-	c	OMB No. 1121-0249 Approval Expires 03/31/2019
Form NPS-4A (Addendum)	ORTALITY IN CORRECTIONAL INSTI STATE PRISON INMATE DEATH REPORT	BUDEAU OF JUSTICE STATISTICS
	FORM COMPLETED BY:	
Name	т	itle
Official Address	Telepho	one
City	F	XAX
State Zip	E-mail	
e _e e contra contra. Na	Instructions for Complet	
 If no deaths occurred in 2018: You do not need to complete 	this form.	
If you had more than one death in		
Make copies of this form for e		
 Complete the entire form for Once your death records are 	each inmate death. complete, there are several ways to submit	a death report:
ONLINE: Complete the repo	ort online at: <u>https://bjsmci.rti.org</u>	MAIL: RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100 5265 Capital Boulevard

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

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

Raleigh, NC 27690-1652

What deaths should be reported?

INCLUDE deaths of ALL persons		EXCL	UDE deaths of ALL persons
•	Confined in your correctional facilities, whether housed	•	Executed in your state
	under your jurisdiction or that of another state	. .	Confined in local jail facilities, whether located in or out of
•	Under your jurisdiction but housed in private correctional		state
	facilities, whether located in or out of state	•	Under your jurisdiction but housed in a state-operated
•	Under your jurisdiction but in special facilities (e.g.,		correctional facility in another state or in a federal facility
	medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	•	Under probation or parole supervision in your state
•	In transit to or from your facilities while under your supervision	•	Under your jurisdiction but on AWOL or escape-status at the time of death
an Maria an Constantina da Santa da Sa Santa da Santa		19 M 19 19	

BURDEN STATEMENT

	STATE PRISON INM	ATE	DEATH REPORT
A	hat was the inmate's name? aron Lawrence Ist FIRST	8.	On what date was the inmate admitted to one of your correctional facilities?
0 M	hat was the name and location of the prrectional facility involved?	9.	MONTH DAY YEAR For what offense(s) was the inmate being held? a. a. Posession of Firearm b. Money Laundering c. Posession with intention to distribute so
D	cility Name: IXON CORRECTIONAL INSTITUTE cility City: Facility State: ACKSON LA	10.	de e Since admission, did the inmate ever stay overnight in a mental health facility?
1	hat was the inmate's date of birth?		 Yes No Ø Don't Know
6. Wa	hat was the inmate's sex? ☑ Male □ Female as the inmate of Hispanic, Latino, or Spanish igin?	11.	 Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility
7. In a sel	 Yes ☑ Yes ☑ No addition, what was the inmate's race? Please lect one or more of the following racial tegories: 		 In a mental health center outside your facility While in transit Elsewhere Please Specify:
	 White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify: 		

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2.	Are the review	results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
	10	YES CONTINUE TO Q13
	6	Evaluation complete—results are pending
		Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	Ø	No evaluation is planned -> CONTINUE TO Q13
13	What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
		Was the cause of death?
		Illness—Exclude AIDS-related deaths [Specify] Heart Attack
		Acquired Immune Deficiency Syndrome (AIDS)
		Accidental alcohol/drug intoxication [Describe]
e norme e	Q	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]
Γ	4. Where	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	Ø	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
		In the prison facility or on the prison grounds
	٥	I (In the inmate's cell/room
		L + Lalding or 02/IOCKIII)
		 In a temporary notion gate anoccup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary
	[PLEASE	□ In a special metal health services unit
	SPECIFY]	
		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 c	lid 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)	

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Overnight (Midnight to 6 am)

"AGENOV ID.

	NOT APPLICABLE—Cause of death was accidental	injury, into:	xication, suicide, or he	omicide
		YES	NO DON'T KNOV	V
	 a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications 	[+]	[F]	PLEASE PROVIDE RESPONSE FOR EACH ITEM (a-f)
	d. Treatment/care other than medications			
	e. Surgery			
	f. Confinement in special medical unit	····L	∠	
after	the cause of death the result of a pre-existing medi admission? (If multiple conditions caused the deat -existing medical condition.")	ical condit th and <u>any</u>	ion or did the inmate of the conditions w	e develop the condition ere pre-existing, mark
	NOT APPLICABLE—Cause of death was accidental	injury, into	kication, suicide, or ho	micide
$\mathbf{\Theta}$	Pre-existing medical condition			
1	Deceased developed condition after admission Could not be determined			
Ö				

OMB No	1121-0249 Approva	Expires 03/31/2019
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Form	NPS-4A
(Adde	ndum)

MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 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 Completion

If no deaths occurred in 2018:

You do not need to complete this form.

If you had more than one death in 2018:

- 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://bjsmci.rti.org

E-MAIL: bjsmci@rti.org

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

MAIL: RTI International, Attn: Data Capture Project #: 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 (800) 344-1387 or bismci@rti.org

What deaths should be reported?

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

BURDEN STATEMENT

	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name? Carter Ernest LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 7 2 2 2 2 0 1 4 MONTH DAY YEAR
2.	On what date did the inmate die? $ \begin{array}{c c} 0 & 2 \\ \hline DAY \end{array} $ $ \begin{array}{c c} 2 & 3 \\ \hline Z & 0 \\ \hline PEAR \end{array} $ What was the name and location of the correctional facility involved?	 9. For what offense(s) was the inmate being held? a. Forcible Rape b. c.
4.	Facility Name: DIXON CORRECTIONAL INSTITUTE Facility City: Facility State: JACKSON LA What was the inmate's date of birth?	d. e. d. e. Ves Ves No
5.	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	 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
6.	 Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No 	 In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

review	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, o of medical records) available to establish an official cause of death?
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED
V	
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
\checkmark	Illness—Exclude AIDS-related deaths [Specify] Cancer
	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]
	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
G	In the prison facility or on the prison grounds
	 In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE	In a special medical unit/infirmary
SPECIFY]	In a special mental health services unit
	 In a segregation unit On death row, special unit awaiting capital punishment
	Elsewhere within the prison facility
	Please Specify:
	Outside the prison facility (e.g., while on work release or on work detail)
	Please Specify:
15. When	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
_	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related Morning (6 am to Noon) Afternoon (Noon to 6 pm)

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

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──Form I (Adder	TO TA	ALITY IN CORRECTIONAL I STATE PRISON INN DEATH REPOR	ATE	IONS 2018	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL
		FORM COMPLETE	BY:		
Name			Title		
Official Address		I	elephone		
City			FAX		
State [Zip	E-mail			
				1.1	
		Instructions for Con	pletion	l, e	
	eaths occurred in 2018: ou do not need to complete this	form.		- <u> </u>	
	ad more than one death in 201 ake copies of this form for each				
	molete the entire form for each				

Once your death records are complete, there are several ways to submit a death report:

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

E-MAIL: bjsmci@rti.org

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

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

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

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

BURDEN STATEMENT

	STATE PRISON IN	WATE DEV
1.	What was the inmate's name? Fuller Robert LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 1 2 0 7 2 0 1 5 MONTH DAY YEAR
2.	On what date did the inmate die? 1 2 0 3 2 0 1 8 MONTH DAY YEAR	 9. For what offense(s) was the inmate being held? a. Possession Cocaine intent to distribute b.
3.	What was the name and location of the correctional facility involved? Facility Name: DIXON CORRECTIONAL INSTITUTE Facility City: Facility State: LACKSON LA	C
4.	JACKSONLAWhat was the inmate's date of birth? $0 9$ $1 5$ $1 9 7 8$ MONTHDAYYEAR	 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?
5. 6.	 What was the inmate's sex? ☑ Male □ Female Was the inmate of Hispanic, Latino, or Spanish origin? □ Yes ☑ No 	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

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re 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***
$\mathbf{\overline{C}}$	Illness—Exclude AIDS-related deaths [Specify] Bacterial Endocarditis
	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]
_	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
Ø	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
Ø	
Ø	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup
0	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria)
Ø	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit
[PLEASE	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit
[PLEASE	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit
[PLEASE	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment
[PLEASE	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify:
[PLEASE	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility <i>Please Specify:</i> Outside the prison facility (e.g., while on work release or on work detail)
[PLEASE SPECIFY]	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility <i>Please Specify:</i> Outside the prison facility (e.g., while on work release or on work detail)

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

16.	Exclu servi	uding emergency care provided at the time of death, did the inmate receive any of t ces for the medical condition that caused his/her death after admission to your co	the following medical -
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hon	nicide
		YES NO DON'T KNOW a. Evaluated by physician/medical staff	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)
17.	after "Pre-	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 hom Pre-existing medical condition	re pre-existing, mark

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

Please add any additional notes regarding this death here:

(Addendum) STATE		STATE PRISON IN DEATH REPOR			8 U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL	
		FORM COMPLETE	D BY:			
Name			Title			
fficial dress	CALINE AND		Telephone			
City			FAX			
State	Zip	E-mail				
		Instructions for Co	mpletion			
	deaths occurred in 2018:		mpletion	а у Калан 2014 ж. – Салан 2014 ж. – Салан		
• `	ou do not need to complete this	form.	mpletion			
• If you	You do not need to complete this	form. 18:	mpletion			
• <u>If you</u> • 1	You do not need to complete this had more than one death in 20 Make copies of this form for each Complete the entire form for each	form. 1 <u>8:</u> additional death. n inmate death.				
• <u>lf you</u> • 1	You do not need to complete this had more than one death in 20 Make copies of this form for each	form. 1 <u>8:</u> additional death. n inmate death.				
• If you • I • (You do not need to complete this had more than one death in 20 Make copies of this form for each Complete the entire form for each Once your death records are com ONLINE: Complete the report or	form. <u>18:</u> additional death. n inmate death. nplete, there are several ways to	submit a dea	ath report: .: RTI Intern Project #:	ational, Attn: Data Capture 0215015.001.300.117.102.100	
If you • 1 • (You do not need to complete this had more than one death in 20 Make copies of this form for each Complete the entire form for each Dnce your death records are com	form. <u>18:</u> additional death. n inmate death. nplete, there are several ways to	submit a dea	ath report: .: RTI Intern Project #: 5265 Cap		
• <u>If you</u> • <u>1</u> • (You do not need to complete this had more than one death in 20 Make copies of this form for each Complete the entire form for each Once your death records are com ONLINE: Complete the report or	form. 18: additional death. ninmate death. nplete, there are several ways to nline at: <u>https://bjsmci.rti.org</u>	submit a dea	ath report: .: RTI Intern Project #: 5265 Cap	0215015.001.300.117.102.100 tal Boulevard	

What deaths should be reported?

INCLUDE deaths of ALL persons...

Science are suit fait. It as the half the print at a part of the print of the print

- 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

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

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

1	YES	\longrightarrow	CONTINUE TO Q13

nne of

Evaluation complete—results are pending

- → SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
- ☑ No evaluation is planned → CONTINUE TO Q13

13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
U	Illness—Exclude AIDS-related deaths [Specify]
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
Q	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]
_	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
[PLEASE SPECIFY]	In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify:
	Outside the prison facility (e.g., while on work release or on work detail)
C	
	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)

_					et set a set of the se	
16.	Exclu servi	ding emergency care provided at the time ces for the medical condition that caused	e of death, did th his/her death af	e inmat ter admi	e receive any of ission to your co	the following medical rrectional facilities?
	0	NOT APPLICABLE—Cause of death was a	ccidental injury, ir	ntoxicatio	on, suicide, or hor	nicide
		 a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit 	······································		······································	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)
17.	after	the cause of death the result of a pre-exist admission? (If multiple conditions caused existing medical condition.")				
	Ξ	NOT APPLICABLE—Cause of death was a	ccidental injury, ir	ntoxicatio	on, suicide, or hon	nicide
		Pre-existing medical condition Deceased developed condition after admiss Could not be determined	sion		2011-10 2011-20	

Please add any additional notes regarding this death here:

OMB No. 1121-0249 Approval Expires 03/31/2019

Form NPS- (Addendum			I CORRECTIONA STATE PRISON I DEATH REPO	NMATE		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTIC: ND ACTING AS COLLECTION AGE RTI INTERNATIONAL
	4		FORM COMPLE	TED BY:		
Name				Title		
Official ddress				Telephone		
City				FAX		
State	Zip		E-mail			
State	Zip	Inst	E-mail	completion		
If no deaths	Zip		4 4	completion		
If no deaths • You do If you had m • Make c • Comple	occurred in 2018 not need to compore than one deal opies of this form te the entire form	<u>::</u> blete this form. a <u>th in 2018:</u> for each additional a for each inmate de	ructions for C		th report:	
If no deaths • You do If you had m • Make c • Comple • Once yo	occurred in 2018 not need to comport than one deal opies of this form the the entire form our death records	<u>::</u> blete this form. a <u>th in 2018:</u> for each additional a for each inmate de	death. eath. re are several ways	to submit a dea	RTI Internati	ional, Attn: Data Capture 215015.001.300.117.102.100

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

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

BURDEN STATEMENT

		ATE DEATH REPORT
	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name?ThorntonEverettLASTFIRSTMI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 5 1 6 2 0 1 8 MONTH DAY YEAR
2.	On what date did the inmate die? 1 0 2 5 2 0 1 8 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Car Jacking b.
3.	What was the name and location of the correctional facility involved? Facility Name: DIXON CORRECTIONAL INSTITUTE Facility City: Facility State: JACKSON LA What was the inmate's date of birth? 0 1 9 5 7 MONTH DAY YEAR	c.
5. 6.	What was the inmate's sex? ☑ Male □ Female Was the inmate of Hispanic, Latino, or Spanish origin?	 11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility
7.	 Yes No 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 Flease Specify: 	 In a mental health center outside your facility While in transit Elsewhere Please Specify:

	 review of medical records) available to establish an official cause of death? YES> CONTINUE TO Q13 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT LATER TIME FOR THE CAUSE OF DEATH
×	No evaluation is planned
13.	What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] ——— Cardio Pulmonary Arrest
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]
[PI	Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? Image: Not APPLICABLE - Cause of death was illness, intoxication, or AIDS-related Image: I

J.

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

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