U.S. DEPARTMENT OF JUSTICE Form CJ-5 **2018 ANNUAL BUREAU OF JUSTICE STATISTICS** AND ACTING AS COLLECTION AGENT: **SURVEY OF JAILS RTI INTERNATIONAL** FORM COMPLETED BY-Deputy Name Eva Banner Official 100 Dolhonde St 504-374-7700 Telephone **Address FAX** City Gretna 504-374-7769 State La 70053 Zip **Email** Banner em@ipso.com

Instructions for completion and submission

FOR EACH ITEM-

- If the answer to a question is "none" or "zero," write "0" in the space provided.
- When exact numeric answers are not available, provide estimates and mark (X) in the checkbox beside each number that is estimated. For example 1234 ⋈

Please submit your completed form(s) within 30 days of receipt. You may submit information in one of these ways:

ONLINE: Complete this form online at: https://bjsasj.rti.org

EMAIL: bjsasj@rti.org

FAX (TOLL-FREE): 1-866-800-9179

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.300.018.102

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact Bryan Rhodes of RTI International toll-free at 1-866-354-4992 or bisasi@rti.org.

What to include and exclude in this data collection

INCLUDE-

- Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles
- ✓ All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facilities.
- Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- ✓ Temporary holding or lockup facilities if they are part of your combined function.
- ✓ Inmates held for other jurisdictions, including federal authorities, state prison authorities, American Indian or Alaska Native tribal governments, and other local jail jurisdictions.

<u>EXCLUDE</u>--

- X Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment.
- X Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities). These jails will be contacted directly for this data collection.

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 1 hour and 15 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

Section I — SUPERVISED POPULATION

- 1. On <u>June 29, 2018</u>, how many persons under the supervision of your jail jurisdiction were
 - a. CONFINED in your jail facilities?

INCLUDE-

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

EXCLUDE—

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

855

b. Under jail supervision, but NOT CONFINED?

INCLUDE-

 Persons in community-based programs run by your jail jurisdiction (e.g., electronic monitoring, house arrest, community service, day reporting, or work programs) who do NOT return to jail at night.

EXCLUDE-

- X Persons on pretrial release who are not in a community-based program run by your jail jurisdiction
- X Persons under the supervision of probation, parole, or other agencies
- X Inmates on weekend programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday)
- X Inmates participating in community-based programs (e.g., work release, day release, or drug/alcohol treatment) who return to jail at night.

0

When exact numeric answers are not available, provide estimates and mark (X) in the checkbox beside each number that is estimated. For example 1234 ☒

kend programs allow offenders to serve on finement only on weekends (e.g., Frida 1 x Yes — How many inmates participated?	ements of on with the control of the
participated? 2 No Il the persons CONFINED in your jail for 29, 2018 (as reported in item 1a), how citizens? Non-U.S. citizent II — INMATE COUNTS AND MOVING THE CONFINED POPULATION THE CONFINED POPULATION In the confined population of the confined populati	acilities on many were not ns 0 x EMENTS OF ON 717 114 23 1
Il the persons CONFINED in your jail for 29, 2018 (as reported in item 1a), how citizens? Non-U.S. citizent in Indiana i	EMENTS OF ON The state of the s
29, 2018 (as reported in item 1a), how citizens? Non-U.S. citizent II — INMATE COUNTS AND MOVE THE CONFINED POPULATION THE CONFINED POPULATION Confidence of the confident o	EMENTS OF ON The state of the s
II — INMATE COUNTS AND MOV THE CONFINED POPULATION THE CONFINED POPULATION THE CONFINED POPULATION THE CONFINED POPULATION THE COUNTS AND MOVE THE	EMENTS OF ON
THE CONFINED POPULATION June 29, 2018, how many persons CON acilities were— dult males (age 18 or older)	NFINED in your 717 114 23 1
acilities were— dult males (age 18 or older) dult females (age 18 or older) lales age 17 or younger emales age 17 or younger OTAL (Sum of items 4a through d should equal item 1a)	717 114 23 1
dult females (age 18 or older)	114 23 1
emales age 17 or younger emales age 17 or younger OTAL (Sum of items 4a through d should equal item 1a)	23 1
emales age 17 or younger OTAL (Sum of items 4a through d should equal item 1a)	1
OTAL (Sum of items 4a through d should equal item 1a)	
d should equal item 1a)	855
I the persons age 17 or younger CON	
acilities on June 29, 2018 (sum of 4c an y were tried or awaiting trial in adult co	nd 4d), how
Number of persons age 17 or younger held as adults	01x
I persons CONFINED in your jail facilit 29, 2018, how many were—	ties on
or persons with more than one status, repsociated with the most serious offense or convicted inmates, include probation a	
Onvicted	X
nconvicted	<u>×</u>
OTAL (Sum of items 6a and 6b nould equal item 1a)	
	Number of persons age 17 or younger held as adults

2. On the weekend prior to June 29, 2018, did your jail

or period	ense type of—	INED in your , had an	jail facilities were held for—	ED in your
	persons with more than one offense, report ous type of offense.	the most	Count persons with multiple holds only once with being federal, state, tribal, and local.	
	Felony	855	 INCLUDE contractual, temporary, courtesy, or holds for other agencies. 	ad hoc
. N	Misdemeanor	0 *	a. Federal authorities 1. U.S. Marshals Service	0
. C	Other — Specify 🗸		2. Federal Bureau of Prisons	0_×
		0 x	3. U.S. Immigration and Customs Enforcement (ICE)	0 🗶
	FOTAL (Sum of items 7a to 7c		4. Bureau of Indian Affairs (BIA)	0
 S	should equal item 1a)	855	 X EXCLUDE inmates being housed governments in item 9c below. 5. Other — Specify	for tribal
	June 29, 2018, how many persons CONFI facilities were—	NED in your		0 🗶
	White, not of Hispanic origin		b. State prison authorities	
. 8	Black or African American.		1. For your state	46
n	not of Hispanic origin	×	2. For other states	0 *
. н	dispanic or Latino	x	c. American Indian or Alaska Native tribal gov	
			X EXCLUDE inmates being housed for the E	
	American Indian or Alaska Native, not of Hispanic origin	x	item 9a4.	<u></u> 0
		——————————————————————————————————————	d. Other local jail jurisdictions	×
N	Asian, not of Hispanic origin Native Hawaiian or other Pacific slander, not of Hispanic origin		X EXCLUDE inmates being housed for your jurisdiction (i.e., your own county/city inmates being housed for tribal	ites).
. Т	wo or more races, not of Hispanic origin	_	governments in item 9c.	<u> </u>
. А	Additional categories in your	^	1. Within your state	0 🗴
ir T	nformation system — Specify 🔻		2. Outside your state	0
L		_	e. TOTAL (Sum of items 9a to 9d)	46
N	lot known			
	OTAL (Sum of items 8a to 8i	× .		
	hould equal item 1a)			

10.	a.	During the 30-day period from June 1 to June 30, 2018, on what day did your jail facilities hold the greatest number of inmates?	13. How many persons under the supervision of jurisdiction were—	
		Peak population should be equal to or greater than the confined inmate population reported in item 1a.	a. ADMITTED to your jail facilities between J and June 30, 2018?	uly 1, 2017,
		June 14, 2018	NCLUDE— ✓ Persons officially booked into and house	
	b.	How many persons were CONFINED on that day?	facilities by formal legal document and b authority of the courts or some other offi ✓ Repeat offenders booked on new charge	cial agency
		Number that day 893	 Persons serving a weekend sentence co facility for the <u>first</u> time. 	
11.		ween July 1, 2017, and June 30, 2018, what was the rage daily population of your jail facilities?	EXCLUDE— X Returns from escape, work release, me	edical
	1	INCLUDE inmates who participated in weekend programs that allow offenders to serve their sentences	appointments/treatment facilities, furlou bail/bond releases, and court appearan	
		of confinement only on weekends (e.g., Friday-Sunday).	New admissions	40.000
	,	To calculate the average daily population, add the number of persons for each day during the period July 1, 2017, through June 30, 2018, and divide the result by	1. Males	16408 🖈
		365.	2. Females	4390 🗶
	•	If daily counts are not available, estimate the average daily population by adding the number of persons held	3. TOTAL (Sum of items 13a1 and 13a2)	20798
		on the same day of each month and divide the result by 12. If average daily population cannot be calculated as	b. DISCHARGED from your facilities between 2017, and June 30, 2018?	າ July 1,
		directed above, then estimate the typical number of	INCLUDE—	
	Ave	persons held in your jail facilities each day. erage daily population	✓ Persons released after a period of confir sentence completion, bail/bond releases pretrial releases, transfers to other jurisd	, other
	_	Males 797 x	deaths)	
		Females 98 x	 Persons completing their weekend sente the facility for the <u>last</u> time. 	nce leaving
		-	EXCLUDE—	
12		TOTAL (Sum of items 11a and 11b)	X Temporary discharges (e.g., work releas appointments/treatment, out to courts, fu reporters, or transfers to other facilities w jurisdiction).	rloughs, day
	you	r jail facilities, excluding separate temporary holding	Final discharges	
	are		1. Males	x
		Rated capacity is the maximum number of beds or inmates assigned by a rating official to a facility.	2. Females	×
	•	If rated capacity is not available, estimate by using the design capacity and mark the checkbox.		
		Rated capacity 1085	3. TOTAL (Sum of items 13b1 and 13b2)	0
esti	mate	xact numeric answers are not available, provide es and mark (X) in the checkbox beside each number estimated. For example <u>1234</u> ⊠		

Se	ction III — POPULATION SUPERVISI COMMUNITY	ED IN THE	Section IV — STAFFING	
14. O	1b equals 0 (zero), SKIP to item 15. n June 29, 2018, how many persons unde upervision of your jail jurisdiction who we		15. On June 29, 2018, how many staff employed facilities were— Count each employee only once. Classify employee the functions by the function of the facilities and the functions of the functio	yees with
	ONFINED participated in— EXCLUDE inmates on weekend programs.		multiple functions by the function performed mos INCLUDE payroll staff, nonpayroll staff on the	e payroll of
	Electronic monitoring		other government agencies (e.g., health depositions school district, or court), and unpaid interns.	
D.	electronic monitoring		X EXCLUDE staff paid through contractual agree community volunteers.	eements and
C.	Community service	. 0	a. Correctional officers (Deputies, monitors, and other custody)	
d.	Day reporting	, 0	staff who spend more than 50% of their time with the incarcerated population.)	376
e.	Other pretrial supervision	. 0	Of these, how many were —	
f.	Other alternative work programs	. 0	1. Males	164
	X EXCLUDE inmates participating in work release programs who return to		2. Females	212
	jail at night. Alcohol/drug treatment programs X EXCLUDE inmates participating in alcohol/drug treatment programs who are confined in jail. Other programs outside of jail facilities — Specify	. 0	b. All other staff (Administrators, clerical and maintenance staff, educational staff, professional and technical staff, and other staff — unspecified who spend more than 50% of their time in the facility.)	15
		0	Of these, how many were —	2
i.	TOTAL (Sum of items 14a to 14h should equal item 1b)	0	1. Males	13
			2. Females	10
			c. TOTAL (Sum of items 15a and 15b)	391
estima	exact numeric answers are not available, p tes and mark (X) in the checkbox beside estimated. For example <u>1234</u> 区			

Form CJ-9A



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 ANNUAL SUMMARY ON INMATES UNDER JAIL JURISDICTION

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

		FORM COMPLE	TED BY			
Name	Eva Banner	=	Deputy			
-	100 Dolhonde Street		504	374-7710		
City	Gretna		FAX	504	374-7769	
State	LA Zip 70053	Email	banner_	em@jpso.com		

Instructions for completion and submission

FOR EACH ITEM-

- If the answer to a question is "none" or "zero," write "0" in the space provided.
- When exact numeric answers are not available, provide estimates and mark (X) in the checkbox beside each number that is estimated. For example 1,234 ⋈

You may submit your annual summary in one of these ways:

ONLINE: https://bjsmci.rti.org

EMAIL: bjsmci@rti.org

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

MAIL: RTI International, Attn: Data Capture

Project Number: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, contact the data collection team at RTI International toll-free at 1-800-344-1387 or bjsmci@rti.org.

What to include and exclude in this data collection

INCLUDE-

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- ✓ Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- ✓ Temporary holding or lockup facilities that are part of your combined function.
- ✓ Inmates held for other jurisdictions, including federal authorities, state prison authorities, and other local jail jurisdictions.

EXCLUDE-

- X Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment.
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INMATE COUNTS AND DEATHS

								53994E
supervisio	n of your jail		ersons under the were CONFINED in		ber 31, 2018, cilities were l		y persons CONFINED in -	n
your jail fa	cilities?						orary, courtesy, or ad hoc	
INCLUDE ✓ Pe		sfer to treatm	ent facilities but who	■ Coun	for other age t persons with federal, state	multiple h	holds only once with prior and local.	ity
rer ✓ Pe	nain under yo rsons held fo	our jurisdictior r other jurisdi	1		migration and s Enforceme		Estima	ate
rel ret	ease, day rele urn to jail at n	ease, or drug ight	/alcohol treatment) who der your jurisdiction.	b. U.S. Ma	rshals Servic	:e: [0 Estima	ite
EXCLUDE			, , ,		r holds (state prison, Burea			
X Pe		our jurisdictio	on who are housed	Indian A	offairs, or any r jail jurisdict	holds [Estima	ate
tra	nsfer to other	jurisdictions	aped, or on long-term programs run by your				cember 31, 2018, what of your jail facilities?	
jail cor	s (e.g., electr	onic monitorir ice, day repoi	ng, house arrest, rting, or work programs)	■ INCLU	JDE inmates ams that allow	who partic	cipated in weekend s to serve their sentences	ì
Inmates on	Males:	762	Estimate	To ca numb	lculate the ave er of persons	erage daily for each d	ends (e.g., Friday–Sunda y population, add the lay between January 1,	
December 31, 2018	Females:	96	Estimate	365.			8, and divide the result by le, estimate the average	1
				on th∈ 12.	same day of	each mon	e number of persons held on the nth and divide the result b	
	were ADMI1		vision of your jail jail facilities	direct	ed above, the	n estimate	nnot be calculated as the typical number of nement facilities each da	y.
INCLUDE				Average daily population	Males:	785	 ✓ Estimate	
fac	ilities by form	al legal docui	and housed in your jail ment and by the	during 2018	Females:	100	Estimate	
✓ Re ✓ Per	peat offender	s booked on a weekend s	e other official agency new charges entence coming into the		ons died whil		cember 31, 2018, how he supervision of your	
EXCLUDE		<u>-</u>		INCLUDE	deaths of ALI	L persons-		
apı		eatment facilit ourt appearan	elease, medical ies, furloughs, bail/bond ces.	✓ UN out hos res	to court or in spice, or nursi idential comm	PERVISION Special far and a sp	ilities ON of your jail facilities, b cilities (e.g., hospital, treatment facility; ter; residential work release est program; or release	
New ANNUAL admissions during 2018	Males: Females:	12733 4427	☐ Estimate	cer ✓ Wh	nter)	SIT to or f	from your jail facilities whi	ile
				EXCLUDE		VIGIOII.		
				X De	aths of persor		rocess of arrest by your t been booked into your ja	ail
				Number of inmate	Males:	3		
				deaths during 2018	Females:	1		

MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 DEATH REPORT ON INMATES UNDER JAIL JURISDICTION

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

			FORM COMPLE	TED BY:			
Name	Eva E	Banner		Title	Deputy		
Official Address	100 D	Oolhonde Street		Telephone	504	374-7710	
City	Gretn	а		FAX	504	374-7769	
State	LA	Zip 70053	E-mail	banner_e	em@jpso.com		

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 jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential communitybased programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

BURDEN STATEMENT

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Alexander	Brian		under y	our juri	sdict	ion?	T - T		_	
LAST	FIRST	MI	0 2		1	2	0	1	8	
On what date did the	inmate die?		MONTH	DAY		YEAF	•			
0 9 0 6	2 0 1 8	9.	Was the	inmate	e beir	a cor	nfined	in vo	our i	ail facilit
MONTH DAY	YEAR		on beha							
			PLEASE	PROVID	EAR	ESPO	NSE F	OR E	ACH	ITEM (a-
What was the name a	and location of the co	orrectional						VE	е 1	DON NO KNO
facility involved?			U.S. Im							
Facility Name:		b.	Custom U.S. Ma	s Enfor Irshals	ceme Servic	nt :e		ΞE] []	另
Jefferson Parish Ja	ail .		State or Bureau	federa	priso	n,				– –
Facility City:	Fac	cility State:						⊑][☑□
Gretna	LA									
		10	. For wha	t offens	se(s)	was t	he inm	ate l	bein	g held?
What was the inmate	's data of hirth?		a. arm	ed rob	bery	, ,				
0 2 0 2	1 9 6 9		ь. 🗀							
MONTH DAY	YEAR		υ							
			c							
Vhat was the inmate'	's sex?		d		de la					
☑ Male			е. 🗀							
☐ Female										
Was the inmate of His	spanic. Latino. or Sp	eanish								
origin?			What wa death? (
☐ Yes ☑ No			the statu							offense.
				onvicte onvicte			A CONTRACTOR OF THE CONTRACTOR		93000000000000000	le violato
n addition, what was	the inmate's race? I	Please	□ ∪	nconvic ther					•	
	the following racial		L		lease .	Specify.				
		TO THE PERSON OF							220023000	
ategories:										
categories: ☑ White □ Black or African										
ategories: White Black or African American Indiar Asian	n or Alaska Native	12.	Since ad							
categories: ☐ White ☐ Black or African ☐ American Indiar ☐ Asian ☐ Native Hawaiiar	n or Alaska Native n or Pacific Islander	12.	Since ad overnight	it in a n	nenta	l heal	th obs			
ategories:	n or Alaska Native n or Pacific Islander e	12.	overnigh	nt in a n mental	nenta	l heal	th obs			

000000000000000000000000000000000000000	In a general housing unit within the jail facility or in a lin a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail In a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere Please Specify:		
revie	ne results of a medical examiner's or coroner's eva w of medical records) available to establish an offic		
A CANADA	YES —— CONTINUE TO Q15 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT TIME FOR THE CAUSE OF DEATH	THIS FORM—YOU WILL BE CONTACTED AT A LATER	
	No evaluation is planned → CONTINUE TO Q15		
15. What	was the cause of death? *** Please SPECIFY cause	se of death—it is critical information ***	THE RESERVE AND
	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]		
Ø	Homicide [Describe]	hypoxic-ischemic Encephalopathy	
	Other cause(s) [Specify]		
16. Where	e did the <u>incident</u> (e.g., accident, suicide, or homicion		The second secon
☐ # IPLEASE SPECIFY	In the jail facility or on the jail grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard		
	Outside the jail facility (e.g., while on work release or on Elsewhere	work detail)	
	Please Specify:		

preordery to article, incident occupied in commen one

	n did the incident (e.g., accident, suicide, or he NOT APPLICABLE—Cause of death was illness	
	Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)	
. Exclu servic	uding emergency care provided at the time of d ces for the medical condition that caused his/h	death, did the inmate receive any of the following medical ner death after admission to your correctional facilities?
Ø	NOT APPLICABLE—Cause of death was accide	ental injury, intoxication, suicide, or homicide
	a. Evaluation 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	EACH ITEM (a-f)
after a		medical condition or did the inmate develop the condition death and <u>any</u> of the conditions were pre-existing, mark
Ø	NOT APPLICABLE—Cause of death was accide	ental injury, intoxication, suicide, or homicide
	The state of the	
ase add	d any additional notes regarding this death here:	
doc auc	u any additional notes regarding tins death here.	



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 DEATH REPORT ON INMATES UNDER JAIL JURISDICTION

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

			BY:

Name	Eva Banner			Title	Deputy		
Official Address	100 [Oolhonde Street		Telephone	504	374-7710	
City	Gretn	а		FAX	504	374-7769	
State			E-mail	banner_e	er_em@jpso.com		

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

EXCLUDE deaths of ALL persons...

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- Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
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		10.	For what	t offen:	se(s)	was t	he inr	nate	bei	ng held?
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☐ Asian	Pacific Islander	CAN DATE A DESCRIPTION OF THE PROPERTY OF THE								
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☐ Asian ☐ Native Hawaiian or			Outside r	es	heal	in tac	ility?			

13. Where	e did the inmate die?
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reviev	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or v of medical records) available to establish an official cause of death? YES ——> CONTINUE TO Q15
	Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	No evaluation is planned → CONTINUE TO Q15
15. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information ***
☑	Illness—Exclude AIDS-related deaths [Specify] —— heart 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]
	In a special medical unit/infirmary In a special mental health services unit Elsewhere within the jail facility Please Specify:
ä	Outside the jail facility (e.g., while on work release or on work detail) Elsewhere Please Specify:

17. 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)
18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?
□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
YES NO DON'T KNOW a. Evaluation by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit.
19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")
□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
 ☑ Pre-existing medical condition ☐ Deceased developed condition after admission ☐ Could not be determined
Please add any additional notes regarding this death here:



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 DEATH REPORT ON INMATES UNDER JAIL JURISDICTION

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

				FORM COMPLE	TED BY:	Tierre	
Name	Eva E	Banner			Title	Deput	ty
Official Address	100 E	Dolhonde Street			Telephone	504	374-7710
City	Gretn	ıa			FAX	504	374-7769
State	LA	Zip	70053	E-mail	banner_e	m@jps	o.com

Instructions for Completion

If no deaths occurred in 2018:

You do not need to complete this form.

If you had more than one death in 2018:

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

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

E-MAIL: bjsmci@rti.org

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

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
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hat was the inn	nate's sex?		d. [
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	e of the following facia	' <u> </u>		L	P	lease	Specii	y:			
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	re did the inmate die?		
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	Please Specify:		
14. Are ti revie	he results of a medical examiner's or coroner's eva w of medical records) available to establish an offic	lluation (such as an autopsy, postmortem exam, or	
	YES —— CONTINUE TO Q15 Evaluation complete—results are pending	THIS FORM—YOU WILL BE CONTACTED AT A LATER	
	TIME FOR THE CAUSE OF DEATH No evaluation is planned → CONTINUE TO Q15	THIS FURM—TOU WILL BE CONTACTED AT A LATER	
70	was the cause of death? *** Please SPECIFY cause	se of death_it is critical information ***	
	Illness—Exclude AIDS-related deaths [Specify]	Hepatocellular Carcenoma	7
	Acquired Immune Deficiency Syndrome (AIDS)	- Topasoonius Caronius	J
	Accidental alcohol/drug intoxication [Describe]		1
	Accidental injury to self [Describe]		4
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]] 7
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]]]
	Homicide [Describe]		1
	Other cause(s) [Specify]		֓֞֞֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֟֝
16, Where	e did the <u>incident</u> (e.g., accident, suicide, or homici	de) causing the death take place?	
□	NOT APPLICABLE—Cause of death was illness, intoxica	The state of the s	
	In the jail facility or on the jail grounds In the inmate's cell/room In a temporary holding area/lockup		
[PLEASE SPECIFY	In a common area within the facility (e.g., yard	I, library, cafeteria)	
Ē	Outside the jail facility (e.g., while on work release or on	work detail)	
	Elsewhere Please Specify:		

Exclud	Ove	ening (6 p ernight (N emerge	/lidnight t	to 6 am) e provide	d at the	time of de	ath, did t	he inma	ate rece	eive any o	of the following medic
						as accident					
Was th	b. c. d. e. f.	Diagnosi Medicati Treatme Surgery. Confinen	tic tests (ons int/care o ment in s	other than pecial me	medicati edical unit	existing me			or did 1	··□···································	PLEASE PROVIDE RESPONSE FOR EACH ITEM (a-f) te develop the conditivere pre-existing, main
"Pre-e	existi	ting medi	ical cond	dition.")		as accident					
	Pre- Dec	-existing	medical (eveloped	condition condition			ai injury,	MUAICA	IIOH, Su	ICIGE, OI 11	Omiciae
				regarding t	this deatl	here:					



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FOR		A	P 1 1		-	
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ame	Eva Banner			Title	Deputy		
ficial ress	100 E	Oolhonde Street		Telephone	504	374-7710	
City	Gretn	а		FAX	504	374-7769	
itate	LA	Zip 70053	E-mail	banner_e	m@jps	o.com	

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Duriell	Brittany	under your jurisdiction?
LAST	FIRST	MI
n what date die	d the inmate die?	WONTH DAY YEAR
	2 2 0 1 8	Was the inmate being confined in your jail facilit
ONTH DAY	YEAR	on behalf of any of the following?
		PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-
	ame and location of the corre	TES NO KNO
cility involved		a. U.S. Immigration and Customs Enforcement
acility Name:		b. U.S. Marshals Service
efferson Pari		Bureau of Indian Affairs,
acility City:	Facility	State: or any other jail jurisdiction
Bretna	LA	
		10. For what offense(s) was the inmate being held?
/hat was the in	mate's date of birth?	a. traffic attachments
	8 1 9 8 9	b. theft attachments
ONTH DAY	YEAR	c. narcotics attachments
/hat was the in	mate's sex?	d.
☐ Male ☐ Female		е.
	of Hispanic, Latino, or Spanis	11. What was the inmate's legal status at time of
rigin? ☐ Yes		death? (For inmates with more than one status, rep the status associated with the most serious offense.
☑ No		☐ Convicted—new court commitment
		☐ Convicted—returned probation/parole violate ☐ Unconvicted
	t was the inmate's race? Plea ore of the following racial	Se Other
tegories:	Market 2.11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11	Please Specify:
□ White□ Black or A	frican American	
☐ American	Indian or Alaska Native	12. Since admission, did the inmate ever stay
☐ Native Hav	waiian or Pacific Islander	overnight in a mental health observation unit or
	er race	outside mental health facility?
□ Some other		
	ase Specify:	☐ Yes ☑ No ☐ Don't Know

13. When	e did the inmate die?
	In a general housing unit within the jail facility or in a general housing unit on jail grounds In a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail facility In a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere Please Specify:
	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or v of medical records) available to establish an official cause of death?
	YES ——> CONTINUE TO Q15 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	No evaluation is planned → CONTINUE TO Q15
15. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information ***
☑	Illness—Exclude AIDS-related deaths [Specify] — hypertensive cardiovasular 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]
16 Where	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
.o. Wc.	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
[PLEASE SPECIFY	In a special medical unit/infirmary In a special mental health services unit Elsewhere within the jail facility
	Please Specify: Outside the jail facility (e.g., while on work release or on work detail)
=	Elsewhere
	Please Specify:

	Afterr Eveni	ning (6 am to rnoon (Noon ning (6 pm to rnight (Midni	to 6 pm) Midnight)					
Exclud	ding e	emergency	care provide	d at the time of that caused h	of death, did is/her death	the inma	ite receive a	iny of the following medica our correctional facilities?
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	b. D c. W d. T e. S	Diagnostic te Medications . Treatment/ca Surgery	ests (e.g., X-ra	edical staff ays, MRI) medications				NOW PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
after a	idmiss	ssion? <i>(If mu</i>						nmate develop the conditions were pre-existing, mark
	NOT	APPLICAB!	_E—Cause of	f death was ac	cidental injury	, intoxica	tion, suicide,	or homicide
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se add	any a	dditional no	tes regarding	this death here	3			