

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 B	Y :	
ime		**************************************	Title	
ial ss		Telep	phone	
ity			FAX	
ate	Zip	E-mail	Appenditudes at the same of th	

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)
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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
- 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

Aging To The Party of the Party

1.	What was the inmate's n	ame?		8.		nat date was the inmate admitted to one of
	Lyons	Frederick				correctional facilities?
	LAST	FIRST	MI		0 6	6 2 0 1 9 8 3
					MONTH	H DAY YEAR
_	• • • • • • • • • • •					
2.	On what date did the inn					
	0 3 2 0 2	0 1 8		9.		hat offense(s) was the inmate being held?
	MONTH DAY YEA	R			a.	Simple Kidnapping
					b.	2nd degree murder (2counts)
3.	What was the name and				C.	Account of the second of the s
	correctional facility invo	ived?				
	Facility Name:				d.	
	ELAYN HUNT CORR	ECTIONAL CEN	NTER		e.	
	Facility City:	Facil	ity State:			
	SAINT GABRIEL	LA				
	The second secon			10.		admission, did the inmate ever stay
					overni	ight in a mental health facility?
4.	What was the inmate's d	ata of himth?				
٠.					ō	
	0 4 0 8 1 MONTH DAY YEA	9 6 0				
	MONTH DAT TEA	^				
				11.	Where	e did the inmate die?
5.	What was the inmate's s	ex?			•	
	☑ Male					general housing unit on prison grounds In a segregation unit
	☐ Female				Ō	In a special medical unit/infirmary within your
					1	facility In a special mental health services unit within
6.	Was the inmate of Hispan	nic, Latino, or Spa	nish			your facility
	origin?					
	☐ Yes ☑ No					
	E NO					Elsewhere
						Please Specify:
7.	In addition, what was the select one or more of the categories:		lease			
	■ White					
	☐ Black or African A					
	☐ American Indian o☐ Asian	i Alaska Native				
	☐ Native Hawaiian o	r Pacific Islander				
	Some other race		-	1		
	Please Speci	ry:		$\parallel \parallel$		
	-			11		

42. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem examiner review of medical records) available to establish an official cause of death?	, or
✓ YES — CONTINUE TO Q13	
Evaluation complete—results are pending	
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED LATER TIME FOR THE CAUSE OF DEATH) AT A
☐ 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]	1
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?	
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related	
☐ In the prison facility or on the prison grounds ☐ In the inmate's cell/room	
☐ In a temporary holding area/lockup	
In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary	
SPECIFY In a special mental health services unit	
☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment	
☐ Elsewhere within the prison facility	
Please Specify:	
Outside the prison facility (e.g., while on work release or on work detail)	
Elsewhere Please Specify:	
Trease opening.	
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.	5. 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?					
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide				
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				
17.	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 <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")					
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide				
	000					
D/-						
Plea	ise add	d any additional notes regarding this death here:				



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

	We want to see the second		
		FORM COMPLETED BY	
Name		1	Title
Official Address		Teleph	none
City	Conference and the far to provide a series of the series o		FAX
State	Zip	E-mail	

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BURDEN STATEMENT

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

Pe the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or series 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
Albert was all a second and a second a second and a second a second and a second a second and a second and a second and a
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]
4. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ In the prison facility or on the prison grounds ☐ In the inmate's cell/room
☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE] In a special medical unit/infirmary
SPECIFY In a special mental health services unit In a segregation unit
On death row, special unit awaiting capital punishment Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere Please Specify:
 When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
Morning (6 am to Noon)
☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

16.	6. 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?					
4	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide				
		A. Evaluated by physician/medical staff				
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Ple	ease ad	d any additional notes regarding this death here:				



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

	The Manual of the Control of the Con					
	FORM COMPLETED BY:					
Name		Tit	e			
Official						
Address		Telephon	e			
City		FA	x			
State	Zip	E-mail				

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- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

1.	What was the inmate's name? Mercadel Martin LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities?
2.	On what date did the inmate die? 0 5 2 6 2 0 1 8 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Forcible Rape b.
3.	What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER	c. d. e.
	Facility City: Facility State: SAINT GABRIEL LA	10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 7 1 5 1 9 5 5 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
		11. Where did the inmate die?
 6. 	What was the inmate's sex? ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	☐ In a general housing unit in the facility or in a general housing unit on prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility ☐ In a special mental health services unit within your facility ☐ In a medical center outside your facility ☐ In a mental health center outside your facility ☐ 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:	

	100				
	2. Are th	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?			
/		1 2 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1			
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH			
	e				
L					
		was the cause of death? *** Please SPECIFY cause of death—it is critical information***			
	V	Illness—Exclude AIDS-related deaths [Specify] ——— Respiratory Failure			
		Acquired Immune Deficiency Syndrome (AIDS)			
		Accidental alcohol/drug intoxication [Describe] ————			
	Q	Accidental injury to self [Describe]			
		Accidental injury by other (e.g., vehicular accidents during transport) [Describe]			
		Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]			
		Homicide [Describe]			
		Other cause(s) [Specify]			
Γ	14 When	re did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?			
	14. Wilei	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related			
	0	In the prison facility or on the prison grounds			
	☐ In the inmate's cell/room☐ In a temporary holding area/lockup				
	[PLEASE	 In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary 			
	SPECIFY	In a special mental health services unit In a segregation unit			
		On death row, special unit awaiting capital punishment Elsewhere within the prison facility			
		Please Specify:			
		Outside the prison facility (e.g., while on work release or on work detail)			
	·	Elsewhere Please Specify:			
	-				
	15. When	n did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?			
		NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related			
	_	Morning (6 am to Noon) Afternoon (Noon to 6 pm)			
		Evening (6 pm to Midnight) Overnight (Midnight to 6 am)			
- 1	_				

16. E	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						
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit	V			PLEASE PARESPONSI EACH ITEM	E FOR
e e							
a	after "Pre-	the cause of death the result of a pre-existing me admission? (If multiple conditions caused the deexisting medical condition.") NOT APPLICABLE—Cause of death was accident Pre-existing medical condition Deceased developed condition after admission	eath and <u>a</u>	nny of th	e conditions we	re pre-existi	condition ng, mark
	-	Could not be determined					
			2 V v		3-11 Central Control		
Pleas	e ad	d any additional notes regarding this death here:					
,							
A. C.							



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

	The Property of the Party of th			
		FORM COMPLET	ED BY:	
Name			Title	
Official Address			Telephone	- v
City			FAX	
State [Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2018:

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

BURDEN STATEMENT

10 ×	The second secon	
1.	What was the inmate's name? Miles Robert	8. On what date was the inmate admitted to one of your correctional facilities?
		0 4 1 1 2 0 1 3
	LAST FIRST MI	
		MONTH DAY YEAR
1		
2.	On what date did the inmate die?	
	0 3 1 3 2 0 1 8	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	
	7511	a. Possession of Schedule II
		b.
3.	What was the name and location of the	
ű.	correctional facility involved?	С.
		d.
	Facility Name:	
	ELAYN HUNT CORRECTIONAL CENTER	e.
	Facility Oits	
	Facility City: Facility State:	
	SAINT GABRIEL LA	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		☐ Yes
4.	What was the inmate's date of birth?	O No
	0 1 1 4 1 9 6 5	☑ Don't Know
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	☐ In a general housing unit in the facility or in a
	☑ Male	general housing unit on prison grounds
	☑ Male □ Female	☐ In a segregation unit
	a remaic	In a special medical unit/infirmary within your
		facility
6	Was the inmete of Hispania Letine or Special	In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	your facility In a medical center outside your facility
		☐ In a mental health center outside your facility
	☐ Yes ☑ No	☐ While in transit
	E 140	Elsewhere
		Please Specify:
-	In addition what we the town the Control	
7.	In addition, what was the inmate's race? Please select one or more of the following racial	
	categories:	
	□ White☑ Black or African American	
	American Indian or Alaska Native	
	Asian Asian Alaska Native	
	□ Native Hawaiian or Pacific Islander	
	☐ Some other race	
	Please Specify:	

2. Are th	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or working of medical records) available to establish an official cause of death?
	YES CONTINUE TO Q13
// 4	Evaluation complete—results are pending
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gramma transmitted	
_	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. Whe	re did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
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[PLEAS	In a special medical unit/infirmary In a special mental health services unit
SPECIF	☐ In a segregation unit
	On death row, special unit awaiting capital punishment Elsewhere within the prison facility
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4	
	 Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
	Please Specify:
X	
45 M/L-	an did the incident (e.g. socident suicide or hemiside) sociains the death secure?
1	n did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
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1	☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)
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16. Excl servi	uding emergency care provided at the time of deal ices for the medical condition that caused his/her	th, did the death afte	e inmate er admis	receive any of sion to your co	the following medical rrectional facilities?
0	NOT APPLICABLE—Cause of death was accidenta	l injury, in	toxicatio	n, suicide, or hon	nicide
	a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
after	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the dea -existing medical condition.")				
0	NOT APPLICABLE—Cause of death was accidenta	l injury, in	toxication	n, suicide, or hom	nicide
0	Pre-existing medical condition Deceased developed condition after admission Could not be determined		969 ·		
Please ad	d any additional notes regarding this death here:			The same of a supplied to the	
					Acceptance of the second of th
2. 2.					
10 20 30 9 11 88 2 7 2 1 8 2 7 3 1					



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RTI INTERNATIONAL

	A CONTRACTOR OF THE PROPERTY O					
	FORM COMPLETED BY:					
Name	E	Title				
Official Address		Telephone				
City		FAX				
State	Zip	E-mail				

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- 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

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

2. Ai	re the	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
1	Ø	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	9	
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	10	No evaluation is planned → CONTINUE TO Q13
-		
13. W	Vhat '	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Ø	Illness—Exclude AIDS-related deaths [Specify] ——— Enlarged prostate nodular
a .		Acquired Immune Deficiency Syndrome (AIDS)
		Accidental alcohol/drug intoxication [Describe] ———
	Q	Accidental injury to self [Describe]
		Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
		Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
		Homicide [Describe]
		Other cause(s) [Specify]
14. V	Vhere	e did the incident (e.g., accident, suicide, or homicide) causing the death take place?
	0	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
		In the prison facility or on the prison grounds
		☐ In the inmate's cell/room☐ In a temporary holding area/lockup
		☐ In a common area within the facility (e.g., yard, library, cafeteria)
[PLE	ASE	In a special medical unit/infirmary
SPE	CIFYJ	
		☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
		Elsewhere within the prison facility
		Please Specify:
	_	
		, (-3.,
	_	Please Specify:
* . 3 . *****		
p -		
15. W	Vhen ⊡	did the incident (e.g., accident, suicide, or homicide) causing the death occur?
	_	
	0.	Overnight (Midnight to 6 am)

16. Excluservice	ding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	A Evaluated by physician/medical staff
after a	he cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	Pre-existing medical condition Deceased developed condition after admission Could not be determined
Please add	any additional notes regarding this death here:
, rease add	any additional notes regarding this death here.



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE

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

	The same of the sa	DEATH REPORT	RTI INTERNATIONAL
		FORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip	E-mail	

Instructions for Completion

If no deaths occurred in 2018:

You do not need to complete this form.

If you had more than one death in 2018:

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

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

E-MAIL: bjsmci@rti.org

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

MAIL: RTI International, Attn: Data Capture

Project #: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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

What deaths should be reported?

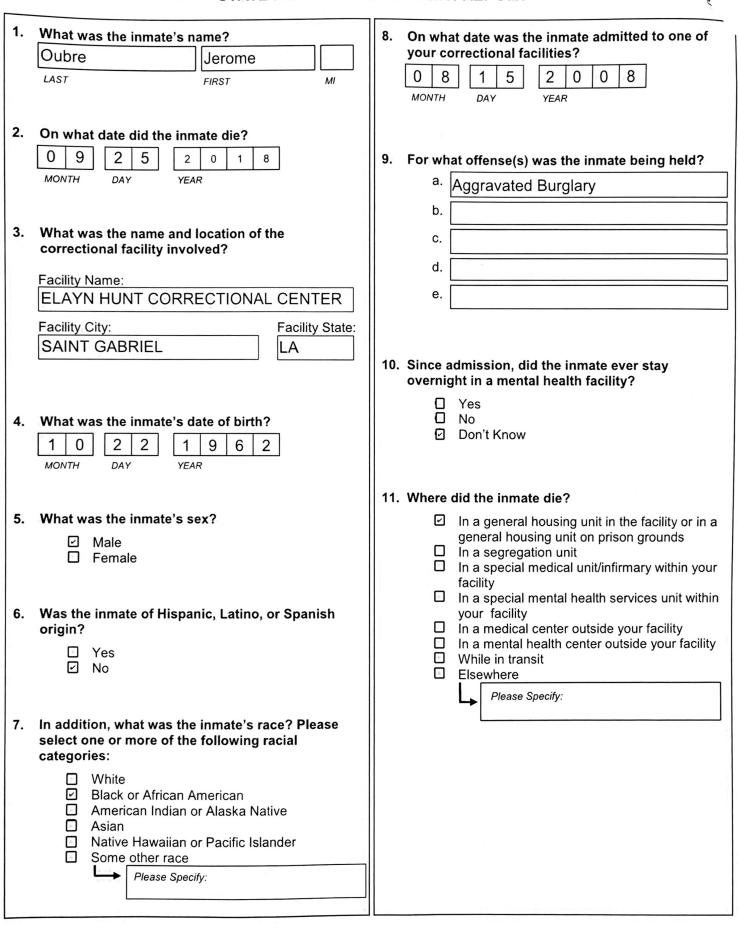
INCLUDE deaths of ALL persons...

- 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



/ [1 = 0 = 0 = 0 = 0 = 0
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
E	
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
V	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]
Ø	In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or on work detail)
15. When ⊡	

						•
16.	Exclu servi	uding emergency care provided at the time of death ices for the medical condition that caused his/her d	n, did the	e inmate er admis	receive any of s	the following medical rrectional facilities?
1	0	NOT APPLICABLE—Cause of death was accidental	injury, inf	toxication	ı, suicide, or hon	nicide
2	<i>#</i> * * * * * * * * * * * * * * * * * * *	a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after "Pre-	Pre-existing medical condition	th and <u>ar</u>	y of the	conditions wer	e pre-existing, mark
Plea	se ado	d any additional notes regarding this death here:				

3			
	1	>-	
* ;	10	1	: :
1		6 /	
6	***	641100	

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

	The same of the sa				
		FORM COMPLET	ED BY:		
Name			Title		
Official ddress			Telephone		
City			FAX		
04-4-	7:	·		4	

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

E-MAIL: bjsmci@rti.org

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

MAIL: RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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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

	1.0		
1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of
	Richard Jimmy		your correctional facilities?
	LAST FIRST MI		0 7 1 6 2 0 0 9
			MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 7 2 8 2 0 1 8	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR	3.	
	WONTH DAY YEAR		^{a.} Aggravated Burgulary
			b. Unauthorized Use of a moveable
3.	What was the name and location of the		
	correctional facility involved?		C.
			d.
	Facility Name:		
	ELAYN HUNT CORRECTIONAL CENTER		e.
	Facility City: Facility State:		
	SAINT GABRIEL LA		
		10.	Since admission, did the inmate ever stay
			overnight in a mental health facility?
			☐ Yes
4.	What was the inmate's date of birth?		☐ No
	0 6 2 3 1 9 6 9		☑ Don't Know
	MONTH DAY YEAR		
	MONTH DAT TEAR		
		11.	Where did the inmate die?
5.	What was the inmate's sex?		☐ In a general housing unit in the facility or in a
	☑ Male		general housing unit on prison grounds
	☐ Female		☐ In a segregation unit
			In a special medical unit/infirmary within your facility
		l s	☐ In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish		_ your facility
	origin?		☐ In a medical center outside your facility
	☐ Yes		☐ In a mental health center outside your facility☐ While in transit
	☑ No		☐ Elsewhere
			Please Specify:
		ŀ	
7.	In addition, what was the inmate's race? Please		
	select one or more of the following racial	1	
	categories:		
	☑ White		
	☐ Black or African American ☐ American Indian or Alaska Native		
	Asian		
	☐ Native Hawaiian or Pacific Islander		
	Some other race		
	Please Specify:		
	<u> </u>		
		A	Virginia del Control de la compansión de

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
☑ 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/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.	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								
		A. Evaluated by physician/medical staff							
17.	 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							
Plea	ase add	any additional notes regarding this death here:							

	NPS-4A ndum)	MORTALITY	N CORRECTIONA STATE PRISON DEATH REP	INMATE	IONS 2018	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGEN RTI INTERNATIONAL	T:
			FORM COMPLE	TED BY:			
Name				Title			
Official Address				Telephone			
City				FAX			7
State	Zip		E-mail	w			

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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
- 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

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

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
☐ YES — CONTINUE TO Q13 ☐ Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
✓ 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 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)

0

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?									
O NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide									
a. Evaluated by physician/medical staff			N PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)						
17. Was the cause of death the result of a pre-existing m after admission? (If multiple conditions caused the d "Pre-existing medical condition.")	edical condition eath and <u>any</u> of	n or did the inmat f the conditions w	e develop the condition vere pre-existing, mark						
☐ NOT APPLICABLE—Cause of death was acciden	tal injury, intoxica	ation, suicide, or h	omicide						
 ☑ Pre-existing medical condition ☑ Deceased developed condition after admission ☑ Could not be determined 									
Please add any additional notes reporting this death have									
rease and any additional notes regarding this death here:	Please add any additional notes regarding this death here:								
6		100							



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

	The same and the s			
	9 7	FORM COMPLE	TED BY:	
Name			Title	
Official Address	3		Telephone	
City			FAX	
State	Zip	E-mail	* *	

Instructions for Completion

If no deaths occurred in 2018:

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

MAIL: RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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- 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

1.	What was the invested manage		On what data was the immeter admitted to one of
3	What was the inmate's name?	8.	On what date was the inmate admitted to one of your correctional facilities?
3	Savoy		0 8 1 1 2 0 1 1
	LAST FIRST MI		MONTH DAY YEAR
			MONTH DAT TEAK
2.	On what date did the inmate die?		
	1 2 0 3 2 0 1 8	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR	•.	The state of the s
			Aggravated Ridnapping
			b. Armed Robbery
3.	What was the name and location of the correctional facility involved?		c. First Degree Robbery
	correctional facility involved?		d.
	Facility Name:		
	ELAYN HUNT CORRECTIONAL CENTER		e
	Facility City: Facility State:		
	SAINT GABRIEL LA		
		10.	Since admission, did the inmate ever stay
			overnight in a mental health facility?
4.	What was the inmate's date of birth?		☐ Yes ☐ No
٦.			☑ Don't Know
	1 1 0 7 1 9 6 5 MONTH DAY YEAR		
	MONTH DAT TEAN		
		11.	Where did the inmate die?
5.	What was the inmate's sex?		In a general housing unit in the facility or in a
	☑ Male		general housing unit on prison grounds In a segregation unit
	☐ Female		☐ In a special medical unit/infirmary within your
			facility
6.	Was the inmate of Hispanic, Latino, or Spanish		In a special mental health services unit within your facility
•	origin?		In a medical center outside your facility
	□ Yes		In a mental health center outside your facilityWhile in transit
	☑ No	1	☐ Elsewhere
		1	Please Specify:
7	In addition, what was the inmate's race? Please		
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:		
	The second secon		

12. Are the res	sults of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or medical records) available to establish an official cause of death?
☑ YE	ES ——→ CONTINUE TO Q13 valuation 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	o evaluation is planned → CONTINUE TO Q13
13. What was	the cause of death? *** Please SPECIFY cause of death—it is critical information***
	ess—Exclude AIDS-related deaths [Specify] ——— Seizure, Cardiac Arrest
\$	uired Immune Deficiency Syndrome (AIDS)
☐ Acc	eidental alcohol/drug intoxication [Describe]
☐ Acc	cidental injury to self [Describe]
	sidental injury by other (e.g., vehicular accidents ing transport) [Describe]
	cide (e.g., hanging, knife/cutting instrument, ntional drug overdose) [Describe]
☐ Hor	micide [Describe]
□ Oth	er cause(s) [Specify]
44 Whore die	I the incident /o m. cocident evicide on hemicide) covering the death teles at a 20
	I the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? T APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	ne prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify:
O	utside the prison facility (e.g., while on work release or on work detail) sewhere Please Specify:
	the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? OT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Afi	orning (6 am to Noon) ternoon (Noon to 6 pm) rening (6 pm to Midnight) reningt (Midnight to 6 am)

16.	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								
		a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)			
ac = -	*1								
17.	after :	the cause of death the result of a pre-existing mediadmission? (If multiple conditions caused the deal existing medical condition.") NOT APPLICABLE—Cause of death was accidental Pre-existing medical condition Deceased developed condition after admission Could not be determined	ath and <u>ai</u>	ny of the	conditions we	re pre-existing, mark			
Plea	ase add	d any additional notes regarding this death here:	The Co	out a real	1.04				
Ž									

Form N (Addend		(W)	MORTALITY	IN CORRECTIONA STATE PRISON DEATH REP	INMATE	IONS 2018	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
				FORM COMPLE	TED BY:		
Name					Title	y.	
official Idress	1 1 20 14000			× 11	Telephone		
City		4]	FAX	, i	
State	1	Zip		E-mail			

Instructions for Completion

If no deaths occurred in 2018:

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- · Make copies of this form for each additional death.
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ONLINE: Complete the report online at: https://bjsmci.rti.org

E-MAIL: bjsmci@rti.org

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

MAIL: RTI International, Attn: Data Capture

Project #: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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

What deaths should be reported?

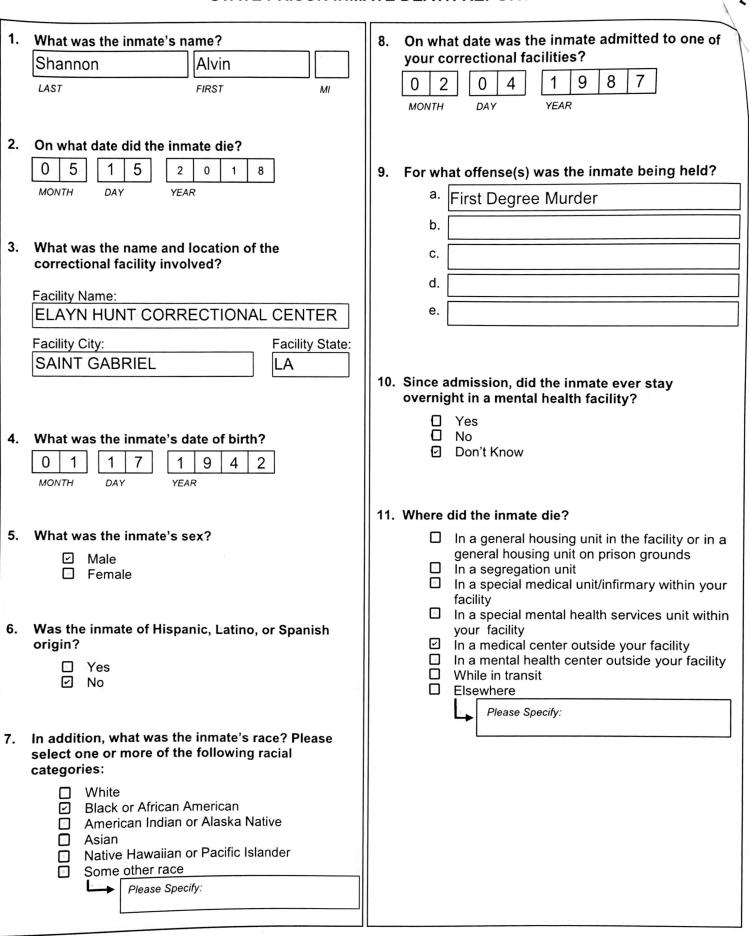
INCLUDE deaths of ALL persons...

- 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



, ,	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
	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
<u> </u>	No evaluation is planned → CONTINUE TO Q13
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] → Cancer
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe] ———
Q	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents
_	during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]
,	
_	re did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	In the prison facility or on the prison grounds In the inmate's cell/room
	 In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE	In a special medical unit/infirmary
SPECIFY	
	On death row, special unit awaiting capital punishment
	☐ Elsewhere within the prison facility
	Please Specify:
	Outside the prison facility (e.g., while on work release or on work detail)
	Elsewhere Please Specify:
	n did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
[☐ Morning (6 am to Noon)
[Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)
[Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?							
O NOT	APPLICABLE—Cause of	f death was accidental	injury, int	oxication	, suicide, or hon	nicide	
b. Dia c. Me d. Tre e. Su	aluated by physician/me agnostic tests (e.g., X-ray dications eatment/care other than rgery nfinement in special me	ys, MRI) medications			 	PLEASE PRO RESPONSE EACH ITEM	FOR
after admiss	ise of death the result sion? (If multiple condi g medical condition.")	itions caused the dea					
■ NOT	APPLICABLE—Cause o	f death was accidenta	l injury, int	oxication	, suicide, or hom	nicide	
Decea	xisting medical condition ased developed conditio not be determined						
			1 a.a. # 3a.				
Please add any a	dditional notes regarding	this death here:					
							, `
8 a						** #	

	NPS-4A endum)	Missey .

MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE DEATH REPORT

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

		DEATH REPOR	CI ·	RTIINTERNATIONAL
		FORM COMPLETE	D BY:	
Name		, A	Title	
Official Address			Telephone	
City			FAX	
State	Zip	E-mail		

Instructions for Completion

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

MAIL: RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100

5265 Capital Boulevard

Raleigh, NC 27690-1652

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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

	1 1 157 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The second secon
1,	What was the inmate's name? Sharp David	8.	On what date was the inmate admitted to one of your correctional facilities?
	LAST FIRST MI		1 0 2 7 1 9 9 3 MONTH DAY YEAR
2.	On what date did the inmate die?		
	1 2 2 2 2 0 1 8 MONTH DAY YEAR	9.	For what offense(s) was the inmate being held?
			a. Simple Burglaryb. Manslaugther
3.	What was the name and location of the correctional facility involved?		c.
	Facility Name: ELAYN HUNT CORRECTIONAL CENTER		de.
	Facility City: Facility State: SAINT GABRIEL LA		
	SAINT GABRIEL	10.	Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 4 2 2 1 9 4 7 MONTH DAY YEAR	1	☐ Yes ☐ No ☑ Don't Know
		11.	Where did the inmate die?
5.	What was the inmate's sex? ☑ Male □ Female		 □ In a general housing unit in the facility or in a general housing unit on prison grounds □ In a segregation unit ⊡ In a special medical unit/infirmary within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin?		 In a special mental health services unit within your facility In a medical center outside your facility
	☐ Yes ☑ No		☐ 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:		Please Specify:
	☑ White☐ Black or African American☐ American Indian or Alaska Native☐ Asian		
	 Native Hawaiian or Pacific Islander Some other race Please Specify: 		
	ricuse specify.	e E	

rev	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or iew of medical records) available to establish an official cause of death?
	☐ YES → CONTINUE TO Q13 ☐ Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT LATER TIME FOR THE CAUSE OF DEATH
	☑ No evaluation is planned → CONTINUE TO Q13
13. W	aat 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)
1	☐ Accidental alcohol/drug intoxication [Describe] ———
1	Accidental injury to self [Describe]
. 1	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
1	→ Homicide [Describe] — →
1	Other cause(s) [Specify]
	nere did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary
	Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
15. W	nen 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)

16.	6. 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	l injury, in	toxication	n, suicide, or hor	micide	
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)	
17.	after	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the deatexisting medical condition.") NOT APPLICABLE—Cause of death was accidenta Pre-existing medical condition Deceased developed condition after admission Could not be determined	ath and <u>a</u>	ny of the	conditions we	re pre-existing, mark	
Ple	ase ad	d any additional notes regarding this death here:	*		× 5		

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

	M. Mary	FORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City	Van (5 1 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FAX	
State	Zip	E-mail	

Instructions for Completion

If no deaths occurred in 2018:

· You do not need to complete this form.

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- Complete the entire form for each inmate death.
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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

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INCLUDE deaths of ALL persons...

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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
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

	State Company Co.	
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Smith Eric	your correctional facilities?
	LAST FIRST MI	1 0 1 4 2 0 0 3
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 2 2 4 2 0 1 8	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Armed Robbery
		b. Battery of police officer
3.	What was the name and location of the correctional facility involved?	c.
		d.
	Facility Name: ELAYN HUNT CORRECTIONAL CENTER	e.
	Facility On	
	SAINT GABRIEL Facility State:	
		10. Since admission, did the inmate ever stay
1		overnight in a mental health facility?
4.	What was the inmate's date of birth?	☐ Yes ☐ No
e P	0 3 3 1 1 9 6 8	☑ Don't Know
5	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	In a general housing unit in the facility or in a
	☑ Male	general housing unit on prison grounds
	☐ Female	☐ In a segregation unit☐ In a special medical unit/infirmary within your
i i		facility
6.	Was the inmate of Hispanic, Latino, or Spanish	In a special mental health services unit within your facility
30	origin?	In a medical center outside your facility
	☐ Yes ☑ No	In a mental health center outside your facilityWhile 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 NativeAsian	
	☐ Native Hawaiian or Pacific Islander	
	Some other race	
	Please Specify:	

2. Are th	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
_	YES CONTINUE TO Q13
L	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***
Ø	Illness—Exclude AIDS-related deaths [Specify] ——— Marked Pulmonary Edema
8	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe] ———
3	Accidental injury to self [Describe]
0	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. Whe	re did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
0	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
0	
	☐ In the inmate's cell/room ☐ In a temporary holding area/lockup
	In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE SPECIFY	In a special medical unit/infirmary In a special mental health services unit
	☐ In a segregation unit
	 On death row, special unit awaiting capital punishment Elsewhere within the prison facility
	Please Specify:
1	Outside the prison facility (e.g., while on work release or on work detail)
	Elsewhere
	Please Specify:
* 1	
	n did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm)
[☐ Evening (6 pm to Midnight)
l	Overnight (Midnight to 6 am)

16.	Excluservices	ding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
	•	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		A. Evaluated by physician/medical staff
4.7.		
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
30 mm	000	Pre-existing medical condition Deceased developed condition after admission Could not be determined
Ple	ase add	any additional notes regarding this death here:
		any additional notes regarding this death here.
â		
		ng kijaka di karangalak i jagaragak nakaba ki nadifikej kanja daja direna kenada kaj
,		
8	A. 25, 540 - 300	

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:

	The state of the s			Militeration
		FORM COMPLETE	D BY:	
Name			Title	
Official Address			Telephone	
City			FAX	
State	Zip	E-mail		

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- 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

	The second secon		
1.	What was the inmate's name?		On what date was the inmate admitted to one of our correctional facilities?
	Spann Robert	L	
	LAST FIRST MI	-	0 8 2 1 1 9 7 4
2.	On what date did the inmate die?	3	
	0 5 0 7 2 0 1 8	9. F	or what offense(s) was the inmate being held?
	MONTH DAY YEAR		a. Second Degree Murder
			b. Armed Robbery
3.	What was the name and location of the	= "	C.
	correctional facility involved?		
	Facility Name:		d.
	ELAYN HUNT CORRECTIONAL CENTER		e.
	Facility City: Facility State:		
	SAINT GABRIEL LA		
			ince admission, did the inmate ever stay vernight in a mental health facility?
			Yes
4.	What was the inmate's date of birth?		☐ No ☑ Don't Know
	0 3 0 2 1 9 3 1		a bontalow
	MONTH DAY YEAR		
		11. V	/here did the inmate die?
5.	What was the inmate's sex?		☐ In a general housing unit in the facility or in a
	☑ Male		general housing unit on prison grounds
	☐ Female		☐ In a segregation unit☐ In a special medical unit/infirmary within your
			facility
_			☐ In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?		your facility In a medical center outside your facility
	☐ Yes		In a mental health center outside your facility
	☑ No		☐ While in transit☐ Elsewhere
			Please Specify:
2			Troub opening.
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:	1 14 143 3	
	Y		

review	results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death? 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 w	vas 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]
x	
	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
0	In the prison facility or on the prison grounds
	☐ In the inmate's cell/room ☐ In a temporary holding area/lockup
[PLEASE	In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary
SPECIFY	☐ In a special mental health services unit☐ In a segregation unit
	On death row, special unit awaiting capital punishment
	Elsewhere within the prison facility Please Specify:
_	Outside the prison facility (e.g., while on work release or on work detail)
5	Elsewhere
	Please Specify:
	did the incident (e.g., accident, suicide, or homicide) causing the death occur?
	7,0 1 7 1 1 2 10 7 10 2 1
	Evening (6 pm to Midnight) Overnight (Midnight to 6 am)

_		
16.	Exclu service	ding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		A. Evaluated by physician/medical staff
17.	after a	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined
Plea	se 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

	Marie Control of the			
		FORM COMPLETED	BY:	
Name			Title	
Official Address		Т	elephone	
City			FAX	y
State	Zip	E-mail		

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- Executed in your state
- Confined in local jail facilities, whether located in or out of
- 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

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

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 ☐ In the inmate's cell/room ☐ In a temporary holding area/lockup
In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary
SPECIFY] In a special mental health services unit
☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
☐ Elsewhere within the prison facility
Please Specify:
☐ Outside the prison facility (e.g., while on work release or on work detail)
☐ Elsewhere
Please Specify:
15. When did the 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)

۱.,					
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			
		a. Evaluated by physician/medical staff			
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")			
	1	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide			
	000	Pre-existing medical condition Deceased developed condition after admission Could not be determined			
Plea	ase add	d any additional notes regarding this death here:			
1					
2					

Form NPS-4A (Addendum)

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MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE

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

	The state of the s	DEATH REPORT	RTIINTERNATIONAL
		FORM COMPLETED BY:	
Name		ті	tle
Official Address		Telepho	ne
City		F/	ax [
State	Zip	E-mail	

Instructions for Completion

If no deaths occurred in 2018:

You do not need to complete this form.

If you had more than one death in 2018:

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

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

E-MAIL: bjsmci@rti.org

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

MAIL: RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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

1.	What was the inmate's name? Williams Michael 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. Forcible Rape b. Agg Burgulary
3.	What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: SAINT GABRIEL LA	c. ATT Agg rape d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? O 1 9 6 2 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
	'	11 Where did the inmate dia?
5.	What was the inmate's sex? ☑ Male ☐ Female	In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility
	☑ Male	 □ 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

12.		ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or volve of medical records) available to establish an official cause of death?
		1.00
		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
1	٤	No evaluation is planned → CONTINUE TO Q13
13.	What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	V	Illness—Exclude AIDS-related deaths [Specify] ——— End Stage of Prostate Cancer/Multiple Con
	-	Acquired Immune Deficiency Syndrome (AIDS)
	0,	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.		e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	_	In the 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)
[PI SF	LEASE PECIFY]	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:
		, (3.,,
		Elsewhere Please Specify:
		ricase opecity.
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)
	č	

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
	A Evaluated by physician/medical staff
aft	as the cause of death the result of a pre-existing medical condition or did the inmate develop the condition er admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark re-existing medical condition.")
1	■ 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: