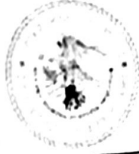


U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL

Form NPS-4A
(Addendum)



DEATHS IN CUSTODY—2017 STATE PRISON INMATE DEATH REPORT

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

Instructions for Completion

If no deaths occurred in 2017:

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

If you had more than one death in 2017:

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

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

E-MAIL: bjsdcrp@rti.org

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

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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STATE PRISON INMATE DEATH REPORT

Are the results of a review of medical records? YES Evaluate

1. What was the inmate's name?

LAST FIRST MI

8. On what date was the inmate admitted to one of your correctional facilities?

MONTH DAY YEAR

2. On what date did the inmate die?

MONTH DAY YEAR

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

- a.
- b.
- c.
- d.
- e.

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

Facility Name:

 Facility City: Facility State:

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

- Yes
- No
- Don't Know

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

MONTH DAY YEAR

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

me of

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

- YES → CONTINUE TO Q13
- Evaluation complete—results are pending

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

- No evaluation is planned → CONTINUE TO Q13

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

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

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

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

- In the prison facility or on the prison grounds
 - In the inmate's cell/room
 - In a temporary holding area/lockup
 - In a common area within the facility (e.g., yard, library, cafeteria)
 - In a special medical unit/infirmery
 - In a special mental health services unit
 - In a segregation unit
 - On death row, special unit awaiting capital punishment
 - Elsewhere within the prison facility

(PLEASE SPECIFY)

↳ Please Specify:

- Outside the prison facility (e.g., while on work release or on work detail)
- Elsewhere

↳ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

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

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

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

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

- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

Please add any additional notes regarding this death here:

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

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
E-mail		<input type="text"/>	

Instructions for Completion

If no deaths occurred in 2017:

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- Make copies of this form for each additional death.
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Project Number: 0215015.001.100.102.100
5265 Capital Boulevard
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What deaths should be reported?

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

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STATE PRISON INMATE DEATH REPORT

Are the results of review of medical records correct?
 YES
 NO

1. What was the inmate's name?

LAST FIRST MI

2. On what date did the inmate die?

MONTH DAY YEAR

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

Facility Name:

 Facility City: Facility State:

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

MONTH DAY YEAR

5. What was the inmate's sex?

- Male
 Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- Yes
 No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Pacific Islander
 Some other race

8. On what date was the inmate admitted to one of your correctional facilities?

MONTH DAY YEAR

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

- a.
 b.
 c.
 d.
 e.

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

- Yes
 No
 Don't Know

11. Where did the inmate die?

- In a general housing unit in the facility or in a general housing unit on prison grounds
 In a segregation unit
 In a special medical unit/infirmery within your facility
 In a special mental health services unit within your facility
 In a medical center outside your facility
 In a mental health center outside your facility
 While in transit
 Elsewhere

one of

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

- YES → CONTINUE TO Q13
- Evaluation complete—results are pending
 - ↳ SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
- No evaluation is planned → CONTINUE TO Q13

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

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

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

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- In the prison facility or on the prison grounds
 - In the inmate's cell/room
 - In a temporary holding area/lockup
 - In a common area within the facility (e.g., yard, library, cafeteria)
 - In a special medical unit/infirmary
 - In a special mental health services unit
 - In a segregation unit
 - On death row, special unit awaiting capital punishment
 - Elsewhere within the prison facility
 - ↳ Please Specify:
- Outside the prison facility (e.g., while on work release or on work detail)
- Elsewhere
 - ↳ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

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

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

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

Please add any additional notes regarding this death here:

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

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

Instructions for Completion

If no deaths occurred in 2017:

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EXCLUDE deaths of ALL persons...

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

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STATE PRISON INMATE DEATH REPORT

Are the rest review of m
 YE
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1. What was the inmate's name?

Batiste	Alton	
LAST	FIRST	MI

2. On what date did the inmate die?

1	1	0	5	2	0	1	7
MONTH		DAY		YEAR			

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

Facility Name:

Facility City: Facility State:

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

0	7	0	4	1	9	4	5
MONTH		DAY		YEAR			

5. What was the inmate's sex?

- Male
 Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- Yes
 No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Pacific Islander
 Some other race

↳ Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?

0	6	2	7	1	9	7	7
MONTH		DAY		YEAR			

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

- a.
- b.
- c.
- d.
- e.

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

- Yes
 No
 Don't Know

11. Where did the inmate die?

- In a general housing unit in the facility or in a general housing unit on prison grounds
 In a segregation unit
 In a special medical unit/infirmery within your facility
 In a special mental health services unit within your facility
 In a medical center outside your facility
 In a mental health center outside your facility
 While in transit
 Elsewhere

↳ Please Specify:

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] → 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?

- 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/infirmery
 - In a special mental health services unit
 - In a segregation unit
 - On death row, special unit awaiting capital punishment
 - Elsewhere within the prison facility

↳ Please Specify: _____
- Outside the prison facility (e.g., while on work release or on work detail)
- Elsewhere
 ↳ Please Specify: _____

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

	YES	NO	DON'T KNOW	
a. Evaluated by physician/medical staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
b. Diagnostic tests (e.g., X-rays, MRI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Treatment/care other than medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Confinement in special medical unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
E-mail		<input type="text"/>	

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STATE PRISON INMATE DEATH REPORT

Are the results reviewed by me? YES NO
 Evaluation YES NO

1. What was the inmate's name?

Bello	Eric	J
LAST	FIRST	MI

2. On what date did the inmate die?

0	7	0	3	2	0	1	7
MONTH		DAY		YEAR			

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

Facility Name:

Facility City: Facility State:

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

0	3	2	9	1	9	7	2
MONTH		DAY		YEAR			

5. What was the inmate's sex?

- Male
 Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- Yes
 No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Pacific Islander
 Some other race

↳

8. On what date was the inmate admitted to one of your correctional facilities?

0	5	3	0	2	0	1	3
MONTH		DAY		YEAR			

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

- a.
- b.
- c.
- d.
- e.

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

- Yes
 No
 Don't Know

11. Where did the inmate die?

- In a general housing unit in the facility or in a general housing unit on prison grounds
 In a segregation unit
 In a special medical unit/infirmery within your facility
 In a special mental health services unit within your facility
 In a medical center outside your facility
 In a mental health center outside your facility
 While in transit
 Elsewhere

↳

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

- YES → CONTINUE TO Q13
- Evaluation complete—results are pending
↳ SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
- No evaluation is planned → CONTINUE TO Q13

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

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

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

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- In the prison facility or on the prison grounds
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 - In a temporary holding area/lockup
 - In a common area within the facility (e.g., yard, library, cafeteria)
 - In a special medical unit/infirmery
 - In a special mental health services unit
 - In a segregation unit
 - On death row, special unit awaiting capital punishment
 - Elsewhere within the prison facility↳ Please Specify:
- Outside the prison facility (e.g., while on work release or on work detail)
- Elsewhere
↳ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

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

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

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)
**DEATHS IN CUSTODY—2017
STATE PRISON INMATE
DEATH REPORT**

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

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

Instructions for Completion
If no deaths occurred in 2017:

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

If you had more than one death in 2017:

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

ONLINE: Complete the report online at: <https://bjsdcrp.rti.org>
MAIL: RTI International, Attn: Data Capture
 Project Number: 0215015.001.100.102.100
 5265 Capital Boulevard
 Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org
FAX (TOLL-FREE): (866) 800-9179

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

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

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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STATE PRISON INMATE DEATH REPORT

12. Are the

1. What was the inmate's name?

Billiot	Adam	D
LAST	FIRST	MI

2. On what date did the inmate die?

0	3	2	5	2	0	1	7
MONTH	DAY	YEAR					

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

Facility Name:

Facility City: Facility State:

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

1	1	0	2	1	9	6	6
MONTH	DAY	YEAR					

5. What was the inmate's sex?

- Male
- Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- Yes
- No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Some other race

↳ Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?

0	2	2	5	1	9	9	9
MONTH	DAY	YEAR					

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

- a.
- b.
- c.
- d.
- e.

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

- Yes
- No
- Don't Know

11. Where did the inmate die?

- In a general housing unit in the facility or in a general housing unit on prison grounds
- In a segregation unit
- In a special medical unit/infirmary within your facility
- In a special mental health services unit within your facility
- In a medical center outside your facility
- In a mental health center outside your facility
- While in transit
- Elsewhere

↳ Please Specify:

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

YES → CONTINUE TO Q13

Evaluation complete—results are pending

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

No evaluation is planned → CONTINUE TO Q13

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

Illness—Exclude AIDS-related deaths [Specify] →

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

(PLEASE SPECIFY)

In the inmate's cell/room

In a temporary holding area/lockup

In a common area within the facility (e.g., yard, library, cafeteria)

In a special medical unit/infirmery

In a special mental health services unit

In a segregation unit

On death row, special unit awaiting capital punishment

Elsewhere within the prison facility

↳ Please Specify:

Outside the prison facility (e.g., while on work release or on work detail)

Elsewhere

↳ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

Morning (6 am to Noon)

Afternoon (Noon to 6 pm)

Evening (6 pm to Midnight)

Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

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

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

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

Please add any additional notes regarding this death here:

Incident occurred in the prison facility, offender was treated and in transit suffered respiratory arrest as a result of the previous incident.

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

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
E-mail		<input type="text"/>	

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If no deaths occurred in 2017:

- You will not need to report anything at this time.
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MAIL: RTI International, Attn: Data Capture
Project Number: 0215015.001.100.102.100
5265 Capital Boulevard
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E-MAIL: bjsdcrp@rti.org

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

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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

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STATE PRISON INMATE DEATH REPORT

12. Are the review

1. What was the inmate's name?

Blackwell	Franklin	D
LAST	FIRST	MI

2. On what date did the inmate die?

0	6	1	8	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

Facility State:

LA

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

1	2	0	5	1	9	3	4
MONTH	DAY	YEAR					

5. What was the inmate's sex?

- Male
- Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- Yes
- No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Some other race

↳ Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?

0	4	2	1	2	0	1	1
MONTH	DAY	YEAR					

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

- a.

Aggravated Rape

- b.
- c.
- d.
- e.

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

- Yes
- No
- Don't Know

11. Where did the inmate die?

- In a general housing unit in the facility or in a general housing unit on prison grounds
- In a segregation unit
- In a special medical unit/infirmary within your facility
- In a special mental health services unit within your facility
- In a medical center outside your facility
- In a mental health center outside your facility
- While in transit
- Elsewhere

↳ Please Specify:

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

- YES → CONTINUE TO Q13
- Evaluation complete—results are pending
↳ SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
- No evaluation is planned → CONTINUE TO Q13

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

- Illness—Exclude AIDS-related deaths [Specify] → 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/infirmery
 - In a special mental health services unit
 - In a segregation unit
 - On death row, special unit awaiting capital punishment
 - Elsewhere within the prison facility↳ Please Specify:
- Outside the prison facility (e.g., while on work release or on work detail)
- Elsewhere
↳ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

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

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

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

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

Pre-existing medical condition

Deceased developed condition after admission

Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)
**DEATHS IN CUSTODY—2017
STATE PRISON INMATE
DEATH REPORT**

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

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/> <input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/> <input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

Instructions for Completion
If no deaths occurred in 2017:

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

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
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E-MAIL: bjsdcrp@rti.org
FAX (TOLL-FREE): (866) 800-9179

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

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

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

EXCLUDE deaths of ALL persons...

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

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STATE PRISON INMATE DEATH REPORT

12. Are the F review of

1. What was the inmate's name?

LAST FIRST MI

2. On what date did the inmate die?

MONTH DAY YEAR

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

Facility Name:

Facility City: Facility State:

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

MONTH DAY YEAR

5. What was the inmate's sex?

Male
 Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

Yes
 No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Pacific Islander
 Some other race

8. On what date was the inmate admitted to one of your correctional facilities?

MONTH DAY YEAR

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

a.
 b.
 c.
 d.
 e.

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

Yes
 No
 Don't Know

11. Where did the inmate die?

In a general housing unit in the facility or in a general housing unit on prison grounds
 In a segregation unit
 In a special medical unit/infirmary within your facility
 In a special mental health services unit within your facility
 In a medical center outside your facility
 In a mental health center outside your facility
 While in transit
 Elsewhere

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

YES → CONTINUE TO Q13

Evaluation complete—results are pending

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

No evaluation is planned → CONTINUE TO Q13

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

Illness—Exclude AIDS-related deaths [Specify] → Cardiopulmonary Arrest Stage IV metastatic

Acquired Immune Deficiency Syndrome (AIDS)

Accidental alcohol/drug intoxication [Describe] →

Accidental injury to self [Describe] →

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

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

Homicide [Describe] →

Other cause(s) [Specify] →

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

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

In the prison facility or on the prison grounds

[PLEASE SPECIFY]

In the inmate's cell/room

In a temporary holding area/lockup

In a common area within the facility (e.g., yard, library, cafeteria)

In a special medical unit/infirmery

In a special mental health services unit

In a segregation unit

On death row, special unit awaiting capital punishment

Elsewhere within the prison facility

↳ Please Specify:

Outside the prison facility (e.g., while on work release or on work detail)

Elsewhere

↳ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

Morning (6 am to Noon)

Afternoon (Noon to 6 pm)

Evening (6 pm to Midnight)

Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

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

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

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

Please add any additional notes regarding this death here:

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

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/> <input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/> <input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
E-mail		<input type="text"/>	

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STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Browder	Christopher	
LAST	FIRST	MI

2. On what date did the inmate die?

0	2	1	6	2	0	1	7
MONTH		DAY		YEAR			

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

Facility Name:

Facility City: Facility State:

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

0	8	2	2	1	9	8	4
MONTH		DAY		YEAR			

5. What was the inmate's sex?

- Male
- Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- Yes
- No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Some other race

↳ Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?

0	5	1	0	2	0	1	1
MONTH		DAY		YEAR			

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

- a.
- b.
- c.
- d.
- e.

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

- Yes
- No
- Don't Know

11. Where did the inmate die?

- In a general housing unit in the facility or in a general housing unit on prison grounds
- In a segregation unit
- In a special medical unit/infirmery within your facility
- In a special mental health services unit within your facility
- In a medical center outside your facility
- In a mental health center outside your facility
- While in transit
- Elsewhere

↳ Please Specify:

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

- YES → CONTINUE TO Q13
- Evaluation complete—results are pending

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

- No evaluation is planned → CONTINUE TO Q13

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

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

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

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

- In the prison facility or on the prison grounds

(PLEASE SPECIFY)

- In the inmate's cell/room
- In a temporary holding area/lockup
- In a common area within the facility (e.g., yard, library, cafeteria)
- In a special medical unit/infirmary
- In a special mental health services unit
- In a segregation unit
- On death row, special unit awaiting capital punishment
- Elsewhere within the prison facility

Please Specify:

- Outside the prison facility (e.g., while on work release or on work detail)

- Elsewhere

Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

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

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

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)
**DEATHS IN CUSTODY—2017
STATE PRISON INMATE
DEATH REPORT**

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

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/> <input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/> <input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

Instructions for Completion
If no deaths occurred in 2017:

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

If you had more than one death in 2017:

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

ONLINE: Complete the report online at: <https://bjsdcrp.rti.org>
MAIL: RTI International, Attn: Data Capture
 Project Number: 0215015.001.100.102.100
 5265 Capital Boulevard
 Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org
FAX (TOLL-FREE): (866) 800-9179

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

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

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

STATE PRISON INMATE DEATH REPORT

2. Are the results review of medi
YES
NO

1. What was the inmate's name?

Brunner	Willie	
LAST	FIRST	MI

2. On what date did the inmate die?

0	4	2	3	2	0	1	7
MONTH		DAY		YEAR			

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

Facility Name:

Facility City: Facility State:

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

1	0	3	1	1	9	5	4
MONTH		DAY		YEAR			

5. What was the inmate's sex?

- Male
- Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- Yes
- No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Some other race

↳

8. On what date was the inmate admitted to one of your correctional facilities?

1	2	1	0	1	9	8	4
MONTH		DAY		YEAR			

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

- a.
- b.
- c.
- d.
- e.

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

- Yes
- No
- Don't Know

11. Where did the inmate die?

- In a general housing unit in the facility or in a general housing unit on prison grounds
- In a segregation unit
- In a special medical unit/infirmery within your facility
- In a special mental health services unit within your facility
- In a medical center outside your facility
- In a mental health center outside your facility
- While in transit
- Elsewhere

↳

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

YES → CONTINUE TO Q13

Evaluation complete—results are pending

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

No evaluation is planned → CONTINUE TO Q13

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

Illness—Exclude AIDS-related deaths [Specify] → Cardiac Arrest, Hypoxia

Acquired Immune Deficiency Syndrome (AIDS)

Accidental alcohol/drug intoxication [Describe] →

Accidental injury to self [Describe] →

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

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

Homicide [Describe] →

Other cause(s) [Specify] →

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

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

In the prison facility or on the prison grounds

[PLEASE SPECIFY]

In the inmate's cell/room

In a temporary holding area/lockup

In a common area within the facility (e.g., yard, library, cafeteria)

In a special medical unit/infirmiry

In a special mental health services unit

In a segregation unit

On death row, special unit awaiting capital punishment

Elsewhere within the prison facility

↳ Please Specify:

Outside the prison facility (e.g., while on work release or on work detail)

Elsewhere

↳ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

Morning (6 am to Noon)

Afternoon (Noon to 6 pm)

Evening (6 pm to Midnight)

Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

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

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

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)
**DEATHS IN CUSTODY—2017
STATE PRISON INMATE
DEATH REPORT**

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

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

Instructions for Completion

If no deaths occurred in 2017:

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

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- Make copies of this form for each additional death.
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ONLINE: Complete the report online at: <https://bjsdcrp.rti.org>
MAIL: RTI International, Attn: Data Capture
 Project Number: 0215015.001.100.102.100
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FAX (TOLL-FREE): (866) 800-9179

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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STATE PRISON INMATE DEATH REPORT

12. Are the review

1. What was the inmate's name?

Burns	James	
LAST	FIRST	MI

2. On what date did the inmate die?

1	2	1	4	2	0	1	7
MONTH	DAY	YEAR					

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

Facility Name:

Facility City: Facility State:

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

0	9	1	4	1	9	5	9
MONTH	DAY	YEAR					

5. What was the inmate's sex?

- Male
- Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- Yes
- No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Some other race

↳

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					

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

- a.
- b.
- c.
- d.
- e.

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

- Yes
- No
- Don't Know

11. Where did the inmate die?

- In a general housing unit in the facility or in a general housing unit on prison grounds
- In a segregation unit
- In a special medical unit/infirmary within your facility
- In a special mental health services unit within your facility
- In a medical center outside your facility
- In a mental health center outside your facility
- While in transit
- Elsewhere

↳

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

YES → CONTINUE TO Q13

Evaluation complete—results are pending

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

No evaluation is planned → CONTINUE TO Q13

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

Illness—Exclude AIDS-related deaths [Specify] → Cardio-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 incident (e.g., accident, suicide, or homicide) causing the death take place?

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

In the prison facility or on the prison grounds

[PLEASE SPECIFY]

In the inmate's cell/room

In a temporary holding area/lockup

In a common area within the facility (e.g., yard, library, cafeteria)

In a special medical unit/infirmery

In a special mental health services unit

In a segregation unit

On death row, special unit awaiting capital punishment

Elsewhere within the prison facility

↳ Please Specify:

Outside the prison facility (e.g., while on work release or on work detail)

Elsewhere

↳ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

Morning (6 am to Noon)

Afternoon (Noon to 6 pm)

Evening (6 pm to Midnight)

Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

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

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

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

Please add any additional notes regarding this death here:

**Form NPS-4A
(Addendum)**



**DEATHS IN CUSTODY—2017
STATE PRISON INMATE
DEATH REPORT**

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

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

Instructions for Completion

If no deaths occurred in 2017:

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

If you had more than one death in 2017:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
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ONLINE: Complete the report online at: <https://bjsdcrp.rti.org>

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

E-MAIL: bjsdcrp@rti.org

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

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STATE PRISON INMATE DEATH REPORT

12. Are you reviewing this report?

1. What was the inmate's name?

Cantrelle	Anthony	
LAST	FIRST	MI

2. On what date did the inmate die?

1	1	0	4	2	0	1	7
MONTH		DAY		YEAR			

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

Facility Name:

Facility City: Facility State:

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

0	6	0	3	1	9	4	3
MONTH		DAY		YEAR			

5. What was the inmate's sex?

- Male
- Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- Yes
- No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Some other race

↳ Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?

0	3	2	4	2	0	0	8
MONTH		DAY		YEAR			

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

- a.
- b.
- c.
- d.
- e.

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

- Yes
- No
- Don't Know

11. Where did the inmate die?

- In a general housing unit in the facility or in a general housing unit on prison grounds
- In a segregation unit
- In a special medical unit/infirmery within your facility
- In a special mental health services unit within your facility
- In a medical center outside your facility
- In a mental health center outside your facility
- While in transit
- Elsewhere

↳ Please Specify:

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

- YES → CONTINUE TO Q13
- Evaluation complete—results are pending
↳ SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
- No evaluation is planned → CONTINUE TO Q13

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

- Illness—Exclude AIDS-related deaths [Specify] →
- 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/infirmiry
 - In a special mental health services unit
 - In a segregation unit
 - On death row, special unit awaiting capital punishment
 - Elsewhere within the prison facility

(PLEASE SPECIFY)

↳ Please Specify:

- Outside the prison facility (e.g., while on work release or on work detail)
- Elsewhere

↳ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

	YES	NO	DON'T KNOW	
a. Evaluated by physician/medical staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
b. Diagnostic tests (e.g., X-rays, MRI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Treatment/care other than medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Confinement in special medical unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

Please add any additional notes regarding this death here:

**Form NPS-4A
(Addendum)**



**DEATHS IN CUSTODY—2017
STATE PRISON INMATE
DEATH REPORT**

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

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

Instructions for Completion

If no deaths occurred in 2017:

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

If you had more than one death in 2017:

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

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

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

E-MAIL: bjsdcrp@rti.org

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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STATE PRISON INMATE DEATH REPORT

Are the results of review of medical records
 YES
 NO

1. What was the inmate's name?

Chapman Walter
LAST FIRST MI

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:
ANGOLA LA

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

0 3 2 1 1 9 5 4
MONTH DAY YEAR

5. What was the inmate's sex?

- Male
 Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- Yes
 No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Pacific Islander
 Some other race

↳ Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?

1 0 2 1 1 9 7 7
MONTH DAY YEAR

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

- a. Armed Robbery
b.
c.
d.
e.

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

- Yes
 No
 Don't Know

11. Where did the inmate die?

- In a general housing unit in the facility or in a general housing unit on prison grounds
 In a segregation unit
 In a special medical unit/infirmary within your facility
 In a special mental health services unit within your facility
 In a medical center outside your facility
 In a mental health center outside your facility
 While in transit
 Elsewhere

↳ Please Specify:

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

- YES → CONTINUE TO Q13
- Evaluation complete—results are pending
↳ SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
- No evaluation is planned → CONTINUE TO Q13

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

- Illness—Exclude AIDS-related deaths [Specify] → 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/infirmery
 - In a special mental health services unit
 - In a segregation unit
 - On death row, special unit awaiting capital punishment
 - Elsewhere within the prison facility

↳ Please Specify:
- Outside the prison facility (e.g., while on work release or on work detail)
- Elsewhere
↳ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

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

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

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

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

- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)
**DEATHS IN CUSTODY—2017
STATE PRISON INMATE
DEATH REPORT**

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

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/> <input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/> <input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
E-mail		<input type="text"/>	

Instructions for Completion

If no deaths occurred in 2017:

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

If you had more than one death in 2017:

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

ONLINE: Complete the report online at: <https://bjsdcrp.rti.org>
MAIL: RTI International, Attn: Data Capture
 Project Number: 0215015.001.100.102.100
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 Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org
FAX (TOLL-FREE): (866) 800-9179

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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STATE PRISON INMATE DEATH REPORT

Are the results of medical review of medical records?
 YES
 NO
 Evaluation
 S

1. What was the inmate's name?

Citizen	Jonathan	
LAST	FIRST	MI

2. On what date did the inmate die?

0	6	1	2	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 Facility State: LA

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

0	9	0	6	1	9	7	9
MONTH		DAY		YEAR			

5. What was the inmate's sex?

- Male
- Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- Yes
- No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Some other race

↳ Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?

0	7	0	8	2	0	1	1
MONTH		DAY		YEAR			

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

- a. Dist Schedule II
- b.
- c.
- d.
- e.

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

- Yes
- No
- Don't Know

11. Where did the inmate die?

- In a general housing unit in the facility or in a general housing unit on prison grounds
- In a segregation unit
- In a special medical unit/infirmery within your facility
- In a special mental health services unit within your facility
- In a medical center outside your facility
- In a mental health center outside your facility
- While in transit
- Elsewhere

↳ Please Specify:

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

- YES → CONTINUE TO Q13
- Evaluation complete—results are pending
↳ SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
- No evaluation is planned → CONTINUE TO Q13

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

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

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

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- In the prison facility or on the prison grounds
 - In the inmate's cell/room
 - In a temporary holding area/lockup
 - In a common area within the facility (e.g., yard, library, cafeteria)
 - In a special medical unit/infirmery
 - In a special mental health services unit
 - In a segregation unit
 - On death row, special unit awaiting capital punishment
 - Elsewhere within the prison facility

[PLEASE SPECIFY]

Please Specify:

- Outside the prison facility (e.g., while on work release or on work detail)
- Elsewhere

Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

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

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

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

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

- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

Please add any additional notes regarding this death here:

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

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/> <input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/> <input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
E-mail		<input type="text"/>	

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5265 Capital Boulevard
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FAX (TOLL-FREE): (866) 800-9179

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

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STATE PRISON INMATE DEATH REPORT

YES
 NO
 REVIEW OF MEDICAL

1. What was the inmate's name?

Conway	Clydell	
LAST	FIRST	MI

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:

Facility City: Facility State:

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

1	2	2	8	1	9	8	4
MONTH	DAY	YEAR					

5. What was the inmate's sex?

- Male
- Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- Yes
- No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Some other race

↳ Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?

0	1	1	0	2	0	0	3
MONTH	DAY	YEAR					

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

- a.
- b.
- c.
- d.
- e.

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

- Yes
- No
- Don't Know

11. Where did the inmate die?

- In a general housing unit in the facility or in a general housing unit on prison grounds
- In a segregation unit
- In a special medical unit/infirmery within your facility
- In a special mental health services unit within your facility
- In a medical center outside your facility
- In a mental health center outside your facility
- While in transit
- Elsewhere

↳ Please Specify:

one of

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

- YES → CONTINUE TO Q13
- Evaluation complete—results are pending
 - ↳ SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
- No evaluation is planned → CONTINUE TO Q13

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

- Illness—Exclude AIDS-related deaths [Specify] →
- 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. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

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

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

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)



**DEATHS IN CUSTODY—2017
STATE PRISON INMATE
DEATH REPORT**

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

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/> <input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/> <input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
E-mail		<input type="text"/>	

Instructions for Completion

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- 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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E-MAIL: bjsdcrp@rti.org

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

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STATE PRISON INMATE DEATH REPORT

.ie results of a
 view of medical r
 YES Evaluation SKIP LAT
 No evalua

1. What was the inmate's name?

LAST FIRST MI

2. On what date did the inmate die?

MONTH DAY YEAR

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

Facility Name:

 Facility City: Facility State:

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

MONTH DAY YEAR

5. What was the inmate's sex?

- Male
 Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- Yes
 No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Pacific Islander
 Some other race

8. On what date was the inmate admitted to one of your correctional facilities?

MONTH DAY YEAR

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

- a.
 b.
 c.
 d.
 e.

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

- Yes
 No
 Don't Know

11. Where did the inmate die?

- In a general housing unit in the facility or in a general housing unit on prison grounds
 In a segregation unit
 In a special medical unit/infirmery within your facility
 In a special mental health services unit within your facility
 In a medical center outside your facility
 In a mental health center outside your facility
 While in transit
 Elsewhere

to one of

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

- YES → CONTINUE TO Q13
- Evaluation complete—results are pending
 ↳ SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
- No evaluation is planned → CONTINUE TO Q13

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

- Illness—Exclude AIDS-related deaths [Specify] →
- 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. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

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

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

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

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

Pre-existing medical condition

Deceased developed condition after admission

Could not be determined

Please add any additional notes regarding this death here:

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

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

Instructions for Completion
If no deaths occurred in 2017:

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

If you had more than one death in 2017:

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

ONLINE: Complete the report online at: <https://bjsdcrp.rti.org>
MAIL: RTI International, Attn: Data Capture
Project Number: 0215015.001.100.102.100
5265 Capital Boulevard
Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org
FAX (TOLL-FREE): (866) 800-9179

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

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

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Crook	Ernest	
LAST	FIRST	MI

2. On what date did the inmate die?

0	4	1	8	2	0	1	7
MONTH	DAY	YEAR		YEAR	YEAR	YEAR	YEAR

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

Facility Name:

Facility City: Facility State:

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

1	1	0	1	1	9	5	0
MONTH	DAY	YEAR		YEAR	YEAR	YEAR	YEAR

5. What was the inmate's sex?

- Male
 Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- Yes
 No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Pacific Islander
 Some other race

↳ Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?

0	2	1	7	1	9	8	7
MONTH	DAY	YEAR		YEAR	YEAR	YEAR	YEAR

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

- a.
- b.
- c.
- d.
- e.

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

- Yes
 No
 Don't Know

11. Where did the inmate die?

- In a general housing unit in the facility or in a general housing unit on prison grounds
 In a segregation unit
 In a special medical unit/infirmiry within your facility
 In a special mental health services unit within your facility
 In a medical center outside your facility
 In a mental health center outside your facility
 While in transit
 Elsewhere

↳ Please Specify:

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

YES → CONTINUE TO Q13

Evaluation complete—results are pending

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

No evaluation is planned → CONTINUE TO Q13

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

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

Acquired Immune Deficiency Syndrome (AIDS)

Accidental alcohol/drug intoxication [Describe] →

Accidental injury to self [Describe] →

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

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

Homicide [Describe] →

Other cause(s) [Specify] →

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

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

In the prison facility or on the prison grounds

[PLEASE SPECIFY]

In the inmate's cell/room

In a temporary holding area/lockup

In a common area within the facility (e.g., yard, library, cafeteria)

In a special medical unit/infirmery

In a special mental health services unit

In a segregation unit

On death row, special unit awaiting capital punishment

Elsewhere within the prison facility

↳ Please Specify:

Outside the prison facility (e.g., while on work release or on work detail)

Elsewhere

↳ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

Morning (6 am to Noon)

Afternoon (Noon to 6 pm)

Evening (6 pm to Midnight)

Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

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

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

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)



DEATHS IN CUSTODY—2017
STATE PRISON INMATE
DEATH REPORT

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

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/> <input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/> <input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

Instructions for Completion

If no deaths occurred in 2017:

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

If you had more than one death in 2017:

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

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

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

E-MAIL: bjsdcrp@rti.org

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

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STATE PRISON INMATE DEATH REPORT

Are the r
review of

1. What was the inmate's name?
 Dangerfield Timothy
LAST FIRST MI

2. On what date did the inmate die?
 1 1 2 7 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 Facility State: LA

4. What was the inmate's date of birth?
 1 2 0 4 1 9 8 0
MONTH DAY YEAR

5. What was the inmate's sex?
 Male
 Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?
 Yes
 No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:
 White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Pacific Islander
 Some other race
 Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?
 1 1 0 9 2 0 1 5
MONTH DAY YEAR

9. For what offense(s) was the inmate being held?
 a. Second Degree Murder
 b.
 c.
 d.
 e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?
 Yes
 No
 Don't Know

11. Where did the inmate die?
 In a general housing unit in the facility or in a general housing unit on prison grounds
 In a segregation unit
 In a special medical unit/infirmery within your facility
 In a special mental health services unit within your facility
 In a medical center outside your facility
 In a mental health center outside your facility
 While in transit
 Elsewhere
 Please Specify:

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

- YES → CONTINUE TO Q13
- Evaluation complete—results are pending
↳ SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
- No evaluation is planned → CONTINUE TO Q13

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

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

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

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- In the prison facility or on the prison grounds
 - In the inmate's cell/room
 - In a temporary holding area/lockup
 - In a common area within the facility (e.g., yard, library, cafeteria)
 - In a special medical unit/infirmiry
 - In a special mental health services unit
 - In a segregation unit
 - On death row, special unit awaiting capital punishment
 - Elsewhere within the prison facility

[PLEASE SPECIFY] ↳
- Outside the prison facility (e.g., while on work release or on work detail)
- Elsewhere
↳

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

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

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

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)



**DEATHS IN CUSTODY—2017
STATE PRISON INMATE
DEATH REPORT**

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

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

Instructions for Completion

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

If you had more than one death in 2017:

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

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STATE PRISON INMATE DEATH REPORT

12. Are the results reviewed of me

1. What was the inmate's name?

Ford	Melvin	
LAST	FIRST	MI

2. On what date did the inmate die?

0	2	0	3	2	0	1	7
MONTH	DAY	YEAR					

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

Facility Name:

Facility City: Facility State:

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

0	8	1	6	1	9	5	4
MONTH	DAY	YEAR					

5. What was the inmate's sex?

- Male
- Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- Yes
- No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Some other race

↳ Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?

0	1	1	1	1	9	7	8
MONTH	DAY	YEAR					

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

- a.
- b.
- c.
- d.
- e.

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

- Yes
- No
- Don't Know

11. Where did the inmate die?

- In a general housing unit in the facility or in a general housing unit on prison grounds
- In a segregation unit
- In a special medical unit/infirmery within your facility
- In a special mental health services unit within your facility
- In a medical center outside your facility
- In a mental health center outside your facility
- While in transit
- Elsewhere

↳ Please Specify:

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

YES → CONTINUE TO Q13

Evaluation complete—results are pending

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

No evaluation is planned → CONTINUE TO Q13

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

Illness—Exclude AIDS-related deaths [Specify] →

Acquired Immune Deficiency Syndrome (AIDS)

Accidental alcohol/drug intoxication [Describe] →

Accidental injury to self [Describe] →

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

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

Homicide [Describe] →

Other cause(s) [Specify] →

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

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

In the prison facility or on the prison grounds

(PLEASE SPECIFY)

- In the inmate's cell/room
- In a temporary holding area/lockup
- In a common area within the facility (e.g., yard, library, cafeteria)
- In a special medical unit/infirmary
- In a special mental health services unit
- In a segregation unit
- On death row, special unit awaiting capital punishment
- Elsewhere within the prison facility

↳ Please Specify:

Outside the prison facility (e.g., while on work release or on work detail)

Elsewhere

↳ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

Morning (6 am to Noon)

Afternoon (Noon to 6 pm)

Evening (6 pm to Midnight)

Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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

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

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

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

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

- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

Please add any additional notes regarding this death here: