MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE DEATH REPORT U.S. DEPARTMENT OF BUREAU OF JUSTICE ST AND ACTING AS COLLECT RTI INTERNATION	TATISTICS
FORM COMPLETED BY:	
Title	
Telephone	1
FAX	
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	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., madiaultrastructure) 	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				
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BURDEN STATEMENT

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

 1. What was the inmate's name? Bergeron Charles Charles Constructional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: Facility City: Facility State: Charles Charl		
LAST PRST M LAST PRST M 2. On what date did the inmate die? 0 1 1 1 2 0 1 2 0 2 2 5 2 0 1 8 For what offense(s) was the inmate being held? a Indecent behavior with juveniles b Oral Sexual Battery a Indecent behavior with juveniles b 5. What was the inmate's date of birth? Facility State: LA a Indecent behavior with facility? C 6. Was the inmate's date of birth? Don't Know 9 Don't Know 10 Since admission, did the inmate ever stay overnight in a mental health facility? Yes 5. What was the inmate's sex? Since admission, did the inmate die? 11 Where did the inmate die? 6. Was the inmate of Hispanic, Latino, or Spanish origin? In a special medical unit/infirmary within your facility In a segregation unt 7. In addition, what was the inmate's race? Please select one or more of the following racial categories: Please Specify: Please Specify: 7. In addition, what was the inmate's race? Please select one or more of the following racial categories: Please Specify: In a mental heal		
 0 2 2 5 2 0 1 8 MONTH DAY YEAR 9. For what offense(s) was the inmate being held? a. Mhat was the name and location of the correctional facility involved? a. What was the name and location of the correctional facility involved? a. What was the inmate's date of birth? 1 2 1 9 3 2 MONTH DAY YEAR 9. For what offense(s) was the inmate being held? a. Indecent behavior with juveniles b. Oral Sexual Battery c. Aggravated Battery d		
 b. What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: Facility State: SAINT GABRIEL LA 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes Month was the inmate's date of birth? O 3 1 2 1 9 3 2 MONTH DAY YEAR 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 general housing unit on prison grounds in a segregation unit. In a special mental health services unit within your facility In a special mental health services unit within your facility. 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 Menican Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race 	0 2 2 5 2 0 1 8	a. Indecent behavior with juveniles
Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: Facility State: SAINT GABRIEL LA 0 3 1 0 3 1 0 3 1 MoNTH DAY YEAR What was the inmate's date of birth? In a general housing unit in the facility? MONTH DAY YEAR In a general housing unit in the facility or in a general housing unit on prison grounds In a special medical unit/infirmary within your facility In a special medical unit/infirmary within your facility Was the inmate of Hispanic, Latino, or Spanish origin? Yes No Yes No In a 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		c. Aggravated Battery
SAINT GABRIEL LA What was the inmate's date of birth? ○ ○ 3 1 2 MONTH DAY YEAR What was the inmate's sex? ○ No ○ Male In a general housing unit in the facility or in a general housing unit on prison grounds Male In a general housing unit on prison grounds In a segregation unit In a segregation unit Was the inmate of Hispanic, Latino, or Spanish origin? Yes Yes No No In a medical center outside your facility In addition, what was the inmate's race? Please select one or more of the following racial categories: Please Specify: White Black or African American American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Some other race Some other race		
 What was the inmate's date of birth? 0 3 1 2 1 9 3 2 MONTH DAY YEAR What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No 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 		overnight in a mental health facility?
 What was the inmate's sex? Male Female In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a special mental health services unit within your facility In a mental health center outside your facility While in transit Elsewhere Please Specify: 	0 3 1 2 1 9 3 2	O No
 Male Female Was the inmate of Hispanic, Latino, or Spanish origin? 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 	그는 것 같은 것 같은 말했는 것 같아요. 사람들이 같아요.	11. Where did the inmate die?
 White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race 	 Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No In addition, what was the inmate's race? Please 	 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
	categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander	

12. Are

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

*	NOT AF	PLICABLE-Ca	use of death was a	accidental injury,	intoxicatio	on, suicide, or h	nomicide
	b. Diag c. Medi d. Trea e. Surg	nostic tests (e.g., cations tment/care other ery	n/medical staff , X-rays, MRI) than medications al medical unit	······································		······	W PLEASE PROVIDE RESPONSE FOR EACH ITEM (a-f)
				·····			
after	the caus admission e-existing	e of death the roon? (If multiple medical condition	esult of a pre-exis	sting medical co	ndition o any of th	e conditions w	te develop the conditi vere pre-existing, mar omicide
after "Pre-	the caus admissione-existing NOT All Pre-exist Deceas	e of death the roon? (If multiple medical condition PPLICABLE—Ca	esult of a pre-exis conditions cause ion.") ause of death was indition ondition after admis	sting medical co ed the death and accidental injury,	ndition o any of th	e conditions w	vere pre-existing, mar
after "Pre	the caus admission e-existing NOT All Pre-exist Deceas Could r	e of death the roon? (If multiple medical conditation PPLICABLE—Ca sting medical corr ed developed co ot be determined	esult of a pre-exis conditions cause ion.") ause of death was indition ondition after admis	sting medical co ed the death and accidental injury, ssion	ndition o any of th	e conditions w	vere pre-existing, mar

		OMB No	o. 1121-0249 A	pproval Expires 03/31/2019	
Form NPS-4A (Addendum)	RTALITY IN CORRECTIONAL STATE PRISON IN DEATH REPOR	MATE	ONS 2018	U.S. DEPARTMENT OF JUS BUREAU OF JUSTICE STAT AND ACTING AS COLLECTION RTI INTERNATIONAL	ISTIC AGE
	FORM COMPLETE	D BY:			
Name		Title			
Official Idress		Telephone			
City		FAX			
		-			
State Zip	E-mail				
If no deaths occurred in 2018:	Instructions for Co	mpletion			
If no deaths occurred in 2018: • You do not need to complete the	Instructions for Co	mpletion			
If no deaths occurred in 2018: • You do not need to complete th If you had more than one death in 20	Instructions for Co	mpletion			
If no deaths occurred in 2018: • You do not need to complete th If you had more than one death in 20 • Make copies of this form for each	Instructions for Co	mpletion			
If no deaths occurred in 2018: • You do not need to complete th If you had more than one death in 20 • Make copies of this form for eac • Complete the entire form for eac	Instructions for Co		th report:		
If no deaths occurred in 2018: • You do not need to complete th If you had more than one death in 20 • Make copies of this form for eac • Complete the entire form for eac	Instructions for Co is form. <u>018:</u> ch additional death. ch inmate death. mplete, there are several ways to	submit a deal	RTI Intern	national, Attn: Data Capture 0215015.001.300.117.102	
If no deaths occurred in 2018: • You do not need to complete the If you had more than one death in 20 • Make copies of this form for eac • Complete the entire form for eac • Once your death records are con	Instructions for Co is form. <u>018:</u> ch additional death. ch inmate death. mplete, there are several ways to	submit a deal	RTI Intern Project #: 5265 Cap		

	What deaths should be reported?						
INCLU	UDE deaths of ALL persons	EXCLUDE deaths of ALL persons					
	Confined in your correctional facilities, whether housed	Executed in your state					
3.1	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					
1	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 					
	2 South and the state of the	 particular and a second s					

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

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Bienvenu Robert	your correctional facilities?
	LAST FIRST MI	0 4 2 2 2 2 0 1 4 MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 1 1 1 2 0 1 8 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Sexual Battery
3.	What was the name and location of the correctional facility involved?	b c
	Facility Name:	d e
	Facility City: Facility State:	
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 6 0 2 1 9 5 2 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
		11. Where did the inmate die?
5.	What was the inmate's sex? Male Female	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	your facility In a medical center outside your facility In a mental health center outside your facility
	☐ Yes ☑ No	 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?

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]	cute Encephalopathy
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]	An interview of the second se Second second seco
Other cause(s) [Specify]	
 14. Where did the incident (e.g., accident, suicide, or homicide) of NOT APPLICABLE—Cause of death was illness, intoxication in the prison facility or on the prison grounds 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, lib) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punish Elsewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or Elsewhere 	on, or AIDS-related rary, cafeteria) ment
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) Overnight (Midnight to 6 am)

16. E s	xclu ervia	iding emerge ces for the n	ency care provid nedical conditior	ed at the time of that caused his/	death, did th her death af	ne inmate ter admi	e receive any of ssion to your co	the following medical prectional facilities?
	0	NOT APPLI	CABLE—Cause of	of death was accid	ental injury, i	ntoxicatio	on, suicide, or hor	nicide
		b. Diagnostc. Medicationd. Treatmente. Surgery.	ic tests (e.g., X-ra ons nt/care other than	edical staff ys, MRI) medications dical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
af	fter a	admission? existing med NOT APPLI Pre-existing Deceased d	(If multiple cond lical condition.")	itions caused the	e death and <u>a</u>	<u>any</u> of th	e conditions wei	develop the condition re pre-existing, mark
				Anna an an Anna an Anna an Anna Anna Anna	r Angeler (1990) Angeler (1990)			

Please add any additional notes regarding this death here:

Form NPS-4A (Addendum)		ALITY IN CORRECTIONAL INS STATE PRISON INMA DEATH REPORT	
		FORM COMPLETED E	BY:
Name			Title
Official Address		Tele	lephone
City			FAX
State	Zip	E-mail	
		Instructions for Comp	pletion

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.
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	What deaths should be reported?			
INC	CLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons		
	 Confined in your correctional facilities, whether housed 	Executed in your state		
	under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of		
	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., medical/testrest/slaps, satural halfwarehalf. 	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 		

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1.	What was the inmate's name? Brown Jerry LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 7 3 0 2 0 1 8 MONTH DAY YEAR
2.	On what date did the inmate die? $ \begin{array}{c c} 0 & 9 \\ \hline 0 & 9 \\ \hline DAY \end{array} \begin{array}{c} 2 & 9 \\ \hline 2 & 0 \\ \hline 2 & 0 \\ \hline 1 & 8 \\ \hline 8 \\ \hline$	 9. For what offense(s) was the inmate being held? a. F-Imprison Offender Armed b. c.
	correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: Facility State: SAINT GABRIEL LA	 d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 5 1 2 1 9 6 5 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex? ☑ Male □ Female	 11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	 In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

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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
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] cardiorespiratory failure
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
□ Other cause(s) [Specify]
 14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
In the prison facility or on the prison grounds
│ In the inmate's cell/room │ In a temporary holding area/lockup
In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary
SPECIFY] In a 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 <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)

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

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16.	Exclu servi	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?		
2	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide		
		YES NO DON'T KNOW a. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A c. Medications PLEASE PROVIDE A d. Treatment/care other than medications PLEASE PROVIDE A e. Surgery PLEASE PROVIDE A f. Confinement in special medical unit PLEASE PROVIDE A		
17.	after	he cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")		
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide		
		Pre-existing medical condition Deceased developed condition after admission Could not be determined		
p. 142				
Plea	ase ado	any additional notes regarding this death here:		

	NPS-4A ndum)	MORTALITY IN CORRECTION STATE PRISO DEATH RE	N INMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPL	ETED BY:	
Name			Title	
Official Address			Telephone	
City			FAX	
State	Zip	E-ma		

Instructions for Completion

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NCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons	
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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 	Under your jurisdiction but on AWOL or escape-status at	
supervision	the time of death	
	A second s Second second se	

What deaths should be reported?

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-	selv	
1.	What was the inmate's name? Encalade LAST FIRST	 8. On what date was the inmate admitted to one of your correctional facilities? 0 2 2 7 2 0 1 3 MONTH DAY YEAR
2.	On what date did the inmate die? 0 7 0 2 2 0 1 8 MONTH DAY YEAR	 9. For what offense(s) was the inmate being held? ^{a.} Sex Offender Registry ^{b.} Failure and Public Intimidation
3.	What was the name and location of the correctional facility involved?	c.
	Facility Name: ELAYN HUNT CORRECTIONAL CENTER	e.
	Facility City: Facility State: SAINT GABRIEL LA	10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 1 8 1 9 6 1 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
		11. Where did the inmate die?
5.	What was the inmate's sex? ☑ Male ☑ Female	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: Uhite Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

Area I

<u>/</u> .	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] Cancer
	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]
Ģ	Homicide [Describe]
	Other cause(s) [Specify]

14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?	
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related	
 In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary 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 <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	ling emergency care provided at the time of death, did the inmate receive any of the following medical es for the medical condition that caused his/her death after admission to your correctional facilities? NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide VES NO DON'T KNOW a. Evaluated by physician/medical staff
17.	after	The cause of death the result of a pre-existing medical condition or did the inmate develop the condition dmission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark xisting medical condition .") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A (Addendum)		TIONAL INSTITUTIO ISON INMATE I REPORT		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS ND ACTING AS COLLECTION AGEN RTI INTERNATIONAL
	FORM CO	MPLETED BY:	ба.,	
Name	· · · · · · · · · · · · · · · · · · ·	Title		
Official ddress		Telephone		
City		FAX		
State Zip		for Completion		
If no deaths occurred in 2018	Instructions	for Completion	n 	
	Instructions			
If no deaths occurred in 2018 • You do not need to comp If you had more than one dea • Make copies of this form	Instructions Sete this form. <u>ath in 2018:</u> for each additional death.			
If no deaths occurred in 2018 • You do not need to comp If you had more than one dea • Make copies of this form • Complete the entire form	Instructions Sete this form. <u>ath in 2018:</u> for each additional death.	for Completion	th report:	
If no deaths occurred in 2018 • You do not need to comp If you had more than one dea • Make copies of this form • Complete the entire form • Once your death records	Instructions Evolute this form. hth in 2018: for each additional death. of or each inmate death.	for Completion	RTI Internati	onal, Attn: Data Capture 15015.001.300.117.102.100
If no deaths occurred in 2018 • You do not need to comp If you had more than one dea • Make copies of this form • Complete the entire form • Once your death records	Instructions Delete this form. <u>ath in 2018:</u> for each additional death. of or each inmate death. are complete, there are severa	for Completion	RTI Internati Project #: 02 5265 Capita	15015.001.300.117.102.100

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.

			(a) A set of the se
	What was the inmate's name?	8.	On what date was the inmate admitted to one of your correctional facilities?
	Fetterly James		
	LAST FIRST MI		MONTH DAY YEAR
	On what date did the inmate die?		
		9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		^{a.} Forcible Rape
			b.
•	What was the name and location of the correctional facility involved?		C.
		à n	d.
	Facility Name: ELAYN HUNT CORRECTIONAL CENTER		e.
	Facility City: Facility State: SAINT GABRIEL LA		
		10.	Since admission, did the inmate ever stay
			overnight in a mental health facility?
•	What was the inmate's date of birth?		□ Yes □ No
	1 1 3 0 1 9 4 7 MONTH DAY YEAR		Don't Know
		11.	Where did the inmate die?
	What was the inmate's sex?		In a general housing unit in the facility or in a
	 Male Female 		general housing unit on prison grounds In a segregation unit
		24.0	In a special medical unit/infirmary within your facility
			In a special mental health services unit within
	Was the inmate of Hispanic, Latino, or Spanish origin?		your facility In a medical center outside your facility
	□ Yes		 In a mental health center outside your facility While in transit
	☑ No		
			Please Specify:
	In addition, what was the inmate's race? Please select one or more of the following racial		
	categories: ☑ White		
	 Black or African American American Indian or Alaska Native 		
	 Asian Native Hawaiian or Pacific Islander Some other race 		
	Please Specify:		

Sec. Sec.

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

0,

Evaluation complete—results are pending

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

☑ No evaluation is planned → CONTINUE TO Q13

	Illness—Exclude AIDS-related deaths [Specify] Cardiac/Repiratory A	rrest
	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]	
		 When TMP There the Court we therefore the state of the transition of the state of the transition of the state of the state
Ø		place?
_	re did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take 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	place?

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

"AGENICV ID.

	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW a. Evaluated by physician/medical staff Image: Constraint of the state o
after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
-	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
(ii	

manigli		ОМВ	No. 1121-0249 Approval Expires 03/31/2019
Form NPS-4A (Addendum)	MORT	ALITY IN CORRECTIONAL INSTITUT STATE PRISON INMATE DEATH REPORT	TIONS 2018 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	n
If no deaths occ • You do not	curred in 2018: t need to complete this	form.	
Make copieComplete	e than one death in 201 es of this form for each the entire form for each death records are com	additional death.	eath report:
ONLINE:	Complete the report on	line at: https://bjsmci.rti.org MAA	IL: RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100
			5265 Capital Boulevard
E-MAIL: <u>t</u>	ojsmci@rti.org		Raleigh, NC 27690-1652

What deaths should be reported?

INCLUDE deaths of ALL persons		Ē	EXCLU	JDE 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		٠	Under your jurisdiction but on AWOL or escape-status at the time of death
8	$L_{\rm ext}$ and $L_{\rm ext}$ and $L_{\rm ext}$ are subscription in the contrast of the set	0		

BURDEN STATEMENT

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

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

12. Are Initi

13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information*** □ Illness—Exclude AIDS-related deaths [Specify] → Multiple Co-Morbidities /Liver Disease □ Acquired Immune Deficiency Syndrome (AIDS) □ Accidental alcohol/drug intoxication [Describe] → □ Accidental alcohol/drug intoxication [Describe] → □ Accidental injury to self [Describe] → □ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] → □ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] → □ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] → □ Suicide [Describe] → □ Other cause(s) [Specify] → □ Other cause(s) [Specify] → □ Other cause(s) [Specify] → 14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? □ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related □ In the prison facility or on the prison grounds □ □ In a temporary holding area/lockup □ □ In a special metical unit/infirmary □ □ In a special metical unit/infir	reviev	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
Acquired Immune Deficiency Syndrome (AIDS) Accidental alcohol/drug intoxication [Describe] Accidental injury to self [Describe] Accidental injury to self [Describe] Accidental injury by other (e.g., vehicular accidents during transport) [Describe] Accidental injury by other (e.g., vehicular accidents during transport) [Describe] Homicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] Homicide [Describe] Other cause(s) [Specify] Other cause(s) [Specify] In the prison facility or on the prison grounds In the prison facility or on the prison grounds In the prison facility or on the prison grae/lockup In a sepecial mential health services unit In a sepecial mential health services unit In a sepecial mential health services unit In a sepecial mential nuit/infirmary Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere	_	
Accidental alcohol/drug intoxication [Describe]		Illness—Exclude AIDS-related deaths [Specify] — Multiple Co-Morbidities /Liver Disease
Accidental injury to self [Describe] Accidental injury by other (e.g., vehicular accidents during transport) [Describe] Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] Homicide [Describe] Other cause(s) [Specify] Other cause(s) [Specify] Other cause(s) [Specify] Other cause(s) [Specify] In the prison facility or on the prison grounds In the prison facility or on the prison grounds In the prison facility (e.g., vard, library, cafeteria) In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility (e.g., while on work release or on work detail) Elsewhere		Acquired Immune Deficiency Syndrome (AIDS)
Accidental injury by other (e.g., vehicular accidents during transport) [Describe] Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] Homicide [Describe] Other cause(s) [Specify] Other cause(s) [Specify] I.4. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the prison facility or on the prison grounds In the prison facility or on the prison grounds In a sepecial mental health services unit In a special mental health services unit In a sepecial unit awaiting capital punishment Elsewhere within the prison facility I elsewhere within the prison facility I elsewhere I cutside the prison facility (e.g., while on work release or on work detail) I elsewhere I elsewhere I cutside the prison facility (e.g., while on work release or on work detail) I elsewhere I elsewhere I cutside the prison facility (e.g., while on work release or on work detail) I elsewhere I elsewher		Accidental alcohol/drug intoxication [Describe]
during transport) [Describe]	Q	Accidental injury to self [Describe]
<pre>intentional drug overdose) [Describe]</pre>		
Other cause(s) [Specify] 14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a special mental health services unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility (e.g., while on work release or on work detail) Elsewhere		
14. 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: Imag		Homicide [Describe]
 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 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) 		Other cause(s) [Specify]
	[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 Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere

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

services for the medic	care provided at the time of dea cal condition that caused his/her LE—Cause of death was accidenta	death after admi	ission to your co	rrectional facilities?
b. Diagnostic tes c. Medications . d. Treatment/ca e. Surgery	physician/medical staff sts (e.g., X-rays, MRI) re other than medications in special medical unit	······································	············	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)
after admission? (If m "Pre-existing medical	th the result of a pre-existing me nultiple conditions caused the de condition.") SLE—Cause of death was accident	eath and <u>any</u> of th	ne conditions we	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:

Form NPS-4/ (Addendum)	MO	RTALITY IN CO ST	ORRECTIONA ATE PRISON DEATH REP	INMATE	ONS 2018	U.S. DEPARTMENT OF JUSTI BUREAU OF JUSTICE STATIST AND ACTING AS COLLECTION A RTI INTERNATIONAL	ics
	- Angeler	FO		TED BY:			
Name				Title			
Official ddress				Telephone			1
City				FAX			
		· · · · · · · · · · · · · · · · · · ·	E-mail	<u> </u>			
State	Zip	Instru	ctions for C	Completion			
If no deaths or	ccurred in 2018:	age Ford - Los and Los of A. Magginetication for an Africa and - Marka		Completion			
If no deaths or		age Ford - Los and Los of A. Magginetication for an Africa and - Marka		Completion			
If no deaths or • You do no If you had mor	ccurred in 2018: the need to complete the than one death in the second s	this form. 2018:	ctions for C	Completion			
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If no deaths or • You do no If you had mor • Make cop • Complete	curred in 2018: the need to complete the than one death in the softhis form for each the softhis for each the softhi	this form. <u>2018:</u> ach additional de ach inmate death	ctions for C		th report:		
If no deaths or • You do no If you had mor • Make cop • Complete • Once you	<u>e than one death in</u> the entire form for ea	this form. <u>2018:</u> ach additional de ach inmate death complete, there a	ctions for C ath. n. re several ways	to submit a dea	RTI Intern Project #	national, Attn: Data Capture :: 0215015.001.300.117.102.1	00
If no deaths or • You do no • You do no • Make cop • Complete • Once you ONLINE:	<u>ccurred in 2018:</u> t need to complete t <u>e than one death in</u> ies of this form for ea the entire form for e r death records are o	this form. <u>2018:</u> ach additional de ach inmate death complete, there a	ctions for C ath. n. re several ways	to submit a dea	RTI Intern Project # 5265 Cap		00

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INCL	UDE deaths of ALL persons	EXCLUDE deaths of ALL persons	
•	Confined in your correctional facilities, whether housed under your jurisdiction or that of another state	 Executed in your state Confined in local jail facilities, whether located in or out 	tof
•	Under your jurisdiction but housed in private correctional facilities, whether located in or out of state	Under your jurisdiction but housed in a state-operated	
•	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 the time of death	at

What deaths should be reported?

BURDEN STATEMENT

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

MATE DEATH REPORT
 8. On what date was the inmate admitted to one of your correctional facilities? 0 5 0 6 2 0 3 MONTH DAY YEAR
9. For what offense(s) was the inmate being held? a. Aggravated Rape b. Attempted Aggravated Rape 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/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:

		LATER TIME FOR THE CAUSE OF DEATH
	L	No evaluation is planned
3. W	/hat	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	$\mathbf{\nabla}$	Illness—Exclude AIDS-related deaths [Specify] Liver Disease
		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]
4. W	here	did the incident (e.g., accident, suicide, or homicide) causing the death take place?
		NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
		In the prison facility or on the prison grounds
		In a temporary holding area/lockup
	105	 In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary
(PLEA SPEC		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:
	_	O di i la di si ili da su unita en unati alegge es en unati detail)
		Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
		Please Specify:
	a an	
5. W	hen d	did the incident (e.g., accident, suicide, or homicide) causing the death occur?
	\square	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
		Morning (6 am to Noon)
		Afternoon (Noon to 6 pm)
	(b. 1	Evening (6 pm to Midnight)

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?
	O	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES NO DON'T KNOW a. Evaluated by physician/medical staff
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
	Ο	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
Ple	ase ad	d any additional notes regarding this death here:

		FORM COMPLE	TED BY:	
Name			Title	
Official ddress			Telephone	
City			FAX	
ſ			4	
	Eaths occurred in 2018:	E-mail	ompletion	
lf no de • Yo	eaths occurred in 2018: bu do not need to complete this	Instructions for C	ompletion	
If no de • Yo If you H • Ma	eaths occurred in 2018: ou do not need to complete this had more than one death in 20 ake copies of this form for each	Instructions for C s form. <u>18:</u> n additional death.	ompletion	
If no da • Yo If you H • Ma • Co	eaths occurred in 2018: ou do not need to complete this had more than one death in 20	Instructions for C s form. <u>18:</u> n additional death. h inmate death.		th report:
If no de • Yo If you h • Ma • Co • Or	eaths occurred in 2018: bu do not need to complete this had more than one death in 20 ake copies of this form for each omplete the entire form for each	Instructions for C s form. <u>18:</u> n additional death. h inmate death. nplete, there are several ways	to submit a dea	th report: RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100
lf no de • Yc lf you h • Ma • Co • On O	eaths occurred in 2018: bu do not need to complete this had more than one death in 20 ake copies of this form for each omplete the entire form for each nce your death records are cor	Instructions for C s form. <u>18:</u> n additional death. h inmate death. nplete, there are several ways	to submit a dea	RTI International, Attn: Data Capture

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

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

What deaths should be reported?

BURDEN STATEMENT

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

0	
one of	e the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or view 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.	/hat was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	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]
14.	Vhere did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
[P Sf	 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
	 Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:

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

16. Excluding emergency care provided at the time of death, did the inmate receive any or services for the medical condition that caused his/her death after admission to your c	f the following medical orrectional facilities?
NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or how the second sec	omicide
YES NO DON'T KNOW a. Evaluated by physician/medical staff	/ 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 after admission? (If multiple conditions caused the death and <u>any</u> of the conditions we "Pre-existing medical condition.")	
NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or ho	micide
 Pre-existing medical condition Deceased developed condition after admission Could not be determined 	
Please add any additional notes regarding this death here:	<u>a este decine de la consec</u> tion de la consection de la c

	and the second sec		
	FORM CO	OMPLETED BY:	
Name		Title	
Official ddress		Telephone	
City		FAX	
			Contraction of the second s
State	eaths occurred in 2018:	E-mail	
If no c	Instructions		
<u>If no c</u> • Y <u>If you</u> • M	Eaths occurred in 2018: ou do not need to complete this form. had more than one death in 2018: lake copies of this form for each additional death.		
<u>If no c</u> • Y <u>If you</u> • M • C	Eaths occurred in 2018: ou do not need to complete this form. had more than one death in 2018:	s for Completion	th report:
If no c • Y If you • M • C • C	Exactly constructions Exactly constructions Exactly constructed in 2018: Ou do not need to complete this form. <u>had more than one death in 2018:</u> ake copies of this form for each additional death. omplete the entire form for each inmate death.	s for Completion	RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100
<u>If no c</u> • Y <u>If you</u> • N • C	Instructions eaths occurred in 2018: ou do not need to complete this form. had more than one death in 2018: lake copies of this form for each additional death. omplete the entire form for each inmate death. nce your death records are complete, there are seve	s for Completion	RTI International, Attn: Data Capture

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

NCL	<u>UDE</u> 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	1	Under your jurisdiction but housed in a state-operated
•	Under your jurisdiction but in special facilities (e.g.,		correctional facility in another state or in a federal facility
	medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	•	Under probation or parole supervision in your state
•	In transit to or from your facilities while under your supervision	•	Under your jurisdiction but on AWOL or escape-status at the time of death

What deaths should be reported?

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		ATE DEATH REPORT
	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name? Freeman Bobby LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 5 1 4 1 9 9 7 MONTH DAY YEAR
2.	On what date did the inmate die? 0 4 1 2 0 1 8 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Aggravated Battery b.
3.	What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: Facility State: SAINT GABRIEL LA	c. d. e. 10. Since admission, did the inmate ever stay
4.	What was the inmate's date of birth? 1 1 2 5 1 9 4 6 MONTH DAY	 overnight in a mental health facility? Yes No Don't Know
5 . 6 .	What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish	 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
	origin? □ Yes ☑ No	 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: Uhite Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

J.	
2. Are th review	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or v of medical records) available to establish an official cause of death?
1	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
L د	No evaluation is planned -> CONTINUE TO Q13
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify]
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
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]
₽	
14. Wher ☑	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
0	In the prison facility or on the prison grounds
	□ In the inmate's cell/room □ In a temporary holding area/lockup
	In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE SPECIFY]	In a special medical unit/infirmary In a special mental health services unit
0, 20,	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. Wher	did the incident (e.g., accident, suicide, or homicide) causing the death occur?
Ē	
	Morning (6 am to Noon)

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

0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW a. Evaluated by physician/medical staff
after	the cause of death the result of a pre-existing medical condition or did the inmate develop the conditio admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
Ξ	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	Pre-existing medical condition

1	orm NP Addend	2 2	MORTALITY	N CORRECTION STATE PRISON DEATH REP		018 U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
				FORM COMPLE	TED BY:	
Of Add	lame ficial lress City State	Zip		E-mail	Title Telephone FAX	
				1		

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: <u>https://bjsmci.rti.org</u>

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

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

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

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STATE PRISON INM	MATE DEATH REPORT
What was the inmate's name? Green Charles LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 9 2 4 1 9 8 6 MONTH DAY YEAR
On what date did the inmate die? 0 6 2 6 2 0 1 8 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Armed Robbery
What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: SAINT GABRIEL Facility City: Facility State: LA	b
What was the inmate's date of birth? 0 1 2 7 1 9 4 5 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
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
Was the inmate of Hispanic, Latino, or Spanish origin? Yes No	 In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	
	What was the inmate's name? Green Charles LAST FIRST On what date did the inmate die? 0 6 2 0 1 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: Facility State: SAINT GABRIEL LA What was the inmate's date of birth? 0 1 2 7 MONTH DAY YEAR What was the inmate's sate of birth? Image: MONTH DAY YEAR What was the inmate's sex? Image: Image: Month DAY YEAR What was the inmate of Hispanic, Latino, or Spanish origin? Yes Imaddition, what was the inmate's race? Please Select one or more of the following racial categories: Imaddition, what was the inmate's race? Please Select one or more of the following racial categories: Imaddition, what was the inmate's race? Please Asian Imaddition racial notian or Alaska Native Asian Native Ha

reviev C	 he results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or w of medical records) available to establish an official cause of death? YES → CONTINUE TO Q13 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH No evaluation is planned → CONTINUE TO Q13
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Ľ	Illness—Exclude AIDS-related deaths [Specify] Cancer
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
Ģ	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]
	 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)

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

Morning (6 am to Noon)Afternoon (Noon to 6 pm)

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

16.	Exclu servic	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?
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES NO DON'T KNOW a. Evaluated by physician/medical staff Image: Construction of the state
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined

Please add any additional notes regarding this death here:

		OMB No. 1121-0	249 Approval Expires 03/31/2019
Form NPS-4A (Addendum)	MORTALITY IN CORRECTIONA STATE PRISON I DEATH REPO	NMATE	018 U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL
	FORM COMPLET	ED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State Zip	E-mail		
	Instructions for C	ompletion	
 If no deaths occurred in 2018: You do not need to complete 	te this form.		
 If you had more than one death Make copies of this form for Complete the entire form for Once your death records a 	r each additional death.	o submit a death repo	rt:
ONLINE: Complete the re	port online at: <u>https://bjsmci.rti.org</u>		nternational, Attn: Data Capture ct #: 0215015.001.300.117.102.100
E-MAIL: bjsmci@rti.org		5265	Capital Boulevard gh, NC 27690-1652
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

	What deaths sho	uld	be	reported?
<u>INCL(</u> • •	JDE 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)	_		JDE 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
•	In transit to or from your facilities while under your supervision	1. 1. 1.	•	Under your jurisdiction but on AWOL or escape-status at the time of death

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1	• What was the inmate's name? Green Wilbert	8. On what date was the inmate admitted to one of your correctional facilities?
	LAST FIRST MI	1 0 2 2 2 0 0 2 MONTH DAY YEAR
2	On what date did the inmate die? 1 0 8 2 0 1 8 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? ^{a.} Manslaughter
3	What was the name and location of the correctional facility involved?	b c d
	Facility Name: ELAYN HUNT CORRECTIONAL CENTER	e.
	Facility City:Facility State:SAINT GABRIELLA	10. Since admission, did the inmate ever stay
4	What was the inmate's date of birth? 1 2 0 7 1 9 5 5 MONTH DAY YEAR	overnight in a mental health facility? ☐ Yes ☐ No ☑ Don't Know
5	. What was the inmate's sex?	11. Where did the inmate die?
	MaleFemale	 general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility
6	 Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No 	 In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere
	. In addition, what was the inmate's race? Please select one or more of the following racial	

"ACENOV ID.

A CONTRACT

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Are th review	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or v of medical records) available to establish an official cause of death?
	 YES> 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] hypertension
	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]
Ø	 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)

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

Morning (6 am to Noon)

Afternoon (Noon to 6 pm)

Evening (6 pm to Midnight)

Overnight (Midnight to 6 am)

16.	Exclu servic	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?
	O	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES NO DON'T KNOW a. Evaluated by physician/medical staff
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.") 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:

	NPS-4A ndum)		MOR		CORRECTION STATE PRISON DEATH RE	INMATE	IONS 2018	BUREAU OF	RTMENT OF JUSTICE F JUSTICE STATISTIC AS COLLECTION AGE NTERNATIONAL
			-		FORM COMPL	ETED BY:			
Name						Title			
Official ddress						Telephone			
City						FAX			
		Zip		1.11.8	E-mail				
State				Instr		Completion	1		i i i i i i i i i i i i i i i i i i i i
	leaths occur		018:	Instr	ructions for	Completion	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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<u>lf no d</u> ∙ Y <u>lf you</u>	ou do not no had more th	red in 20 eed to co an one	omplete this death in 20	s form. <u>18:</u>	ructions for	Completion			
<u>If no d</u> • Y <u>If you</u> • M	ou do not no <u>had more th</u> lake copies	red in 20 an one of this fo	omplete this death in 20 orm for eac	s form. <u>18:</u> n additional o	ructions for	Completion			
If no d • Y If you • M • C	ou do not no <u>had more th</u> lake copies complete the	red in 2 eed to co an one of this fo entire fo	death in 20 frm for eac	s form. <u>18:</u> n additional (h inmate dea	ructions for				
<u>If no d</u> • Y <u>If you</u> • M • C • O	ou do not no had more th lake copies omplete the ince your de	red in 2 eed to co an one of this fo entire fo ath reco	omplete this death in 20 orm for eac orm for eac rds are cor	s form. <u>18:</u> n additional o h inmate dea nplete, there	ructions for death. ath.	s to submit a de	eath report: L: RTI Interr Project #:	0215015.001	Data Capture 1.300.117.102.100
<u>If no d</u> • Y <u>If you</u> • M • C • O	ou do not no had more th lake copies omplete the ince your de	red in 20 eed to co an one of this fo entire fo ath reco mplete t	omplete this death in 20 orm for eac orm for eac rds are cor he report o	s form. <u>18:</u> n additional o h inmate dea nplete, there	death. ath. are several way	s to submit a de	eath report: L: RTI Interr Project #: 5265 Cap		1.300.117.102.100 d

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

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		ATE DEATH REPORT
1.	What was the inmate's name? Hart Billy LAST	Are DEATH REPORT Provide 8. On what date was the inmate admitted to one of your correctional facilities? 1 1 1 6 2 0 1 MONTH DAY YEAR
2.	On what date did the inmate die? 0 3 1 6 2 0 1 8 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: Facility State: SAINT GABRIEL LA	 9. For what offense(s) was the inmate being held? Simple Burglary Theft Attempted Second Degree Murder e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 2 1 0 1 9 6 8 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish	 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
	origin? □ Yes ☑ No	 In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

	 YES> CONTINUE TO Q13 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED LATER TIME FOR THE CAUSE OF DEATH
(□ No evaluation is planned → CONTINUE TO Q13
13. What	t 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]
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]

C. C. S.

15

In the prison facility or on the prison grounds	
[PLEASE SPECIFY] [PLEASE [PLEASE] [PLEASE] [PLEA	
Please Specify:	
 Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify: 	

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

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

"AGENICY ID.

 NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide YES NO DON'T KNOW a. Evaluated by physician/medical staff Diagnostic tests (e.g., X-rays, MRI) C. Medications Confinement in special medical unit C. Medication of the result of a pre-existing medical condition or did the inmate develop the condition after admission? (<i>If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")</i> NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined 	16.	Exclu servic	ding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
 a. Evaluated by physician/medical staff		O	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
 after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission 			 a. Evaluated by physician/medical staff
 Pre-existing medical condition Deceased developed condition after admission 	17.	after	admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark
Deceased developed condition after admission	x	C	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		ō	Deceased developed condition after admission

Please add any additional notes regarding this death here:

						OMB N	o. 1121-0249 A	pproval Expires 03/31/2019
1	n NPS-4A endum)		MORTALII		ECTIONA PRISON II ATH REPC	MATE	ONS 2018	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
				FORM	COMPLET	ED BY:		
Name			in a start and a start			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 sho	ould be reported?
 NCLUDE 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.

4		
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
	Hill Harold	
	LAST FIRST MI	0 2 2 5 1 9 8 1
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 6 0 6 2 0 1 8	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Second Degree Murder
		^{b.} Manslaughter
3.	What was the name and location of the	C.
	correctional facility involved?	d.
	Facility Name:	
	ELAYN HUNT CORRECTIONAL CENTER	e.
	Facility City: Facility State:	
	SAINT GABRIEL	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		☐ Yes
4.	What was the inmate's date of birth?	
	0 5 2 2 1 9 4 3	Don't Know
	MONTH DAY YEAR	
	NONTH DAT TEAM	
		11. Where did the inmate die?
5.	What was the inmate's sex?	In a general housing unit in the facility or in a
	Male	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	your facility
	origin?	 In a medical center outside your facility In a mental health center outside your facility
2	Yes	While in transit
	☑ No	
		Please Specify:
7	In addition, what was the immete's read? Places	
7.	In addition, what was the inmate's race? Please select one or more of the following racial	
	categories:	
	□ White	
	Black or African American	
	American Indian or Alaska Native	
	 Asian Native Hawaiian or Pacific Islander 	
	Some other race	
	Please Specify:	
5. 19. juli		

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

□ YES → CONTINUE TO Q13

Evaluation complete—results are pending

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

☑ No evaluation is planned → CONTINUE TO Q13

13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***	
Illness—Exclude AIDS-related deaths [Specify] — Metastic Cancer Gallbladder	
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]	7
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?	1.1
 NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related 	
In the prison facility or on the prison grounds I (In the inmate's cell/room	
In a temporary holding area/lockup	
In a common area within the facility (e.g., yard, library, cafeteria)	
[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
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?				
	O	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homic	cide		
		b. Diagnostic tests (e.g., X-rays, MRI)	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)		
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate de admission? (If multiple conditions caused the death and <u>any</u> of the conditions were existing medical condition.")			
	Ξ	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homic	cide		
		.	ι.		
Plas	se adr	d any additional notes regarding this death here:			
1160	se aut	a any additional notes regarding this death nere.			

Form (Adder	NPS-4A ndum)	5 A A			U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
	4	FORM C	OMPLETED BY:		
Name			Title	1	
Official Address	and contract of the second of		Telephone		
City			FAX		
State	Zip		E-mail		
		Instruction	s for Completio	n	

If no deaths occurred in 2018:

• You do not need to complete this form.

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- 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 bjsmci@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

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

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, o review of medical records) available to establish an official cause of death?	or			
✓ YES> CONTINUE TO Q13 Evaluation complete—results are pending				
Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A				
LATER TIME FOR THE CAUSE OF DEATH				
No evaluation is planned				
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***				
☑ Illness—Exclude AIDS-related deaths [Specify] → Cardiac Arrest				
Acquired Immune Deficiency Syndrome (AIDS)]			
□ Accidental alcohol/drug intoxication [Describe]				
Accidental injury to self [Describe]				
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]				
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	11111111111111111111111111111111111111			
Homicide [Describe]				
Other cause(s) [Specify]				
 Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related 				
In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility <i>Please Specify:</i>				
 Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify: 				
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?				

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

et.

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

16. Excl serv	uding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
O	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW a. Evaluated by physician/medical staff
after	Pre-existing medical condition

Please add any additional notes regarding this death here:

		OMB No. 1121-0249 Approval Expires 03/31/2019			
Form NPS-4A (Addendum)	MORTALITY IN CORRECTIONAL STATE PRISON IN DEATH REPOR	IMATE AND ACTING AS COLLECTION AGEN			
	FORM COMPLETE	ED BY:			
Name		Title			
Official Address		Telephone			
City		FAX			
State Zip	E-mail				
	Instructions for Con	mpletion			
If no deaths occurred in 2018: • You do not need to complete	ete this form.				
 If you had more than one death Make copies of this form for Complete the entire form for Once your death records a 	or each additional death.	submit a death report:			
ONLINE: Complete the re E-MAIL: <u>bjsmci@rti.org</u>	port online at: <u>https://bjsmci.rti.org</u>	MAIL: RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652			

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

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vvnar	deaths	snould	De re	ported /
	acatho	onoura	2010	portour

NCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
Confined in your correctional facilities, whether housed	Executed in your state
under your jurisdiction or that of another state	 Confined in local jail facilities, whether located in or out of
Under your jurisdiction but housed in private correctional facilities what has least ad in as such of atoms	state
facilities, whether located in or out of state	 Under your jurisdiction but housed in a state-operated correctional facility in another state or in a 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
 State and the second sec	enter a substance and an and a substance and a substance of a substance of the substance of

BURDEN STATEMENT

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

■ Evaluation complete—results are pending → SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT LATER TIME FOR THE CAUSE OF DEATH ■ No evaluation is planned → CONTINUE TO Q13 33. What was the cause of death? *** Please SPECIFY cause of death—it is critical information*** ■ Illness—Exclude AIDS-related deaths [Specify] → Sepsis ■ Accidental alcohol/drug intoxication [Describe] ■ Accidental alcohol/drug intoxication [Describe] ■ Accidental injury to self [Describe] ■ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] ■ Homicide (Describe] ■ Other cause(s) [Specify] ■ Other cause(s) [Specify] ■ In the prison facility or on the prison grounds ■ In the prison facility or on the prison grounds ■ In a temporary holding areal/ockup ■ In a sepcial mental health services unit ■ In a sepc			
LATER TIME FOR THE CAUSE OF DEATH No evaluation is planned → CONTINUE TO Q13 3. What was the cause of death? *** Please SPECIFY cause of death—it is critical information*** Illness—Exclude AIDS-related deaths [Specify] → Sepsis 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] → II. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? II. In the prison facility or on the prison grounds In the immate's cell/room In a special medical unit/infirmary In a special mental health services unit In a special unit anality (e.g., yard, library, cafeteria) In a special mental health services unit In a special ment		Ľ	Evaluation complete—results are pending
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***			
Illness—Exclude AIDS-related deaths (Specify) Sepsis 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] Other cause(s) [Specify] In the prison facility or on the prison grounds Image: Specify in the associate and the facility (e.g., yard, library, cafeteria) In the prison facility or on the prison grounds Image: Specify in the association of the prison facility (e.g., while on work release or on work detail) Image: Specify: Outside the prison facility (e.g., while on work release or on work detail)			No evaluation is planned -> CONTINUE TO Q13
Illness—Exclude AIDS-related deaths (Specify) Sepsis 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] Other cause(s) [Specify] In the prison facility or on the prison grounds Image: Specify in the associate and the facility (e.g., yard, library, cafeteria) In the prison facility or on the prison grounds Image: Specify in the association of the prison facility (e.g., while on work release or on work detail) Image: Specify: Outside the prison facility (e.g., while on work release or on work detail)			
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] Homicide (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a special medical unit/infirmary In a special medical unit/infirmary In a special medical unit awaiting capital punishment Essewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Essewhere	13.	What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Accidental alcohol/drug intoxication [Describe] Accidental injury to self [Describe] Accidental injury by other (e.g., vehicular accidents during transport) [Describe] Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] Homicide [Describe] Other cause(s) [Specify] Other cause(s) [Specify] Other cause(s) [Specify] I4. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a sepcial mentical unit/infirmary In a special mentical mentilinfirmary PLEASE Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Eisewhere			Illness—Exclude AIDS-related deaths [Specify] Sepsis
Accidental injury to self [Describe] Accidental injury by other (e.g., vehicular accidents during transport) [Describe] Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] Homicide [Describe] Other cause(s) [Specify] Other cause(s) [Specify] Other cause(s) [Specify] Other cause(s) [Specify] Other cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In a sepcial metal health services unit In a special metal health services unit In a sepcial unit awaiting capital punishment Elsewhere within the prison facility (e.g., while on work release or on work detail) Elsewhere		-	Acquired Immune Deficiency Syndrome (AIDS)
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]			Accidental alcohol/drug intoxication [Describe]
during transport) [Describe]		Q	Accidental injury to self [Describe]
intentional drug overdose) [Describe] Homicide [Describe] Other cause(s) [Specify] Other cause(s) [Specify] NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the prison facility or on the prison grounds In a special mental health services unit In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility (e.g., while on work release or on work detail)			
Other cause(s) [Specify] I4. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility (e.g., while on work release or on work detail) Elsewhere			
 I4. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Outside the prison facility (e.g., while on work release or on work detail) 			Homicide [Describe]
 NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility (e.g., while on work release or on work detail) Elsewhere 			Other cause(s) [Specify]
 NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility (e.g., while on work release or on work detail) Elsewhere 			
In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere	14.	_	
[PLEASE In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere			
[PLEASE In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary 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) Elsewhere			
[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 Issue (e.g., while on work release or on work detail) Elsewhere Elsewhere			
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 Elsewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere 			In a segregation unit
Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere			
 Outside the prison facility (e.g., while on work release or on work detail) Elsewhere 			
Elsewhere			Flease Specify.
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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 NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
		 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 	······Q····· ······Q·····	····· ····· ····· ····· ····· ····· ····· ····· ····· ····· ····· ····· ····· ····· ····· ····· ·····	·······	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after	the cause of death the result of a pre-existing me admission? (If multiple conditions caused the de existing medical condition.")	dical con ath and <u>a</u>	dition or <u>ny</u> of the	r did the inmate of conditions wer	develop the condition re pre-existing, mark
	Ο	NOT APPLICABLE—Cause of death was accidenta	al injury, in	toxicatio	n, suicide, or hom	licide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined				

9