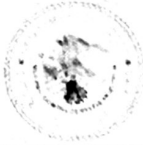


**Form NPS-4A
(Addendum)**



**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018
STATE PRISON INMATE
DEATH REPORT**

**U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL**

FORM COMPLETED BY:

Name

Title

Official
Address

Telephone

City

FAX

State

Zip

E-mail

Instructions for Completion

If no deaths occurred in 2018:

- You do not need to complete this form.

If you had more than one death in 2018:

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

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

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

E-MAIL: bjsmci@rti.org

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 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 INMATE DEATH REPORT

2. Are the res review

1. What was the inmate's name?

Lyons	Frederick	
LAST	FIRST	MI

2. On what date did the inmate die?

0	3	2	0	2	0	1	8
MONTH	DAY	YEAR					

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

0	4	0	8	1	9	6	0
MONTH	DAY	YEAR					

5. What was the inmate's sex?

- Male
- Female

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

- Yes
- No

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

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

↳ Please Specify:

--

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

0	6	2	0	1	9	8	3
MONTH	DAY	YEAR					

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

- a.

Simple Kidnapping

- b.

2nd degree murder (2counts)

- c.

--
- d.

--
- e.

--

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

- Yes
- No
- Don't Know

11. Where did the inmate die?

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

↳ Please Specify:

--

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

- YES → **CONTINUE TO Q13**
- Evaluation complete—results are pending
↳ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**
- No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***

- Illness—Exclude AIDS-related deaths [Specify] → Cardiac Arrest
- Acquired Immune Deficiency Syndrome (AIDS)
- Accidental alcohol/drug intoxication [Describe] →
- Accidental injury to self [Describe] →
- Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →
- Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
- Homicide [Describe] →
- Other cause(s) [Specify] →

14. 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/infirmery
 - In a special mental health services unit
 - In a segregation unit
 - On death row, special unit awaiting capital punishment
 - Elsewhere within the prison facility↳ Please Specify:
- Outside the prison facility (e.g., while on work release or on work detail)
- Elsewhere
↳ Please Specify:

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

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

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

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

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

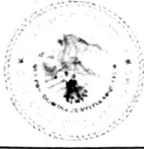
**PLEASE PROVIDE A
RESPONSE FOR
EACH ITEM (a-f)**

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

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

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

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018
STATE PRISON INMATE
DEATH REPORT**

 U.S. DEPARTMENT OF JUSTICE
 BUREAU OF JUSTICE STATISTICS
 AND ACTING AS COLLECTION AGENT:
 RTI INTERNATIONAL

FORM COMPLETED BY:

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

Instructions for Completion

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>

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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
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- 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 INMATE DEATH REPORT

Be the review of

1. What was the inmate's name?

Matthews	Leonard	
LAST	FIRST	MI

2. On what date did the inmate die?

0	4	0	8	2	0	1	8
MONTH		DAY		YEAR			

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

1	2	1	2	1	9	6	7
MONTH		DAY		YEAR			

5. What was the inmate's sex?

- Male
- Female

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

- Yes
- No

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

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

↳ Please Specify:

--

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

0	8	1	5	2	0	1	7
MONTH		DAY		YEAR			

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

- a.

Second Degree Battery

- b.

--
- c.

--
- d.

--
- e.

--

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

- Yes
- No
- Don't Know

11. Where did the inmate die?

- In a general housing unit in the facility or in a general housing unit on prison grounds
- In a segregation unit
- In a special medical unit/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:

--

Review 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**

What was the cause of death? *** Please SPECIFY cause of death—it is critical information***

- Illness—Exclude AIDS-related deaths [Specify] →
- Acquired Immune Deficiency Syndrome (AIDS)
- Accidental alcohol/drug intoxication [Describe] →
- Accidental injury to self [Describe] →
- Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →
- Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
- Homicide [Describe] →
- Other cause(s) [Specify] →

14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

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

In the prison facility or on the prison grounds

[PLEASE SPECIFY]

- In the inmate's cell/room
- In a temporary holding area/lockup
- In a common area within the facility (e.g., yard, library, cafeteria)
- In a special medical unit/infirmery
- In a special mental health services unit
- In a segregation unit
- On death row, special unit awaiting capital punishment
- Elsewhere within the prison facility

↳ Please Specify:

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

Elsewhere

↳ Please Specify:

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

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

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

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

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

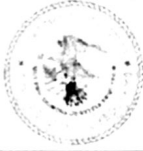
	YES	NO	DON'T KNOW	
a. Evaluated by physician/medical staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
b. Diagnostic tests (e.g., X-rays, MRI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>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

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

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

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

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)
MORTALITY IN CORRECTIONAL INSTITUTIONS 2018
STATE PRISON INMATE
DEATH REPORT

 U.S. DEPARTMENT OF JUSTICE
 BUREAU OF JUSTICE STATISTICS
 AND ACTING AS COLLECTION AGENT:
 RTI INTERNATIONAL

FORM COMPLETED BY:

Name

Title

Official
Address

Telephone

City

FAX

State

Zip

E-mail

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What deaths should be reported?

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

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STATE PRISON INMATE DEATH REPORT

12. Are the
[]

1. What was the inmate's name?

Mercadel	Martin	
LAST	FIRST	MI

2. On what date did the inmate die?

0	5	2	6	2	0	1	8
MONTH		DAY		YEAR			

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

 Facility City:

SAINT GABRIEL

 Facility State:

LA

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

0	7	1	5	1	9	5	5
MONTH		DAY		YEAR			

5. What was the inmate's sex?

- Male
- Female

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

- Yes
- No

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

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

↳

Please Specify:

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

0	1	1	1	2	0	1	3
MONTH		DAY		YEAR			

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

- a.

Forcible Rape

- b.

--
- c.

--
- d.

--
- e.

--

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

- Yes
- No
- Don't Know

11. Where did the inmate die?

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

↳

Please Specify:

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

YES → CONTINUE TO Q13

Evaluation complete—results are pending

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

No evaluation is planned → CONTINUE TO Q13

13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***

Illness—Exclude AIDS-related deaths [Specify] → Respiratory 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 incident (e.g., accident, suicide, or homicide) causing the death take place?

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

In the prison facility or on the prison grounds

[PLEASE SPECIFY]

In the inmate's cell/room

In a temporary holding area/lockup

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

In a special medical unit/infirmery

In a special mental health services unit

In a segregation unit

On death row, special unit awaiting capital punishment

Elsewhere within the prison facility

↳ Please Specify:

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

Elsewhere

↳ Please Specify:

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

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

Morning (6 am to Noon)

Afternoon (Noon to 6 pm)

Evening (6 pm to Midnight)

Overnight (Midnight to 6 am)

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

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

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

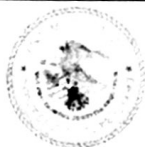
**PLEASE PROVIDE A
RESPONSE FOR
EACH ITEM (a-f)**

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

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

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

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)
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STATE PRISON INMATE
DEATH REPORT**

 U.S. DEPARTMENT OF JUSTICE
 BUREAU OF JUSTICE STATISTICS
 AND ACTING AS COLLECTION AGENT:
 RTI INTERNATIONAL

FORM COMPLETED BY:

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

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- 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
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EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
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STATE PRISON INMATE DEATH REPORT

12. Are the
revi

1. What was the inmate's name?

Miles Robert

LAST FIRST MI

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

0 4 1 1 2 0 1 3

MONTH DAY YEAR

2. On what date did the inmate die?

0 3 1 3 2 0 1 8

MONTH DAY YEAR

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

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

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

Facility Name:
ELAYN HUNT CORRECTIONAL CENTER

Facility City: SAINT GABRIEL Facility State: LA

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

- Yes
- No
- Don't Know

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

0 1 1 4 1 9 6 5

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 special medical unit/infirmary within your facility
- In a special mental health services unit within your facility
- In a medical center outside your facility
- In a mental health center outside your facility
- While in transit
- Elsewhere

Please Specify:

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

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

Please Specify:

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

YES → CONTINUE TO Q13

Evaluation complete—results are pending

↳ 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] →

Accidental injury to self [Describe] →

Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

Homicide [Describe] →

Other cause(s) [Specify] →

14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

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

In the prison facility or on the prison grounds

[PLEASE SPECIFY]

In the inmate's cell/room

In a temporary holding area/lockup

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

In a special medical unit/infirmery

In a special mental health services unit

In a segregation unit

On death row, special unit awaiting capital punishment

Elsewhere within the prison facility

↳ Please Specify:

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

Elsewhere

↳ Please Specify:

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

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

Morning (6 am to Noon)

Afternoon (Noon to 6 pm)

Evening (6 pm to Midnight)

Overnight (Midnight to 6 am)

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

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

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

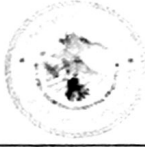
**PLEASE PROVIDE A
RESPONSE FOR
EACH ITEM (a-f)**

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

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

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

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018
STATE PRISON INMATE
DEATH REPORT**

 U.S. DEPARTMENT OF JUSTICE
 BUREAU OF JUSTICE STATISTICS
 AND ACTING AS COLLECTION AGENT:
 RTI INTERNATIONAL

FORM COMPLETED BY:

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

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

E-MAIL: bjsmci@rti.org
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 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 INMATE DEATH REPORT

2. Are t
rev:

1. What was the inmate's name?

Murray	Elijah	
LAST	FIRST	MI

2. On what date did the inmate die?

0	5	0	4	2	0	1	8
MONTH	DAY	YEAR					

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

Facility Name:
ELAYN HUNT CORRECTIONAL CENTER

Facility City: SAINT GABRIEL Facility State: LA

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

0	1	1	9	1	9	6	0
MONTH	DAY	YEAR					

5. What was the inmate's sex?

- Male
- Female

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

- Yes
- No

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

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

↳ Please Specify:

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

1	2	0	9	2	0	1	5
MONTH	DAY	YEAR					

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

- a. Distribution of Cocaine
- b.
- c.
- d.
- e.

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

- Yes
- No
- Don't Know

11. Where did the inmate die?

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

↳ Please Specify:

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

- YES → **CONTINUE TO Q13**
- Evaluation complete—results are pending
↳ **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] → Enlarged prostate nodular
- 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)
 - In a special medical unit/infirmery
 - In a special mental health services unit
 - In a segregation unit
 - On death row, special unit awaiting capital punishment
 - Elsewhere within the prison facility

[PLEASE SPECIFY]

↳ Please Specify:

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

↳ Please Specify:

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

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

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

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

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

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

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

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

Please add any additional notes regarding this death here:

**Form NPS-4A
(Addendum)**



**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018
STATE PRISON INMATE
DEATH REPORT**

**U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL**

FORM COMPLETED BY:

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

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 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 INMATE DEATH REPORT

review of me
YES
Eval

1. What was the inmate's name?

Oubre Jerome
LAST FIRST MI

2. On what date did the inmate die?

0 9 2 5 2 0 1 8
MONTH DAY YEAR

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

Facility Name:
ELAYN HUNT CORRECTIONAL CENTER
Facility City: SAINT GABRIEL Facility State: LA

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

1 0 2 2 1 9 6 2
MONTH DAY YEAR

5. What was the inmate's sex?

- Male
 Female

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

- Yes
 No

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

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

→ Please Specify:

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

0 8 1 5 2 0 0 8
MONTH DAY YEAR

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

- a. Aggravated Burglary
b.
c.
d.
e.

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

- Yes
 No
 Don't Know

11. Where did the inmate die?

- In a general housing unit in the facility or in a general housing unit on prison grounds
 In a segregation unit
 In a special medical unit/infirmarary 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:

ted to one of

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] → Liver Disease
- 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)
 - In a special medical unit/infirmery
 - In a special mental health services unit
 - In a segregation unit
 - On death row, special unit awaiting capital punishment
 - Elsewhere within the prison facility

[PLEASE SPECIFY]

↳ Please Specify:

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

↳ Please Specify:

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

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

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

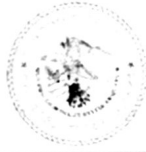
NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

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

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

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

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018
STATE PRISON INMATE
DEATH REPORT**

 U.S. DEPARTMENT OF JUSTICE
 BUREAU OF JUSTICE STATISTICS
 AND ACTING AS COLLECTION AGENT:
 RTI INTERNATIONAL

FORM COMPLETED BY:

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

Instructions for Completion

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If you had more than one death in 2018:

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MAIL: RTI International, Attn: Data Capture
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 5265 Capital Boulevard
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FAX (TOLL-FREE): (866) 800-9179

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

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STATE PRISON INMATE DEATH REPORT

12. Are

1. What was the inmate's name?

Richard	Jimmy	
LAST	FIRST	MI

2. On what date did the inmate die?

0	7	2	8	2	0	1	8
MONTH		DAY		YEAR			

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

 Facility State:

LA

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

0	6	2	3	1	9	6	9
MONTH		DAY		YEAR			

5. What was the inmate's sex?

- Male
- Female

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

- Yes
- No

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

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

↳ Please Specify:

--

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

0	7	1	6	2	0	0	9
MONTH		DAY		YEAR			

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

- a.

Aggravated Burglary

- b.

Unauthorized Use of a moveable

- 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:

--

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] → End Stage Lung 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. 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/infirmery
 - In a special mental health services unit
 - In a segregation unit
 - On death row, special unit awaiting capital punishment
 - Elsewhere within the prison facility

[PLEASE SPECIFY]

Please Specify:

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

Please Specify:

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

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

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

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

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

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

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

Pre-existing medical condition

Deceased developed condition after admission

Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018
STATE PRISON INMATE
DEATH REPORT**

 U.S. DEPARTMENT OF JUSTICE
 BUREAU OF JUSTICE STATISTICS
 AND ACTING AS COLLECTION AGENT:
 RTI INTERNATIONAL

FORM COMPLETED BY:

Name

Title

Official
Address

Telephone

City

FAX

State

Zip

E-mail

Instructions for Completion

If no deaths occurred in 2018:

- You do not need to complete this form.

If you had more than one death in 2018:

- Make copies of this form for each additional death.
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 5265 Capital Boulevard
 Raleigh, NC 27690-1652

E-MAIL: bjsmci@rti.org
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 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 INMATE DEATH REPORT

12. A

1. What was the inmate's name?

Rose William

LAST FIRST MI

2. On what date did the inmate die?

0 5 2 5 2 0 1 8

MONTH DAY YEAR

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

Facility Name:
ELAYN HUNT CORRECTIONAL CENTER

Facility City: SAINT GABRIEL Facility State: LA

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

0 1 0 7 1 9 5 3

MONTH DAY YEAR

5. What was the inmate's sex?

- Male
- Female

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

- Yes
- No

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

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

↳ Please Specify:

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

0 9 0 7 2 0 1 6

MONTH DAY YEAR

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

- a. Fourth operating a vehicle while intoxicated
- b.
- c.
- d.
- e.

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

- Yes
- No
- Don't Know

11. Where did the inmate die?

- In a general housing unit in the facility or in a general housing unit on prison grounds
- In a segregation unit
- In a special medical unit/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:

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] → Cardiac 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 incident (e.g., accident, suicide, or homicide) causing the death take place?

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

In the prison facility or on the prison grounds

[PLEASE SPECIFY]

In the inmate's cell/room

In a temporary holding area/lockup

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

In a special medical unit/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 incident (e.g., accident, suicide, or homicide) causing the death occur?

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

Morning (6 am to Noon)

Afternoon (Noon to 6 pm)

Evening (6 pm to Midnight)

Overnight (Midnight to 6 am)

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

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

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

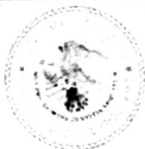
PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)

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

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

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

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)
MORTALITY IN CORRECTIONAL INSTITUTIONS 2018
STATE PRISON INMATE
DEATH REPORT

 U.S. DEPARTMENT OF JUSTICE
 BUREAU OF JUSTICE STATISTICS
 AND ACTING AS COLLECTION AGENT:
 RTI INTERNATIONAL

FORM COMPLETED BY:

Name

Title

Official
Address

Telephone

City

FAX

State

Zip

E-mail

Instructions for Completion

If no deaths occurred in 2018:

- You do not need to complete this form.

If you had more than one death in 2018:

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

ONLINE: Complete the report online at: <https://bjsmci.rti.org>
MAIL: RTI International, Attn: Data Capture
 Project #: 0215015.001.300.117.102.100
 5265 Capital Boulevard
 Raleigh, NC 27690-1652

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

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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 INMATE DEATH REPORT

1. What was the inmate's name?

Savoy Joseph

LAST FIRST MI

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

0 8 1 1 2 0 1 1

MONTH DAY YEAR

2. On what date did the inmate die?

1 2 0 3 2 0 1 8

MONTH DAY YEAR

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

- a. Aggravated Kidnapping
- b. Armed Robbery
- c. First Degree Robbery
- d.
- e.

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

Facility Name:
ELAYN HUNT CORRECTIONAL CENTER

Facility City: SAINT GABRIEL Facility State: LA

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

- Yes
- No
- Don't Know

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

1 1 0 7 1 9 6 5

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 special medical unit/infirmary within your facility
- In a special mental health services unit within your facility
- In a medical center outside your facility
- In a mental health center outside your facility
- While in transit
- Elsewhere

↳ Please Specify:

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

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

↳ Please Specify:

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] → Seizure, Cardiac Arrest
- Acquired Immune Deficiency Syndrome (AIDS)
- Accidental alcohol/drug intoxication [Describe] →
- Accidental injury to self [Describe] →
- Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →
- Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
- Homicide [Describe] →
- Other cause(s) [Specify] →

14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

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

- In the prison facility or on the prison grounds

[PLEASE SPECIFY]

- In the inmate's cell/room
- In a temporary holding area/lockup
- In a common area within the facility (e.g., yard, library, cafeteria)
- In a special medical unit/infirmery
- In a special mental health services unit
- In a segregation unit
- On death row, special unit awaiting capital punishment
- Elsewhere within the prison facility

↳ Please Specify:

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

↳ Please Specify:

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

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

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

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

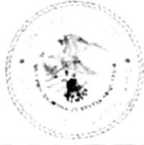
	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications	<input type="checkbox"/>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

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

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

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

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018
STATE PRISON INMATE
DEATH REPORT**

 U.S. DEPARTMENT OF JUSTICE
 BUREAU OF JUSTICE STATISTICS
 AND ACTING AS COLLECTION AGENT:
 RTI INTERNATIONAL

FORM COMPLETED BY:

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

Instructions for Completion

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

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

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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 INMATE DEATH REPORT

Are
review

1. What was the inmate's name?

Shannon	Alvin	
LAST	FIRST	MI

2. On what date did the inmate die?

0	5	1	5	2	0	1	8
MONTH		DAY		YEAR			

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

Facility Name:
ELAYN HUNT CORRECTIONAL CENTER

Facility City: SAINT GABRIEL Facility State: LA

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

0	1	1	7	1	9	4	2
MONTH		DAY		YEAR			

5. What was the inmate's sex?

- Male
- Female

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

- Yes
- No

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

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

↳ Please Specify:

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

0	2	0	4	1	9	8	7
MONTH		DAY		YEAR			

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

- a. First Degree Murder
- b.
- c.
- d.
- e.

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

- Yes
- No
- Don't Know

11. Where did the inmate die?

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

↳ Please Specify:

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] →
- 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)
 - In a special medical unit/infirmery
 - In a special mental health services unit
 - In a segregation unit
 - On death row, special unit awaiting capital punishment
 - Elsewhere within the prison facility

[PLEASE SPECIFY]

↳

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

↳

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

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

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

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

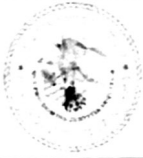
	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications	<input checked=""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

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

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

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

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018
STATE PRISON INMATE
DEATH REPORT**

 U.S. DEPARTMENT OF JUSTICE
 BUREAU OF JUSTICE STATISTICS
 AND ACTING AS COLLECTION AGENT:
 RTI INTERNATIONAL

FORM COMPLETED BY:

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

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 Project #: 0215015.001.300.117.102.100
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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
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STATE PRISON INMATE DEATH REPORT

2. Are the review of

1. What was the inmate's name?

Sharp	David	
LAST	FIRST	MI

2. On what date did the inmate die?

1	2	2	2	2	0	1	8
MONTH		DAY		YEAR			

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

Facility Name:

ELAYN HUNT CORRECTIONAL CENTER

Facility City:

SAINT GABRIEL

Facility State:

LA

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

0	4	2	2	1	9	4	7
MONTH		DAY		YEAR			

5. What was the inmate's sex?

- Male
- Female

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

- Yes
- No

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

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

↳

Please Specify:

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

1	0	2	7	1	9	9	3
MONTH		DAY		YEAR			

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

- a.

Simple Burglary

- b.

Manslaughter

- 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:

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] → Liver Disease

Acquired Immune Deficiency Syndrome (AIDS)

Accidental alcohol/drug intoxication [Describe] →

Accidental injury to self [Describe] →

Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

Homicide [Describe] →

Other cause(s) [Specify] →

14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

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

In the prison facility or on the prison grounds

[PLEASE SPECIFY]

In the inmate's cell/room

In a temporary holding area/lockup

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

In a special medical unit/infirmiry

In a special mental health services unit

In a segregation unit

On death row, special unit awaiting capital punishment

Elsewhere within the prison facility

↳ Please Specify:

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

Elsewhere

↳ Please Specify:

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

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

Morning (6 am to Noon)

Afternoon (Noon to 6 pm)

Evening (6 pm to Midnight)

Overnight (Midnight to 6 am)

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

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

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

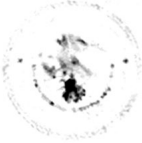
**PLEASE PROVIDE A
RESPONSE FOR
EACH ITEM (a-f)**

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

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

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

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018
STATE PRISON INMATE
DEATH REPORT**U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL**FORM COMPLETED BY:**

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

Instructions for CompletionIf 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>

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

E-MAIL: bjsmci@rti.org

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 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 INMATE DEATH REPORT

12. Are the
revi

1. What was the inmate's name?

Smith Eric MI
LAST FIRST MI

2. On what date did the inmate die?

0 2 2 4 2 0 1 8
MONTH DAY YEAR

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

Facility Name:
ELAYN HUNT CORRECTIONAL CENTER
Facility City: SAINT GABRIEL Facility State: LA

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

0 3 3 1 1 9 6 8
MONTH DAY YEAR

5. What was the inmate's sex?

- Male
- Female

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

- Yes
- No

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

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

↳ Please Specify:

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

1 0 1 4 2 0 0 3
MONTH DAY YEAR

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

- a. Armed Robbery
- b. Battery of police officer
- 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:

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] →

Acquired Immune Deficiency Syndrome (AIDS)

Accidental alcohol/drug intoxication [Describe] →

Accidental injury to self [Describe] →

Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

Homicide [Describe] →

Other cause(s) [Specify] →

14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

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

In the prison facility or on the prison grounds

[PLEASE SPECIFY]

- In the inmate's cell/room
- In a temporary holding area/lockup
- In a common area within the facility (e.g., yard, library, cafeteria)
- In a special medical unit/infirmiry
- In a special mental health services unit
- In a segregation unit
- On death row, special unit awaiting capital punishment
- Elsewhere within the prison facility

↳ Please Specify:

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

Elsewhere

↳ Please Specify:

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

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

Morning (6 am to Noon)

Afternoon (Noon to 6 pm)

Evening (6 pm to Midnight)

Overnight (Midnight to 6 am)

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

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

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

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

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

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

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018
STATE PRISON INMATE
DEATH REPORT**

 U.S. DEPARTMENT OF JUSTICE
 BUREAU OF JUSTICE STATISTICS
 AND ACTING AS COLLECTION AGENT:
 RTI INTERNATIONAL
FORM COMPLETED BY:

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

Instructions for CompletionIf 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.
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ONLINE: Complete the report online at: <https://bjsmci.rti.org>

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- 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 INMATE DEATH REPORT

Are the records reviewed

1. What was the inmate's name?

Spann Robert

LAST FIRST MI

2. On what date did the inmate die?

0 5 0 7 2 0 1 8

MONTH DAY YEAR

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

Facility Name:
ELAYN HUNT CORRECTIONAL CENTER

Facility City: SAINT GABRIEL Facility State: LA

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

0 3 0 2 1 9 3 1

MONTH DAY YEAR

5. What was the inmate's sex?

- Male
 Female

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

- Yes
 No

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

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

↳ Please Specify:

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

0 8 2 1 1 9 7 4

MONTH DAY YEAR

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

- a. Second Degree Murder
b. Armed Robbery
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/infirmiry 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:

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

- YES → CONTINUE TO Q13
- Evaluation complete—results are pending
↳ 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] → Cardiac Arrest, cellulitis of the leg
- Acquired Immune Deficiency Syndrome (AIDS)
- Accidental alcohol/drug intoxication [Describe] →
- Accidental injury to self [Describe] →
- Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →
- Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
- Homicide [Describe] →
- Other cause(s) [Specify] →

14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

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

In the prison facility or on the prison grounds

[PLEASE SPECIFY]

- In the inmate's cell/room
- In a temporary holding area/lockup
- In a common area within the facility (e.g., yard, library, cafeteria)
- In a special medical unit/infirmery
- In a special mental health services unit
- In a segregation unit
- On death row, special unit awaiting capital punishment
- Elsewhere within the prison facility

Please Specify:

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

Elsewhere

Please Specify:

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

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

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

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

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

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

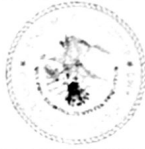
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

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

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

Please add any additional notes regarding this death here:

**Form NPS-4A
(Addendum)**



**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018
STATE PRISON INMATE
DEATH REPORT**

**U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL**

FORM COMPLETED BY:

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

Instructions for Completion

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:

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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 INMATE DEATH REPORT

12. Are the review

1. What was the inmate's name?
Steib Reginald
LAST FIRST MI

2. On what date did the inmate die?
0 9 1 7 2 0 1 8
MONTH DAY YEAR

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

4. What was the inmate's date of birth?
0 8 1 2 1 9 5 8
MONTH DAY YEAR

5. What was the inmate's sex?
 Male
 Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?
 Yes
 No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:
 White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Pacific Islander
 Some other race
↳ Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?
0 8 0 6 2 0 1 8
MONTH DAY YEAR

9. For what offense(s) was the inmate being held?
a. Unauthorized use of a motor vehicle
b.
c.
d.
e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?
 Yes
 No
 Don't Know

11. Where did the inmate die?
 In a general housing unit in the facility or in a general housing unit on prison grounds
 In a segregation unit
 In a special medical unit/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:

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

- YES → **CONTINUE TO Q13**
- Evaluation complete—results are pending

↳ **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] → Cardiac Arrest Due to Cardiogenic Shock

Acquired Immune Deficiency Syndrome (AIDS)

Accidental alcohol/drug intoxication [Describe] →

Accidental injury to self [Describe] →

Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

Homicide [Describe] →

Other cause(s) [Specify] →

14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

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

In the prison facility or on the prison grounds

[PLEASE SPECIFY]

- In the inmate's cell/room
- In a temporary holding area/lockup
- In a common area within the facility (e.g., yard, library, cafeteria)
- In a special medical unit/infirmery
- In a special mental health services unit
- In a segregation unit
- On death row, special unit awaiting capital punishment
- Elsewhere within the prison facility

↳ Please Specify:

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

Elsewhere

↳ Please Specify:

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

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

Morning (6 am to Noon)

Afternoon (Noon to 6 pm)

Evening (6 pm to Midnight)

Overnight (Midnight to 6 am)

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

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

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

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

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

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

Please add any additional notes regarding this death here:

Form NPS-4A
(Addendum)
MORTALITY IN CORRECTIONAL INSTITUTIONS 2018
STATE PRISON INMATE
DEATH REPORT

 U.S. DEPARTMENT OF JUSTICE
 BUREAU OF JUSTICE STATISTICS
 AND ACTING AS COLLECTION AGENT:
 RTI INTERNATIONAL

FORM COMPLETED BY:

Name

Title

Official
Address

Telephone

City

FAX

State

Zip

E-mail

Instructions for Completion

If no deaths occurred in 2018:

- You do not need to complete this form.

If you had more than one death in 2018:

- Make copies of this form for each additional death.
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- 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
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STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Williams	Michael	
LAST	FIRST	MI

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

0	4	2	3	2	0	0	1
MONTH		DAY		YEAR			

2. On what date did the inmate die?

0	5	1	2	2	0	1	8
MONTH		DAY		YEAR			

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

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

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

Facility Name:

Facility City: Facility State:

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

- Yes
- No
- Don't Know

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

0	1	1	9	1	9	6	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 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

↳

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

↳

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] → End Stage of Prostate Cancer/Multiple Con

Acquired Immune Deficiency Syndrome (AIDS)

Accidental alcohol/drug intoxication [Describe] →

Accidental injury to self [Describe] →

Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

Homicide [Describe] →

Other cause(s) [Specify] →

14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

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

In the prison facility or on the prison grounds

(PLEASE SPECIFY)

In the inmate's cell/room

In a temporary holding area/lockup

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

In a special medical unit/infirmery

In a special mental health services unit

In a segregation unit

On death row, special unit awaiting capital punishment

Elsewhere within the prison facility

↳ Please Specify:

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

Elsewhere

↳ Please Specify:

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

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

Morning (6 am to Noon)

Afternoon (Noon to 6 pm)

Evening (6 pm to Midnight)

Overnight (Midnight to 6 am)

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

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

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

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

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

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

Please add any additional notes regarding this death here: