facility City: ANGOLA Facility State: LA What was the inmate's date of birth? O 9 0 6 1 9 7 9 MONTH DAY YEAR	10. 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. 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:	

Are the review	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
0	YES CONTINUE TO Q13
٦	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
12 10/1-1	the state of the s
	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)
P	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]
A	Other cause(s) [Specify]
44 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
_	
7	In the prison facility or on the prison grounds \(\sum \subseteq \subseteq \text{In the inmate's cell/room} \)
	☐ In a temporary holding area/lockup
[PLEASE	☐ In a common area within the facility (e.g., yard, library, cafeteria) ☐ In a special medical unit/infirmary
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)
Ö	Elsewhere
	Please Specify:
THE COURSE	Continue to the Continue to th
the state of the s	
	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 b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit	ĒĄ				
•								
		after		ion rk				
	Plea	se ado	d any additional notes regarding this death here:					
١								
l								

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:

	Brown Carlotte	EATH REPORT	RTI INTERNATIONAL
	FOR	M COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City	2 2 2	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

Ann When the State of the State	
STATE PRISON IN	MATE DEATH REPORT
1. What was the inmate's name? Conway Clydell LAST FIRST MI	8. On what date was the inmate admitted to one of the state of the sta
2. On what date did the inmate die? 0 1 2 0 2 0 1 7 MONTH DAY YEAR 3. What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY Facility City: ANGOLA 4. What was the inmate's date of birth? 1 2 2 8 1 9 8 4	9. For what offense(s) was the inmate being held? a. Forcible Rape b. S-Escape Type I c. d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes No Don't Know
MONTH DAY YEAR 5. What was the inmate's sex? Male Female 6. Was the inmate of Hispanic, Latino, or Spanish origin? Yes No	11. Where did the inmate die? ☐ In a general housing unit in the facility or in a general housing unit on prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility ☐ In a special mental health services unit within your facility ☐ In a medical center outside your facility ☐ In a mental health center outside your facility ☐ While in transit ☐ Elsewhere
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:	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					
na e e e						
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***					
	Illness—Exclude AIDS-related deaths [Specify] ———					
	Acquired Immune Deficiency Syndrome (AIDS)					
	Accidental alcohol/drug intoxication [Describe] ———					
	Accidental injury to self [Describe]					
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]					
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] Asphyxia due to hanging					
	Homicide [Describe]					
6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other cause(s) [Specify] —					
14 When	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?					
1 _	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related					
[PLEASE SPECIFY]	7 (-0.)					
100	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					
	 □ 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?					
3	 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)
					,	
17.	after a "Pre-e ☑	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the deal existing medical condition.") NOT APPLICABLE—Cause of death was accidental Pre-existing medical condition Deceased developed condition after admission Could not be determined	th and <u>a</u>	any of the	conditions we	re pre-existing, mark
				7 1		1900 - 1 ⁹⁰⁰ - 3 - 3
Ple	ase add	any additional notes regarding this death here:		-1 -	- 9	
1						

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

Instructions for Completion

If no deaths occurred in 2017:

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• 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

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

- Lee	二百万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万万	results of a finedical ryes realuation LAYIN
		results of year of medical of medical Laboration
	STATE PRISON INMA	TE DEATH REPORT
1.	What was the inmate's name? Cooley James E FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 5 2 4 1 9 7 2 MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 3 1 5 2 0 1 7 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Second Degree Murder b. S-Escape Type I
3.	What was the name and location of the correctional facility involved?	с.
	Facility Name:	d.
	LOUISIANA STATE PENITENTIARY	е.
	Facility City: Facility State: ANGOLA LA	10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
4.	What was the inmate's date of birth? 1 0 1 4 1 9 4 3 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
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	 □ In a special mental health services unit within your facility □ In a medical center outside your facility
	☐ Yes ☑ No	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: 	

No evalua

O

to one of	The 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?
1	☐ YES ——→ CONTINUE TO Q13 ☐ Evaluation complete—results are pending
7 0	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]
3	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]
[F	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:
10 To	
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. Exc ser	clu rvid	iding emergency care provided at ces for the medical condition that	the time of deat caused his/her	h, did th death af	ne inmate ter admi:	receive any of ssion to your co	prrectional facilities?
C	0	NOT APPLICABLE—Cause of dea	th was accidental	injury, i	ntoxicatio	n, suicide, or hor	micide
		a. Evaluated by physician/medical b. Diagnostic tests (e.g., X-rays, M c. Medications d. Treatment/care other than medic e. Surgery f. Confinement in special medical	cations				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
afte	er a	he cause of death the result of a padmission? (If multiple conditions existing medical condition.")	ore-existing med caused the dea	ical con th and <u>a</u>	dition or any of the	did the inmate of conditions wer	develop the condition re pre-existing, mark
]	NOT APPLICABLE—Cause of dear	th was accidental	injury, ir	ntoxicatio	n, suicide, or hom	nicide
	2	Pre-existing medical condition Deceased developed condition afte Could not be determined					
Please a	dd	any additional notes regarding this o	leath 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 COMPLE	ETED BY:	1. 12
Name		Title	
Official Address		Telephone	13.7 · **** · * · · · · · · · · · · · · · ·
City		FAX	, , , , , , , , , , , , , , , , , , ,
State	Zip E-mail	v -	

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? Crook Ernest FIRST MI		was the inmate admitted to one of onal facilities? 7 1 9 8 7 YEAR
2.	On what date did the inmate die? 0 4 1 8 2 0 1 7 MONTH DAY YEAR		nse(s) was the inmate being held?
3.	What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY Facility City: Facility State:	cd	
	ANGOLA LA		ion, did the inmate ever stay mental health facility?
4.	What was the inmate's date of birth? 1 1 0 1 1 9 5 0 MONTH DAY YEAR	☐ No ② Don't	Know
		. 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	gener In a s In a s facility In a s your In a n While	pecial mental health services unit within facility nedical center outside your facility nental health center outside your facility 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, o 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	T 1
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	\neg
Acquired Immune Deficiency Syndrome (AIDS)	
	\neg
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]	
	V 7
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	
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:	
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 b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A c. Medications PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f) c. Surgery PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)					
61.00							
17.	 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 						
Plea	se ado	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:

		M. Driver	F.	DEATHTLE		RTIINTERNATIONAL
				FORM COMPLET	TED BY:	
Name	r S	programme 6	3 T 9 8		Title	
Official Address					Telephone	
City	4		· 1 · 1 · .		FAX	· · · · · · · · · · · · · · · · · · ·
State	3	Zip		E-mail	A .	

Instructions for Completion

If no deaths occurred in 2017:

- You will not need to report anything at this time.
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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

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

Are the rereiew of

1.	What was the inmate's name? Dangerfield Timothy LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 1 1 0 9 2 0 1 5 MONTH DAY YEAR
2.	On what date did the inmate die? 1 1 2 7 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 STATE PENITENTIARY Facility City: ANGOLA Facility State:	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 2 0 4 1 9 8 0 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
 6. 	What was the inmate's sex? ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	11. Where did the inmate die? ☐ In a general housing unit in the facility or in a general housing unit on prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility ☐ In a special mental health services unit within your facility ☐ In a medical center outside your facility ☐ In a mental health center outside your facility ☐ While in transit ☐ Elsewhere Please Specify:
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	T : A :
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	
40 Miles and the state of the s	6
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***	7
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] Asphyxiation	
☐ Homicide [Describe] →	
☐ Other cause(s) [Specify] ————	
The second of th	
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]	
☐ 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:	
	ma i
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)	

	(a) (c)
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?
Ø	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW
	a. Evaluated by physician/medical staff
	b. Diagnostic tests (e.g., X-rays, MRI)
	c. Medications EACH ITEM (a-f)
	d. Treatment/care other than medications
	e. Surgery
	f. Confinement in special medical unit
"Pre-	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
lease add	d 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

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- Complete the entire form for each inmate death.
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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

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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

1.	What was the inmate's name?		On what date was the inma	te admitted to one of
	Ford Melvin		your correctional facilities?	<u></u>
	LAST FIRST	МІ	0 1 1 1 1 YEAR	9 7 8
2.	On what date did the inmate die?			
	0 2 0 3 2 0 1 7 MONTH DAY YEAR		For what offense(s) was the	the state of the state of the state of
			a. Second Degree M	lurder
3.	What was the name and location of the correctional facility involved?		C.	
	Facility Name:		d.	
	LOUISIANA STATE PENITENTIARY		е.	
	Facility City: Facility S ANGOLA LA	State:	. Since admission, did the inrovernight in a mental health	nate ever stay
4.	What was the inmate's date of birth? 0 8 1 6 1 9 5 4 MONTH DAY YEAR		☐ Yes ☐ No ☑ Don't Know	
			. Where did the inmate die?	
5.	What was the inmate's sex?	The second		unit in the facility or in a
	☑ Male☑ Female		facility	unit/infirmary within your
6.	Was the inmate of Hispanic, Latino, or Spanis origin?	h	your facility In a medical center o	
	☐ Yes ☐ No		While in transit	nter outside your facility
	☑ No		Elsewhere Please Specify:	
7.	In addition, what was the inmate's race? Pleas select one or more of the following racial categories:	se		
	 ☑ 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] ————
	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]
3	■ Homicide [Describe] →
	Other cause(s) [Specify]
[PI	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 immate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
15.	When did the incident (e.g., accident, suicide, or homicide) causing the death occur? □ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related □ Morning (6 am to Noon) □ Afternoon (Noon to 6 pm) □ Evening (6 pm to Midnight) □ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?								
	□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide							
		a. Evaluated by physician/medical staff	YES	2	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.")							
	0	NOT APPLICABLE—Cause of death was accidenta	al injury, i	ntoxicatio	n, suicide, or hom	nicide		
		Pre-existing medical condition Deceased developed condition after admission Could not be determined						
Pleas	se ado	ld any additional notes regarding this death here:	The second		The state of	NAMES CONTROL OF STREET		
					ary was to develop the			
1/2014	4,00				and the second s	the state of the s		