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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

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

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

BURDEN STATEMENT

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

STATE PRISON INMATE DEATH REPORT

1	the state is also and the state of the state	
1.	What was the inmate's name? Glover Karolina	8. On what date was the inmate admitted to one of your correctional facilities?
\$ - E		
	LAST FIRST MI	0 4 1 9 2 0 1 0 MONTH DAY YEAR
2.	On what date did the inmate die?	
	1 2 2 8 2 0 1 8	9. For what offense(s) was the inmate being held?
×	MONTH DAY YEAR	
		^{a.} Manslaughter
		b.
3.	What was the name and location of the	c.
	correctional facility involved?	
	Facility Name:	d.
	LOUISIANA CORRECTIONAL INSTITUTIO	e.
	Facility City: Facility State:	
	SAINT GABRIEL	
į.		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
ан. 19		
4.	What was the inmate's date of birth?	
	0 9 1 8 1 9 3 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
1	Male	general housing unit on prison grounds In a segregation unit
	Female	In a special medical unit/infirmary within your
		facility
~	Was the inmete of Hispania Lating, or Spanish	In a special mental health services unit within your facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	✓ In a medical center outside your facility
		In a mental health center outside your facility
	Yes No	 While in transit Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	☑ White	
	Black or African American	
	American Indian or Alaska Native	
	 Asian Native Hawaiian or Pacific Islander 	
	Some other race	
	Please Specify:	
	e de la compañía de l	Has been been as a stated of a concernent in the second of a concerned of the second of the second of the second

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		of medical records) available to establish an official cause of death? YES → CONTINUE TO Q13 Evaluation complete—results are pending
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
		No evaluation is planned -> CONTINUE TO Q13
13.	What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
		Illness—Exclude AIDS-related deaths [Specify] Cardiac Arrest
		Acquired Immune Deficiency Syndrome (AIDS)
		Accidental alcohol/drug intoxication [Describe]
	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]
	Q	Homicide [Describe]
		Other cause(s) [Specify]
14.	Wher Ø	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
[F S	D PLEASE PECIFYJ	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:
	_	

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)

eo,

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

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		OMB No	/IB No. 1121-0249 Approval Expires 03/31/2019			
						U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		F	ORM COMPLET	ED BY:		
Name				Title		
Official Address				Telephone		
City				FAX		
State	Zip		E-mail			
	leaths occurred in 2018	<u>3:</u>	ictions for Co		n an an an an Arrange Arrange	Marka 2004 (E. Song C. Scholler, Phys. Rev. Phys. Rev. L. 1996) (1996) (C. Scholler, Scholler, Phys. Rev. Rev. B (1997) (1997) (C. Scholler, Phys. Rev. B (1997)) (1997) (C. Scholler, Phys. Rev. B (1997) (1997) (C. Scholler, Phys. Rev. B (1997)) (1997) (C. Sc
 Y If you M C 	deaths occurred in 2018 You do not need to comp had more than one dea Make copies of this form complete the entire form Once your death records	plete this form. a <u>th in 2018:</u> 1 for each additional de 1 for each inmate deat	h.	submit a deal	th report.	
	DNLINE: Complete the					ational, Attn: Data Capture
	-MAIL: bjsmci@rti.org		<u></u>	wirthE.	Project #: 5265 Capi	0215015.001.300.117.102.100 tal Boulevard IC 27690-1652
F	AX (TOLL-FREE): (866	6) 800-9179			j	
If yo	ou need assistance, co	ntact the data collection	on team at RTI Inte	rnational toll-fr	ee at (800)	344-1387 or <u>bjsmci@rti.org</u>

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

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BURDEN STATEMENT

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STATE PRISON INMATE DEATH REPORT

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00 10	

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1.	What was the inmate's name? Lambertus Ethel LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 2 0 3 1 9 8 4 MONTH DAY YEAR
2.	On what date did the inmate die? 0 6 0 2 2 0 1 8 MONTH DAY YEAR	 9. For what offense(s) was the inmate being held? ^{a.} 2nd Degree Murder b.
3.	What was the name and location of the correctional facility involved? Facility Name: LOUISIANA CORRECTIONAL INSTITUTION Facility City: Facility State: SAINT GABRIEL LA	c
4.	What was the inmate's date of birth? 0 5 2 4 1 9 3 6 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex?	11. Where did the inmate die?
э.	☐ 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	 In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:	

results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or rew of medical records) available to establish an official cause of death? results $results$ $resul$
9 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] Sudden Cardiac Arrest
Acquired Immune Deficiency Syndrome (AIDS)
□ Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
 14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/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 0 Morning (6 am to Noon) Afternoon (Noon to 6 pm)

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

16. Exclu servic	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?					
O	NOT APPLICABLE—Cause of death was accidental injury,	intoxicatio	on, suicide, or hon	nicide		
	YES	NO	DON'T KNOW			
	 a. Evaluated by physician/medical staff	·····	······································	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)		
after <i>"Pr</i> e-	Pre-existing medical condition	<u>any</u> of th	e conditions we	re pre-existing, mark		

Please add any additional notes regarding this death here: