NDA		OMB No.	1121-0249 Approval Expires 03/31/2019
NPS-4A endum)	DEATHS IN CUS STATE PRISO DEATH RE	N INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGEN RTI INTERNATIONAL
	FORM COMP	LETED BY:	
		Title	
		Telephone	
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Zip	E-ma		
Zip	E-110		
	E4m		
	Instructions fo		n of a first shared a significant of the secondary warms a single screen a
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deaths occurred in 2017 You will not need to repo	Instructions fo	r Completion	er or not you had a death occurrence in 2
deaths occurred in 2017 You will not need to repo At the beginning of 2018,	Instructions fo rt anything at this time. you will be asked to complete a s	r Completion	er or not you had a death occurrence in 2
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deaths occurred in 2017 You will not need to repo At the beginning of 2018, a had more than one dea Make copies of this form	Instructions fo tr anything at this time. you will be asked to complete a s th in 2017: for each additional death.	r Completion	er or not you had a death occurrence in 2
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leaths occurred in 2017 ou will not need to repo t the beginning of 2018, had more than one dea take copies of this form complete the entire form once your death records	Instructions fo rt anything at this time. you will be asked to complete a si th in 2017: for each additional death. for each inmate death. are complete, there are several w	r Completion ummary form wheth ays to submit a dea	th report:
eaths occurred in 2017 ou will not need to repo t the beginning of 2018, had more than one dea ake copies of this form omplete the entire form nce your death records	Instructions fo tr anything at this time. you will be asked to complete a si th in 2017: for each additional death. for each inmate death.	r Completion ummary form wheth ays to submit a dea	

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

NCL	UDE 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)	<ul> <li>Executed in your state</li> <li>Confined in local jail facilities, whether located in or out of state</li> <li>Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility</li> <li>Under probation or parole supervision in your state</li> </ul>
•	In transit to or from your facilities while under your supervision	Under your jurisdiction but on AWOL or escape-status a the time of death

### BURDEN STATEMENT

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- Aller		
		TE DEATH REPORT 8. On what date was the inmate admitted to a the set of the optimized to a the optimized to the optimized to a the optimized t
		TROPI V
	STATE PRISON INMA	TE DEATH REPORT
1.	What was the inmate's name?	a what date was the inmate admittert
	Sucas	8. On what date was facilities?
1	LAST Alan D	
8	FIRST MI	MONTH DAY YEAR
2.	On what date did the inmate die?	
£., 5		the inmate being bolds
	MONTH DAX	9 For what offense(s) was the minute soing held?
21 - 24 2	YEAR	a. First Degree Murder
3.	What was the me	b.
	What was the name and location of the correctional facility involved?	C.
	Facility Name:	
	LOUISIANA STATE PENITENTIARY	d.
	Facility City:	e.
	ANGOLA Facility State:	
	LA	
		10. Since admission, did the inmate ever stay
4.	What was the inmedia	overnight in a mental health facility?
	What was the inmate's date of birth?	C Yes
		Don't Know
	DAY YEAR	
5.	What was the	11. Where did the inmate die?
υ.	What was the inmate's sex?	
	<ul> <li>Male</li> <li>Female</li> </ul>	general housing unit on prison grounds
	그는 것 같은 것 같	In a segregation unit
~	그는 것이 아이들은 그렇게 집에 앉아 봐야 한다.	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
	☑ No	<ul> <li>In a mental health center outside your facility</li> <li>While in transit</li> </ul>
		Elsewhere
7.	In addition what	Please Specify:
	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	☑ White	에는 것은 것은 것은 것은 것이 있는 것이 같이 많이 다. 것이 같이 많이 많이 없다.
	<ul> <li>Black or African American</li> <li>American Indian or Alaska Native</li> </ul>	기 중 전쟁 관람과 가슴을 잡는 것이 없는 것같이 하는 것 같아.
	<ul> <li>American Indian or Alaska Native</li> <li>Asian</li> </ul>	- [철말 이상 이상 것 같은 것 같
	<ul> <li>Native Hawaiian or Pacific Islander</li> <li>Some other race</li> </ul>	
	Please Specify:	
	de la sur la processa procision de la sur de la sur de la sur de la sur la sur la sur la sur la sur la sur la Companya de la sur l Companya de la sur l	

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

	VES	 CONTINUE	TO Q13	
ш.	TES	 CONTINUE	10 410	

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]
,	V	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]
j.		Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
		Homicide [Describe]
		Other cause(s) [Specify]

14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary **[PLEASE** In a special mental health services unit SPECIFY] In a segregation unit On death row, special unit awaiting capital punishment C Elsewhere within the prison facility 12 -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)

6.	Exclu servic	luding emergency care provided at the time of death, did the inmat vices for the medical condition that caused his/her death after adm NOT APPLICABLE—Cause of death was accidental injury, intoxicati	on, suicide, or ho	micide
	]	a. Evaluated by physician/medical staff	DON'T KNOW	PLEASE PROVIDE RESPONSE FOR EACH ITEM (a-f)
		d. Treatment/care other than medications		Rub Martin Par Allice Parts
	5 1785° - 1 1 1 1 1 1 1 1	f. Confinement in special medical unit	Chart Heat	
	"Pre-	s the cause of death the result of a pre-existing medical condition or admission? (If multiple conditions caused the death and <u>any</u> of the e-existing medical condition.")		
7.	"Pre-	s the cause of death the result of a pre-existing medical condition or r admission? ( <i>If multiple conditions caused the death and <u>any</u> of the e-existing medical condition.") ] NOT APPLICABLE—Cause of death was accidental injury, intoxicati</i>		
	"Pre-	s the cause of death the result of a pre-existing medical condition of r admission? (If multiple conditions caused the death and <u>any</u> of the e-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxicati Pre-existing medical condition Deceased developed condition after admission		
	"Pre-	<ul> <li>a the cause of death the result of a pre-existing medical condition of radmission? (If multiple conditions caused the death and <u>any</u> of the existing medical condition.")</li> <li>NOT APPLICABLE—Cause of death was accidental injury, intoxication</li> <li>Pre-existing medical condition</li> <li>Deceased developed condition after admission</li> <li>Could not be determined</li> </ul>		
	"Pre-	s the cause of death the result of a pre-existing medical condition of r admission? (If multiple conditions caused the death and <u>any</u> of the e-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxicati Pre-existing medical condition Deceased developed condition after admission		

	A chick water of periods of the	OMB No	o. 1121-0249 Approval Expires 03/31/2019
Form I (Adden	NPS-4A ndum)	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
	W. muser	FORM COMPLETED BY:	
Name Official Address City State	Zip	Title Telephone FAX E-mail	
lf no de • You	aths occurred in 2017: u will not need to report anythin	g at this time. be asked to complete a summary form whether	er or not you had a death occurrence in 201
lf you ha Ma Cor One	ad more than one death in 2017	<u>7:</u> additional death. inmate death. olete, there are several ways to submit a deat	
	X (TOLL-FREE): (866) 800-917	9 latt Bensen of RTI International toll-free at (80	

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

# What deaths should be reported?

#### BURDEN STATEMENT

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

Are the review	he results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, o w of medical records) available to establish an official cause of death?
	<ul> <li>YES&gt; CONTINUE TO Q13</li> <li>Evaluation complete—results are pending</li> </ul>
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED
	LATER TIME FOR THE CAUSE OF DEATH
	□ No evaluation is planned → CONTINUE TO Q13
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] — Cardiac Arrest
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]
14. Wher	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
O	In the prison facility or on the prison grounds
	<ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> </ul>
	In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE	In a special medical unit/infirmary In a special mental health services unit
SPECIFY]	In a segregation unit
	<ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul>
	Please Specify:
	Please Specity.
C	
	] Elsewhere

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

	D	NOT APPLICABLE—Cause of death was accidental injury, intoxication	n, suicide, or hon	nicide
		YES NO	DON'T KNOW	
a	after a	a. Evaluated by physician/medical staff	did the inmate o	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f) develop the condition re pre-existing, mark
		existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxicatior	suicida or hom	nicida
		Pre-existing medical condition Deceased developed condition after admission Could not be determined		

Form NPS-4A (Addendum)	٢	DEATHS IN CUSTO STATE PRISON DEATH REP	INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGEN RTI INTERNATIONAL
		FORM COMPLE	TED BY:	
Name			Title	
Official Idress	nanger a m Start Start Start		Telephone	
City	and the states		FAX	
	7	E-mail	1.5.5	
State	Zip	Instructions for (	Completion	
If no deaths occu • You will not	irred in 2017: need to report anythir	Instructions for (	en de la composición de la composición La composición de la c	n en
If no deaths occu You will not At the begin	<u>irred in 2017:</u> need to report anythir ning of 2018, you will	Instructions for Congrat this time. be asked to complete a sum	en de la composition de la composition de la composition de la composition de la composition de la comp	her or not you had a death occurrence in 20
If no deaths occu • You will not • At the begin If you had more • Make copies	urred in 2017: need to report anythir ning of 2018, you will han one death in 201 s of this form for each	Instructions for C ng at this time. be asked to complete a sum <u>7:</u> additional death.	en de la composition de la composition de la composition de la composition de la composition de la comp	n en
If no deaths occu • You will not • At the begin If you had more • Make copies • Complete th	urred in 2017: need to report anythir ning of 2018, you will han one death in 201 s of this form for each e entire form for each	Instructions for C ng at this time. be asked to complete a sum <u>7:</u> additional death. inmate death.	mary form wheth	her or not you had a death occurrence in 20
If no deaths occu • You will not • At the begin If you had more • Make copies • Complete th	urred in 2017: need to report anythir ning of 2018, you will han one death in 201 s of this form for each e entire form for each	Instructions for C ng at this time. be asked to complete a sum <u>7:</u> additional death.	mary form wheth	her or not you had a death occurrence in 20
If no deaths occu You will not At the begin If you had more Make copies Complete th Once your d	<u>irred in 2017:</u> need to report anythir ning of 2018, you will <u>han one death in 201</u> s of this form for each e entire form for each eath records are com	Instructions for C ng at this time. be asked to complete a sum <u>7:</u> additional death. inmate death.	mary form wheth to submit a dea	her or not you had a death occurrence in 20
If no deaths occu You will not At the begin If you had more Make copies Complete th Once your d ONLINE: C	<u>irred in 2017:</u> need to report anythir ning of 2018, you will <u>han one death in 201</u> s of this form for each e entire form for each eath records are com	Instructions for C ag at this time. be asked to complete a sum <u>7:</u> additional death. inmate death. plete, there are several ways	mary form wheth to submit a dea	ner or not you had a death occurrence in 20 ath report: : RTI International, Attn: Data Capture

What deaths should be reported?		
DE 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

INCLU

supervision

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

### BURDEN STATEMENT

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

	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?
	<ul> <li>YES → CONTINUE TO Q13</li> <li>Evaluation complete—results are pending</li> </ul>
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	No evaluation is planned
	13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] — Pancreatic Cancer
	Acquired Immune Deficiency Syndrome (AIDS)
ļ	□ 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]
	<ul> <li>14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> <li>In the prison facility or on the prison grounds</li> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>
	<ul> <li>15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> </ul>
Contraction of the State	<ul> <li>Morning (6 am to Noon)</li> <li>Afternoon (Noon to 6 pm)</li> <li>Evening (6 pm to Midnight)</li> <li>Overnight (Midnight to 6 am)</li> </ul>

one of

5	servio	uding emergency care provided at the time of death ces for the medical condition that caused his/her o	leath af	ter admis	ssion to your co	rrectional facilities?
		NOT APPLICABLE—Cause of death was accidental	injury, ii	ntoxicatio	n, suicide, or hor	nicide
			YES	NO	DON'T KNOW	
		a. Evaluated by physician/medical staff				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	·····ビ·····			
a	fter a	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the dea existing medical condition.")				
	÷.	NOT APPLICABLE—Cause of death was accidental	l injury, i	ntoxicatio	n, suicide, or hon	nicide
		Pre-existing medical condition				
	$\mathbf{\mathbf{\nabla}}$	Deceased developed condition after admission				
		Could not be determined				

		OMB No. 11	21-0249 Approval Expires 03/31/2019	
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	
and and a second s	FORM COMPLETED	BY:		
Name Official Address City State Zip	E-mail	Title		
<ul> <li>If you had more than one death in 201</li> <li>Make copies of this form for each</li> <li>Complete the entire form for each</li> <li>Once your death records are com</li> <li>ONLINE: Complete the report or</li> <li>E-MAIL: bjsdcrp@rti.org</li> <li>FAX (TOLL-FREE): (866) 800-91</li> </ul>	be asked to complete a summary <u>17:</u> additional death. a inmate death. aplete, there are several ways to such additional death. a inmate death. a plete, there are several ways to such a several ways to such a se	ubmit a death <i>MAIL:</i> F 5 F	RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 265 Capital Boulevard Raleigh, NC 27690-1652	
a sector a s	What deaths should be	reported?	<ul> <li>A set of the set of</li></ul>	
INCLUDE deaths of ALL persons • Confined in your correctional faciliti	A CONTRACT OF	<u>JDE</u> deaths o Executed in y	of ALL persons… our state	

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.

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

12 A.

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
YES CONTINUE TO Q13
Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
☑ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] — Metastic Hepatocellular Carcenomia
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]
<ul> <li>14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> <li>In the prison facility or on the prison grounds</li> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> <li>In a special mental health services unit</li> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> <li>Please Specify:</li> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>
<ul> <li>15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?</li> <li>☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> <li>☑ Morning (6 am to Noon)</li> </ul>

- 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 c ces for the medical condition that caused his/h	leath, did th her death af	e inmate	e receive any of ssion to your co	the following medical rrectional facilities?
D	NOT APPLICABLE—Cause of death was accide				
	<ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> <li>f. Confinement in special medical unit</li> </ul>				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.")				
	NOT APPLICABLE—Cause of death was accide	ental injury, ir	ntoxicatio	on, suicide, or hon	nicide
	Pre-existing medical condition Deceased developed condition after admission Could not be determined				

Form N (Addend	PS-4A Jum)	DEATHS IN CUSTO STATE PRISON DEATH REPO	NMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGE RTI INTERNATIONAL
		FORM COMPLE	TED BY:	
Name	s tableta i na sta car e		Title	
Official ddress			Telephone	
City			FAX	
State	Zip	E-mail		
		Instructions for C	ompletion	n de proviéties de la constante
<ul> <li>You</li> </ul>	ths occurred in 2017: will not need to report anythe beginning of 2018, you w	hing at this time.		her or not you had a death occurrence in 2
<ul> <li>You</li> <li>At the second s</li></ul>	will not need to report anyt he beginning of 2018, you w d more than one death in 2	hing at this time. vill be asked to complete a sumr 017:		n - Alizzo - Elevisioni - Carlos Gallos - Carlos
<ul> <li>You</li> <li>At the second s</li></ul>	will not need to report anythe beginning of 2018, you will d more than one death in 2 e copies of this form for each aplete the entire form for each	hing at this time. vill be asked to complete a summ 017: ch additional death. ch inmate death.	nary form wheth	her or not you had a death occurrence in 2
<ul> <li>You</li> <li>At the second s</li></ul>	will not need to report anythe beginning of 2018, you will d more than one death in 2 e copies of this form for each aplete the entire form for each	hing at this time. vill be asked to complete a sumr 017: ch additional death.	nary form wheth	her or not you had a death occurrence in 2
<ul> <li>You</li> <li>At the second s</li></ul>	will not need to report anythe beginning of 2018, you will d more than one death in 2 e copies of this form for each applete the entire form for each e your death records are co LINE: Complete the report	hing at this time. vill be asked to complete a summ 017: ch additional death. ch inmate death.	nary form wheth to submit a dea	her or not you had a death occurrence in 2 ath report: : RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.
<ul> <li>You</li> <li>At the second s</li></ul>	will not need to report anythe beginning of 2018, you will d more than one death in 2 e copies of this form for each aplete the entire form for each e your death records are co	hing at this time. vill be asked to complete a sumr 017: ch additional death. ch inmate death. omplete, there are several ways	nary form wheth to submit a dea	her or not you had a death occurrence in 2 ath report: : RTI International, Attn: Data Capture
<ul> <li>You</li> <li>At the second s</li></ul>	will not need to report anythe beginning of 2018, you will d more than one death in 2 e copies of this form for each applete the entire form for each e your death records are co LINE: Complete the report	hing at this time. vill be asked to complete a summ 017: ch additional death. ch inmate death. omplete, there are several ways online at: <u>https://bjsdcrp.rti.org</u>	nary form wheth to submit a dea	her or not you had a death occurrence in 2 ath report: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102. 5265 Capital Boulevard

	an a	I share the approximation of the second	
NCL	UDE deaths of ALL persons	EXCLUDE deaths of ALL persons	2 (c) (
•	Confined in your correctional facilities, whether housed	Executed in your state	2
	under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of	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	2)
	Under your jurisdiction but in special facilities (e.g.,	correctional facility in another state or in a federal facility	1
	medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	Under probation or parole supervision in your state	ź
		Under your jurisdiction but on AWOL or escape-status a	t
•	In transit to or from your facilities while under your supervision	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.

#### "AGENOV ID"

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	STATE PRISON INM	IATE DEATH REPORT
1.	What was the inmate's name?         Payne       Edward         LAST       FIRST       MI	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 4 0 2 1 9 9 3</li> <li>MONTH DAY YEAR</li> </ul>
2.	On what date did the inmate die?       0     7     2     3     2     0     1     7       MONTH     DAY     YEAR	<ul> <li>9. For what offense(s) was the inmate being held?</li> <li>a. Aggravated Rape</li> <li>b.</li> </ul>
3.	What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY	c. d. e.
4.	Facility City:Facility State:ANGOLALAWhat was the inmate's date of birth? $0$ $1$ $1$ $1$ $9$ $6$ $5$ MONTHDAYYEAR	<ul> <li>10. Since admission, did the inmate ever stay overnight in a mental health facility?</li> <li>☐ Yes</li> <li>☑ No</li> <li>☐ Don't Know</li> </ul>
5.	What was the inmate's sex? Male Female	<ul> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	<ul> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>
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:	

1.2MA

12 Are the results of a matin in the second se
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
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 (a greenident quicide, or hemicide) equains the death take place?
<ul> <li>14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?</li> <li>OT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> </ul>
In the prison facility or on the prison grounds
☐ In the inmate's cell/room
<ul> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> </ul>
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:
<ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>
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
<ul> <li>Morning (6 am to Noon)</li> <li>Afternoon (Noon to 6 pm)</li> </ul>
Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

"AGENICY ID"

NOT APPLICABLE—Cause of death was accide	ntal injury, ir	ntoxicatio	on, suicide, or hor	nicide
<ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> <li>f. Confinement in special medical unit</li> </ul>	YES	NO	DON'T KNOW	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)

□ 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 NPS-4A (Addendum)	DEATHS IN CUSTO STATE PRISON II DEATH REPO	MATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL
	FORM COMPLET	ED BY:	
Name		Title	
Official			-
ddress		Telephone	
City		FAX	
State Zip	E-mail		
If no deaths occurred in 2017: <ul> <li>You will not need to report anyt</li> <li>At the beginning of 2018, you will</li> </ul>	Instructions for Control of the second secon		ner or not you had a death occurrence in 20°
<ul> <li>You will not need to report anyt</li> </ul>	hing at this time. vill be asked to complete a summ 017:		ner or not you had a death occurrence in 20
<ul> <li>You will not need to report anyt</li> <li>At the beginning of 2018, you will you had more than one death in 2</li> <li>Make copies of this form for ear</li> <li>Complete the entire form for ear</li> </ul>	hing at this time. vill be asked to complete a summ <u>017:</u> ch additional death. ich inmate death.	ary form wheth	
<ul> <li>You will not need to report anyt</li> <li>At the beginning of 2018, you will you had more than one death in 2</li> <li>Make copies of this form for ear</li> <li>Complete the entire form for ear</li> </ul>	hing at this time. vill be asked to complete a summ <u>017:</u> ch additional death.	ary form wheth	
<ul> <li>You will not need to report anyt</li> <li>At the beginning of 2018, you will you had more than one death in 2</li> <li>Make copies of this form for ear</li> <li>Complete the entire form for ear</li> </ul>	hing at this time. vill be asked to complete a summ <u>017:</u> ch additional death. ich inmate death. omplete, there are several ways t	ary form wheth	ath report: : RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.10
<ul> <li>You will not need to report anyt</li> <li>At the beginning of 2018, you will have beginning beginnig beginning beginning beginning beginning begin</li></ul>	hing at this time. vill be asked to complete a summ <u>017:</u> ch additional death. ich inmate death. omplete, there are several ways t	ary form wheth	ath report: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.10 5265 Capital Boulevard
<ul> <li>You will not need to report anyt</li> <li>At the beginning of 2018, you will had more than one death in 2</li> <li>Make copies of this form for earing the complete the entire form for earing the complete the entire form for earing once your death records are complete the report</li> </ul>	hing at this time. vill be asked to complete a summ <u>017:</u> ch additional death. ich inmate death. omplete, there are several ways to online at: <u>https://bjsdcrp.rti.org</u>	ary form wheth	ath report: : RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.10
<ul> <li>You will not need to report anyt</li> <li>At the beginning of 2018, you will had more than one death in 2</li> <li>Make copies of this form for earing Complete the entire form for earing Once your death records are concerned.</li> <li>ONLINE: Complete the report E-MAIL: bjsdcrp@rti.org</li> <li>FAX (TOLL-FREE): (866) 800-</li> </ul>	hing at this time. vill be asked to complete a summ <u>017:</u> ch additional death. ich inmate death. omplete, there are several ways t online at: <u>https://bjsdcrp.rti.org</u> 9179	ary form wheth o submit a dea MAIL	ath report: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.10 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

OMAR No. 1121.0249 Approval Expires 02/21/2019

- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

### BURDEN STATEMENT

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	STATE PRISON INM	ATE DEATH REPORT 말 길
તે.	What was the inmate's name?         Randolph         LAST         FIRST	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 6 0 1 2 0 0 4</li> <li>MONTH DAY YEAR</li> </ul>
2.	On what date did the inmate die?	<ul> <li>9. For what offense(s) was the inmate being held?</li> <li>a. Aggrav Incest</li> <li>b. Aggravated Rape</li> </ul>
3.	What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY Facility City: Facility State:	c
4.	ANGOLA   LA     What was the inmate's date of birth?   0     0   3   2     7   1   9     4   4	<ul> <li>10. Since admission, did the inmate ever stay overnight in a mental health facility?</li> <li>☐ Yes</li> <li>☐ No</li> <li>☑ Don't Know</li> </ul>
5.	MONTH DAY YEAR What was the inmate's sex? Male Female	<ul> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin? Yes No	<ul> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>
7.	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:	

revi	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or ew of medical records) available to establish an official cause of death?
	<ul> <li>YES → CONTINUE TO Q13</li> <li>Evaluation complete—results are pending</li> </ul>
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT LATER TIME FOR THE CAUSE OF DEATH
1	☑ No evaluation is planned → CONTINUE TO Q13
. Wha	at was the cause of death? *** Please SPECIFY cause of death—it is critical information***
L	Illness—Exclude AIDS-related deaths [Specify] ——— Cardiopulmonary Arrest
	Acquired Immune Deficiency Syndrome (AIDS)
<b>-</b>	Accidental alcohol/drug intoxication [Describe]
C.	Accidental injury to self [Describe]
14	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]
a san san a san san san san san san san	
. Whe	ere 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
C	
	D In the inmate's cell/room
	<ul> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> </ul>
PLEAS	
SPECIF	$\gamma$ $\Box$ 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:

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

16. Excluservi	iding emergency care provided at the time of death, did the inmate receive any of the ces for the medical condition that caused his/her death after admission to your cor	he following medical rectional facilities?
D	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hom	nicide
	b. Diagnostic tests (e.g., X-rays, MRI)	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <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

Form I (Adden	NPS-4A ndum)			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	
Official Address			enta de la		Telephone	
City	e at tai		ter en en	]	FAX	
State	Z	Zip		E-mail		an a

## 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.

MAIL: RTI International, Attn: Data Capture

5265 Capital Boulevard

Raleigh, NC 27690-1652

Project Number: 0215015.001.100.102.100

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? EXCLUDE deaths of ALL persons... INCLUDE 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

**BURDEN STATEMENT** 

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	The set of the set	ATE DEATH REPORT
	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name?    Ray    Howard    LAST   FIRST MI	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 6 1 5 2 0 0 4</li> <li>MONTH DAY YEAR</li> </ul>
2. 3.	On what date did the inmate die?         1       0       9       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         What was the inmate's date of birth?         1       0       2       5       1       9       5       4         MONTH       DAY       YEAR       YEAR       YEAR       YEAR	9. For what offense(s) was the inmate being held?         a.       Second Degree Murder         b.
5. 6. 7.	<ul> <li>What was the inmate's sex?</li> <li>Male</li> <li>Female</li> </ul> Was the inmate of Hispanic, Latino, or Spanish origin? <ul> <li>Yes</li> <li>No</li> </ul> In addition, what was the inmate's race? Please select one or more of the following racial	<ul> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>
	select one or more of the following racial categories:	

2
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] Lung Cancer with METS
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
<ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> </ul>
In a common area within the facility (e.g., yard, library, cafeteria)
IPLEASE In a special medical unit/infirmary
SPECIFY] U In a special mental health services unit
<ul> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> </ul>
C Elsewhere within the prison facility
Please Specify:
<ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>
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)

b. Diagnostic tests (e.g., X-rays, MRI)	NOT APPLICABLE—Cause of death was accident	tal injury, ir	ntoxicatio	on, suicide, or hor	nicide
after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, r "Pre-existing medical condition.")	<ul> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> </ul>				PLEASE PROVIDE , RESPONSE FOR EACH ITEM (a-f)
"Pre-existing medical condition.")	the cause of death the result of a pre-existing m	edical cor	dition o	or did the inmate	
NOT ADDI ICADI E. Course of death was assidented injumy interviceties, suiside, as herriside		<u>-</u>	<u></u>		
NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide	NOT APPLICABLE—Cause of death was acciden	tal injury, i	ntoxicatio	on, suicide, or hor	nicide

	DEATH REPO	DY—2017 NMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGEN
1102-304 P	(Addendum)		RTI INTERNATIONAL
	FORM COMPLET	ED BY:	
		Title	
a tha an	and a second	Telephone	
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Zip	E-mail	7	
	matractions for c	ompletion	
Delle reach reach and a second statement	a stand of the stand of stands		
ccurred in 2017:	at this time	en e	المعالمات من المحالي ا المحالي المحالي المحالي المحالي المحالي المحالي المحالي المحالي
iot need to report anything	at this time. asked to complete a summ	nary form whet	ner or not you had a death occurrence in 20
ot need to report anything ginning of 2018, you will be	e asked to complete a summ	nary form whet	ner or not you had a death occurrence in 20
iot need to report anything	e asked to complete a summ	nary form whet	ner or not you had a death occurrence in 20
ot need to report anything ginning of 2018, you will be re than one death in 2017: bies of this form for each ac the entire form for each in	e asked to complete a summ dditional death. Imate death.		
ot need to report anything ginning of 2018, you will be re than one death in 2017: bies of this form for each ac the entire form for each in	e asked to complete a summ dditional death.		
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not need to report anything ginning of 2018, you will be re than one death in 2017: bies of this form for each ac the entire form for each in ar death records are comple	e asked to complete a summ dditional death. Imate death. ete, there are several ways t	to submit a dea	th report: RTI International, Attn: Data Capture
	Zip		Telephone FAX

What deaths should be reported?			
UDE 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		

**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.

INCL

traint at a		ATE DEATH REPORT
1.	What was the inmate's name? Richardson William	ATE DEATH REPORT 8. On what date was the inmate admitted to one of your correctional facilities? 0 5 0 6 1 9 9 1
2.	On what date did the inmate die?	9. For what offense(s) was the inmate being held?
3.	What was the name and location of the correctional facility involved?	a. Second Degree Murder b
	Facility Name:         LOUISIANA STATE PENITENTIARY         Facility City:       Facility State:         ANGOLA       LA	d
4.	What was the inmate's date of birth?         0       1       1       8       1       9       4       8         MONTH       DAY       YEAR	<ul> <li>10. Since admission, did the inmate ever stay overnight in a mental health facility?</li> <li>Yes</li> <li>No</li> <li>Don't Know</li> </ul>
5.	What was the inmate's sex? Male Female	<ul> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin? Yes No	<ul> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	Please Specify:
k. Never		

□       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         3. What was the cause of death?       *** Please SPECIFY cause of death—it is critical information***         □       Illness—Exclude AIDS-related deaths [Specify] → Cardiopulmonary Arrest         □       Acquired Immune Deficiency Syndrome (AIDS)         □       Accidental alcohol/drug intoxication [Describe] → [	I	ew of medical records) available to establish an official cause of death?
LATER TIME FOR THE CAUSE OF DEATH         No evaluation is planned → CONTINUE TO Q13         What was the cause of death?         "*** Please SPECIFY cause of death—it is critical information***         Illness—Exclude AIDS-related deaths [Specify] → Cardiopulmonary Arrest         Acquired Immune Deficiency Syndrome (AIDS)         Accidental alcohol/drug intoxication [Describe] →		3
3. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***    Illness—Exclude AIDS-related deaths [Specify] Cardiopulmonary Arrest   Acquired Immune Deficiency Syndrome (AIDS)   Accidental alcohol/drug intoxication [Describe]   Accidental injury to self [Describe]   Accidental injury by other (e.g., vehicular accidents during transport) [Describe]   Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]   Homicide [Describe]   Other cause(s) [Specify]   4. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?    4. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?    In the prison facility or on the prison grounds   In the prison facility or on the prison grounds   In a special medical unitin/firmary   In a special medical unitin/firmary   In a special medical unitin (e.g., yard, library, cafeteria)   On death row, special unit awaiting capital punishment   Elsewhere   It is a special unit awaiting capital punishment   Elsewhere   Elsewhere		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
Illness—Exclude AIDS-related deaths [Specify]		☑ No evaluation is planned → CONTINUE TO Q13
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]  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 special medical unit/infirmary In a special medical unit/infirmary In a sepcial medical unit/infirmary In a sepcial medical unit awaiting capital punishment Elsewhere within the prison facility (e.g., while on work release or on work detail) Elsewhere	3. Wha	t 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]  A. 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 hea	V	Illness—Exclude AIDS-related deaths [Specify] Cardiopulmonary Arrest
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] Homicide [Describe] Other cause(s) [Specify] Other cause(s) [Specify]  A. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?  A. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? In the prison facility or on the prison grounds In the prison facility or on the prison grounds In the prison facility or on the prison grounds In a special medical unit/infirmary In a special medical unit/infirmary In a special medical unit/infirmary Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere		Acquired Immune Deficiency Syndrome (AIDS)
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] 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 special medical unit/infirmary SPECIFYI On death row, special unit awaiting capital punishment Elsewhere within the prison facility (e.g., while on work release or on work detail) Elsewhere		Accidental alcohol/drug intoxication [Describe]
during transport) [Describe]         Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]         Homicide [Describe]         Other cause(s) [Specify]         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 special medical unit/infirmary         In a special methal 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)		Accidental injury to self [Describe]
intentional drug overdose) [Describe] Homicide [Describe] Other cause(s) [Specify] Other cause(s) [Specify] 4. 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 a temporary holding area/lockup In a special mental health services unit In a special mental health services unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Outside the prison facility (e.g., while on work release or on work detail)		
Other cause(s) [Specify] 4. 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 a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special 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)		
<ul> <li>4. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> <li>In the prison facility or on the prison grounds</li> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> <li>In a special mental health services unit</li> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> <li>Please Specify:</li> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> </ul>		Homicide [Describe]
<ul> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> <li>In the prison facility or on the prison grounds         <ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> <li>Please Specify:</li> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul> </li> </ul>		Other cause(s) [Specify]
<ul> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> <li>In the prison facility or on the prison grounds         <ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> <li>Please Specify:</li> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul> </li> </ul>	1 Who	re did the incident (e.g. accident, suicide, or homicide) causing the death take place?
[PLEASE       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 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       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	In the prison facility or on the prison grounds
[PLEASE       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)		
[PLEASE       In a special medical unit/infirmary         SPECIFY]       In a special mental health services unit         In a segregation 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		
<ul> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> <li>Please Specify:</li> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>		L J In a special medical unit/infirmary
<ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> <li>Please Specify:</li> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>	SPECIFY	
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
<ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>		C Elsewhere within the prison facility
C Elsewhere		Please Specify:
C Elsewhere		Qutside the prison facility (e.g., while on work release or on work detail)
Please Specify:		
n la se la serie de la serie d		Please Specify:

9

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

	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				
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				

Color and Color and Color and Color	OMB	No. 1121-0249 Approval Expires 03/31/2019
Form NPS-4A (Addendum)	DEATHS IN CUSTODY—2017 STATE PRISON INMATE DEATH REPORT	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
Year marine	FORM COMPLETED BY:	
Name Official Idress	Title Telephone FAX	
City Zip	E-mail	
State Zip	Instructions for Completio	<b>ň</b>
If no deaths occurred in 2017:         You will not need to report anythin         At the beginning of 2018, you will         If you had more than one death in 201         Make copies of this form for each         Complete the entire form for each         Once your death records are corr         ONLINE: Complete the report or         E-MAIL: bjsdcrp@rti.org         EAX (TOUL_EREE): (866) 800-91	ng at this time. be asked to complete a summary form who <u>17:</u> additional death. in inmate death. inplete, there are several ways to submit a d inline at: <u>https://bjsdcrp.rti.org</u> MA	ether or not you had a death occurrence in 201 leath report: <i>IL:</i> RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652

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

	3.1.1.1. (1.4.04) Propulsion for surface system system in an experimental sector of the sector system (as a sector system).		27
	STATE PRISON INM	ATE	DEATH REPORT
1.	What was the inmate's name?         Rogers       Russell         LAST       FIRST       MI	8.	On what date was the inmate admitted to one of your correctional facilities? 1 0 2 0 2 0 1 1 MONTH DAY YEAR
2.	On what date did the inmate die? $ \begin{array}{c c} 0 & 7 \\ \hline 0 & 7 \\ \hline DAY \end{array} \begin{array}{c} 2 & 0 & 1 & 7 \\ \hline YEAR \end{array} $ What was the name and location of the	9.	For what offense(s) was the inmate being held? a. Armed Robbery b
	correctional facility involved?         Facility Name:         LOUISIANA STATE PENITENTIARY         Facility City:       Facility State:         ANGOLA       LA	10.	d
4.	What was the inmate's date of birth?       0     7     2     8     1     9     4     0       MONTH     DAY     YEAR		overnight in a mental health facility? ☐ Yes ④ No ① Don't Know
5.	What was the inmate's sex? Male Female	11.	<ul> <li>Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within</li> </ul>
5.	Was the inmate of Hispanic, Latino, or Spanish origin? □ Yes ☑ No		your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
•	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:		

review of medical records) available to establish an official cause of death?	Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postr review of medical records) available to establish an official cause of death?	mortem exam, or
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□ YES → CONTINUE TO Q13

ne of

Evaluation complete—results are pending

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

☑ No evaluation is planned → CONTINUE TO Q13

13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify]
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]

14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related **O** In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup □ In a common area within the facility (e.g., yard, library, cafeteria) □ In a special medical unit/infirmary [PLEASE In a special mental health services unit 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:

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

16. Exc ser	Iuding emergency care provided at the time of death, did the inmate receive any or vices for the medical condition that caused his/her death after admission to your of NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or h         NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or h         YES       NO         Don'T KNOW         a. Evaluated by physician/medical staff         b. Diagnostic tests (e.g., X-rays, MRI)         c. Medications         d. Treatment/care other than medications         e. Surgery         f. Confinement in special medical unit	omicide
afte	s the cause of death the result of a pre-existing medical condition or did the inmate r admission? (If multiple conditions caused the death and <u>any</u> of the conditions w e-existing medical condition.") ] NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or ho ] Pre-existing medical condition	ere pre-existing, mark

- Deceased developed condition after admission
- Could not be determined

	OMB No.	1121-0249 Approval Expires 03/31/2019
m NPS-4A Idendum)	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:	
e	Title	
al [		
S	Telephone	(1) A state of the state of
y	FAX	
e Zip	E-mail	

## Instructions for Completion

If no deaths occurred in 2017:

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

If you had more than one death in 2017:

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

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

E-MAIL: bjsdcrp@rti.org

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

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

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

INCL	UDE deaths of ALL persons	EXCL	UDE deaths of ALL persons
	Confined in your correctional facilities, whether housed	1.	Executed in your state
	under your jurisdiction or that of another state	5 <b>•</b> -1	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	i la seger	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)	٠	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

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## What deaths should be reported?

"AGENOVID"

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

12. 1.	
reviev Feviev	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
C	Evaluation complete—results are pending
	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] Atherosclertoic Coronary Artery Disease
1	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. Wher	e did the incident (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]	
	<ul> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> </ul>

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:

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)

servi	uding emergency care p ces for the medical con	rovided at the ti dition that cause	me of death, did t ed his/her death a	he inmate rec fter admissio	eive any o n to your c	orrectional facility
D	NOT APPLICABLE—Ca	ause of death wa	s accidental injury,	intoxication, s	uicide, or ho	omicide
	<ul> <li>a. Evaluated by physicia</li> <li>b. Diagnostic tests (e.g.</li> <li>c. Medications</li> <li>d. Treatment/care other</li> <li>e. Surgery</li> </ul>	an/medical staff . ., X-rays, MRI) r than medication	YES 	NO DO	)N'T KNOM   	
	f. Confinement in speci	al medical unit				
after	the cause of death the re admission? (If multiple existing medical conditi	conditions caus	isting medical co ed the death and	ndition or did <u>any</u> of the co	the inmate nditions we	develop the conditiere pre-existing, mar
	NOT APPLICABLE—Ca	use of death was	s accidental injury,	ntoxication, su	licide, or ho	micide
	Pre-existing medical con Deceased developed co Could not be determined	ndition after adm	ission			
ease ado	l any additional notes rega	ording this death I	nere:			
8						

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(Adde	NPS-4A endum)	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 Official		Title	
Address	a Second a	Telephone	
City		FAX	
State	Zip	E-mail	
• 0	omplete the entire form for each nce your death records are comp ONLINE: Complete the report onl	plete, there are several ways to submit a d	IL: RTI International, Attn: Data Capture
E	-MAIL: bjsdcrp@rti.org		Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652
F.	AX (TOLL-FREE): (866) 800-917	<b>'</b> 9	
• • • • • •	If you need assistance, call N	latt Bensen of RTI International toll-free at	(800) 344-1387 or <u>bisdcrp@rti.org</u>
16 15		What deaths should be repor	ted?
and a second specific second specific second specific second specific second specific second specific second s	deaths of ALL persons	EXCLUDE dea	ths of ALL persons
CLUDE		a second s	
• Cor	fined in your correctional facilitie er your jurisdiction or that of ano	s, whether housed	d in your state d in local jail facilities, whether located in or out

- 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 your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses,

In transit to or from your facilities while under your

police/court lockups, or work farms)

supervision

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# STATE PRISON INMATE DEATH REPORT

	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name?         Shoemake       Douglas         LAST       FIRST       MI	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 5 1 1 1 1 9 9 8 MONTH DAY YEAR</li> </ul>
2.	On what date did the inmate die? 0 2 2 1 2 0 1 7 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name:	<ul> <li>9. For what offense(s) was the inmate being held?</li> <li>a. First Degree Murder</li> <li>b.</li> <li>c.</li> <li>d.</li> </ul>
	LOUISIANA STATE PENITENTIARY Facility City: Facility State: ANGOLA LA	e 10. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes ☑ No
4.	What was the inmate's date of birth?       0     4       1     8       1     9       6     1       MONTH     DAY       YEAR	Don't Know
5.	What was the inmate's sex?	11. Where did the inmate die?
5.	Male Female	<ul> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	<ul> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
	2월 19일 - 2월 <sup>2</sup> 일 사람이 있는 것을 알 것이 있다. 2월	Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	<ul> <li>White</li> <li>Black or African American</li> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> <li>Some other race</li> <li>Please Specify:</li> </ul>	

٢

F	
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
1 -	Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
	LATER TIME FOR THE CAUSE OF DEATH
1	□ No evaluation is planned → CONTINUE TO Q13
1000 C	
13.	What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] — Acute Renal Failure
1	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]
î k	Homicide [Describe]
	Other cause(s) [Specify]
14.	Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
1 - 1	ONOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
8	In the prison facility or on the prison grounds
1 J	<ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> </ul>
6	In a common area within the facility (e.g., yard, library, cafeteria)
	LEASE In a special medical unit/infirmary
5	In a segregation unit
	<ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul>
	Please Specify:
	<ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>
	Please Specify:
k dana	
1	
15.	<ul> <li>When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> </ul>
	Morning (6 am to Noon)
	<ul> <li>Afternoon (Noon to 6 pm)</li> <li>Evening (6 pm to Midnight)</li> </ul>
1	Overnight (Midnight to 6 am)

16.	Exclu servi	uding emergency care provided at the time of de ices for the medical condition that caused his/he	ath, did th r death af	e inmate ter admis	e receive any of ssion to your co	the following medical prrectional facilities?
	D	NOT APPLICABLE—Cause of death was acciden	tal injury, i	ntoxicatio	n, suicide, or hor	nicide
		<ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> <li>f. Confinement in special medical unit</li> </ul>				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)
17.	after	the cause of death the result of a pre-existing m admission? (If multiple conditions caused the d -existing medical condition.")	edical cor eath and <u>a</u>	ndition of th	r did the inmate e conditions we	develop the condition re pre-existing, mark
		NOT APPLICABLE—Cause of death was acciden Pre-existing medical condition Deceased developed condition after admission Could not be determined	tal injury, i	ntoxicatio	n, suicide, or hor	nicide
						and a second

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 COMPLET	ED BY:		
Name	e en el composition de la comp		Title		
Official ddress			Telephone		
City	and the second		FAX		
State	Zip	E-mail	ompletion		
State	ns occurred in 2017: vill not need to report anythir	Instructions for C			
State	ns occurred in 2017: vill not need to report anythir beginning of 2018, you will	Instructions for C ng at this time. be asked to complete a summ		er or not you had a death occurrence in 20	
State	ns occurred in 2017: vill not need to report anythir beginning of 2018, you will more than one death in 201	Instructions for C og at this time. be asked to complete a summ 7:		er or not you had a death occurrence in 20	
State	ns occurred in 2017: vill not need to report anythir beginning of 2018, you will more than one death in 201 copies of this form for each olete the entire form for each	Instructions for C additional death. inmate death.	ary form wheth		
State	ns occurred in 2017: vill not need to report anythir beginning of 2018, you will more than one death in 201 copies of this form for each olete the entire form for each	Instructions for C og at this time. be asked to complete a summ <u>7:</u> additional death.	ary form wheth		
State	ns occurred in 2017: vill not need to report anythir beginning of 2018, you will more than one death in 201 copies of this form for each olete the entire form for each	Instructions for C ag at this time. be asked to complete a summ 7: additional death. inmate death. plete, there are several ways	ary form wheth o submit a deal	h report: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.1	
State	ns occurred in 2017: vill not need to report anythir beginning of 2018, you will more than one death in 201 copies of this form for each plete the entire form for each your death records are com	Instructions for C ag at this time. be asked to complete a summ 7: additional death. inmate death. plete, there are several ways	ary form wheth o submit a deal	h report: RTI International, Attn: Data Capture	

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# What deaths should be reported?

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

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# STATE PRISON INMATE DEATH REPORT

1600921	a an 18 10 mini na haif daaga goo saanaya (10 mini ka ciyoo ya 10 mini ka ciyoo ya 10 mini ka ciyoo ya 10 mini ka ciyoo ka ciyo	Are the r
	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name?         Starks       Samuel         LAST       FIRST       MI	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>1 0 2 3 1 9 6 5</li> <li>MONTH DAY YEAR</li> </ul>
2.	On what date did the inmate die?       1     2     3     0     2     0     1     7       MONTH     DAY     YEAR	<ul> <li>9. For what offense(s) was the inmate being held?</li> <li>a. Aggravated Rape</li> <li>b.</li> </ul>
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       7       1       2       1       9       3       4	c d e 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes No Don't Know
<b>5</b> . <b>6</b> .	MONTH DAY YEAR What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish origin?	<ul> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> </ul>
7.	<ul> <li>☐ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial categories:</li> <li>☐ White</li> <li>☑ Black or African American</li> <li>☐ American Indian or Alaska Native</li> <li>☐ Asian</li> <li>☐ Native Hawaiian or Pacific Islander</li> <li>☐ Some other race</li> <li>☑ Please Specify:</li> </ul>	While in transit   Elsewhere   Please Specify:

12. Are th reviev	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?
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
C	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]
[PLEASE SPECIFY]	<ul> <li>a did the incident (e.g., accident, suicide, or homicide) causing the death take place?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> <li>In the prison facility or on the prison grounds <ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul> </li> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>
	Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)

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16.	Exclu servi	iding emergency care provided at the time of death, did the inmate receive any of t ces for the medical condition that caused his/her death after admission to your cor	he following medical rectional facilities?
	D	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hom	nicide
		YES NO DON'T KNOW	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate or admission? (If multiple conditions caused the death and <u>any</u> of the conditions were existing medical condition.")	develop the condition re pre-existing, mark
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hom	nicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined	

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			OMB No. 11	21-0249 Approval Expires 03/31/2019
Form NPS-4 (Addendum)		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	
Official Address		and a state of the	Telephone	
City	n Ross Arto Later - A		FAX	
State	Zip	E-mail		

## Instructions for Completion

If no deaths occurred in 2017:

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

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

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E-MAIL: bjsdcrp@rti.org

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

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

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

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

# BURDEN STATEMENT

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# What deaths should be reported?

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

-		
12.		ne 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?
	Ę	YES CONTINUE TO Q13
	C	
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	G	No evaluation is planned - CONTINUE TO Q13
13.	What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	2	Illness—Exclude AIDS-related deaths [Specify]
2. 		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]
- 	(c)	Other cause(s) [Specify]
14.	_	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	G	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
÷.,	C	In the prison facility or on the prison grounds
1. 7		<ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> </ul>
		In a common area within the facility (e.g., yard, library, cafeteria)
	LEASE	In a special medical unit/infirmary In a special mental health services unit
SF	PECIFY]	<ul> <li>In a segregation unit</li> </ul>
		On death row, special unit awaiting capital punishment
í., .		C Elsewhere within the prison facility
		Please Specify:
	C	Outside the prison facility (e.g., while on work release or on work detail)
	C	
		Please Specify:
10 - 1 - 1 10 - 11	an an taran an taran Taran an taran an tara	

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)

Evening (6 pm to Midnight)
 Overnight (Midnight to 6 am)

16. Excl serv	luding emergency care provided at the time of death, did the inmate receive any of the following medical rices 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
after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition r admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark e-existing medical condition.")
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

24

Form			OMB No. 112	1-0249 Approval Expires 03/31/2019
Form NPS-4) (Addendum)	•	DEATHS IN CUSTODY-201 STATE PRISON INMATE DEATH REPORT	NMATE	U.S. DEPARTMENT OF JUSTICI BUREAU OF JUSTICE STATISTIC AND ACTING AS COLLECTION AGE RTI INTERNATIONAL
		FORM COMPLET	ED BY:	
Name			Title	
Dfficial ddress			Telephone	and the second sec
City			FAX	
State	Zip	E-mail		

## Instructions for Completion

If no deaths occurred in 2017:

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

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

INCL	UDE deaths of ALL persons	EXCLUDE deaths of ALL persons
•	Confined in your correctional facilities, whether housed under your jurisdiction or that of another state	<ul><li>Executed in your state</li><li>Confined in local jail facilities, whether located in or out o</li></ul>
•	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,	<ul> <li>state</li> <li>Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility</li> <li>Under probation or parole supervision in your state</li> </ul>
•	police/court lockups, or work farms) In transit to or from your facilities while under your supervision	<ul> <li>Under your jurisdiction but on AWOL or escape-status at the time of death</li> </ul>

### **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.

a laid		
	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name?    Thibeaux    Willie    LAST      FIRST	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 7 2 9 1 9 8</li> <li>MONTH DAY YEAR</li> </ul>
2.	On what date did the inmate die?       0     4     2     8     2     0     1     7       MONTH     DAY     YEAR	<ul> <li>9. For what offense(s) was the inmate being held?</li> <li>a. Armed Robbry</li> <li>b. First Degree Robbery</li> </ul>
3.	What was the name and location of the correctional facility involved?         Facility Name:         LOUISIANA STATE PENITENTIARY         Facility City:       Facility State:         ANGOLA       LA	C
4.	What was the inmate's date of birth?         0       7       2       6       1       9       5       7         MONTH       DAY       YEAR	☐ Yes ☑ No ☐ Don't Know
5.	What was the inmate's sex? ☑ Male □ Female	<ul> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin? □ Yes ☑ No	<ul> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>
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***
13. What was the states of assisted
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]
<ul> <li>14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> <li>In the prison facility or on the prison grounds</li> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> <li>In a special medical unit/infirmary</li> <li>In a special mental health services unit</li> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>
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)

1

- 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 tes 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	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

Form NPS-4/ (Addendum)		DEATHS IN CUSTOD STATE PRISON IN DEATH REPO	MATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
	a a gen for a f	FORM COMPLET	ED BY:	
Name			Title	
Official ddress		an a	Telephone	
City			FAX	nen en All Aller an anti-array en an non a la sectoria de
State	Zip	E-mail	and an star of an	e El Sale

## Instructions for Completion

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- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

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

E-MAIL: bjsdcrp@rti.org

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

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

MAIL: RTI International, Attn: Data Capture

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

## A CARLES AND A CARLES AND A CARLES

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.

## EXCLUDE deaths of ALL

STATE PRISON	INMATE	DEATH	REPORT
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	STATE PRISON INM	Teview of the review of the re
1.	What was the inmate's name?         Thornton       Curt         LAST       FIRST	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 2 1 5 2 0 1 7 MONTH DAY YEAR</li> </ul>
2. 3.	On what date did the inmate die?         0       7       0       6       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         What was the inmate's date of birth?         0       2       2       3       1       9       8       1	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?         Pes         Don't Know
5.	What was the inmate's sex?         ØMale         Female         Was the inmate of Hispanic, Latino, or Spanish origin?         Yes         No	<ul> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> </ul>
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:	Elsewhere Please Specify:

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
<ul> <li>YES&gt; CONTINUE TO Q13</li> <li>Evaluation complete—results are pending</li> </ul>
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
□ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] — Heart Attack/Morbid Obesity
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) In a special medical unit/infirmary
Image: Special medical medical unit/initimary       Specify       Image: Special medical medical unit/initimary
In a segregation unit
<ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul>
Please Specify:
and the second
<ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>
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)
<ul> <li>Afternoon (Noon to 6 pm)</li> <li>Evening (6 pm to Midnight)</li> </ul>
<ul> <li>Overnight (Midnight to 6 am)</li> </ul>

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10.	servi	Iding emergency care provided at the time of death, did the inmate receive any of ces for the medical condition that caused his/her death after admission to your co	rrectional facilities?
	D	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hon	nicide
		YES NO DON'T KNOW a. Evaluated by physician/medical staff	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
	Was t after a	the cause of death the result of a pre-existing medical condition or did the inmate admission? (If multiple conditions caused the death and <u>any</u> of the conditions were existing medical condition.")	develop the conditior re pre-existing, mark
17.			
17.	"Pre-e	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hon	nicide

120

Please add any additional notes regarding this death here:

Form NPS-4 (Addendum)	A' ()	DEATHS IN CUSTO STATE PRISON DEATH REP	INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL
		FORM COMPLE	TED BY:	
Name			Title	
fficial				
dress			Telephone	
City			FAX	a second a second
	7	E-mail		
State	Zin			
State	Zip	Instructions for C	Completion	
If no deaths or • You will n	ccurred in 2017: ot need to report anythin	Instructions for C		
If no deaths or • You will n	ccurred in 2017: ot need to report anythin	Instructions for C		her or not you had a death occurrence in 20
If no deaths or • You will n • At the beg If you had mor	ccurred in 2017: ot need to report anythin jinning of 2018, you will e than one death in 201	Instructions for C ig at this time. be asked to complete a sumi 7:		her or not you had a death occurrence in 20
If no deaths or • You will n • At the beg If you had mor • Make cop	courred in 2017: ot need to report anythin jinning of 2018, you will e than one death in 201 ies of this form for each	Instructions for C og at this time. be asked to complete a sum <u>7:</u> additional death.		her or not you had a death occurrence in 20
If no deaths or • You will n • At the beg If you had mor • Make cop • Complete	courred in 2017: ot need to report anythin jinning of 2018, you will e than one death in 201 ies of this form for each the entire form for each	Instructions for C og at this time. be asked to complete a sum <u>7:</u> additional death.	mary form wheth	
If no deaths or You will n At the beg If you had mor Make cop Complete Once you	<u>ccurred in 2017:</u> ot need to report anythin jinning of 2018, you will <u>e than one death in 201</u> ies of this form for each the entire form for each r death records are com	Instructions for C ag at this time. be asked to complete a sum <u>7:</u> additional death. inmate death.	mary form wheth	th report: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.10
If no deaths or You will n At the begon Make cop Complete Once you ONLINE:	<u>ccurred in 2017:</u> ot need to report anythin jinning of 2018, you will <u>e than one death in 201</u> ies of this form for each the entire form for each r death records are com	Instructions for C ag at this time. be asked to complete a sume <u>7:</u> additional death. inmate death. plete, there are several ways	mary form wheth	th report: RTI International, Attn: Data Capture

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

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
	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name?         Thornton       Darryl         LAST       FIRST       MI	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>1 1 0 9 1 9 8 1</li> <li>MONTH DAY YEAR</li> </ul>
2.	On what date did the inmate die?       0     8     1     9     2     0     1     7       MONTH     DAY     YEAR	9. For what offense(s) was the inmate being held? a. Aggravated Rape
3.	What was the name and location of the correctional facility involved?         Facility Name:         LOUISIANA STATE PENITENTIARY         Facility City:       Facility State:         ANGOLA       LA	<ul> <li>b. Armed Robbery</li> <li>c</li></ul>
4.	What was the inmate's date of birth?         0       1       1       8       1       9       6       0         MONTH       DAY       YEAR	☐ Yes ☐ No ☑ Don't Know
		11. Where did the inmate die?
5.	What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No	<ul> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>
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:	

<ul> <li>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?</li> <li>YES → CONTINUE TO Q13</li> <li>Evaluation complete—results are pending</li> <li>SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH</li> <li>No evaluation is planned → CONTINUE TO Q13</li> </ul>
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] Cardiopulmonary Arrest
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
□ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
□ Other cause(s) [Specify]
<ul> <li>14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> <li>In the prison facility or on the prison grounds</li> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> <li>Please Specify:</li> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>
<ul> <li>15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?</li> <li>☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> <li>☐ Morning (6 am to Noon)</li> <li>☐ Afternoon (Noon to 6 pm)</li> <li>☐ Evening (6 pm to Midnight)</li> <li>☐ Overnight (Midnight to 6 am)</li> </ul>

16.	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?					
	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: Constraint of the state o				
17.	17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <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				

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Form NPS-4A (Addendum)	DEATHS IN CUSTO STATE PRISON II DEATH REPO	MATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL
	FORM COMPLET	ED BY:	
Name		Title	* · · · · · · · · · · · · · · · · · · ·
Official Idress		Telephone	и — и и — и и — и
City		FAX	
State Zip	E-mail		
	Instructions for Co	ompletion	
<ul> <li>If no deaths occurred in 2017:</li> <li>You will not need to report</li> <li>At the beginning of 2018, y</li> </ul>		ary form whet	her or not you had a death occurrence in 20
<ul> <li>If you had more than one death</li> <li>Make copies of this form for</li> </ul>			
Complete the entire form for		submit a dea	ath report:
ONLINE: Complete the re	port online at: <u>https://bjsdcrp.rti.org</u>	MAIL	RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.10
E-MAIL: bjsdcrp@rti.org			5265 Capital Boulevard 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?					
NCL	UDE 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				
۲	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.

# STATE PRISON INMATE DEATH REPORT

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

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
Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEATH
☑ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] Cardiopulmonary Arrest
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
14. Where did the <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
<ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> </ul>
In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE SPECIFY] In a special medical unit/infirmary
In a segregation unit
<ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul>
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere
Please Specify:
<ul> <li>15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> </ul>
Morning (6 am to Noon)
<ul> <li>Afternoon (Noon to 6 pm)</li> <li>Evening (6 pm to Midnight)</li> </ul>
Overnight (Midnight to 6 am)

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16.	Exclu servi	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?
	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	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
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