		OMB No. 1121-0249 Approval Expires 03/31/2019	
Form NPS-4A (Addendum)	DEATHS IN CUSTODY- STATE PRISON INMA DEATH REPORT	DUDEAU OF INSTICE STA	ATISTICS ON AGENT:
	FORM COMPLETED	Y:	
Name Official Address	Tel	Title	· · · · · · · · · · · · · · · · · · ·
City		FAX	
State	E-mail	(a) A start of the second sec second second sec	
 Make copies of this form for eac Complete the entire form for eac Once your death records are co 		nit a death report:	
ONLINE: Complete the report of E-MAIL: bjsdcrp@rti.org	online at: <u>https://bjsdcrp.rti.org</u>	MAIL: RTI International, Attn: Data Capt Project Number: 0215015.001.10 5265 Capital Boulevard Raleigh, NC 27690-1652	
FAX (TOLL-FREE): (866) 800-9	179		
If you need assistance, cal	I Matt Bensen of RTI International toll	free at (800) 344-1387 or <u>bjsdcrp@rti.org</u>	
 A second s	V Anno 1997 - Anno 1997		and the State
annan an a	What deaths should be r	ported?	energe de
CLUDE deaths of ALL persons	EXCLUE	E deaths of ALL persons	a particular and desire a
Confined in your correctional facili	acther state	ecuted in your state	
 under your jurisdiction or that of an Under your jurisdiction but housed facilities, whether located in or out 	l in private correctional st	nfined in local jail facilities, whether located ite ider your jurisdiction but housed in a state-o	

- 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

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.

Under probation or parole supervision in your state

the time of death

Under your jurisdiction but on AWOL or escape-status at

What was the inmate's name?	8. On what date was the inmate admitted to one
Fortner Lonnie	your correctional facilities r
LAST FIRST MI	0 6 2 2 2 2 0 1 5 MONTH DAY YEAR
On what date did the inmate die?	
0 4 0 1 2 0 1 7	9. For what offense(s) was the inmate being held
MONTH DAY YEAR	a. Carnal Knowledge of Juvenile
	b.
What was the name and location of the correctional facility involved?	C.
Facility Name:	d.
LOUISIANA STATE PENITENTIARY	е.
Facility City: Facility State:	
ANGOLA	10. Since admission, did the inmate ever stay
	overnight in a mental health facility?
What was the inmate's date of birth?	☐ Yes ☑ No
0 9 1 1 1 9 7 3 MONTH DAY YEAR	Don't Know
	11. Where did the inmate die?
What was the inmate's sex?	In a general housing unit in the facility or
 Male Female 	general housing unit on prison grounds
	In a special medical unit/infirmary within y facility
Was the inmate of Hispanic, Latino, or Spanish	In a special mental health services unit w your facility
prigin?	 In a medical center outside your facility In a mental health center outside your facility
□ Yes ☑ No	While in transit
	Elsewhere
n addition, what was the inmate's race? Please	
elect 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:	

- and a state

-		
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 A LATER TIME FOR THE CAUSE OF DEATH	A
	☑ No evaluation is planned → CONTINUE TO Q13	
13.	What was the cause of death? *** Please SPECIFY cause of death—it is critical information***	
	✓ Illness—Exclude AIDS-related deaths [Specify] Cancer	٦
	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?	
	ONT 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) 	
ĺΡ	PLEASE In a special medical unit/infirmary	
	PECIFY] U In a special mental health services unit	
	 In a segregation unit On death row, special unit awaiting capital punishment 	
	C Elsewhere within the prison facility	
	Please Specify:	
	 Outside the prison facility (e.g., while on work release or on work detail) Elsewhere 	
	Please Specify:	
i poleni		
15.	When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related	
	 Morning (6 am to Noon) Afternoon (Noon to 6 pm) 	
	Evening (6 pm to Midnight)	
	Overnight (Midnight to 6 am)	

16. Exclu servi	uding emergency care provided at the time of ces for the medical condition that caused his/ NOT APPLICABLE—Cause of death was accide	her death aft	ter admi	ssion to your co	frectional facilities?
	 a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit 	- - - - - - - - - - - - - - - - - - -			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
after	the cause of death the result of a pre-existing admission? (If multiple conditions caused the existing medical condition.")	death and <u>a</u>	ny of th	e conditions we	re pre-existing, mark
	NOT APPLICABLE—Cause of death was accide Pre-existing medical condition Deceased developed condition after admission Could not be determined	ental injury, ir	ntoxicatio	on, suicide, or hor	nicide

OMB No. 1121-0249 Approval Expires 03/31/2019 **U.S. DEPARTMENT OF JUSTICE** Form NPS-4A **DEATHS IN CUSTODY—2017 BUREAU OF JUSTICE STATISTICS** (Addendum) STATE PRISON INMATE AND ACTING AS COLLECTION AGENT: **DEATH REPORT RTI INTERNATIONAL** FORM COMPLETED BY: Name Title Official Telephone Address FAX City Zip E-mail State 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 E-MAIL: bjsdcrp@rti.org Raleigh, NC 27690-1652 FAX (TOLL-FREE): (866) 800-9179 If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
 Confined in your correctional facilities, whether housed under your jurisdiction or that of another state 	Executed in your state
Under your jurisdiction but housed in private correctional	 Confined in local jail facilities, whether located in or out of state
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 fadoral facility
 Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms) 	correctional facility in another state or in a federal facilityUnder probation or parole supervision in your state
 In transit to or from your facilities while under your supervision 	 Under your jurisdiction but on AWOL or escape-status at the time of death
A description of a definition of a final second se Second second seco	

BURDEN STATEMENT

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STATE PRISON INMATE DEATH REPORT

YES Evalua

	annan an a	2 9 6 C
	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name? Fritz Wayne LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 7 0 9 1 9 9 9 MONTH DAY YEAR
2.	On what date did the inmate die? 0 9 0 6 2 0 1 7 MONTH DAY YEAR	 9. For what offense(s) was the inmate being held? a. Aggravated Rape b.
3.	What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY	c
	Facility City: Facility State: ANGOLA LA	 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes
4.	What was the inmate's date of birth? 0 1 2 7 1 9 5 4 MONTH DAY YEAR	☐ No ☑ Don't Know
5.	What was the inmate's sex?	11. Where did the inmate die?
э.	✓ Male ☐ Female	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	 In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility
	☐ Yes ☑ No	 In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	 White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify: 	

□ Evaluation complete—results are pending □ Skip REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT LATER TIME FOR THE CAUSE OF DEATH □ No evaluation is planned → CONTINUE TO Q13 13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information*** □ Illness—Exclude AIDS-related deaths [Specify] → [Intercranial Hemmorhage □ Accidental alcohol/drug intoxication [Describe] □ Accidental injury to self [Describe] □ Accidental injury to self [Describe] □ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] □ Accidental injury overdose) [Describe] □ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] □ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] □ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] □ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] □ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] □ Other cause(s) [Specify] □ Other cause(s) [Specify] □ Other cause(s) [Specify] □ Other cause of death was illness, intoxication, or AIDS-related □ In a temporary holding areal/lockup □ In a temporary holding areal/lockup □ In a temporary	· ·	w of medical records) available to establish an official cause of death? ☐ YES
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] → Intercranial Hemmorhage Acquired Immune Deficiency Syndrome (AIDS) Accidental alcohol/drug intoxication [Describe] → Accidental injury to self [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 prison facility con In a special mental health services unit In a special unit me prison facility Outside the prison facility (e.g., while on work release or on w	C	
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***		
Illness—Exclude AIDS-related deaths [Specify] Intercranial Hemmorhage 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 prison facility or on the prison grounds In a special mental health services unit In a special mental health	Ē	■ No evaluation is planned → CONTINUE TO Q13
Acquired Immune Deficiency Syndrome (AIDS) Accidental alcohol/drug intoxication [Describe]	13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Accidental alcohol/drug intoxication [Describe] Accidental injury to self [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] Other cause(s) [Specify] Other cause(s) [Specify] In the prison facility or on the prison grounds In the prison facility or on the prison graunds In a special mental health services unit In a special mental health services unit In a segregation unit Outside the prison facility (e.g., while on work release or on work detail) Elsewhere	\checkmark	Illness—Exclude AIDS-related deaths [Specify] Intercranial Hemmorhage
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] Other cause(s) [Specify] Other cause(s) [Specify] Other cause(s) [Specify] It. 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 prison facility or on the prison grounds In a sepcial mental health services unit In a special mental health services 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	<i>i</i>	Acquired Immune Deficiency Syndrome (AIDS)
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]		Accidental alcohol/drug intoxication [Describe]
during transport) [Describe]		Accidental injury to self [Describe]
intentional drug overdose) [Describe] Homicide [Describe] Other cause(s) [Specify] Other cause(s) [Specify] It. 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 special medical unit/infirmary In a special metical unit/infirmary In a special metical unit/infirmary In a special metical unit awaiting capital punishment Elsewhere within the prison facility <i>Please Specify:</i> Outside the prison facility (e.g., while on work release or on work detail)		
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 In segregation unit Outside the prison facility (e.g., while on work release or on work detail)		
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 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 (e.g., while on work release or on work detail) Elsewhere 		Other cause(s) [Specify]
 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 (e.g., while on work release or on work detail) Elsewhere 		
 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) 	14. Wher	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
[PLEASE SPECIFY] 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	Ø	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
[PLEASE 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	C	
[PLEASE SPECIFY] 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		
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 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 		
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Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere		On death row, special unit awaiting capital punishment
 Outside the prison facility (e.g., while on work release or on work detail) Elsewhere 		
Elsewhere		Please Specify:
Elsewhere	(Quitaide the prison facility (e.g., while on work release or on work detail)
	· (

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

serv	luding emergency care provided at the time of vices for the medical condition that caused his	her death afte	er admi	ssion to your oo	rectional facilities?
	NOT APPLICABLE—Cause of death was accid	lental injury, int	oxicatio	on, suicide, or hor	nicide
	 a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit 				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
afte	the cause of death the result of a pre-existing r admission? (If multiple conditions caused the e-existing medical condition.")) medical conc e death and <u>ar</u>	lition o ny of th	r did the inmate le conditions we	develop the conditior re pre-existing, mark
	NOT APPLICABLE—Cause of death was accid	dental injury, inf	toxicatio	on, suicide, or hon	nicide
	Deceased developed condition after admission				

			OME NO.	1121-0249 Approval Expines 03/31/2013
Addendum)		DEATHS IN CUSTODY- STATE PRISON INMA DEATH REPORT		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLETED	BY:	
me			Title	
cial ess		Te	lephone	
City			FAX	
uate	Zip	E-mail		
		Instructions for Com	olation	
an a		Instructions for Com	pletion	 Management of the second se Second second sec
	need to report anyth		form wheth	er or not you had a death occurrence in 201
	ning of 2018, you wil	be asked to complete a summary		
You will not At the begin you had more	than one death in 20	117:		
You will not At the begin you had more to Make copies	-	117: h additional death.		

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

Raleigh, NC 27690-1652

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

NCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons		
Confined in your correctional facilities, whether housed	Executed in your state		
under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of		
Under your jurisdiction but housed in private correctional	state		
facilities, whether located in or out of state	Under your jurisdiction but housed in a state-operated		
 Under your jurisdiction but in special facilities (e.g., 	correctional facility in another state or in a federal facility		
medical/treatment/release centers, halfway houses. police/court lockups, or work farms)	Under probation or parole supervision in your state		
In transit to or from your facilities while under your supervision	 Under your jurisdiction but on AWOL or escape-status at the time of death 		

What deaths should be reported?

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.

ATE DEATH REPORT
 8. On what date was the inmate admitted to one of your correctional facilities? 1 1 1 1 4 1 9 8 0 MONTH DAY YEAR
 9. For what offense(s) was the inmate being held? a. First Degree Murder b. c. d.
e. 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes No On'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

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

Itted to one

0

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

14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? ONOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

In the prison facility or on the prison grounds	
In the inmate's cell/room	
In a temporary holding area/lockup	
In a common area within the facility (e.g., yard, library, cafeteria)	
IPLEASE L In a special medical unit/infirmary	
SPECIFY] In a special mental health services unit	
In a segregation unit	
On death row, special unit awaiting capital punishment	
C Elsewhere within the prison facility	
Please Specify:	
Outside the prison facility (e.g., while on work release or on work detail)	
C Elsewhere	
Please Specify:	
	1000 St. 100

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight) Overnight (Midnight to 6 am)

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

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

a. Evaluated by physician/medical staff	
	4
b. Diagnostic tests (e.g., X-rays, MRI)	
c. Medications	
d. Treatment/care other than medications	
e. Surgery	
f. Confinement in special medical unit	

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

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

Pre-existing medical condition

- Deceased developed condition after admission
- Could not be determined

/ INNE	A 1738 (m			b. 1121-0249 Approval Expires 03/31/2019
Form NPS-44 (Addendum)	` 🛞 :	DEATHS IN CUSTODY- STATE PRISON INMA DEATH REPORT		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGEN RTI INTERNATIONAL
	11-104	FORM COMPLETED	BY:	
Name				
			Title	
Official Address		Те	ephone	й () () () () () () () () () (
City			FAX	аранан аралын аралын Аралын аралын
State] [
	Zip	E-mail		
		Instructions for Com	oletion	
If no deaths occ			oletion	
 You will no 	t need to report anyth	ing at this time.		er or not you had a death occurrence in 2
You will noAt the begin	t need to report anyth nning of 2018, you wi	ing at this time. Il be asked to complete a summary f		er or not you had a death occurrence in 2
 You will no At the beginstructure If you had more 	t need to report anyth nning of 2018, you wi than one death in 20	ing at this time. Il be asked to complete a summary f		the for the formation of the formation o
 You will no At the beginstructure If you had more Make copie 	t need to report anyth nning of 2018, you wi	ing at this time. Il be asked to complete a summary f 1 <u>17:</u> h additional death.		er or not you had a death occurrence in 2

E-MAIL: bjsdcrp@rti.org

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

Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652

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

NCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
Confined in your correctional facilities, whether housed	Executed in your state
under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of
Under your jurisdiction but housed in private correctional	state
facilities, whether located in or out of state	 Under your jurisdiction but housed in a state-operated correctional facility is pacther at the print of facility.
 Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, 	correctional facility in another state or in a federal facility
police/court lockups, or work farms)	Under probation or parole supervision in your state
In transit to or from your facilities while under your	 Under your jurisdiction but on AWOL or escape-status at the time of death
supervision	the time of death
Alexandre S. S. C. S. P. S.	

What deaths should be reported?

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
UIAIL			DEATH	

	STATE PRISON INM	ATE DEATH REPORT 8. On what date was the inmate admitted to one of the second facilities?
	What was the inmate's name? Gray Ferris LAST FIRST	8. On what date was the inmate admitted to $o_{n_{\theta}} V$ is your correctional facilities? 0 6 2 4 1 9 7 4 MONTH DAY YEAR
2.	On what date did the inmate die? $ \begin{array}{c c} 0 & 1 \\ \hline DAY \end{array} \begin{array}{c} 2 & 4 \\ \hline Z & 0 \\ \hline YEAR \end{array} $ What was the name and location of the	 9. For what offense(s) was the inmate being held? a. Aggravated Rape b. c.
	correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY Facility City: Facility State: ANGOLA LA	d
4.	What was the inmate's date of birth? 0 5 2 2 1 9 4 5 MONTH DAY	 10. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes ☐ No ④ Don't Know
5.	What was the inmate's sex? ☑ Male □ Female	 11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	 In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	 White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify: 	

	revier	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or w of medical records) available to establish an official cause of death?
	Ľ	 YES> CONTINUE TO Q13 Evaluation complete—results are pending
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
	C	□ No evaluation is planned → CONTINUE TO Q13
3.	What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Ø	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]
1	When	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	Ø	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
		In the prison facility or on the prison grounds
		 In the inmate's cell/room In a temporary holding area/lockup
		In a common area within the facility (e.g., yard, library, cafeteria)
	PLEASE PECIFY]	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:
	Ē	Outside the prison facility (e.g., while on work release or on work detail)
	Č	
		Please Specify:

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

16.	servi	uding emergency care provided at the time of de ces for the medical condition that caused his/he	er death after ad	mission to your co	meetional facilities?
	D	NOT APPLICABLE—Cause of death was acciden	ntal injury, intoxic	ation, suicide, or ho	micide
		 a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit 			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after	the cause of death the result of a pre-existing n admission? (If multiple conditions caused the c existing medical condition.")	nedical condition death and <u>any</u> of	n or did the inmate f the conditions we	develop the condition re pre-existing, mark
		NOT APPLICABLE—Cause of death was acciden	ntal injury, intoxic	ation, suicide, or hor	nicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined			

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Form NPS-4A (Addendum)	DEATHS IN CUSTODY—2017 STATE PRISON INMATE DEATH REPORT	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL
	FORM COMPLETED BY:	
Name	Title	
Official ddress	Telephone	
City	FAX	
State Zip	E-mail	
If no deaths occurred in 2017: You will not need to report anyth At the beginning of 2018, you will If you had more than one death in 20 Make copies of this form for each Complete the entire form for each Once your death records are con	Instructions for Completion ing at this time. I be asked to complete a summary form wheth <u>17:</u> n additional death. h inmate death. mplete, there are several ways to submit a dea	th report:
If no deaths occurred in 2017: • You will not need to report anyth • At the beginning of 2018, you will If you had more than one death in 20 • Make copies of this form for each • Complete the entire form for each	Instructions for Completion ing at this time. I be asked to complete a summary form wheth <u>17:</u> n additional death. h inmate death. mplete, there are several ways to submit a dea	

INCLUDE deaths of ALL persons... EXCLUDE deaths of ALL persons... Executed in your state Confined in your correctional facilities, whether housed under your jurisdiction or that of another state Confined in local jail facilities, whether located in or out of state Under your jurisdiction but housed in private correctional . 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 your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, Under probation or parole supervision in your state police/court lockups, or work farms) Under your jurisdiction but on AWOL or escape-status at In transit to or from your facilities while under your the time of death supervision

What deaths should be reported?

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.

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

	5	
Y.		ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or w of medical records) available to establish an official cause of death?
		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
1	G	No evaluation is planned -> CONTINUE TO Q13
13.	What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	V	Illness—Exclude AIDS-related deaths [Specify] Cardiopulmonary arrest
		Acquired Immune Deficiency Syndrome (AIDS)
		Accidental alcohol/drug intoxication [Describe]
l	9	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.	Wher	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	Ø	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	O	In the prison facility or on the prison grounds
		 In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria)
[Pi	LEASE	In a special medical unit/infirmary
SF	PECIFY	 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:
	ſ	Outside the prison facility (e.g., while on work release or on work detail)
	Č	Elsewhere
		Please Specify:
a 	Manana Ang Kang Kang Kang Kang Kang Kang Kang Ka	entranje i standarske i kanaljeve provinski kanaljeve provinski provin Provinski provinski provi
100 mil 1		

15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
 NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

Morning (6 am to Noon)

ne of

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

16. Exclu servi	Iding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
D	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW a. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A c. Medications PLEASE FOR d. Treatment/care other than medications PLEASE PROVIDE A e. Surgery PLEASE PROVIDE A f. Confinement in special medical unit PLEASE PROVIDE A
after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	Pre-existing medical condition Deceased developed condition after admission Could not be determined

Form NP (Addendu	17	DEATHS IN CUSTO STATE PRISON I DEATH REPO	NMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGEN RTI INTERNATIONAL
		FORM COMPLE	TED BY:	
Name			Title	and a second
Official				
ddress		and the second s	Telephone	al calle des constants areastrated
City	مىيەرسىيە يەم يەرەپىغاندۇن. قىرىمە يەرەپ ئېرىماندۇندا		FAX	n an an an an an an ann an Arabana an an An an an Arabana an Arabana An Arabana an Arabana
State	Zip	E-mail	l a serie a ser	
		Instructions for C	ompletion	
If no death:	s occurred in 2017:		ompletion	
If no death: • You w	Il not need to report anythin	ig at this time.		ner or not you had a death occurrence in 20
If no death • You w • At the	Il not need to report anythir beginning of 2018, you will	ig at this time. be asked to complete a sumn		ner or not you had a death occurrence in 20
If no death You w At the If you had n	Il not need to report anythin	ig at this time. be asked to complete a sumn <u>7:</u>		ner or not you had a death occurrence in 20
If no death You w At the If you had r Make o Compl	Il not need to report anythir beginning of 2018, you will nore than one death in 201 copies of this form for each ete the entire form for each	ig at this time. be asked to complete a sumn <u>7:</u> additional death. inmate death.	nary form wheth	
If no death You w At the If you had r Make o Compl	Il not need to report anythir beginning of 2018, you will nore than one death in 201 copies of this form for each ete the entire form for each	ig at this time. be asked to complete a sumn <u>7:</u> additional death.	nary form wheth	
If no death You w At the If you had n Make Compl Once y	Il not need to report anythin beginning of 2018, you will nore than one death in 201 copies of this form for each ete the entire form for each your death records are com	ig at this time. be asked to complete a sumn <u>7:</u> additional death. inmate death.	nary form wheth to submit a dea	ath report: : RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.1
If no death You w At the If you had r Make o Compl Once y ONLIN	Il not need to report anythin beginning of 2018, you will nore than one death in 201 copies of this form for each ete the entire form for each your death records are com	ig at this time. be asked to complete a summ <u>7:</u> additional death. inmate death. plete, there are several ways	nary form wheth to submit a dea	ath report: : RTI International, Attn: Data Capture
If no death You w At the If you had n Make Compl ONLIN E-MAN	Il not need to report anythir beginning of 2018, you will more than one death in 201 copies of this form for each ete the entire form for each your death records are com IE: Complete the report on	ig at this time. be asked to complete a summ <u>7:</u> additional death. inmate death. plete, there are several ways line at: <u>https://bjsdcrp.rti.org</u>	nary form wheth to submit a dea	ath report: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.1 5265 Capital Boulevard

INCLUDE deaths	s of ALL persons	EXCLUDE deaths of ALL persons		
under yourUnder you	n your correctional facilities, whether housed jurisdiction or that of another state r jurisdiction but housed in private correctional thether located in or out of state		f	
Under you medical/tre	r jurisdiction but in special facilities (e.g., eatment/release centers, halfway houses, rt lockups, or work farms)	 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 	1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -	
In transit to supervision	o or from your facilities while under your n	 Under your jurisdiction but on AWOL or escape-status at the time of death 		

BURDEN STATEMENT

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What deaths should be reported?

STATE PRISON INMATE DEATH REPORT

Eval.

STATE PRISON IN	MATE DEATH REPORT
1. What was the inmate's name? Harris Tracy LAST FIRST	 8. On what date was the inmate admitted to one of your correctional facilities? 1 0 3 1 2 0 0 7 MONTH DAY YEAR
 2. On what date did the inmate die? <	 9. For what offense(s) was the inmate being held? a. Aggravated Second Degree Battery b. Armed Robbery c. P-WI Firearm d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes No Don't Know
5. What was the inmate's sex? ☑ Male □ Female	 11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within
 6. Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No 	 In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
 7. In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify: 	

	he results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, w of medical records) available to establish an official cause of death?
6 0	 YES → CONTINUE TO Q13 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED
6	Image: LATER TIME FOR THE CAUSE OF DEATH Image: Description of the continue of the contin the continter of the continter of the continue of
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
V	Illness—Exclude AIDS-related deaths [Specify] Heart Attack
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]
14. Whei	re did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
Ø	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
[PLEASE SPECIFY	
	 On death row, special unit awaiting capital punishment Elsewhere within the prison facility

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)

		death after adm		
	NOT APPLICABLE—Cause of death was accidenta	al injury, intoxicat	on, suicide, or hor	nicide
	 a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit 			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)
after	the cause of death the result of a pre-existing me admission? (If multiple conditions caused the de existing medical condition.")	dical condition of the second se	or did the inmate he conditions we	develop the condition re pre-existing, mark
	NOT APPLICABLE—Cause of death was accidenta	al injury, intoxicat	on, suicide, or hor	nicide
	Pre-existing medical condition Deceased developed condition after admission			

Mr.s.

() person

Form NPS (Addendu	5-4A m)	DEATHS IN CUSTO STATE PRISON I DEATH REPO	NMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL	
		FORM COMPLET	ED BY:		
Name		a data data data data data data data da	Title	No. a constant a second	
Official					
dress			Telephone		
City	с. — С.– э		FAX		
State	Zip	E-mail			
		Instructions for C	ompletion		
If no deaths • You wi	s occurred in 2017: Il not need to report anythin	g at this time.		ner or not you had a death occurrence in 20	
If no deaths • You wi • At the If you had r	s occurred in 2017: Il not need to report anythin beginning of 2018, you will nore than one death in 201	g at this time. be asked to complete a summ 7:		ner or not you had a death occurrence in 20	
If no deaths • You wi • At the If you had r • Make of	s occurred in 2017: Il not need to report anythin beginning of 2018, you will nore than one death in 201 copies of this form for each	g at this time. be asked to complete a summ <u>7:</u> additional death.		ner or not you had a death occurrence in 20	
If no deaths • You wi • At the If you had r • Make o • Comple	s occurred in 2017: Il not need to report anythin beginning of 2018, you will nore than one death in 201 copies of this form for each ete the entire form for each	g at this time. be asked to complete a summ <u>7:</u> additional death.	nary form wheth		
If no deaths You wi At the If you had r Make o Comple Once y	s occurred in 2017: Il not need to report anythin beginning of 2018, you will more than one death in 201 copies of this form for each ete the entire form for each your death records are com	g at this time. be asked to complete a summ <u>7:</u> additional death. inmate death.	hary form wheth		
If no deaths You wi At the If you had r Make c Comple Once y ONLIN	s occurred in 2017: Il not need to report anythin beginning of 2018, you will more than one death in 201 copies of this form for each ete the entire form for each your death records are com	g at this time. be asked to complete a summ <u>7:</u> additional death. inmate death. plete, there are several ways t	hary form wheth	ath report: RTI International, Attn: Data Capture	

	What deaths should be reported?				
IN	ICLI	JDE deaths of ALL persons	EXCLUDE deaths of ALL persons		
		Confined in your correctional facilities, whether housed	Executed in your state		
		under your jurisdiction or that of another state	 Confined in local jail facilities, whether located in or out of 		
	•	Under your jurisdiction but housed in private correctional	state		
		facilities, whether located in or out of state	 Under your jurisdiction but housed in a state-operated 		
	٠	Under your jurisdiction but in special facilities (e.g.,	correctional facility in another state or in a federal facility		
		medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	 Under probation or parole supervision in your state 		
	•	In transit to or from your facilities while under your supervision	 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.

"AGENICY ID.

STATE PRISON INM	IATE DEATH REPORT
What was the inmate's name? Hurd LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 7 0 2 2 0 0 4 MONTH DAY YEAR
On what date did the inmate die? 0 3 0 5 2 0 1 7 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. First Degree Robbery
 What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY Facility City: Facility City: Facility State: ANGOLA What was the inmate's date of birth? 0 2 2 0 1 9 7 5 MONTH DAY YEAR 	 b. P-Firearm-ccw-cnv crt fln c
 What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No 	 11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere
 In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify: 	Please Specify:

1 million	
12. Are th review	^e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or / of medical records) available to establish an official cause of death?
L	YES> CONTINUE TO Q13 Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
G	No evaluation is planned -> CONTINUE TO Q13
12 14/1 - 4	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] — 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 W/ho	a did the incident (e.g. excident existing the misside) equains the death take sleep 2
	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
0	In the prison facility or on the prison grounds
	In a temporary holding area/lockup
[PLEASE	
SPECIFY	In a segregation unit
	 On death row, special unit awaiting capital punishment Elsewhere within the prison facility
	Please Specify:
	Outside the prison facility (e.g., while on work release or on work detail)
	Elsewhere
15. Whe	n did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
(NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	 Morning (6 am to Noon) Afternoon (Noon to 6 pm)
	 Evening (6 pm to Midnight) Overnight (Midnight to 6 am)

16. Exclu servi	uding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
D	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW a. Evaluated by physician/medical staff
after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	Pre-existing medical condition Deceased developed condition after admission Could not be determined

			OMB No. 112	21-0249 Approval Expires 03/31/2019	
Form NPS- (Addendum	-4A n)	DEATHS IN CUSTODY—2017 STATE PRISON INMATE DEATH REPORT		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL	
		FORM COMPLET	TED BY:		
	- rotat - dife				
Name	n na h-riann an h-riann	For the second seco	Title		
Official Address		F.	Telephone		
City	n an		FAX		
State	Zip	E-mail	an makang manak k r		
	and the second sec	an a	11 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		

Instructions for Completion

If no deaths occurred in 2017:

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

If you had more than one death in 2017:

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

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

E-MAIL: bjsdcrp@rti.org

supervision

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

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

	What deaths should be reported?				
INC	CLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons			
	 Confined in your correctional facilities, whether housed 	Executed in your state			
	under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of			
1	Under your jurisdiction but housed in private correctional	state			
	facilities, whether located in or out of state	Under your jurisdiction but housed in a state-operated			
	 Under your jurisdiction but in special facilities (e.g., 	correctional facility in another state or in a federal facility			
	medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	Under probation or parole supervision in your state			
	In transit to or from your facilities while under your	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.

"AGENICY ID"

MAIL: RTI International, Attn: Data Capture

5265 Capital Boulevard

Raleigh, NC 27690-1652

Project Number: 0215015.001.100.102.100

STATE PRISON INMATE DEATH REPORT		
 What was the inmate's name? Jackson Tony Jackson Ton	 8. On what date was the inmate admitted to one of your correctional facilities? 0 5 2 9 2 0 1 2 MONTH DAY YEAR 9. For what offense(s) was the inmate being held? a. Armed Robbery b. c. d. e. 	
 What was the inmate's date of birth? 0 5 0 8 1 9 8 2 MONTH DAY YEAR 	 10. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes ☐ No ④ Don't Know 	
 5. What was the inmate's sex? Male Female 5. Was the inmate of Hispanic, Latino, or Spanish origin? Yes No 	 11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify: 	
 In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify: 		

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

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

16.	Exclu servic	ding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
	Ø	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES NO DON'T KNOW a. Evaluated by physician/medical staff
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
	v	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

P	OMB NO.	1121-0249 Approval Expires 03/31/2019
Form NPS-4A (Addendum)	DEATHS IN CUSTODY-2017 STATE PRISON INMATE DEATH REPORT	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGEN RTI INTERNATIONAL
No Contraction	FORM COMPLETED BY:	
Name	Title	
Official	Telephone	
Address	FAX	
City	E-mail	i di semenan ter
State Zip		
If no deaths occurred in 2017: • You will not need to report any • At the beginning of 2018, you was	thing at this time. will be asked to complete a summary form whethe	r or not you had a death occurrence in Lo
If you had more than one death in 2 Make copies of this form for ea Complete the entire form for eac	2017: ach additional death. ach inmate death. omplete, there are several ways to submit a death	n report:
Once your death records are c ONLINE: Complete the report	online at: https://bjsdcrp.rti.org MAIL:	RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.1 5265 Capital Boulevard Raleigh, NC 27690-1652
E-MAIL: bjsdcrp@rti.org		Raleigh, NO 27000 Tran
FAX (TOLL-FREE): (866) 800-	.9179	tion and tion
	all Matt Bensen of RTI International toll-free at (80	0) 344-1387 or <u>Disacrp@ru.org</u>
If you need assistance, ca	al al an an Arthon Marthalain Baileann Allan an Ann An An Antaine an an Arthonacha an An An An An An An An An A An An A	en en la green en en en egreteren al en

- under your jurisdiction or that of another stateUnder 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
- 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 INWATE DEATH REPORT	TATE PRISON INMATE DEATH	REPOR
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		the root	
STATE PRISON INMATE DEATH REPORT			
1. What w Johnso LAST	as the inmate's name? on James	 8. On what date was the inmate admitted to one of your correctional facilities? 1 0 3 1 2 0 0 7 MONTH DAY YEAR 	
0 8 MONTH 3. What w correcting Facility M LOUIS Facility O ANGO	ANA STATE PENITENTIARY	9. For what offense(s) was the inmate being held? a. Aggravated Rape b. Simple Robbery c. d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes No Q Don't Know	
02 MONTH	1 8 1 9 6 4 DAY YEAR	11. Where did the inmeterdia?	
5. What w ☑	as the inmate's sex? Male Female	 11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility 	
6. Was the origin? □ ☑	e inmate of Hispanic, Latino, or Spanish Yes No	 In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify: 	
	ion, what was the inmate's race? Please one or more of the following racial ies:		
	White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:		

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
☐ YES → CONTINUE TO Q13 ☐ Evaluation complete—results are pending
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 Arrest
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
□ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
□ Other cause(s) [Specify]
14. Where did the <u>incident</u> (e.g., accident, suicide, or 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 I (In the inmate's cell/room
 In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria)
IPLEASE
SPECIFY] In a special mental health services unit
On death row, special unit awaiting capital punishment
C Elsewhere within the prison facility
Please Specify:

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

Please Specify:

ŧ

15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon)
☐ Afternoon (Noon to 6 pm)
☐ Evening (6 pm to Midnight)
☐ Overnight (Midnight to 6 am)

16.	Exclu servi	ding emergency care provided at the time of death, did the inmate receive any of the following medical es for the medical condition that caused his/her death after admission to your correctional facilities?
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES NO DON'T KNOW a. Evaluated by physician/medical staff Image: Construction of the state
17.	after	he cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined
Plea	ise add	any additional notes regarding this death here:

NY

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Form NPS-4A (Addendum)	DEATHS IN CUSTODY- STATE PRISON INMA DEATH REPORT	DUDEAU OF INSTICE STATISTICS
	FORM COMPLETED E	BY:
Name		Title
Official ddress	Tele	ephone
City		FAX
State Zip	E-mail	an an sea sa
If no deaths occurred in 2017: • You will not need to report • At the beginning of 2018	rt anything at this time.	orm whether or not you had a death occurrence in 201
 You will not need to report At the beginning of 2018, If you had more than one deat Make copies of this form 	rt anything at this time. you will be asked to complete a summary fo <u>th in 2017:</u> for each additional death.	orm whether or not you had a death occurrence in 201
 You will not need to report At the beginning of 2018, If you had more than one deat Make copies of this form Complete the entire form 	rt anything at this time. you will be asked to complete a summary fo <u>th in 2017:</u> for each additional death.	
 You will not need to report At the beginning of 2018, <u>If you had more than one dea</u> Make copies of this form Complete the entire form Once your death records 	rt anything at this time. you will be asked to complete a summary fo <u>th in 2017:</u> for each additional death. for each inmate death.	MAIL: RTI International, Attn: Data Capture
 You will not need to report At the beginning of 2018, <u>If you had more than one dea</u> Make copies of this form Complete the entire form Once your death records 	rt anything at this time. you will be asked to complete a summary for th in 2017: for each additional death. for each inmate death. are complete, there are several ways to sub report online at: <u>https://bjsdcrp.rti.org</u>	omit a death report:
 You will not need to report At the beginning of 2018, If you had more than one deat Make copies of this form Complete the entire form Once your death records ONLINE: Complete the records 	rt anything at this time. you will be asked to complete a summary fo th in 2017: for each additional death. for each inmate death. are complete, there are several ways to sub report online at: <u>https://bjsdcrp.rti.org</u>	omit a death report: <i>MAIL:</i> RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

		Are the
	STATE PRISON INM	ATE DEATH REPORT
11:	What was the inmate's name? Jones LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 7 2 3 2 0 0 7 MONTH DAY YEAR
2.	On what date did the inmate die? $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	9. For what offense(s) was the inmate being held? a. Attempted First Degree Murder b.
3.	What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY Facility City: Facility State: ANGOLA LA What was the inmate's date of birth? 0 8 0 8 1 9 5 8	c
5 . 6.	MONTH DAY YEAR What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No	 11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	Please Specify:

12. Are the review	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or w of medical records) available to establish an official cause of death?
	 YES → CONTINUE TO Q13 Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM-YOU WILL BE CONTACTED A
ſ	LATER TIME FOR THE CAUSE OF DEATH No evaluation is planned
t in the second se	
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] ——— Pulmonary Embolus
	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]
2	
14. When	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
Ø	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
O	In the prison facility or on the prison grounds
	In a temporary holding area/lockup
	 In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary
[PLEASE SPECIFY]	In a special mental health services unit
	 In a segregation unit On death row, special unit awaiting capital punishment
	Elsewhere within the prison facility
	Please Specify:
ſ	Please Specify:
C	
C	 Please Specify: Outside the prison facility (e.g., while on work release or on work detail)
C	Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
(Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
	Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
	Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify: did the incident (e.g., accident, suicide, or homicide) causing the death occur?
15. Wher [Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify: 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)
15. Wher	 Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify: did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

_						
16.	Exclu servic	iding emergency care provided at the time of dea ces for the medical condition that caused his/her	ath, did th death aff	e inmate er admis	receive any of ssion to your co	the following medical rrectional facilities?
	D	NOT APPLICABLE—Cause of death was accident	al injury, ir	ntoxicatio	n, suicide, or hor	nicide
	7	 a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit 				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)
17.	after	the cause of death the result of a pre-existing me admission? (If multiple conditions caused the de existing medical condition.")	edical con eath and <u>a</u>	dition or any of the	did the inmate e conditions we	develop the condition re pre-existing, mark
		NOT APPLICABLE—Cause of death was accident	al injury, ir	ntoxicatio	n, suicide, or hon	nicide
		Pre-existing medical condition				

- Deceased developed condition after admission
 Could not be determined

Please add any additional notes regarding this death here:

Form NPS-44 (Addendum)	A ()	DEATHS IN CUSTO STATE PRISON I DEATH REPO	NMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLET	ED BY:	
Name			Title	
ficial fress			Telephone	
City	n in Arran		FAX	
State	Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2017:

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

If you had more than one death in 2017:

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

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

E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture

5265 Capital Boulevard

Raleigh, NC 27690-1652

Project Number: 0215015.001.100.102.100

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

NCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
Confined in your correctional facilities, whether housed	Executed in your state
under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of
Under your jurisdiction but housed in private correctional	state
facilities, whether located in or out of state	Under your jurisdiction but housed in a state-operated constituent facility is particulated as in a fordered facility.
 Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, 	correctional facility in another state or in a federal facility
police/court lockups, or work farms)	Under probation or parole supervision in your state
 In transit to or from your facilities while under your supervision 	 Under your jurisdiction but on AWOL or escape-status at the time of death

What deaths should be reported?

BURDEN STATEMENT

What was the immetals same?	MATE DEATH REPORT
What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
Kendig Donald G LAST FIRST MI	
LAST FIRST MI	MONTH DAY YEAR
On what date did the inmate die?	
0 1 2 9 2 0 1 7	9. For what offense(s) was the inmate being held?
MONTH DAY YEAR	a. Second Degree Murder
	b.
What was the name and location of the correctional facility involved?	c.
correctional facility involved?	d.
	e.
LOUISIANA STATE PENITENTIARY	
Facility City: Facility State:	
ANGOLA	10. Since admission, did the inmate ever stay
	overnight in a mental health facility?
	C Yes
What was the inmate's date of birth?	No Don't Know
0 9 0 2 1 9 3 6 MONTH DAY YEAR	
	11. Where did the inmate die?
What was the inmate's sex?	In a general housing unit in the facility or in a general housing unit on prison grounds
 Male Female 	In a segregation unit
	In a special medical unit/infirmary within your facility
Was the inmate of Hispanic Lating, or Spanish	In a special mental health services unit within your facility
Was the inmate of Hispanic, Latino, or Spanish origin?	In a medical center outside your facility
Yes	 In a mental health center outside your facility While in transit
No	
	Please Specify:
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:	1

_	YES> CONTINUE TO Q13 Evaluation complete—results are pending
_	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT LATER TIME FOR THE CAUSE OF DEATH
Ŀ	No evaluation is planned -> CONTINUE TO Q13
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
V	Illness—Exclude AIDS-related deaths [Specify] Intracranial Bleed
	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]
Ø	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds
(PLEASE SPECIFY)	 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:
SPECIFY]	 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
SPECIFY	 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: did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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D	NOT APPLICABLE—Cause of death was accide	ental injury, intoxicatio	n, suicide, or hor	nicide
		YES NO	DON'T KNOW	
	a. Evaluated by physician/medical staff	0.0-0.00 F00-0-0		PLEASE PROVIDE A
	b. Diagnostic tests (e.g., X-rays, MRI)			RESPONSE FOR
	c. Medications			EACH ITEM (a–f)
	d. Treatment/care other than medications			
	e. Surgery			
	f. Confinement in special medical unit			

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

Please add any additional notes regarding this death here:

Constraint and a line

Form NPS-4A (Addendum)	DEATHS IN CUST STATE PRISON DEATH REP	INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL
Apple - market and	FORM COMPLE	e, add	RITINTERNATIONAL
Name		Title	
Official ddress	an a	Telephone	
City		FAX	
State Zip	E-mail	n server and	an a
	Instructions for (Completion	
 If you had more than one deat Make copies of this form f Complete the entire form Once your death records 	<u>h in 2017:</u> or each additional death. for each inmate death. are complete, there are several ways	to submit a death re	a and a second a se
ONLINE: Complete the re E-MAIL: bjsdcrp@rti.org	eport online at: <u>https://bjsdcrp.rti.org</u>	Pr	TI International, Attn: Data Capture oject Number: 0215015.001.100.102.10 265 Capital Boulevard
FAX (TOLL-FREE): (866)	800-9179	R	aleigh, NC 27690-1652
If you need assistant	ce, call Matt Bensen of RTI Internatio	onal toll-free at (800)	344-1387 or <u>bisdcrp@rti.org</u>
	What deaths should	I be reported?	n - Serie II. 1913 - Serie Schwarz, Schwarz, Statistica - Martine II. 1919 - Serie Schwarz,
 CLUDE deaths of ALL person Confined in your correction 	사람들은 아랫동안 관람들이 많다.	 CLUDE deaths of Executed in yo 	

- 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
- 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

	STATE DDISON INM	ATE DEATH REPORT
1.	What was the inmate's name? Kyles LAST FIRST	8. On what date was the inmate admitted to one of your correctional facilities? 0 9 2 9 2 1 7 MONTH DAY YEAR
2.	On what date did the inmate die? 0 9 2 9 2 0 1 7 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Second Degree Murder b.
3.	What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY Facility City: Facility State: ANGOLA LA What was the inmate's date of birth?	c
i.	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	 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
•	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	 facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
	In addition, what was the inmate's race? Please select one or more of the following racial categories: Uhite Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

<i>k</i>
12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
YES CONTINUE TO Q13
Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
■ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
✓ Illness—Exclude AIDS-related deaths [Specify] → Heart 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)
[PLEASE] In a special medical unit/infirmary
SPECIFY] In a special mental health services 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)

D	NOT APPLICABLE—Cause of death was accide	ental injury, ir	ntoxicatio	on, suicide, or hor	nicide
	 a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit 			········	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
after	the cause of death the result of a pre-existing admission? (If multiple conditions caused the existing medical condition.")	medical con death and <u>a</u>	dition o any of th	r did the inmate e conditions we	develop the conditior re pre-existing, mark
	NOT APPLICABLE—Cause of death was accide	ental injury, ir	ntoxicatio	n, suicide, or hon	nicide
0 0	Pre-existing medical condition Deceased developed condition after admission Could not be determined				

Form NI (Addend	PS-4A lum)		DEATHS IN CUSTO STATE PRISON I DEATH REPO	NMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGEN RTI INTERNATIONAL
		1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	FORM COMPLE	FED BY:	
Name		n an ar start a The tart and		Title	
Official ddress		tan dan pertember di sana. Len sa Pangan di sana		Telephone	
City	8	n an		FAX	
State		Zip	E-mail		
State		Zip	E-mail		and a second s Second second seco

If no deaths occurred in 2017:

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

If you had more than one death in 2017:

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

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

E-MAIL: bjsdcrp@rti.org

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

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

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

INCLUDE deaths of ALL persons	EXCLUDE 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 	 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

What deaths should be reported?

BURDEN STATEMENT

	STATE PRISON INM	ATE DEATH REPORT
1. 2. 3.	What was the inmate's name? Lane Lee Image: Colspan="2">Image: Colspan="2" Colspan="2">Image: Colspan="2" Colspan	 8. On what date was the inmate admitted to one of your correctional facilities? 0 9 1 4 1 9 6 2 MONTH DAY YEAR 9. For what offense(s) was the inmate being held? a. First Degree Murder b. Simple Burglary c. d. e.
4.	Facility City:Facility State:ANGOLALAWhat was the inmate's date of birth? 0 8 1 9 1 9 3 8 MONTHDAYYEAR	 10. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes ☐ No ④ Don't Know
5.	 What was the inmate's sex? △ Male ○ Female Was the inmate of Hispanic, Latino, or Spanish origin? ○ Yes ○ No 	 11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

as a second	
2. Are rev	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or iew of medical records) available to establish an official cause of death?
	□ YES> CONTINUE TO Q13
	■ Evaluation complete—results are pending ► SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT
	LATER TIME FOR THE CAUSE OF DEATH
	☑ No evaluation is planned → CONTINUE TO Q13
13. Wh	at was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Ŀ	Illness—Exclude AIDS-related deaths [Specify] Cardiopulmonary Arrest
C	Acquired Immune Deficiency Syndrome (AIDS)
C	Accidental alcohol/drug intoxication [Describe]
Ģ	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
C	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
E	Other cause(s) [Specify]
G	
Sreon	 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:
	Exercise and a second address of the second

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

one of

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

D	es for the medical condition that caused his/her death after admission to your correctional facilities?
U	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW
	a. Evaluated by physician/medical staff
	b. Diagnostic tests (e.g., X-rays, MRI)
	c. Medications EACH ITEM (a-f)
	d. Treatment/care other than medications
	e. Surgery
	f. Confinement in special medical unit
after a <i>"Pr</i> e-e	ne cause of death the result of a pre-existing medical condition or did the inmate develop the conditior dmission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark xisting medical condition.")
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined

-			OMB No.	1121-0249 Approval Expires 03/31/2019
Form NPS-4A (Addendum)		DEATHS IN CUSTO STATE PRISON DEATH REP	INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL
	.dd - 200-38	FORM COMPLE	TED BY:	
lame			Title	
fficial dress			Telephone	3)
City			FAX	
State	Zip	E-mail	х,	
4		$\phi_{1} = \phi_{1} = \phi_{1$		Carles Colored States
		Instructions for C	ompletion	
If no deaths occ		and methods of a straight wind wind the second	an maga Matangang Panga Dia tanàna mangkana	we are a set of the set
	need to report anythin		nary form wheth	er or not you had a death occurrence in 20
	-	A CARLER AND A	hary form wheth	
	than one death in 201			
	s of this form for each ne entire form for each			
		plete, there are several ways	to submit a deal	h report:
ONLINE: C	Complete the report on	line at: https://bjsdcrp.rti.org	MAIL:	RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.10
E-MAIL: bj	sdcrp@rti.org			5265 Capital Boulevard Raleigh, NC 27690-1652
FAX (TOLL	-FREE): (866) 800-91	79		

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

What deaths she	ould 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) 	 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
 In transit to or from your facilities while under your supervision 	the time of death

BURDEN STATEMENT

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

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
 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] sepsis, multi organ failure, acute pacreatitis
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
□ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
Homicide [Describe]
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds In the inmate's cell/room
 In a temporary holding area/lockup
In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE] In a special medical unit/infirmary SPECIFY] 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)
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

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

16.	Exclu servi	uding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
	D	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES NO DON'T KNOW a. Evaluated by physician/medical staff Image: Construction of the state
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined
()		

Please add any additional notes regarding this death here:

Form NPS (Addendun	4A'	DEATHS IN CUSTO STATE PRISON I DEATH REPO	NMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL
		FORM COMPLET	ED BY:	
Name		to a state of the	Title	
Official ddress			Telephone	
City			FAX	
State	Zip	E-mail	ompletion	na se a la companya de la companya d Recorde de la companya de la companya Recorde de la companya de la companya Recorde de la companya
If no deaths	occurred in 2017: not need to report anythir	Instructions for C		
If no deaths of • You will • At the be	occurred in 2017: not need to report anythir eginning of 2018, you will	g at this time. be asked to complete a summ		ner or not you had a death occurrence in 20
If no deaths of • You will • At the be	occurred in 2017: not need to report anythir	g at this time. be asked to complete a summ		ner or not you had a death occurrence in 20
If no deaths of You will At the be If you had me Make co Complet	<u>occurred in 2017:</u> not need to report anythir eginning of 2018, you will <u>ore than one death in 201</u> pies of this form for each e the entire form for each	g at this time. be asked to complete a summ <u>7:</u> additional death. inmate death.	ary form wheth	
If no deaths of a second secon	<u>occurred in 2017:</u> not need to report anythir eginning of 2018, you will <u>ore than one death in 201</u> pies of this form for each e the entire form for each	g at this time. be asked to complete a summ <u>7:</u> additional death.	ary form wheth	
If no deaths of You will At the be If you had me Make co Complet Once yo	<u>boccurred in 2017:</u> not need to report anythir eginning of 2018, you will <u>ore than one death in 201</u> pies of this form for each e the entire form for each ur death records are com	g at this time. be asked to complete a summ <u>7:</u> additional death. inmate death.	ary form wheth	ath report: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.10
If no deaths of You will At the be If you had me Make co Complet Once yo ONLINE	<u>boccurred in 2017:</u> not need to report anythir eginning of 2018, you will <u>ore than one death in 201</u> pies of this form for each e the entire form for each ur death records are com	g at this time. be asked to complete a summ <u>7:</u> additional death. inmate death. olete, there are several ways t	ary form wheth	ath report: RTI International, Attn: Data Capture

Departments (

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NCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
Confined in your correctional facilities, whether housed	Executed in your state
 under your jurisdiction or that of another state Under your jurisdiction but housed in private correctional facilities, whether located in or out of state 	 Confined in local jail facilities, whether located in or out of state Under your jurisdiction but housed in a state-operated
 Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms) 	 correctional facility in another state or in a federal facility Under probation or parole supervision in your state
 In transit to or from your facilities while under your supervision 	 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.

"AGENICV ID.

STATE PRISON INM	NATE DEATH REPORT
What was the inmate's name? Lebeau Richard LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 5 2 8 2 0 1 0 MONTH DAY YEAR
On what date did the inmate die? 0 4 0 6 2 0 1 7 MONTH DAY YEAR	 9. For what offense(s) was the inmate being held? ^{a.} Aggravated Rape b.
What was the name and location of the correctional facility involved?	c
Facility Name: LOUISIANA STATE PENITENTIARY	e.
Facility City:Facility State:ANGOLALA	10. Since admission, did the inmate ever stay overnight in a mental health facility?
What was the inmate's date of birth? 1 2 0 8 1 9 6 MONTH DAY YEAR	 ☐ Yes ☑ No ☐ Don't Know
What was the inmate's sex?	11. Where did the inmate die?
 Male Female 	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility
 Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No 	 In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
In addition, what was the inmate's race? Please select one or more of the following racial categories:	
 White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race 	
Please Specify:	

12. A	re th eviev	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or v of medical records) available to establish an official cause of death?
] YES →→ CONTINUE TO Q13] Evaluation complete—results are pending
	i n	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
4 4	÷	
40.14		was the cause of death? *** Please SPECIFY cause of death—it is critical information***
13. V	Vhat	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]
n al sine carlly Chicago si Chi	neet ant	
14. W	_	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	Ø	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	O	In the prison facility or on the prison grounds
		 In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria)
[PLE)		In a special medical unit/infirmary
SPEC	CIFY]	 In a special mental health services unit In a segregation unit
		On death row, special unit awaiting capital punishment
		Elsewhere within the prison facility Please Specify:
		Please Specily.
	Q	
	C	Elsewhere Please Specify:
interaction interaction (2) in and a con-		
15. W	/hen	did the incident (e.g., accident, suicide, or homicide) causing the death occur?
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	E	J ()
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16.	Excl	uding emergency care provided at the time o	f death, did th	e inmat	e receive any of	the following medical
		ices for the medical condition that caused his NOT APPLICABLE—Cause of death was acci				
		 a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit 	YES 			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after	the cause of death the result of a pre-existing admission? (If multiple conditions caused the existing medical condition.")	g medical con e death and <u>a</u>	dition o <u>ny</u> of th	r did the inmate le conditions we	develop the conditior re pre-existing, mark
		NOT APPLICABLE—Cause of death was accide	dental injury, in	itoxicatio	on, suicide, or hon	nicide
		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 CUSTO STATE PRISON I	NMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT	
9		DEATH REPO	DRT	RTI INTERNATIONAL	
		FORM COMPLET	TED BY:		
Name			Title		
Official Idress		2	Telephone	8	
City	n de la companya de Na companya de la comp		FAX		
State	Zip	E-mail			
		Instructions for C	ompletion		
	eaths occurred in 2017:	and phase formers. The second s	ompletion		
• Yo	u will not need to report anythin	g at this time.	annan teorr stands an Marine Alex Source of Systems Metapoleous	per or not you had a death occurrence in 20	
• Yo • At	u will not need to report anythin the beginning of 2018, you will l	g at this time. be asked to complete a summ	annan teorr stands an Marine Alex Source of Systems Metapoleous	ner or not you had a death occurrence in 201	
 Yo At 	u will not need to report anythin the beginning of 2018, you will ad more than one death in 201	g at this time. be asked to complete a summ 7:	annan teorr stands an Marine Alex Source of Systems Metapoleous	ner or not you had a death occurrence in 201	
 Yo At If you h Material 	u will not need to report anythin the beginning of 2018, you will ad more than one death in 2013 ske copies of this form for each	g at this time. be asked to complete a summ <u>7:</u> additional death.	annan teorr stands an Marine Alex Source of Systems Metapoleous	ner or not you had a death occurrence in 201	
 Yo At If you h Ma Co 	u will not need to report anythin the beginning of 2018, you will ad more than one death in 201	g at this time. be asked to complete a summ <u>7:</u> additional death. inmate death.	nary form wheth		
 Yo At If you h Ma Co On 	u will not need to report anythin the beginning of 2018, you will ad more than one death in 2013 ake copies of this form for each implete the entire form for each	g at this time. be asked to complete a summ <u>7:</u> additional death. inmate death. blete, there are several ways t	hary form wheth	th report: RTI International, Attn: Data Capture	
 Yo At If you h Ma Co On Of 	u will not need to report anythin the beginning of 2018, you will ad more than one death in 2011 ake copies of this form for each implete the entire form for each ace your death records are comp	g at this time. be asked to complete a summ <u>7:</u> additional death. inmate death. blete, there are several ways t	hary form wheth	ath report:	
 Yo At If you h Ma Co On OI E- 	u will not need to report anythin the beginning of 2018, you will had more than one death in 2013 ake copies of this form for each implete the entire form for each ince your death records are comp VLINE: Complete the report onl	g at this time. be asked to complete a summ <u>7:</u> additional death. inmate death. blete, there are several ways to ine at: <u>https://bjsdcrp.rti.org</u>	hary form wheth	ath report: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.10 5265 Capital Boulevard	

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

	YES CONTINUE TO Q13
	■ Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT
	LATER TIME FOR THE CAUSE OF DEATH
	■ No evaluation is planned → CONTINUE TO Q13
3. 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]
V	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]
n, n n n	
4. When	e did the incident (e.g., accident, suicide, or homicide) causing the death take place?
Q	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
ø	In the prison facility or on the prison grounds
	 In the inmate's cell/room In a temporary holding area/lockup
	 In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE	In a special medical unit/infirmary
SPECIFY	
	 In a segregation unit On death row, special unit awaiting capital punishment
	 Chi 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)
	D Elsewhere
	Please Specify:

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

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

 17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined 	16.	Exclu servi	uding emergency care provided at the time of death, did the inmate receive any of the following medical ices for the medical condition that caused his/her death after admission to your correctional facilities? NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide YES NO DON'T KNOW a. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) PLEASE FOR c. Medications PLEASE FOR d. Treatment/care other than medications PLEASE FOR e. Surgery PLEASE Implications f. Confinement in special medical unit Implications
 Pre-existing medical condition Deceased developed condition after admission 	17.	after	admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark
Deceased developed condition after admission		Ø	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		Ū	Deceased developed condition after admission

Form NPS-4A (Addendum)	DEATHS IN CUSTODY STATE PRISON INM DEATH REPORT	ATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL
"WEAK""	FORM COMPLETED	BY:	
Name		Title	
Official ddress	Т	elephone	
City		FAX	
State Zip	E-mail		
If no deaths occurred in 2017: • You will not need to report anything of 2018, you will	Instructions for Con	n ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang Ang	not you had a dooth assumance in 200
 You will not need to report anythic 	ng at this time. I be asked to complete a summary 17:	n ang kapapatén Kabupatén Kabupatén	r not you had a death occurrence in 207
 You will not need to report anythi At the beginning of 2018, you will If you had more than one death in 20 Make copies of this form for each Complete the entire form for each 	ng at this time. I be asked to complete a summary 1 <u>7:</u> n additional death.	form whether o	
 You will not need to report anythi At the beginning of 2018, you will If you had more than one death in 20 Make copies of this form for each Complete the entire form for each 	ng at this time. I be asked to complete a summary <u>17:</u> n additional death. n inmate death. nplete, there are several ways to se	form whether o ubmit a death re MAIL: RT	port: T International, Attn: Data Capture
 You will not need to report anythi At the beginning of 2018, you will If you had more than one death in 20 Make copies of this form for each Complete the entire form for each Once your death records are content 	ng at this time. I be asked to complete a summary <u>17:</u> n additional death. n inmate death. nplete, there are several ways to se	form whether o ubmit a death re <i>MAIL:</i> RT Pro 52	port:
 You will not need to report anythi At the beginning of 2018, you will If you had more than one death in 20 Make copies of this form for each Complete the entire form for each Once your death records are con ONLINE: Complete the report of 	ng at this time. I be asked to complete a summary <u>17:</u> n additional death. n inmate death. nplete, there are several ways to su nline at: <u>https://bjsdcrp.rti.org</u>	form whether o ubmit a death re <i>MAIL:</i> RT Pro 52	port: I International, Attn: Data Capture oject Number: 0215015.001.100.102.10 65 Capital Boulevard

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

		ALE DE VILLE DE DODI
a (STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name? Lizotte Brandon LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 1 1 2 2 0 6 MONTH DAY YEAR
2.	On what date did the inmate die? 0 9 1 5 2 0 1 7 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY	9. For what offense(s) was the inmate being held? a. Second Dregree Murder b. c. d. e.
4.	Facility City: Facility State: ANGOLA LA What was the inmate's date of birth? LA 0 2 7 1 9 8 2 MONTH DAY YEAR YEAR YEAR YEAR	 10. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex? Male Female	 11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin? □ Yes ☑ No	 In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	
1 3 - 1	k si a shiri a si cini ta shiri a ka k	the second space of a

12. Are the results of a medical examiner's or coroner's evaluative review of medical records) available to establish an officia	ation (such as an autopsy, postmortem exam, or I cause of death?
YES CONTINUE TO Q13	
- L'addition complete—results are perioding	IT 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, 	► gunshot wound
intentional drug overdose) [Describe]	
Homicide [Describe]	
Other cause(s) [Specify]	
14. Where did the incident (e.g., accident, suicide, or homicide	e) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxic	cation, or AIDS-related
 In the prison facility or on the prison grounds (In the inmate's cell/room 	
 In a temporary holding area/lockup In a common area within the facility (e.g., yard) 	library estatoria)
IPLEASE	, ilbrary, caleteria)
SPECIFY]	
 On death row, special unit awaiting capital pun Elsewhere within the prison facility 	ishment
Please Specify:	
 Outside the prison facility (e.g., while on work release Elsewhere 	or on work detail)
Please Specify:	
45 When did the incident (a president evialde on hermiside) caucing the death cacur?
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide NOT APPLICABLE—Cause of death was illness, into:	
Morning (6 am to Noon)	
 Afternoon (Noon to 6 pm) Evening (6 pm to Midnight) 	
Overnight (Midnight to 6 am)	a second and a second

16.	Exclu servi	iding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
	Ø	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES NO DON'T KNOW a. Evaluated by physician/medical staff
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
	ſ	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:

Offender was shot by an officer after a warning shot was fired. The offender did not comply and therefore Master Sgt. fired service weapon at the offender.