

Form CJ-9A



MORTALITY IN CORRECTIONAL INSTITUTIONS 2017 ANNUAL SUMMARY 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

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 1,234 ☒

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 bjsmci@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 juveniles.
- ✓ 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

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 15 minutes per response, 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.

INMATE COUNTS AND DEATHS

1. On December 31, 2017, how many persons under the supervision of your jail jurisdiction were CONFINED in your jail facilities?

INCLUDE—

- ✓ Persons on transfer to treatment facilities but who remain under your jurisdiction
- ✓ Persons held for other jurisdictions
- ✓ Persons in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to jail at night
- ✓ Persons out to court while under your jurisdiction.

EXCLUDE—

- X Persons under your jurisdiction who are housed elsewhere
- X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- X Persons in community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) who do NOT return to jail at night.

Inmates on
December 31,
2017

Males: ☐ Estimate

Females: ☐ Estimate

2. How many persons under the supervision of your jail jurisdiction were ADMITTED to your jail facilities during 2017?

INCLUDE—

- ✓ Persons officially booked into and housed in your jail facilities by formal legal document and by the authority of the courts or some other official agency
- ✓ Repeat offenders booked on new charges
- ✓ Persons serving a weekend sentence coming into the facility for the first time.

EXCLUDE—

- X Returns from escape, work release, medical appointments/treatment facilities, furloughs, bail/bond releases, and court appearances.

New ANNUAL
admissions
during 2017

Males: ☐ Estimate

Females: ☐ Estimate

3. On December 31, 2017, how many persons CONFINED in your jail facilities were held for—

- INCLUDE contractual, temporary, courtesy, or *ad hoc* holds for other agencies.
- Count persons with multiple holds only once with priority being federal, state, tribal, and local.

a. U.S. Immigration and Customs Enforcement: ☐ Estimate

b. U.S. Marshals Service: ☐ Estimate

c. All other holds (state and federal prison, Bureau of Indian Affairs, or any holds for other jail jurisdictions): ☐ Estimate

4. Between January 1, 2017, and December 31, 2017, what was the average daily population of your jail facilities?

- INCLUDE inmates who participated in weekend programs that allow offenders to serve their sentences 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, 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.
- If average daily population cannot be calculated as directed above, then estimate the typical number of persons held in your jail confinement facilities each day.

Average daily
population
during 2017

Males: ☐ Estimate

Females: ☐ Estimate

5. Between January 1, 2017, and December 31, 2017, how many persons died while under the supervision of your jail facilities?

INCLUDE deaths of ALL persons—

- ✓ 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 or facility-based house arrest program; or release center)
- ✓ WHILE IN TRANSIT to or from your jail facilities while under your supervision.

EXCLUDE—

- 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
inmate
deaths
during 2017

Males:

Females:

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

Instructions for Completion

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: <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, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or bjsdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- 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 out to court
- In transit to or from your facilities while under your jurisdiction

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

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.

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Mealey LAST Narada FIRST C MI

2. On what date did the inmate die?

1 1 0 2 2 0 1 7
MONTH DAY YEAR

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

Facility Name:

Orleans Justice Center

Facility City:

New Orleans

Facility State:

LA

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

0 6 2 6 1 9 8 5
MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male
☐ Female

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

- ☐ Yes
☒ No

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

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

→ Please Specify:

8. On what date was the inmate admitted to a facility under your jurisdiction?

1 0 2 7 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)

- | | YES | NO | DON'T KNOW |
|---|--------------------------|-------------------------------------|--------------------------|
| a. U.S. Immigration and Customs Enforcement..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. U.S. Marshals Service..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

- a. Warrant - Drug Violation
- b. Warrant - Traffic Violation
- c.
- d.
- e.

11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)

- ☐ Convicted—new court commitment
☐ Convicted—returned probation/parole violator
☒ Unconvicted
☐ Other

→ Please Specify:

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☐ Yes
☒ No
☐ Don't Know

13. Where 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/infirmery 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:

14. 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 Q15**
- ☐ 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 Q15**

15. What was the cause of death? * Please SPECIFY cause of death—it 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] →

16. 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 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/infirmery
 - ☐ In a special mental health services unit
 - ☐ Elsewhere within the jail facility

[PLEASE SPECIFY]

↳ Please Specify:

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

↳ Please Specify:

17. 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)

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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f) |
| b. Diagnostic tests (e.g., X-rays, MRI) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| c. Medications | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Treatment/care other than medications | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| e. Surgery | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| f. Confinement in special medical unit. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

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

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

Instructions for Completion

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What deaths should be reported?

INCLUDE deaths of ALL persons...

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- 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 out to court
- In transit to or from your facilities while under your jurisdiction

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

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LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Sullivan Evan M
LAST FIRST MI

2. On what date did the inmate die?

1 1 0 5 2 0 1 7
MONTH DAY YEAR

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

Facility Name:

Temporary Detention Center

Facility City:

New Orleans

Facility State:

LA

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

0 5 1 8 1 9 9 0
MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male
☐ Female

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

- ☐ Yes
☒ No

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

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

→ Please Specify:

8. On what date was the inmate admitted to a facility under your jurisdiction?

0 9 1 9 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)

YES NO DON'T KNOW

- a. U.S. Immigration and Customs Enforcement.....☐ ☒ ☐
b. U.S. Marshals Service.....☐ ☒ ☐
c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction.....☐ ☒ ☐

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

- a. Second Degree Battery
b. 7 Counts of Simple Criminal Damage to P
c. Aggravated Battery
d.
e.

11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)

- ☐ Convicted—new court commitment
☒ Convicted—returned probation/parole violator
☐ Unconvicted
☐ Other

→ Please Specify:

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☐ Yes
☒ No
☐ Don't Know

13. Where 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/infirmiry within the jail facility
- ☐ In a special mental health services unit within the jail facility
- ☐ In a medical center outside the jail facility
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- ☐ While in transit
- ☐ Elsewhere

↳ Please Specify:

14. 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 Q15**
- ☐ 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 Q15**

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] → Heroin Overdose
- ☐ 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 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
 - ☐ 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/infirmiry
 - ☐ In a special mental health services unit
 - ☐ Elsewhere within the jail facility

[PLEASE SPECIFY]

↳ Please Specify:

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

↳ Please Specify:

17. 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)

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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f) |
| b. Diagnostic tests (e.g., X-rays, MRI) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Medications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Treatment/care other than medications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| e. Surgery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| f. Confinement in special medical unit. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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
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BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL

FORM COMPLETED BY:

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

Instructions for Completion

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EXCLUDE deaths of ALL persons...

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LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Pierce Jason M
LAST FIRST MI

2. On what date did the inmate die?

0 7 1 2 2 0 1 7
MONTH DAY YEAR

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

Facility Name:

Orleans Justice Center

Facility City:

New Orleans

Facility State:

LA

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

1 2 1 1 1 9 7 6
MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male
☐ Female

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

- ☐ Yes
☒ No

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

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

Please Specify:

8. On what date was the inmate admitted to a facility under your jurisdiction?

0 7 1 0 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)

- | | YES | NO | DON'T KNOW |
|---|--------------------------|-------------------------------------|--------------------------|
| a. U.S. Immigration and Customs Enforcement..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. U.S. Marshals Service..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

- a. 4 Counts of Simple Burglary
- b. Theft
- c. 2 Outstanding Warrants
- d.
- e.

11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)

- ☐ Convicted—new court commitment
☐ Convicted—returned probation/parole violator
☒ Unconvicted
☐ Other

Please Specify:

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☐ Yes
☒ No
☐ Don't Know

13. Where 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:

14. 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 Q15**
- ☐ 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 Q15**

15. What 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] →

16. 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 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

[PLEASE SPECIFY]

↳ Please Specify:

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

↳ Please Specify:

17. 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)

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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f) |
| b. Diagnostic tests (e.g., X-rays, MRI) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| c. Medications | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Treatment/care other than medications | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| e. Surgery..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| f. Confinement in special medical unit. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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

Please add any additional notes regarding this death here:

Died of natural causes due to a pre-existing heart condition.

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

Instructions for Completion

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: <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, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or bjsdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- 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 out to court
- In transit to or from your facilities while under your jurisdiction

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

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.

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Edwards Dennis

LAST FIRST MI

2. On what date did the inmate die?

1 2 1 5 2 0 1 7

MONTH DAY YEAR

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

Facility Name:

Orleans Justice Center

Facility City:

New Orleans

Facility State:

LA

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

0 1 1 1 1 9 7 6

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male
☐ Female

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

- ☐ Yes
☒ No

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

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

→ Please Specify:

8. On what date was the inmate admitted to a facility under your jurisdiction?

1 2 1 3 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)

- | | YES | NO | DON'T KNOW |
|---|--------------------------|-------------------------------------|--------------------------|
| a. U.S. Immigration and Customs Enforcement..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. U.S. Marshals Service..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

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

11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)

- ☐ Convicted—new court commitment
☐ Convicted—returned probation/parole violator
☒ Unconvicted
☐ Other

→ Please Specify:

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☐ Yes
☒ No
☐ Don't Know

13. Where 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:

14. 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 Q15**
- ☐ 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 Q15**

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. 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 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

[PLEASE SPECIFY]

↳ Please Specify:

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

↳ Please Specify:

17. 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)

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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f) |
| b. Diagnostic tests (e.g., X-rays, MRI) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Medications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Treatment/care other than medications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| e. Surgery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| f. Confinement in special medical unit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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

Please add 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

Instructions for Completion

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: <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, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or bjsdcrp@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- 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 out to court
- In transit to or from your facilities while under your jurisdiction

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

BURDEN STATEMENT

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LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST FIRST MI

2. On what date did the inmate die?

MONTH DAY YEAR

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

Facility Name:

Facility City:

Facility State:

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

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male
☐ Female

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

- ☐ Yes
☒ No

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

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

→

8. On what date was the inmate admitted to a facility under your jurisdiction?

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'T
YES NO KNOW | | |
|---|--------------------------|-------------------------------------|--------------------------|
| a. U.S. Immigration and Customs Enforcement..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. U.S. Marshals Service..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

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

11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)

- ☐ Convicted—new court commitment
☐ Convicted—returned probation/parole violator
☒ Unconvicted
☐ Other

→

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☐ Yes
☒ No
☐ Don't Know

13. Where 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/infirmiry 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:

14. 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 Q15**
- ☐ 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 Q15**

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] →
- ☐ 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 v
- ☐ Homicide [Describe] →
- ☐ Other cause(s) [Specify] →

16. 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 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/infirmiry
 - ☐ In a special mental health services unit
 - ☐ Elsewhere within the jail facility

[PLEASE SPECIFY]

└─ Please Specify:

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

└─ Please Specify:

17. 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)

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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f) |
| b. Diagnostic tests (e.g., X-rays, MRI) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Medications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Treatment/care other than medications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| e. Surgery..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| f. Confinement in special medical unit. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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

Please add 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

Instructions for Completion

If no deaths occurred in 2017:

- You do not need to report anything at this time.
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- Complete the entire form for each inmate death.
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E-MAIL: bjsdcrp@rti.org

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

MAIL: RTI International, Attn: Data Capture
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5265 Capital Boulevard
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If you need assistance, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or bjsdcrp@rti.org

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INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- 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 out to court
- In transit to or from your facilities while under your jurisdiction

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

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LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Crawford Colby

LAST FIRST MI

2. On what date did the inmate die?

0 2 2 2 2 0 1 7

MONTH DAY YEAR

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

Facility Name:

Orleans Justice Center

Facility City:

New Orleans

Facility State:

LA

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

0 1 1 4 1 9 9 4

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male
☐ Female

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

- ☐ Yes
☒ No

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

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

→ Please Specify:

8. On what date was the inmate admitted to a facility under your jurisdiction?

0 5 0 3 2 0 1 6

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)

- | | YES | NO | DON'T KNOW |
|---|--------------------------|-------------------------------------|--------------------------|
| a. U.S. Immigration and Customs Enforcement..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. U.S. Marshals Service..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

- a. Aggravated Battery
- b. Domestic Abuse 3rd Offense
- c. Domestic Abuse with Aggravated Assault
- d. Aggravated Assault
- e. Simple Batter and Probation Violation

11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)

- ☐ Convicted—new court commitment
☐ Convicted—returned probation/parole violator
☒ Unconvicted
☐ Other

→ Please Specify:

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ☒ Yes
☐ No
☐ Don't Know

13. Where 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/infirmiry 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:

14. 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 Q15**
- ☐ 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 Q15**

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] → Ingesting cocaine
- ☐ 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 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
 - ☐ 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/infirmiry
 - ☐ In a special mental health services unit
 - ☐ Elsewhere within the jail facility

[PLEASE SPECIFY]

↳ Please Specify:

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

↳ Please Specify:

17. 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)

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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f) |
| b. Diagnostic tests (e.g., X-rays, MRI) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Medications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Treatment/care other than medications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| e. Surgery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| f. Confinement in special medical unit. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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

Please add any additional notes regarding this death here:

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

Name

Title

Official
Address

Telephone

City

FAX

State

Zip

E-mail

Instructions for CompletionIf no deaths occurred in 2017:

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

If you had more than one death in 2017:

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

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

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

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bjsdcrp@rti.org
What deaths should be reported?**INCLUDE** deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Jones Harold J
LAST FIRST MI

2. On what date did the inmate die?

0 8 0 6 2 0 1 7
MONTH DAY YEAR

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

Facility Name:
Orleans Parish Prison
Facility City: New Orleans Facility State: LA

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

0 8 1 6 1 9 7 4
MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male
☐ Female

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

- ☐ Yes
☒ No

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

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

→ Please Specify:

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

1 0 1 1 2 0 0 6
MONTH DAY YEAR

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

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

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

- ☐ Yes
☐ No
☒ Don't Know

11. Where did the inmate die?

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

→ Please Specify:

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] → 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

[PLEASE SPECIFY]

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

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

☐ In a special medical unit/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

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

☐ Elsewhere

→ Please Specify:

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

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

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

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

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

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

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

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

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

Please add any additional notes regarding this death here: