Form CJ-		MORTALITY IN CORRECTIONA ANNUAL SUMMARY (UNDER JAIL JURI)	ON INMATES	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLET	ED BY-	
Name			Title	
Official Address			Telephone	
City			FAX	
State	Zip	Email		

Instructions for completion and submission

FOR EACH ITEM-

- If the answer to a question is "none" or "zero," write "0" in the space provided.
- When exact numeric answers are not available, provide estimates and mark (X) in the checkbox beside each number that is
 estimated. For example <u>1,234</u> ⋈

You may submit your annual summary in one of these ways:

ONLINE: https://bjsmci.rti.org

EMAIL: bjsmci@rti.org

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

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.300.117.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact the data collection team at RTI International toll-free at 1-800-344-1387 or bismci@rti.org.

What to include and exclude in this data collection

INCLUDE-

- Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juve niles.
- All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facilities.
- ✓ Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- Temporary holding or lockup facilities that are part of your combined function.
- ✓ Inmates held for other jurisdictions, including federal authorities, state prison authorities, and other local jail jurisdictions.

EXCLUDE-

- X Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment.
- X Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities). These jails will be contacted directly for this data collection.

BURDEN STATEMENT

INMATE COUNTS AND DEATHS

1. On <u>December 31, 2017</u> , h supervision of your jail ju	ow many persons under the urisdiction were CONFINED in	3. On December 31, 2017, how many persons CONFINED in your jail facilities were held for-
your jail facilities?		 INCLUDE contractual, temporary, courtesy, or ad hoc
INCLUDE—	fer to treatment facilities but who	 holds for other agencies. Count persons with multiple holds only once with priority being federal, state, tribal, and local.
remain under you ✓ Persons held for o	r jurisdiction	a. U.S. Immigration and Customs Enforcement: 0 Estimate
release, day relea return to jail at nig	ase, or drug/alcohol treatment) which the second	o b. U.S. Marshals Service: 0 Estimate
✓ Persons out to co EXCLUDE—	ourt while under your jurisdiction.	c. All other holds (state and federal prison, Bureau of
elsewhere	our jurisdiction who are housed	Indian Affairs, or any holds for other jail jurisdictions):
transfer to other ju	AWOL, escaped, or on long-term urisdictions unity-based programs run by you	4. Between January 1, 2017, and December 31, 2017, what
jails (e.g., electror	nic monitoring, house arrest, e, day reporting, or work program	 INCLUDE inmates who participated in weekend programs that allow offenders to serve their sentences
Inmates on Males:	1062 Estimate	 of confinement only on weekends (e.g., Friday–Sunday). To calculate the average daily population, add the number of persons for each day between January 1,
December 31, 2017 Females:	94 Estimate	 2017, and December 31, 2017, and divide the result by 365. If daily counts are not available, estimate the average
		daily population by adding the number of persons held on the same day of each month and divide the result by 12.
	er the supervision of your jail TED to your jail facilities during	 If average daily population cannot be calculated as
INCLUDE-		Average daily Males: 1501 Estimate
facilities by forma	booked into and housed in your al legal document and by the	
✓ Repeat offenders	ourts or some other official agences booked on new charges a weekend sentence coming into at time.	5. Between January 1, 2017, and December 31, 2017, now
EXCLUDE-		INCLUDE deaths of ALL persons—
X Returns from esc	cape, work release, medical atment facilities, furloughs, bail/b urt appearances.	 CONFINED in your jail facilities UNDER THE SUPERVISION of your jail facilities, but out to court or in special facilities (e.g., hospital, hospice, or nursing home; treatment facility; residential community center; residential work release
New ANNUAL Males: admissions	14680 Estimate	or facility-based house arrest program; or release center) ✓ WHILE IN TRANSIT to or from your jail facilities while
during 2017 Females:	4162 Estimate	under your supervision.
		X Deaths of persons in the process of arrest by your agency if they have not yet been booked into your jail facilities.
		Number of Males: 6

Form C	c1-9	DEATHS IN CUSTODY DEATH REPORT ON INMA UNDER JAIL JURISDICT	TES	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLETED B	Y:	
Name			Title	
Official Address		Tele	phone	
City			FAX	
State _	_ Zip	E-mail		

If no deaths occurred in 2017:

- You do 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: <u>https://bjsdcrp.rti.org</u> E-MAIL: <u>bjsdcrp@rti.org</u> 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

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INCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons		
 Confined in your jail facilities, whether housed under your own or another jurisdiction 	 Confined in facilities operated by two or more jurisdictions or those held in privately operated jails 		
 Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities 	 Under your jurisdiction but in nonresidential community- based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs) 		
Under your jurisdiction but out to court	 Under your jurisdiction but AWOL, escaped, or on long- term transfer to another jurisdiction 		
In transit to or from your facilities while under your jurisdiction	 In the process of arrest by your agency, but not yet booked into your jail facility 		

What deaths should be reported?

BURDEN STATEMENT

Mealey Narada C	under your jurisdiction?
LAST FIRST MI	
	MONTH DAY YEAR
On what date did the inmate die?	
1 1 0 2 2 0 1 7	9. Was the inmate being confined in your jail facility
MONTH DAY YEAR	on behalf of any of the following?
	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-
	DOM
What was the name and location of the correctional facility involved?	YES NO KNO
	a. U.S. Immigration and Customs Enforcement
Facility Name:	b. U.S. Marshals Service
Orleans Justice Center	c. State or federal prison, Bureau of Indian Affairs,
Facility City: Facility State:	or any other jail jurisdiction
New Orleans	
	10. For what offense(s) was the inmate being held?
What was the inmate's date of birth?	a. Warrant - Drug Violation
0 6 2 6 1 9 8 5	b. Warrant - Traffic Violation
MONTH DAY YEAR	b. Warrant - Tranic Violation
	с.
What was the inmate's sex?	d.
☑ Male □ Female	e.
Was the inmate of Hispanic, Latino, or Spanish origin?	11. What was the inmate's legal status at time of
	death? (For inmates with more than one status, rep the status associated with the most serious offense.
∐ Yes ☑ No	Convicted—new court commitment
	Convicted—new court commitment
In addition, what was the inmate's race? Please	Unconvicted
select one or more of the following racial	
categories:	Please Specify:
U White	
 Black or African American American Indian or Alaska Native 	
□ Asian	12. Since admission, did the inmate ever stay
Native Hawaiian or Pacific Islander	overnight in a mental health observation unit or outside mental health facility?
	outside mental health facility :
Some other race	
	☐ Yes ☑ No

	a did the inmate die? In a general housing unit within the jail facility or in a general housing unit on jail grounds In a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail facility In a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere Please Specify:
review	te results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or v of medical records) available to establish an official cause of death? YES ————————————————————————————————————
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	No evaluation is planned
5. What	was the cause of death? *** Please SPECIFY cause of deathit is critical information ***
	Illness—Exclude AIDS-related deaths [Specify] Perforated Gastric Ulcer
	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]
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
	In the jail facility or on the jail 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)
SPECIF	
	Outside the jail facility (e.g., while on work release or on work detail)
D	Elsewhere
	Please Specify:

 Overnight (Midnight to 6 am) 18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities? NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide YES NO DON'T KNOW a. Evaluation by physician/medical staff Diagnostic tests (e.g., X-rays, MRI) Medications Treatment/care other than medications Medications Confinement in special medical unit. Confinement in special medical unit. Mot APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide 19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined
 NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide YES NO DON'T KNOW a. Evaluation by physician/medical staff Diagnostic tests (e.g., X-rays, MRI) Medications Medications Treatment/care other than medications Treatment/care other than medications Surgery Confinement in special medical unit. Yes Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission
 a. Evaluation 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 f. Confinement f. Confinement
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
 NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission
Deceased developed condition after admission
Please add any additional notes regarding this death here:



If no deaths occurred in 2017:

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If you had more than one death in 2017:

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

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EXCLUDE deaths of ALL persons
 Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
 Under your jurisdiction but in nonresidential community- based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
 Under your jurisdiction but AWOL, escaped, or on long- term transfer to another jurisdiction
 In the process of arrest by your agency, but not yet booked into your jail facility

What deaths should be reported?

BURDEN STATEMENT

	Sullivan Evan M	under your jurisdiction?
	LAST FIRST MI	0 9 1 9 2 0 1 7 MONTH DAY YEAR
	On what date did the inmate die?	
	1 1 0 5 2 0 1 7 MONTH DAY YEAR	9. Was the inmate being confined in your jail facility on behalf of any of the following? PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c
		DON
	What was the name and location of the correctional facility involved?	YES NO KNO a. U.S. Immigration and
	Facility Name:	Customs Enforcement
	Temporary Detention Center	Bureau of Indian Affairs,
	Facility City: Facility State:	or any other jail jurisdiction
	New Orleans LA	
		10. For what offense(s) was the inmate being held?
	What was the inmate's date of birth?	a. Second Degree Battery
	0 5 1 8 1 9 9 0 MONTH DAY YEAR	b. 7 Counts of Simple Criminal Damage to
		c. Aggravated Battery
	What was the inmate's sex?	d.
	Male Female	е.
Was the inmate of Hispanic, Latino, or Spanish origin?		11. What was the inmate's legal status at time of death? (For inmates with more than one status, rep
	Yes V No	the status associated with the most serious offense.
		 Convicted—new court commitment Convicted—returned probation/parole violato Unconvicted
		Other
	In addition, what was the inmate's race? Please	
•	In addition, what was the inmate's race? Please select one or more of the following racial categories:	Please Specify:
•	select one or more of the following racial categories:	
	select one or more of the following racial categories:	Please Specify:
	select one or more of the following racial categories: White Black or African American	

13. Whe	re did	the inmate die?
	Ina Ina Ina Ina Ina Whil	general housing unit within the jail facility or in a general housing unit on jail grounds segregation unit special medical unit/infirmary within the jail facility special mental health services unit within the jail facility medical center outside the jail facility mental health center outside the jail facility le in transit where Please Specify:
		sults of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or nedical records) available to establish an official cause of death?
	YES Eval	S→ CONTINUE TO Q15 luation complete—results are pending
	4	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
•	No e	evaluation is planned
15. Wha	at was	the cause of death? *** Please SPECIFY cause of death—it is critical information ***
] Illne	ss-Exclude AIDS-related deaths [Specify]
	Acq	uired Immune Deficiency Syndrome (AIDS)
V	Acci	idental alcohol/drug intoxication [Describe]
	Acci	idental injury to self [Describe]
C		idental injury by other (e.g., vehicular idents during transport) [Describe]
0		cide (e.g., hanging, knife/cutting instrument, ntional drug overdose) [<i>Describe</i>]
C] Hon	nicide [Describe]
C] Oth	er cause(s) [Specify]
40.100		
16. Whe		the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? TAPPLICABLE—Cause of death was illness, intoxication, or AIDS-related
[PLEA] In th	ne jail facility or on the jail grounds
SPECI		 In a common area within the facility (e.g., yard, library, cafeteria) In a segregation unit In a special medical unit/infirmary In a special mental health services unit Elsewhere within the jail facility
i in		Please Specify:
		side the jail facility (e.g., while on work release or on work detail) ewhere
	L	Please Specify:

	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight) Overnight (Midnight to 6 am)	
	ding 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 co	
	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)
after	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.")	
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	
ease ad	d any additional notes regarding this death here:	

Form CJ-9	DEATHS IN CUSTODY-2017 DEATH REPORT ON INMATES UNDER JAIL JURISDICTION	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
	FORM COMPLETED BY:	
Name	Title	
Official Address	Telephone	
City	FAX	
State Zip	E-mail	

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INCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
 Confined in your jail facilities, whether housed under	 Confined in facilities operated by two or more
your own or another jurisdiction	jurisdictions or those held in privately operated jails
 Under your jurisdiction but housed in special jail	 Under your jurisdiction but in nonresidential community-
facilities (e.g., medical/treatment/release centers,	based programs run by your jails (e.g., electronic
halfway houses, or work farms); or on transfer to	monitoring, house arrest, community service, day
treatment facilities	reporting, work programs)
Under your jurisdiction but out to court	 Under your jurisdiction but AWOL, escaped, or on long- term transfer to another jurisdiction
In transit to or from your facilities while under your	 In the process of arrest by your agency, but not yet
jurisdiction	booked into your jail facility

What deaths should be reported?

BURDEN STATEMENT

Pierce Jason M	under your jurisdiction?
LAST FIRST MI	0 7 1 0 2 0 1 7
	MONTH DAY YEAR
On what date did the inmate die?	
0 7 1 2 2 0 1 7	9. Was the inmate being confined in your jail facility on behalf of any of the following?
MONTH DAY YEAR	
	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-
What was the name and location of the correctional	DON YES NO KNO
facility involved?	a. U.S. Immigration and
Facility Name:	b. U.S. Marshals Service
Orleans Justice Center	c. State or federal prison,
	Bureau of Indian Affairs, or any other jail jurisdiction
Facility City: Facility State:	
New Orleans	
	10. For what offense(s) was the inmate being held?
What was the inmate's date of birth?	a. 4 Counts of Simple Burglary
	b. Theft
MONTH DAY YEAR	
	c. 2 Outstanding Warrants
	d
What was the inmate's sex?	
D Female	е.
Was the inmate of Hispanic, Latino, or Spanish	44. What was the immetric level status at time of
origin?	11. What was the inmate's legal status at time of death? (For inmates with more than one status, rep
☐ Yes ☑ No	the status associated with the most serious offense.
	 Convicted—new court commitment Convicted—returned probation/parole violate
In addition, what was the inmetale read? Places	Unconvicted
In addition, what was the inmate's race? Please select one or more of the following racial	Other
categories:	Please Specify:
 Black or African American American Indian or Alaska Native 	40 Since education did the lowest events
Asian	12. Since admission, did the inmate ever stay overnight in a mental health observation unit or
 Native Hawaiian or Pacific Islander Some other race 	outside mental health facility?
	F H
Please Specify:	
Please Specify:	☐ Yes ☑ No ☐ Don't Know

	In a general housing unit within the jail facility or in a general housing unit on jail grounds In a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail facility In a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere Please Specify:
	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or
review	yes → CONTINUE TO Q15 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER
0	TIME FOR THE CAUSE OF DEATH No evaluation is planned -> CONTINUE TO Q15
	was the cause of death? *** Please SPECIFY cause of death—it is critical information ***
	Illness—Exclude AIDS-related deaths [Specify] — Heart Condition
	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]
When	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the jail facility or on the jail 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 segregation unit In a special medical unit/infirmary In a special mental health services unit Elsewhere within the jail facility
	Outside the jail facility (e.g., while on work release or on work detail)
	(huteride the real teality / a a while an work folgers or an work datail)

Excludir services	Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight) Overnight (Midnight to 6 am) ing emergency care provided at the time of death, did the inmate receive any of the following medical is for the medical condition that caused his/her death after admission to your correctional facilities?
Excludir services	Evening (6 pm to Midnight) Overnight (Midnight to 6 am) ing emergency care provided at the time of death, did the inmate receive any of the following medical
Excludir services	Overnight (Midnight to 6 am) ing emergency care provided at the time of death, did the inmate receive any of the following medical
services	
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
a	YES NO DON'T KNOW
	c. Medications
d	d. Treatment/care other than medications
е	e. Surgery
f.	f. Confinement in special medical unit
after adı <i>"Pre-exi</i> □ N □ P □ D	e cause of death the result of a pre-existing medical condition or did the inmate develop the condition dmission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark <i>xisting medical condition."</i>) 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 CJ-9	DEATHS IN CUSTODY—2017 DEATH REPORT ON INMATES UNDER JAIL JURISDICTION	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
	FORM COMPLETED BY:	
Name	Title	
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INCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
 Confined in your jail facilities, whether housed under	 Confined in facilities operated by two or more
your own or another jurisdiction	jurisdictions or those held in privately operated jails
 Under your jurisdiction but housed in special jail	 Under your jurisdiction but in nonresidential community-
facilities (e.g., medical/treatment/release centers,	based programs run by your jails (e.g., electronic
halfway houses, or work farms); or on transfer to	monitoring, house arrest, community service, day
treatment facilities	reporting, work programs)
Under your jurisdiction but out to court	 Under your jurisdiction but AWOL, escaped, or on long- term transfer to another jurisdiction
 In transit to or from your facilities while under your	 In the process of arrest by your agency, but not yet
jurisdiction	booked into your jail facility

What deaths should be reported?

BURDEN STATEMENT

LAST LREST M On what date did the inmate die? 1 2 1 7 On what date did the inmate die? 5 2 0 1 7 MONTH DAY YEAR 9 Was the inmate being confined in your jail facility on behalf of any of the following? What was the name and location of the correctional facility involved? PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-DON YES NO KNO a. U.S. Immigration and Customs Enforcement	Edwards Dennis	under your jurisdiction?
On what date did the inmate die? 1 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LAST FIRST MI	1 2 1 3 2 0 1 7
1 2 1 5 2 1 7 Mouth DAY YEAR PLASE PROVIDE A RESPONSE FOR EACH ITEM (a-DON the following? What was the name and location of the correctional facility involved? DON Facility Name: DON Orleans Justice Center DON Facility City: Facility State: New Orleans LA What was the inmate's date of birth? On the prime of Hispanic, Latino, or Spanish origin? Yes Male Female What was the inmate's race? Please select one or more of the following racial categories: White Black or African American Mute Havaiian or Pacific Islander Some other race Please Specify: Please Specify: Please Specify: 9. Was the inmate ver stay overnight in a mental health facility? Yes No 12. Since admission, did the inmate ever stay overnight in a mental health facility? Yes 13. No 14. Since admission, did the inmate ever stay overnight in a mental health facility?		MONTH DAY YEAR
MONTH DAY What was the name and location of the correctional facility involved? Facility Name: Orleans Justice Center Facility City: New Orleans Addition what was the inmate's date of birth? O1 1 1 1 1 9 7 6 Month Mate Female What was the inmate's date of birth? O1 1 1 1 1 9 7 6 Month Mate Female What was the inmate's date of birth? O 1 Ant 1 1 9 7 6 Month Male Female What was the inmate's sex? Male Permale What was the inmate's tace? Please select one or more of the following recial catagories: White Black or African American Asian Asian Notice Havaian or Pacific Islander Some other race	On what date did the inmate die?	
MONTH DAY What was the name and location of the correctional facility involved? Facility Name: Orleans Justice Center Facility City: New Orleans Addition what was the inmate's date of birth? O1 1 1 1 1 9 7 6 Month Mate Female What was the inmate's date of birth? O1 1 1 1 1 9 7 6 Month Mate Female What was the inmate's date of birth? O 1 Ant 1 1 9 7 6 Month Male Female What was the inmate's sex? Male Permale What was the inmate's tace? Please select one or more of the following recial catagories: White Black or African American Asian Asian Notice Havaian or Pacific Islander Some other race		9. Was the inmate being confined in your jail facilit
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Orleans Justice Center Facility City: Facility City: New Orleans LA What was the inmate's date of birth? 0 1 1 9 7 Montrie Day YEAR 10. For what offense(s) was the inmate being held? a. Theft b. Simple Criminal Damage to Property c. Criminal Trespass d.	facility involved?	a. U.S. Immigration and
Orleans Justice Center Facility City: Facility City: New Orleans LA What was the inmate's date of birth? 0 1 1 9 7 Montrie Day YEAR 10. For what offense(s) was the inmate being held? a. Theft b. Simple Criminal Damage to Property c. Criminal Trespass d.	Facility Name:	b. U.S. Marshals Service
Facility City: Facility State: New Orleans IA What was the inmate's date of birth? 0 1 1 1 0 1 1 1 0 1 1 1 0 1 1 1 0 1 1 1 0 1 1 1 0 1 1 1 1 9 0 1 1 1 1 9 0 1 1 1 1 9 0 1 1 1 0 1 1 1 1 1 0 1 1 1 <td>Orleans Justice Center</td> <td>c. State or federal prison,</td>	Orleans Justice Center	c. State or federal prison,
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MONTH Day What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes Yes Yes Yes Yes No 11. What was the inmate's legal status at time of death? (For inmates with more than one status, rep the status associated with the most serious offense. Convicted—new court commitment Convicted—new court commitment Convicted—new court commitment Convicted—returned probation/parole violate Unconvicted Other Black or African American Asian Native Hawaiian or Pacific Islander Native Hawaiian or Pacific Islander Please Specify: 12. Since admission, did the inmate ever stay overnight in a mental health observation unit or outside mental health facility? Yes No		h Simple Criminal Damage to Property
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 Asian Native Hawaiian or Pacific Islander Some other race Please Specify: Yes No 	American Indian or Alaska Native	12. Since admission, did the inmate ever stav
Some other race Please Specify: Please Specify: No		
		outside mental health facility?
		T Vec
	Please Specify:	

13. When	e did the inmate die? In a general housing unit within the jail facility or in a general housing unit on jail grounds In a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail facility In a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere Please Specify:
	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
a	Evaluation complete—results are pending
	No evaluation is planned
15. 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] Overdose - Heroin
	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]
16 W/bo	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	In the jail facility or on the jail grounds
	In the inmate's cell/room In a temporary holding area/lockup
[PLEAS	
SPECIF	 In a special medical unit/infirmary In a special mental health services unit Elsewhere within the jail facility
n	Outside the jail facility (e.g., while on work release or on work detail)
ă	Elsewhere
	Please Specify:

_	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related		
	Morning (6 am to Noon)		
	Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)		
B	Overnight (Midnight to 6 am)		
	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? NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide		
	YES NO DON'T KNOW		
	b. Diagnostic tests (e.g., X-rays, MRI)		
	c. Medications		
	e. Surgery f. Confinement in special medical unit		
after	Deceased developed condition after admission		
ase ad	Could not be determined		

Form (CJ-9	DEATHS IN CUSTODY DEATH REPORT ON IN UNDER JAIL JURISDI	MATES	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLETED	BY:	
Name			Title	
Official Address		Т	elephone	
City			FAX	
State	Zip	E-mail		

If no deaths occurred in 2017:

- You do 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: <u>https://bjsdcrp.rti.org</u> E-MAIL: <u>bjsdcrp@rti.org</u> 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, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

INCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
 Confined in your jail facilities, whether housed under	 Confined in facilities operated by two or more
your own or another jurisdiction	jurisdictions or those held in privately operated jails
 Under your jurisdiction but housed in special jail	 Under your jurisdiction but in nonresidential community-
facilities (e.g., medical/treatment/release centers,	based programs run by your jails (e.g., electronic
halfway houses, or work farms); or on transfer to	monitoring, house arrest, community service, day
treatment facilities	reporting, work programs)
Under your jurisdiction but out to court	 Under your jurisdiction but AWOL, escaped, or on long- term transfer to another jurisdiction
 In transit to or from your facilities while under your	 In the process of arrest by your agency, but not yet
jurisdiction	booked into your jail facility

What deaths should be reported?

BURDEN STATEMENT

Johnson Jamaine	8. On what date was the inmate admitted to a facility under your jurisdiction?
LAST FIRST MI	0 9 2 1 2 0 1 6
	MONTH DAY YEAR
2. On what date did the inmate die?	
	9. Was the inmate being confined in your jail facility
0 5 2 0 2 0 1 7 MONTH DAY YEAR	on behalf of any of the following?
	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)
3. What was the name and location of the correctional	DON'T YES NO KNOW
facility involved?	a. U.S. Immigration and
Facility Name:	b. U.S. Marshals Service
Orleans Justice Center	c. State or federal prison,
	Bureau of Indian Affairs, or any other jail jurisdiction
Facility City: Facility State:	
New Orleans LA	
	10. For what offense(s) was the inmate being held?
	a. Theft of Firearm by a Felon
4. What was the inmate's date of birth?	
0 5 2 7 1 9 9 3 MONTH DAY YEAR	b. Illegal Carrying of a Weapon
	c. Simple Burglary
	d Possession of Codeine
5. What was the inmate's sex?	d. Possession of Codeine
Male Female	e. Possession of Drug Paraphernalia
6. Was the inmate of Hispanic, Latino, or Spanish origin?	11. What was the inmate's legal status at time of
Yes	death? (For inmates with more than one status, report the status associated with the most serious offense.)
☑ No	Convicted—new court commitment
	Convicted—returned probation/parole violator
7. In addition, what was the inmate's race? Please	Unconvicted Other
select one or more of the following racial	Please Specify:
categories:	
White Black or African American	
American Indian or Alaska Native	12. Since admission, did the inmate ever stay
Asian Native Hawaiian or Pacific Islander	overnight in a mental health observation unit or an
	outside mental health facility?
Some other race	
Some other race Please Specify:	I Yes
	☐ Yes ☑ No ☐ Don't Know

30000000	In a general housing unit within the jail facility or in a general housing unit on jail grounds In a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail facility In a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere Please Specify:
reviev 2	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or w of medical records) available to establish an official cause of death? YES
	No evaluation is planned -> CONTINUE TO Q15
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] used bedding as ligature affixed to bar on cell's
	Homicide [Describe]
	Other cause(s) [Specify]
-	
Where	e 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 a special mental health services unit
	Elsewhere within the jail facility
	riddo opoury.
	Outside the jail facility (e.g., while on work release or on work detail) Elsewhere

	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)
service	Ing emergency care provided at the time of death, did the inmate receive any of the following medical as for the medical condition that caused his/her death after admission to your correctional facilities? NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide YES NO VES NO Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f) Surgery. Confinement in special medical unit.
after ac "Pre-ex 2 0	The cause of death the result of a pre-existing medical condition or did the inmate develop the condition dmission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark xisting medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined



If no deaths occurred in 2017:

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

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INCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
 Confined in your jail facilities, whether housed under	 Confined in facilities operated by two or more
your own or another jurisdiction	jurisdictions or those held in privately operated jails
 Under your jurisdiction but housed in special jail	 Under your jurisdiction but in nonresidential community-
facilities (e.g., medical/treatment/release centers,	based programs run by your jails (e.g., electronic
halfway houses, or work farms); or on transfer to	monitoring, house arrest, community service, day
treatment facilities	reporting, work programs)
Under your jurisdiction but out to court	 Under your jurisdiction but AWOL, escaped, or on long- term transfer to another jurisdiction
 In transit to or from your facilities while under your	 In the process of arrest by your agency, but not yet
jurisdiction	booked into your jail facility

What deaths should be reported?

BURDEN STATEMENT

Crawford Colby	under your jurisdiction?
LAST FIRST MI	0 5 0 3 2 0 1 6
	MONTH DAY YEAR
. On what date did the inmate die?	
0 2 2 2 2 0 1 7	9. Was the inmate being confined in your jail facility
MONTH DAY YEAR	on behalf of any of the following?
	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)
	DON'T
. What was the name and location of the correctional	YES NO KNOW
facility involved?	a. U.S. Immigration and
Facility Name:	b. U.S. Marshals Service
Orleans Justice Center	c. State or federal prison,
	Bureau of Indian Affairs, or any other jail jurisdiction
Facility City: Facility State: New Orleans LA	
New Orleans	
	10. For what offense(s) was the inmate being held?
. What was the inmate's date of birth?	a. Aggravated Battery
	h Demostie Abuse 2rd Offense
MONTH DAY YEAR	b. Domestic Abuse 3rd Offense
	c. Domestic Abuse with Aggravated Assault
	d. Aggravated Assault
. What was the inmate's sex?	d. Aggravated Assault
☑ Male □ Female	e. Simple Batter and Probation Violation
Was the inmete of Ulanamia Lating, or Cronish	
5. Was the inmate of Hispanic, Latino, or Spanish origin?	11. What was the inmate's legal status at time of
Yes	death? (For inmates with more than one status, report the status associated with the most serious offense.)
☑ No	Convicted—new court commitment
	Convicted—returned probation/parole violator
7. In addition, what was the inmate's race? Please	Unconvicted Other
select one or more of the following racial	Please Specify:
categories:	
 White Black or African American 	
American Indian or Alaska Native	12. Since admission, did the inmate ever stay
 Asian Native Hawaiian or Pacific Islander 	overnight in a mental health observation unit or ar
	outside mental health facility?
Some other race	
	☑ Yes
Some other race	Yes No Don't Know

13.1	Where	e did the inmate die?
		In a special mental health services unit within the jail facility
		In a mental health center outside the jail facility While in transit Elsewhere
		Please Specify:
	review	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or v of medical records) available to establish an official cause of death?
		YES
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
4		No evaluation is planned - CONTINUE TO Q15
15.1	-	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]
16.	Where	e 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 jail facility or on the jail grounds
	PLEASE	In a special medical unit/infirmary
		In a special mental health services unit Elsewhere within the jail facility Please Specify:
		Outside the jail facility (e.g., while on work release or on work detail) Elsewhere
	-	Please Specify:

. When	n did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)
	Overnight (Midnight to 6 am) Iding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
Ø	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW a. Evaluation by physician/medical staff Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) RESPONSE FOR RESPONSE FOR c. Medications Surgery RESPONSE FOR d. Treatment/care other than medications Surgery Surgery f. Confinement in special medical unit. Surgery Surgery
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
ease ad	Id any additional notes regarding this death here:

Form NPS-4A (Addendum)		DEATHS IN CUSTO STATE PRISON DEATH REP	INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL	
		FORM COMPLE	TED BY:		
Name	i di serie d Serie di serie		Title		
Official ddress	ي المسعور منا م ال		Telephone		
City	and a second		FAX		
State	Zip	E-mail	4	e a presenta a construction entre a construction de la construction de la construction de la construction de la	
If no deaths occ		Instructions for C	Completion		
If no deaths occ You will no At the beginst the begi	t need to report anythin nning of 2018, you will than one death in 201	g at this time. be asked to complete a sumr <u>7:</u>	an 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19	her or not you had a death occurrence in 20	
If no deaths occ • You will no • At the begin If you had more • Make copie	t need to report anythin nning of 2018, you will than one death in 201 s of this form for each	g at this time. be asked to complete a sumr <u>7:</u> additional death.	an 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19	her or not you had a death occurrence in 20	
If no deaths occ You will no At the begin If you had more Make copie Complete t	t need to report anythin nning of 2018, you will than one death in 201 s of this form for each he entire form for each	g at this time. be asked to complete a sumr <u>7:</u> additional death.	mary form wheth		
If no deaths occ You will no At the begin If you had more Make copie Complete t Once your	t need to report anythin nning of 2018, you will than one death in 201 es of this form for each he entire form for each death records are com	g at this time. be asked to complete a sumr <u>7:</u> additional death. inmate death.	nary form wheth to submit a dea	ath report: : RTI International, Attn: Data Capture	
If no deaths occ You will no At the begin If you had more Make copie Complete t Once your ONLINE:	t need to report anythin nning of 2018, you will than one death in 201 es of this form for each he entire form for each death records are com	g at this time. be asked to complete a summ <u>7:</u> additional death. inmate death. plete, there are several ways	nary form wheth to submit a dea	ath report:	
If no deaths occ You will no At the begin If you had more Make copie Complete t Once your ONLINE: E-MAIL: b	t need to report anythin nning of 2018, you will than one death in 201 so of this form for each he entire form for each death records are com Complete the report on	g at this time. be asked to complete a summ <u>7:</u> additional death. inmate death. plete, there are several ways line at: <u>https://bjsdcrp.rti.org</u>	nary form wheth to submit a dea	ath report: : RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.10 5265 Capital Boulevard	

INCLUDE deaths of ALL persons			EXCLUDE deaths of ALL persons		
٠	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	5	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.,	7	correctional facility in another state or in a federal facility		
	medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	•	Under probation or parole supervision in your state		
·	In transit to or from your facilities while under your supervision	•	Under your jurisdiction but on AWOL or escape-status at the time of death		

What deaths should be reported?

BURDEN STATEMENT

STATE PRISON INMATE DEATH REPORT

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Jones Harold J	your correctional facilities?
	LAST FIRST MI	1 0 1 1 2 0 0 6
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 8 0 6 2 0 1 7	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Schedule II
		b.
3.	What was the name and location of the correctional facility involved?	C.
	Facility Name:	d.
	Facility Name: Orleans Parish Prison	e.
	Facility City: Facility State:	and the second sec
	New Orleans LA	10. Since educing did the investment of
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
	and the second	☐ Yes
4.	What was the inmate's date of birth?	
	0 8 1 6 1 9 7 4	Don't Know
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	
J .		In a general housing unit in the facility or in a general housing unit on prison grounds
	☑ Male □ Female	In a segregation unit
		In a special medical unit/infirmary within your facility
		In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility
	origin?	 In a medical center outside your facility In a mental health center outside your facility
		While in transit
	☑ No	Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	White	
	Black or African American	
	 American Indian or Alaska Native Asian 	
	 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?
$ P = YES \longrightarrow 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] na
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
 14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a special medical unit/infirmary In a special medical unit/infirmary In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility (e.g., while on work release or on work detail) Elsewhere 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)

J

A.S. W

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

Please add any additional notes regarding this death here: