

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

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

DTI INTERNATIONAL

			KITIKIERIKATIONAL
,	La v	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
- 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? Baker William LAST FIRST MI	8.	On what date was the inmate admitted to one of your correctional facilities? O 3 2 5 1 9 8 0 MONTH DAY YEAR
2.	On what date did the inmate die? 1 2 0 6 2 0 1 8 MONTH DAY YEAR	9.	For what offense(s) was the inmate being held? a. Simple Robbery b. Aggravated Rape
3.	What was the name and location of the correctional facility involved?		c. d.
	Facility Name: LOUISIANA STATE PENITENTIARY		e.
	Facility City: Facility State: ANGOLA LA	10.	Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 1 2 0 6 1 9 5 5 MONTH DAY YEAR		☐ Yes ☐ No ☑ Don't Know
		11.	Where did the inmate die?
5.	What was the inmate's sex? ☑ Male □ Female		 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility 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:	2	
	 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 LATER TIME FOR THE CAUSE OF DEATH
☐ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] — Cardiac Arrest
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] —————
Other cause(s) [Specify]
14. Where did the <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
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:
See the control of th
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. Excl serv	uding emergency care provided at the time ices for the medical condition that caused	e of death, did the his/her death aft	e inmate receiv er admission t	ve any of the follow o your correctional	ing medical facilities?
•	NOT APPLICABLE—Cause of death was a	ccidental injury, in	toxication, suic	ide, 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			RESPON EACH ITE	
after <i>"Pr</i> e-	the cause of death the result of a pre-exist admission? (If multiple conditions caused existing medical condition.")	d the death and <u>a</u>	<u>ny</u> of the cond	itions were pre-exis	
	NOT APPLICABLE—Cause of death was a	ccidental injury, in	toxication, suici	de, or homicide	
	Pre-existing medical condition Deceased developed condition after admiss Could not be determined	sion			
Please ad	d any additional notes regarding this death her	re:	<u> </u>	the collection of the same of	Observation of the second of t



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

		FORM COMPLETED BY:	
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Official Address		Telephone	
City		FAX	5
State	Zip	E-mail	

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- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

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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? Barksdale Bruce FIRST MI	7		orrect	tional facilities? 1 0 1 9 7 5 YEAR
 3. 	On what date did the inmate die? O 1 2 0 1 8 MONTH DAY YEAR What was the name and location of the correctional facility involved?	9. 1			ravated Rape
	Facility Name: LOUISIANA STATE PENITENTIARY Facility City: Facility State: ANGOLA LA				sion, did the inmate ever stay a mental health facility?
4.	What was the inmate's date of birth? 0 5 2 3 1 9 3 5 MONTH DAY YEAR		0	Yes No Don	't Know
5.	What was the inmate's sex? ☑ Male □ Female	11. V	Where	In a gene In a In a	general housing unit in the facility or in a eral housing unit on prison grounds segregation unit special medical unit/infirmary within your
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No		0 000	your In a In a Whi	special mental health services unit within facility medical center outside your facility mental health center outside your facility le in transit where Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: □ White □ Black or African American □ American Indian or Alaska Native □ Asian □ Native Hawaiian or Pacific Islander □ Some other race □ Please Specify:				

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
☐ YES —— CONTINUE TO Q13 ☐ Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
✓ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Cardiopulmonary 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
SPECIFY]
☐ 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.	Exclu servi	ding emergency care provided at the time of dea ces for the medical condition that caused his/her	th, did th death af	ne inmate ter admis	receive any of ssion to your co	the following medical prrectional facilities?
	0	NOT APPLICABLE—Cause of death was accidenta	l injury, i	ntoxicatio	n, suicide, or hor	micide
		a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
	after	he cause of death the result of a pre-existing med admission? (If multiple conditions caused the dea existing medical condition.") NOT APPLICABLE—Cause of death was accidenta	ith and <u>a</u>	nny of the	conditions wer	re pre-existing, mark
	000	Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Plea	se ado	any additional notes regarding this death here:				

	NPS-4A endum)		CTIONAL INSTITUT RISON INMATE 'H REPORT	TIONS 2018	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM CO	OMPLETED BY:		
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What deaths should be reported?

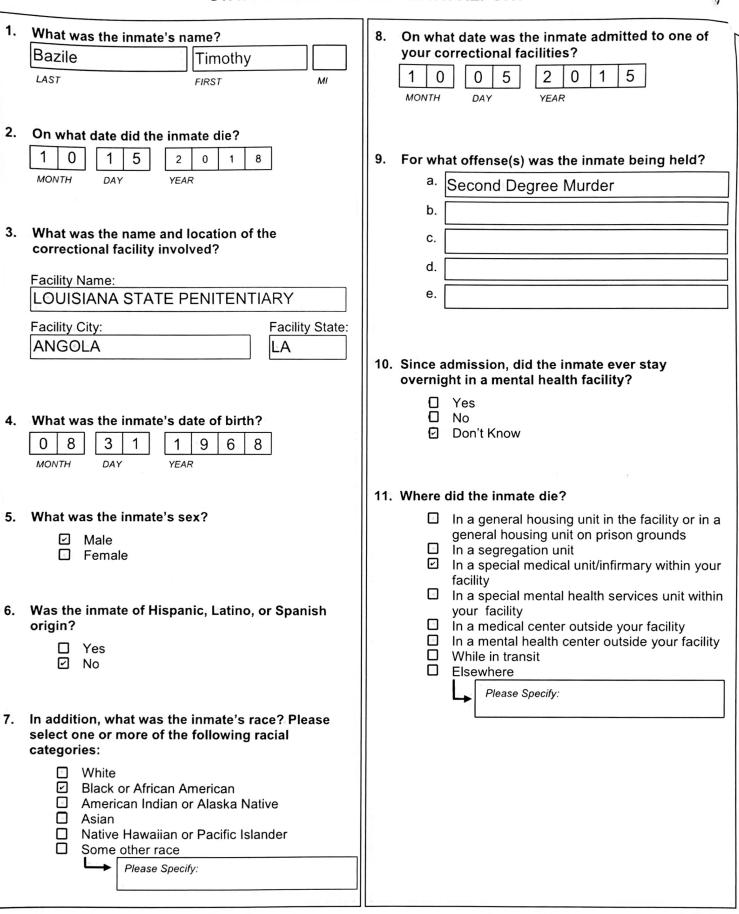
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BURDEN STATEMENT



. Are th	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 Q13 Evaluation complete—results are pending
1	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
E	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]
0	Homicide [Describe]
0	Other cause(s) [Specify]
44 14/1	
14. When	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
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"	☐ 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
SPECIFYJ	In a special mental health services unit In a segregation unit
	On death row, special unit awaiting capital punishment
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	Please Specify:
15 When	did the incident (e.g. accident evicide or hemiside) equains the deeth energy
13. 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

16.	Exclu servi	iding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		A. Evaluated by physician/medical staff
17	14/	
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
Ples	se ado	d any additional notes regarding this death here:
1 162	ise aut	any additional notes regarding this death here.

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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

	William Berger			
		FORM COMPLETED	D BY:	
Name			Title	
Official Address		1	elephone	
City			FAX	
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?	8.	On what date was the inmate admitted to one of
	Beach Daniel		your correctional facilities?
	LAST FIRST MI		0 7 2 9 1 9 7 4 MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 7 1 7 2 0 1 8	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		a. Second Degree Murder
			b
3.	What was the name and location of the		с.
	correctional facility involved?		d.
	Facility Name:		e.
	LOUISIANA STATE PENITENTIARY		c
	Facility City: Facility State: ANGOLA LA		
	ANGOLA	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
	0 1 2 3 1 9 5 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☐ Female		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 origin?		your facility ☑ In a medical center outside your facility
	☐ Yes		In a mental health center outside your facilityWhile 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:		

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
✓ YES ✓ CONTINUE TO Q13
□ Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEATH
□ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☐ Illness—Exclude AIDS-related deaths [Specify] ——— Cardiopulmonary 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]
44. Where did the incident (e.g. posident quicide on homicide) couries the death take subsect
14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
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Please Specify:
45 When did the incident /o a conident eviside on homiside) covering the death cover?
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☐ Morning (6 am to Noon)
☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

16. Exc	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					
afte "Pr	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition or admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark re-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 a	add any additional notes regarding this death here:					
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BURDEN STATEMENT

1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of
	Benoit Terrance		your correctional facilities?
	LAST FIRST MI		0 1 2 5 2 0 1 8
			MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 4 1 5 2 0 1 8	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		a. Pornography Inv-Juvenile
			b.
3.	What was the name and location of the		c.
	correctional facility involved?		
	Facility Name:		d.
	LOUISIANA STATE PENITENTIARY		e
	Facility City: Facility State:		
	ANGOLA	10	Since admission, did the inmate ever stay
		10.	overnight in a mental health facility?
			☐ Yes
4.	What was the inmate's date of birth?		□ No② Don't Know
	0 8 0 6 1 9 3 5 MONTH DAY YEAR		
			<u></u>
5.	What was the inmate's sex?	111.	Where did the inmate die?
Э.	✓ Male		In a general housing unit in the facility or in a general housing unit on prison grounds
	Female		☐ In a segregation unit☐ In a special medical unit/infirmary within your
			facility
6.	Was the inmate of Hispanic, Latino, or Spanish	3	your facility
	origin?		In a medical center outside your facilityIn 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		
1.	select one or more of the following racial categories:		
	☑ White☐ Black or African American	1	
	American Indian or Alaska Native		
	☐ Asian☐ Native Hawaiian or Pacific Islander		
	Some other race		
	Please Specify:		
		1	

12. Are the re review of	esults 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?
_ Y	ES CONTINUE TO Q13
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	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
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42 M/h e4	Alexander of death O that Disease ODEOIEV and of the disease of th
4	s the cause of death? *** Please SPECIFY cause of death—it is critical information***
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Acc	quired Immune Deficiency Syndrome (AIDS)
☐ Acc	cidental alcohol/drug intoxication [Describe]
☐ Acc	cidental injury to self [Describe]
	cidental injury by other (e.g., vehicular accidents ring transport) [Describe]
	icide (e.g., hanging, knife/cutting instrument, entional drug overdose) [Describe]
☐ Ho	micide [Describe]
☐ Oth	ner cause(s) [Specify]
14 Where did	d the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	TAPPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	he prison facility or on the prison grounds
	☐ In the inmate's cell/room☐ In a temporary holding area/lockup
3	☐ 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
SPECIFI	☐ In a segregation unit
	 On death row, special unit awaiting capital punishment Elsewhere within the prison facility
	Please Specify:
	hysteride the prince facility (a.g. while an work release or on work detail)
	outside the prison facility (e.g., while on work release or on work detail)
L	Please Specify:
15 Whon did	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
□ мо	orning (6 am to Noon)
□ Aff	ternoon (Noon to 6 pm)
	vening (6 pm to Midnight) vernight (Midnight to 6 am)

Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?					
■ NOT APPLICABLE—Cause of death was acciden	■ 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)	
47 W					
17. Was the cause of death the result of a pre-existing mafter admission? (If multiple conditions caused the c					
NOT APPLICABLE—Cause of death was accider	ntal injury, in	toxicatio	n, suicide, or hon	nicide	
 Pre-existing medical condition Deceased developed condition after admission Could not be determined 					
Please add any additional notes regarding this death here:		- 1×			
rease and any additional notes regarding this death here.					

Name

Official Address

City

State



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE DEATH REPORT

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

DEATTRE	OKI	RTIINTERNATIONAL
FORM COMPLE	TED BY:	
	Title	
7,	Telephone	
]	FAX	

Instructions for Completion

E-mail

If no deaths occurred in 2018:

You do not need to complete this form.

Zip

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 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? Berry LAST FIRST MI	On what date wayour correctiona 0 6 1 2 MONTH DAY	
 3. 	On what date did the inmate die? 1 0 2 0 2 0 1 8 MONTH DAY YEAR What was the name and location of the	For what offense a. Aggrava b	(s) was the inmate being held? ted Rape
	Facility Name: LOUISIANA STATE PENITENTIARY Facility City: ANGOLA Facility State:	d. e. Since admission,	did the inmate ever stay
4.	What was the inmate's date of birth? 1 0 2 3 1 9 5 3 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Kno	
5.	What was the inmate's sex? ☑ Male □ Female	general ho In a segre	ral housing unit in the facility or in a pusing unit on prison grounds
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	your facili In a medic In a menta While in tr	cal center outside your facility al health center outside your facility ansit
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: □ White □ Black or African American □ American Indian or Alaska Native □ Asian □ Native Hawaiian or Pacific Islander □ Some other race □ Please Specify:		

•	Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
1	✓ YES — CONTINUE TO Q13
	Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
-	□ No evaluation is planned → CONTINUE TO Q13
-	
1	3. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] ——— death is pulmonary embolism and cardiac a
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
3	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	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
9	☐ In a temporary holding area/lockup
	In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary
	SPECIFYI 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:
	riease Specify.
_	
1	5. 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)

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			
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			
0 0 0 0	Janu additional natae regarding this death have			
e auc	any additional notes regarding this death here:			
	Vas tafter :			



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 state of the s			
		FORM COMPLETED BY	Y :	
Name			Title	
Official		Telep	hone	
Address				A CONTRACT AND A CONTRACT OF THE CONTRACT OF T
City]	FAX	
State	Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2018:

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Project #: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
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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

	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
	Bible Danny P	
	LAST FIRST MI	
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 6 2 7 2 0 1 8	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Murder
		b. Robbery
3.	What was the name and location of the correctional facility involved?	С.
		d.
	Facility Name: LOUISIANA STATE PENITENTIARY	е.
	Facility City: Facility State:	
	ANGOLA LA	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
	e no talente e e e tubbo ya si e	☐ Yes
4.	What was the inmate's date of birth?	☐ No ☑ Don't Know
	0 8 2 1 1 9 5 1	DONTKHOW
	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 segregation unit☐ In a special medical unit/infirmary within your
	. x which is a contract to the	facility
6.	Was the inmate of Hispanic, Latino, or Spanish	In a special mental health services unit within your facility
Ο.	origin?	In a medical center outside your facility
	☐ Yes	In a mental health center outside your facility
	☑ No	☐ While in transit☐ Elsewhere
		Please Specify:
	(riease 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	Service of the servic
	☐ American Indian or Alaska Native☐ Asian	2
	Native Hawaiian or Pacific Islander	
	☐ Some other race	
	Please Specify:	

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
☐ YES → CONTINUE TO Q13 ☐ Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEATH
✓ No evaluation is planned → CONTINUE TO Q13
3. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] ———
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] —————
Other cause(s) [Specify] — Lethal Injection Execution
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: Out of state Texas
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? ☐ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related ☐ Morning (6 am to Noon)
☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight) ☐ Overnight (Midnight to 6 am)

16.	Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?						
	0						
		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)	
1					ero to		
17.	after	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the dea existing medical condition.")					
	Ø	NOT APPLICABLE—Cause of death was accidenta	l injury, int	toxication	, suicide, or hom	nicide	
ţ	0	Pre-existing medical condition Deceased developed condition after admission Could not be determined					
-							
Ple	ase add	d any additional notes regarding this death here:					



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE DEATH DEDORT

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

		DEATTREFORT	RTIINTERNATIONAL
		FORM COMPLETED BY:	
Name		Ti	tle
Official Address		Telepho	ne
City		F/	ax
State	Zip	E-mail	

Instructions for Completion

If no deaths occurred in 2018:

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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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What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
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- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

		he re.
	STATE PRISON INMA	ATE DEATH REPORT
1.	What was the inmate's name? Bonner Lionel LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 3 2 7 2 0 0 7 MONTH DAY YEAR
 3. 	On what date did the inmate die? 1 1 1 6 2 0 1 8 MONTH DAY YEAR What was the name and location of the correctional facility involved?	9. For what offense(s) was the inmate being held? a. Second Degree Murder b
4.	Facility Name: LOUISIANA STATE PENITENTIARY Facility City: ANGOLA What was the inmate's date of birth? 0 3 2 4 1 9 5 8	e. 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes No Don't Know
	MONTH DAY YEAR	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:	

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
✓ YES CONTINUE TO Q13
□ Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
□ No evaluation is planned → CONTINUE TO Q13
40.140
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] ——— Anoxic Brain Injury, Intracranial hemorphag
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
[PLEASE In a special medical unit/initimary SPECIFY]
☐ 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 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.	Exclu service	ervices for the medical condition that caused his/her death after admission to your correctional facilities?					
	0	NOT APPLICABLE—Cause of dea	th was accident	al injury, in	toxicatio	n, suicide, or ho	micide
		a. Evaluated by physician/medical b. Diagnostic tests (e.g., X-rays, N c. Medications d. Treatment/care other than med e. Surgery f. Confinement in special medical	cations				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after	the cause of death the result of a admission? (If multiple condition existing medical condition.")					
1.		NOT APPLICABLE—Cause of dea	th was accident	al injury, int	toxicatio	n, suicide, or hor	nicide
	000	Pre-existing medical condition Deceased developed condition after Could not be determined	er admission				
Plea	ase add	d any additional notes regarding this	death here:			gant and an in the stage of the	
		,					



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE

U.S. DEPARTMENT OF JUSTICE **BUREAU OF JUSTICE STATISTICS**

AND ACTING AS COLLECTION AGENT: DEATH REPORT RTI INTERNATIONAL

	The state of the s		44.
		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.

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> 5265 Capital Boulevard Raleigh, NC 27690-1652

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What deaths should be reported?

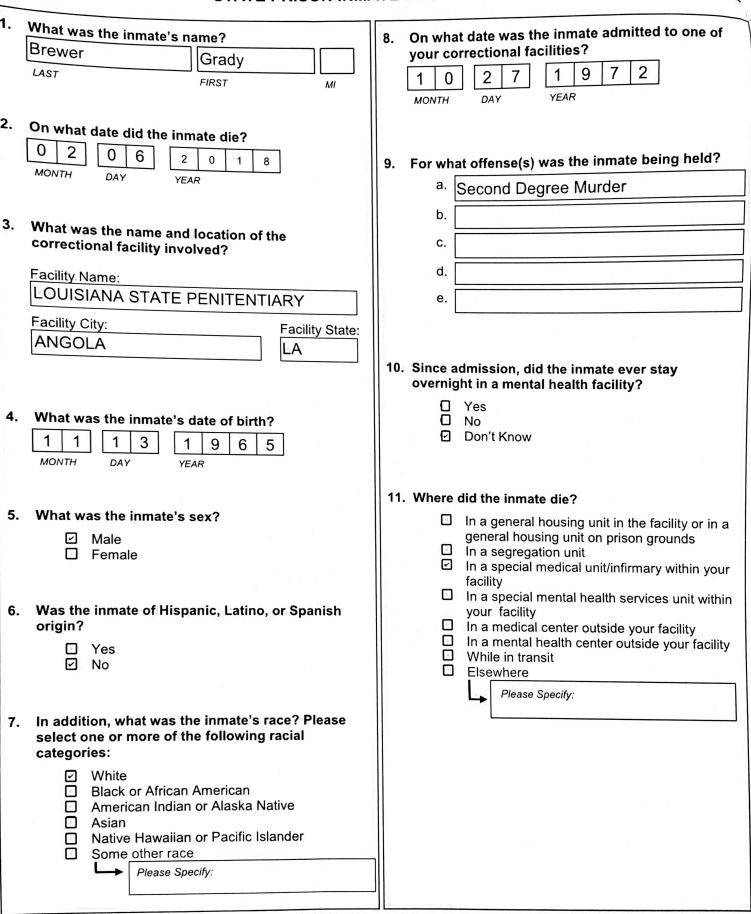
INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
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EXCLUDE deaths of ALL persons...

- Executed in your state
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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



2. Are t	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or ew 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. Wha	t was the cause of death? *** Please SPECIFY cause of death—it is critical information***
- 4	
	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
[PLEASE SPECIF	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
1	Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
	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 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			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)			
17.	after "Pre-	Pre-existing medical condition Deceased developed condition after admission	th and <u>any</u> of t	he conditions wer	e pre-existing, mark			
Ple	ase ad	ld any additional notes regarding this death here:		200000000000000000000000000000000000000	2 P = 3			
			ud 1 pr		-22			

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

	No. Assista			
		FORM COMPLET	TED BY:	
Name			Title	
Official ddress		1 y	Telephone	
City			FAX	
State	Zip	E-mail		

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- 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

review

		A CONTRACTOR OF THE PROPERTY O
1,	What was the inmate's name? Brown Michael	8. On what date was the inmate admitted to one of your correctional facilities?
	Brown	
	LAST FIRST MI	
		MONTH DAY YEAR
2.	On what date did the inmate die?	
		S. Famulat affamas(a) was the inmete being hold?
		9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	^{a.} Aggravated Arson
		b.
3.	What was the name and location of the	
٠.	correctional facility involved?	С.
		d.
	Facility Name:	e.
	LOUISIANA STATE PENITENTIARY	e
	Facility City: Facility State:	,
	ANGOLA	
		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 3 1 5 1 9 5 4	Don't know
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	
Э.	<u>4-1</u>	In a general housing unit in the facility or in a general housing unit on prison grounds
	☑ Male □ Female	☐ In a segregation unit
	1 chaic	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:
		The second secon
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 IslanderSome 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							
42 What was the same of death? *** Places SPECIEV same of death. 'A is within Linfo we of me**							
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information*** Illness—Exclude AIDS-related deaths Specify cardiopulmonary arrest							
Cardiopalificitary 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)							
IPLEASE In a special medical unit/infirmary							
SPECIFYI 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 prince facility (a.g., while an work release or an work detail)							
Outside the prison facility (e.g., while on work release or on work detail)Elsewhere							
Please Specify:							
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?							
☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related							
☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm)							
☐ Evening (6 pm to Midnight)							
Overnight (Midnight to 6 am)							

16.	Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?								
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide								
		A. Evaluated by physician/medical staff							
		f. Confinement in special medical unit							
17.	after "Pre-	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	ase add	d any additional notes regarding this death here:							

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

	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name? Carlson Eric LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 7 3 1 2 0 1 7 MONTH DAY YEAR
 3. 	On what date did the inmate die? 0 5 1 1 2 0 1 8 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY Facility City: ANGOLA What was the inmate's date of birth? 1 0 1 6 1 9 7 6 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Posession Schedule II b. C.
		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 □ While in transit □ Elsewhere □ Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: □ White □ Black or African American □ American Indian or Alaska Native □ Asian □ Native Hawaiian or Pacific Islander □ Some other race □ Please Specify:	

2. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?							
✓ YES → CONTINUE TO Q13 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH							
□ No evaluation is planned → CONTINUE TO Q13							
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***							
☑ Illness—Exclude AIDS-related deaths [Specify] → Hypoxic Ischemic Encephalopathy							
Acquired Immune Deficiency Syndrome (AIDS)							
☐ Accidental alcohol/drug intoxication [Describe] →							
Accidental injury to self [Describe]							
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]							
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]							
☐ Homicide [Describe] ————————————————————————————————————							
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) □ Opening (Midnight to 6 am)							
Overnight (Midnight to 6 am)							

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							
a	fter	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								
	000	Pre-existing medical condition Deceased developed condition after admission Could not be determined							
Pleas	e ad	d any additional notes regarding this death here:							
,									
,									

Name

Official Address

City

State

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

Marinett and		KIIMIZMAMOMZ
	FORM COMPLETED BY:	
	Title	
	Telephone	
	FAX	

Instructions for Completion

E-mail

If no deaths occurred in 2018:

You do not need to complete this form.

Zip

If you had more than one death in 2018:

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

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E-MAIL: bjsmci@rti.org

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

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

5265 Capital Boulevard Raleigh, NC 27690-1652

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- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- · 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 PRISON INWIA	TIE DEATH REPORT					
1,	What was the inmate's name?	8. On what date was the inmate admitted to one of					
	Theodore	your correctional facilities?					
	LAST	0 1 2 1 1 9 8 5					
	FIRS! MI	MONTH DAY YEAR					
2.	On what date did the inmate die?						
	MONTH 2 3 2 0 1 8	9. For what offense(s) was the inmate being held?					
	DAY YEAR	a. Armed Robbery					
3.	What was the name and location of the	b					
	correctional facility involved?	c.					
	Facility Name:	d.					
	LOUISIANA STATE PENITENTIARY						
		e.					
	Facility City: Facility State:						
	ANGOLA LA						
A Total		10. Since admission, did the inmate ever stay					
		overnight in a mental health facility?					
4.	What was the inmate's date of birth?	☐ Yes					
	$0 \mid 7 \mid 0 \mid 0 \mid 1 \mid 1$	☐ No ☑ Don't Know					
	MONTH	a bontknow					
	MONTH DAY YEAR						
3		11. Where did the inmate die?					
5.	What was the inmate's sex?						
ş	☑ Male	In a general housing unit in the facility or in a general housing unit on prison grounds					
	☐ Female	In a segregation unit					
		In a special medical unit/infirmary within your facility					
	West death and a second	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					
5	☐ Yes ☑ No	While in transit					
		Elsewhere					
8 *		Please Specify:					
7.	In addition, what was the inmate's race? Please						
	select one or more of the following racial						
	categories:						
	☐ White						
2	☑ Black or African American☐ American Indian or Alaska Native						
	Asian						
	Native Hawaiian or Pacific Islander						
	Some other race	1					
	Please Specify:						
	The second secon	1					
20 m							

Are the review	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?
	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] ——— Sepsis w/Organ disfunction
	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]
0	,
E.	
15. When ☑	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	Morning (6 am to Noon)
(b)	Evening (6 pm to Midnight)

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?											
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide										
		a. Evaluatedb. Diagnosticc. Medicationd. Treatmente. Surgeryf. Confinement	tests (e.g	, X-rays, than me	MRI) dications	 3]]]	PLEASE PRORESPONSE EACH ITEM	FOR
6												
17.	after	the cause of d admission? (I existing medi- NOT APPLIC	f multiple cal condit	conditio	ns caus	ed the d	eath and	any of	the condit	ions we	develop the c re pre-existing nicide	g, mark
		Pre-existing n Deceased de Could not be	veloped co	ondition a	fter adm	ission	d selet .	3 1331 - A				
Ple	ase add	d any additiona	notes reg	arding thi	s death f	nere:	Maria (Maria)		Getodooglicus vo		Constitution of the second	ET CONTROL CON
		9. 1 2	-									
-												
9									1.4%			



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE

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

DEATH REPORT RTI INTERNATIONAL FORM COMPLETED BY: Name Title Official Telephone Address **FAX** City Zip State 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.
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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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- 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? Dickerson James FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 5 0 1 2 0 0 6 MONTH DAY YEAR
2.	On what date did the inmate die? 0 7 2 7 2 0 1 8 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Aggravated Rape
		b. [
3.	What was the name and location of the correctional facility involved?	c.
	Facility Name:	d
	LOUISIANA STATE PENITENTIARY	e.
	Facility City: Facility State: ANGOLA LA	
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 1 2 1 7 1 9 5 4 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
		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☐ Female	general housing unit on prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your
		facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	your facility
3	☐ Yes	In a medical center outside your facility In a mental health center outside your facility
1	☑ 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: 	

	nostmortem exam, or
Are the review	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
e.	No evaluation is planned → CONTINUE TO Q13
y	was the cause of death? *** Please SPECIFY cause of death—it is critical information*** Cancer
13. What	was the cause of death? *** Please SPECII 7 duals Cancer
	Illness—Exclude AIDS-related deaths [Specify]
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
Q.	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
•	Homicide [Describe]
	Other cause(s) [Specify]
14. When	☐ 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)

16. Exclu servi	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?
О	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	A Evaluated by physician/medical staff
after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
0	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
Please ad	d any additional notes regarding this death here:
r rease au	a any additional notes regarding this death here.
43	



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE DEATH REPORT

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

			KITIKIENIATIONAE
		FORM COMPLETED BY	:
Name			Title
Official Address	A .	Teleph	one
City		· · · · · · ·	FAX
State	Zip	E-mail	

Instructions for Completion

If no deaths occurred in 2018:

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5265 Capital Boulevard Raleigh, NC 27690-1652

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- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

81, in	en an anti-company at extract and an analysis of the extraction and	7.	
1.	What was the inmate's name? Dodgen Joseph	8.	On what date was the inmate admitted to one of your correctional facilities?
	Dodgen Joseph		
	LAST FIRST MI		
			MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 3 2 0 2 0 1 8	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		
	MONTH DAT TEAR		a. Indecent Behavior with a juvneile
			b.
3.	What was the name and location of the		
J.	correctional facility involved?		C.
	out of the state o		d.
	Facility Name:		
	LOUISIANA STATE PENITENTIARY		e.
	F 377 07		
	Facility City: Facility State:		
	ANGOLA	1	
		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 9 2 3 1 9 7 8		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	\$ 1	general housing unit on prison grounds
	☐ Female		In a segregation unitIn a special medical unit/infirmary within your
		1,	 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 facilityWhile in transit
	☑ No		Elsewhere
		1	
			Please Specify:
7.	In addition, what was the inmate's race? Please		
	select one or more of the following racial		
	categories:	j.	
	☑ White		
	Black or African American		
	American Indian or Alaska Native		
	AsianNative Hawaiian or Pacific Islander		
	Some other race		
	Please Specify:		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		3	

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
☐ YES → CONTINUE TO Q13 ☐ Evaluation complete—results are pending → SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
☑ No evaluation is planned → CONTINUE TO Q13
42 Miles and the same of death 2 att Disease CDFO/FV against of death. It is suitical information***
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Cancer
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] ———
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] —————
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
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Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
 ☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight) ☐ Overnight (Midnight to 6 am)

ye ox

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
en de la companya de	A Evaluated by physician/medical staff
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:

U.S. DEPARTMENT OF JUSTICE **MORTALITY IN CORRECTIONAL INSTITUTIONS 2018** Form NPS-4A **BUREAU OF JUSTICE STATISTICS** STATE PRISON INMATE (Addendum) AND ACTING AS COLLECTION AGENT: **DEATH REPORT** RTI INTERNATIONAL FORM COMPLETED BY: Name Title Official Telephone Address FAX City State Zip E-mail

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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

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

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INCLUDE deaths of ALL persons...

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EXCLUDE deaths of ALL persons...

- Executed in your state
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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

Project Co.			A STATE OF THE STA
1.	What was the inmate's name? Drew Steven	8.	On what date was the inmate admitted to one of your correctional facilities?
			0 7 1 7 1 9 7 8
	LAST FIRST MI		MONTH DAY YEAR
			MONTH DAT TEAN
2.	On what date did the inmate die?		
		9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		a. Aggravated Rape
			b.
3.	What was the name and location of the		
٥.	correctional facility involved?		C.
	•		d.
	Facility Name:		***************************************
	LOUISIANA STATE PENITENTIARY		e.
	Facility City: Facility State:		
	ANGOLA		
		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
	1 0 1 3 1 9 5 8		☑ 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 ☐ 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 origin?		your facility ☐ In a medical center outside your facility
		2	☐ In a mental health center outside your facility
	☐ Yes ☑ No		☐ While in transit
	- 110		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	ľ	
	☐ Some other race		
	Please Specify:		
	1		

Are the results of a medical examiner's or coroner's exercise of medical records) available to establish an of	valuation (such as an autopsy, postmortem exam, or ficial cause of death?
☑ YES — CONTINUE TO Q13	
Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SU	IBMIT THIS FORM—YOU WILL BE CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEAT	Н
☐ No evaluation is planned → CONTINUE TO Q	13
13. What was the cause of death? *** Please SPECIFY ca	ause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] —	Cardiac Arrest
☐ Acquired Immune Deficiency Syndrome (AIDS)	
☐ Accidental alcohol/drug intoxication [Describe] —	
Accidental injury to self [Describe]	
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
Homicide [Describe]	
Other cause(s) [Specify]	
14. Where did the incident (e.g., accident, suicide, or hom NOT APPLICABLE—Cause of death was illness, in	
☐ 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.,)	vard, library, cafeteria)
SPECIFYI In a special mental health services unit	
☐ In a segregation unit ☐ On death row, special unit awaiting capital	punishment
Elsewhere within the prison facility Please Specify:	
Please Specily.	
Outside the prison facility (e.g., while on work releElsewhere	ase or on work detail)
Please Specify:	
AF 19th and did the incident to a considerat suitable at the incident to the i	ide) consists the death cours
15. When did the incident (e.g., accident, suicide, or homic ■ NOT APPLICABLE—Cause of death was illness, i	
☐ Morning (6 am to Noon)	
☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)	
Overnight (Midnight to 6 am)	

16. Excluservi	uding emergency care provided at the time of dea ces for the medical condition that caused his/he	ath, did th r death aft	e inmate er admi	e receive any of ssion to your co	the following medical prectional facilities?
	NOT APPLICABLE—Cause of death was accident	al injury, ir	ntoxicatio	on, suicide, or hor	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		eath and <u>a</u>	nny of th	e conditions we	re pre-existing, mark
Please ad	d any additional notes regarding this death here:		***		Control of the contro

Name

Official

City

State

Address



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE

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

DEATH REPORT	RTIINTERNATIONAL
FORM COMPLETED BY:	
Title	

Telephone

FAX

Instructions for Completion

E-mail

If no deaths occurred in 2018:

You do not need to complete this form.

Zip

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BURDEN STATEMENT

	$\frac{d^2}{dt^2} = \frac{dt^2}{dt^2} = \frac{dt^2}{dt^2}$	
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Eaker Rodney	your correctional facilities?
	LAST FIRST MI	0 6 0 2 1 9 8 0
		MONTH DAY YEAR
2.	On what date did the inmate die?	
-		a Famulat affamas(a) was the inmate being held?
	1 2 3 1 2 0 1 8 MONTH DAY YEAR	9. For what offense(s) was the inmate being held?
	MONTH BAT TEAM	a. First Degree Murder
		b
3.	What was the name and location of the correctional facility involved?	c.
	Correctional facility involved:	d.
	Facility Name:	e.
	LOUISIANA STATE PENITENTIARY	S
	Facility City: Facility State:	
	ANGOLA	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 │ No │ Don't Know
	1 1 2 7 1 9 4 8	
	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 general housing unit on prison grounds
	☑ Male☐ Female	general nousing unit on prison grounds In a segregation unit
	- Temale	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:
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 of th

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 LATER TIME FOR THE CAUSE OF DEATH
□ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] ——— Respiratory Failure
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
Accidental injury to self [Describe] —————
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
□ Homicide [Describe] — →
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
☐ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds
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 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)

16. Exclu servi	Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?						
0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
	A Evaluated by physician/medical staff						
after	the cause of death the result of a pre-existing medical condition or did the inmate develop the 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						
0	Pre-existing medical condition Deceased developed condition after admission Could not be determined						
Please add	d any additional notes regarding this death here:						
r reade au	2 any additional notice regarding this death note:						



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

	11 401	active.					
		41	FORM COMPLE	TED BY:			
Name				Title	-		
Official Idress	2000 August 1			Telephone	- A		
City		and the second	1	FAX		a grand filtrances	y y
State	Zip		E-mail				

Instructions for Completion

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Project #: 0215015.001.300.117.102.100

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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? Everett Gumarus LAST FIRST MI	1	On what date was the inmate admitted to one of your correctional facilities? 1 2 1 7 2 0 0 1 MONTH DAY YEAR
 3. 4. 	On what date did the inmate die? 0 2 1 2 2 0 1 8 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY Facility City: ANGOLA What was the inmate's date of birth?	The second secon	For what offense(s) was the inmate being held? a. Second Degree Murder b
	0 7 0 4 1 9 8 1 MONTH DAY YEAR	11	☑ Don't Know 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:		

12. Are the review	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?
o o	YES CONTINUE TO Q13
ŕ	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
ū	No evaluation is planned → CONTINUE TO Q13
42 18/1-24	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
_	
	Illness—Exclude AIDS-related deaths [Specify]
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe] ———
ū	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]
_	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
[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
1	In a segregation unitOn death row, special unit awaiting capital punishment
1	☐ Elsewhere within the prison facility
	Please Specify:
	, , , , , , , , , , , , , , , , , , , ,
	Elsewhere Please Specify:
15. When	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
	Evening (6 pm to Midnight)
4	Overnight (Midnight to 6 am)

16. Ex	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?				
) 1	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				
af	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 Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Please	d 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:

DTI INTERNATIONAL

		DEATHREF		RTI INTERNATIONAL
		FORM COMPLET	ED BY:	
Name			Title	
Official Address			Telephone	
City)		FAX	
State	Zip	E-mail [

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

Par of the Part of

2/2.	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
	27	- Table and Tooland are pending
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
w 7	V	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] ——— cardiopulmonary 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.	_	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)
	LEASE	In a special medical unit/infirmary
Si	PECIFY]	☐ 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:
	0	,
	a	
		Please Specify:
15.	When	did the incident (e.g., accident, suicide, or homicide) causing the death occur?
	₽.	
	7	3 (
	: :	Afternoon (Noon to 6 pm)

16.	Exclu servi	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
47	101	
''.	after "Pre-	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
i.	000	Pre-existing medical condition Deceased developed condition after admission Could not be determined
Plea	ase add	I any additional notes regarding this death here:
1		



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE DEATH REPORT

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

		DEATTINEFORT	RTIINTERNATIONAL			
FORM COMPLETED BY:						
Name		Title				
Official Address		Telephone				
City		FAX				
State	Zip	E-mail				

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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.	What was the immedals mame?	8. On what date was the inmate admitted to one of
٠.	What was the inmate's name?	your correctional facilities?
	Finley Charlie	0 9 1 1 2 0 0 1
	LAST FIRST MI	MONTH DAY YEAR
		MONTH DAT TEAK
2.	On what date did the inmate die?	
	0 2 1 0 2 0 1 8	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	
	MONTH DAT TEAN	^{a.} Aggravated Rape
		b.
3.	What was the name and location of the	с.
	correctional facility involved?	d.
	Facility Name:	d.
	LOUISIANA STATE PENITENTIARY	e
	Facility City: Facility State:	
	ANGOLA	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		☐ Yes ☐ No
4.	What was the inmate's date of birth?	☐ Don't Know
	0 3 2 6 1 9 2 6	
	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 segregation drift ☐ 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
٠.	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 IslanderSome other race	
	Please Specify:	7
		H

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
☐ YES CONTINUE TO Q13
□ Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEATH
✓ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] ——— Cardiopulmonary Arrest due to age and nu
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.	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)
17.	after	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the dea -existing medical condition.")				
		NOT APPLICABLE—Cause of death was accidenta	l injury, ir	ntoxication	n, suicide, or hon	nicide
		Deceased developed condition after admission	ř	s - E		
Plo	250 2d	ld any additional notes regarding this death here:	1 mil 1			12 1 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7 76	ase au	id any additional notes regarding this death here.				
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Form NPS-4A (Addendum)

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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

	* E	ere etc.					
			FORM COMPLE	TED BY:			
100							
Name				Title	-		
Official Address				Telephone		2	
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.	What was the inmate's name? Floyd Daniel LAST FIRST MI	8.	On what date was the inmate admitted to one of your correctional facilities? 1 2 0 4 1 9 8 9 MONTH DAY YEAR
2.	On what date did the inmate die? 1 0 0 5 2 0 1 8 MONTH DAY YEAR	9.	For what offense(s) was the inmate being held? a. First Degree Murder b.
3.	What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY Facility City: ANGOLA Facility State: LA	10.	c. d. e. Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth? 0 6 3 0 1 9 5 2 MONTH DAY YEAR	de contraction of	☐ Yes ☐ No ☐ Don't Know
5.	What was the inmate's sex? ☑ Male ☐ Female	111.	Where did the inmate die? ☐ In a general housing unit in the facility or in a general housing unit on prison grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within your facility ☐ In a special mental health services unit within
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:		

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
☐ YES ——→ CONTINUE TO Q13
□ Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEATH
☑ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] → Pancreatic 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
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)

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?					
e.		NOT APPLICABLE—Cause of death was accidenta	l injury, in	toxication	n, suicide, or hor	nicide
		a. Evaluated by physician/medical staff				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 dea existing medical condition.")	lical cond oth and <u>ar</u>	dition or <u>ny</u> of the	did the inmate of conditions wer	develop the condition re pre-existing, mark
	•	NOT APPLICABLE—Cause of death was accidenta	l injury, int	toxication	, suicide, or hom	nicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Plea	se ado	d any additional notes regarding this death here:				
		any acamana natao ragarang ana acam nore.				
						3
			,		-	

	m NPS-4A dendum)	MORTALITY IN CORRECTION STATE PRISON DEATH REI	INMATE	IONS 2018	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPL	ETED BY:	-	
Name	e		Title		
Officia Addres	"		Telephone		
Cit	у		FAX		

Instructions for Completion

E-mail

If no deaths occurred in 2018:

State

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

What deaths should be reported?

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

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
- 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
	Franklin Dolan		your correctional facilities?
	LAST FIRST MI		0 6 2 9 1 9 9 3
			MONTH DAY YEAR
_	6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
2.	On what date did the inmate die?		
	0 8 1 9 2 0 1 8	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		a. Second Degree Murder
			b.
3.	What was the name and location of the		с.
	correctional facility involved?		
	Facility Name:		d.
	LOUISIANA STATE PENITENTIARY		e.
	Facility City: Facility State:		
	ANGOLA		
		10.	Since admission, did the inmate ever stay
			overnight in a mental health facility?
	What was the immetals date of high		☐ Yes ☐ No
4.	What was the inmate's date of birth?		☐ Don't Know
	0 8 2 9 1 9 6 0 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 ☐ 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		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	1	
	AsianNative Hawaiian or Pacific Islander	f II 9	
	Some other race		
	Please Specify:		

12. Are the review	ne results of a medical examiner's or coroner's evaluation w of medical records) available to establish an official caus	(such as an autopsy, postmortem exam, or see of death?
	YES CONTINUE TO Q13	
_	LATER TIME FOR THE CAUSE OF DEATH	
Ľ.	No evaluation is planned → CONTINUE TO Q13	
13. What	t was the cause of death? *** Please SPECIFY cause of de	eath—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] ———	
	Acquired Immune Deficiency Syndrome (AIDS)	
	Accidental alcohol/drug intoxication [Describe]	
	Accidental injury to self [Describe]	
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
Ø	Homicide [Describe] → brai	in injury
	Other cause(s) [Specify]	
[PLEASE SPECIFY]	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) In a special medical unit/infirmary	or AIDS-related y, cafeteria) nt
15. When	 ✓ Morning (6 am to Noon) ✓ Afternoon (Noon to 6 pm) ✓ Evening (6 pm to Midnight) 	

NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide YES NO DON'T KNOW a. Evaluated by physician/medical staff	16. E	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?								
a. Evaluated by physician/medical staff		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide								
after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined Please add any additional notes regarding this death here: Autopsy is traumatic brain injury, secondary case of death is blunt force head trauma. They found			b. Diagnostic tests (e.g., X-rays, MRI)				RESPONSE FOR			
after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined Please add any additional notes regarding this death here: Autopsy is traumatic brain injury, secondary case of death is blunt force head trauma. They found										
Could not be determined Please add any additional notes regarding this death here: Autopsy is traumatic brain injury, secondary case of death is blunt force head trauma. They found	á	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								
Autopsy is traumatic brain injury, secondary case of death is blunt force head trauma. They found										
Autopsy is traumatic brain injury, secondary case of death is blunt force head trauma. They found	1000				all was gar of					
	Aut	opsy	y is traumatic brain injury, secondary case of				,			

1	NPS-4A endum)	MORTALITY	IN CORRECTIONA STATE PRISON DEATH REP	NMATE	IONS 2018	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
41			FORM COMPLE	TED BY:		
Name	1			Title		
Official Address	1			Telephone		
City	·			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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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? Freeman Kenneth	8.		at date was the inmate admitted to one of orrectional facilities?
	Freeman Kenneth MI		0 2 MONTH	
2.	On what date did the inmate die?			
	0 5 0 7 2 0 1 8 MONTH DAY YEAR	9.	1	at offense(s) was the inmate being held? Unautho Entry-inh-dwell pornogrpahy-ir
			b.	Chadane Enary and aven permegapany a
3.	What was the name and location of the correctional facility involved?		c.	
	Facility Name:		d.	
	LOUISIANA STATE PENITENTIARY		e.	
	Facility City: Facility State: ANGOLA LA			
		10.		dmission, did the inmate ever stay ht in a mental health facility?
4.	What was the inmate's date of birth?		0	Yes No Don't Know
	MONTH DAY YEAR			
		11.	Where	did the inmate die?
5.	What was the inmate's sex? ☑ Male			In a general housing unit in the facility or in a general housing unit on prison grounds
	☐ Female		0	In a segregation unit 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 In a mental health center outside your facility
	☐ Yes ☑ No			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: 			
	, icase openi,			

12.	. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
	YES — CONTINUE TO Q13 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	□ No evaluation is planned → CONTINUE TO Q13
13	. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	✓ Illness—Exclude AIDS-related deaths [Specify] — Cardiopulmonary Arrest
	☐ Acquired Immune Deficiency Syndrome (AIDS)
	☐ Accidental alcohol/drug intoxication [Describe] →
	Accidental injury to self [Describe]
4	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]
(F	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 medical unit/infirmary In a special medical 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. Excl serv	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?									
•	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide									
	YES NO DON'T KNOW a. Evaluated by physician/medical staff									
afte	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 e-existing medical condition.")									
_ C	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide									
0	Pre-existing medical condition Deceased developed condition after admission Could not be determined									
Please ac	ld any additional notes regarding this death here:									
	a any additional notes regulating time death here.									

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

Instructions for Completion

E-mail

If no deaths occurred in 2018:

City

State

You do not need to complete this form.

Zip

If you had more than one death in 2018:

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

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E-MAIL: bjsmci@rti.org

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

FAX

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?

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- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of
- 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? Hammond Joseph LAST FIRST MI	8.	On what date was the inmate admitted to one of your correctional facilities? 0 5 0 2 2 0 0 0 MONTH DAY YEAR
2.	On what date did the inmate die? 0 5 2 5 2 0 1 8 MONTH DAY YEAR	9.	For what offense(s) was the inmate being held? a. Hab/Attempted First Degree Roberry b.
3.	What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY		c. d. e.
4.	Facility City: ANGOLA Facility State: LA What was the inmate's date of birth?	10.	Since admission, did the inmate ever stay overnight in a mental health facility? Yes No
	1 2 1 3 1 9 6 6 MONTH DAY YEAR	11.	☑ Don't Know 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:		

ed to	\	
ed to one or	Are revi	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or ew of medical records) available to establish an official cause of death?
_		 ✓ YES
		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
	1	
	_	it was the cause of death? *** Please SPECIFY cause of death—it is critical information***
		itespiratory railure
	4	Acquired Immune Deficiency Syndrome (AIDS)
	4	Accidental alcohol/drug intoxication [Describe]
	C.	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]
	C	Homicide [Describe]
		Other cause(s) [Specify]
	[PLEASI SPECIF	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
		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.	Excluservices	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	O 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								
Plea	se ado	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

	White the state of the			
		FORM COMPLET	TED BY:	
Name			Title	
Official Address		11000	Telephone	
	1 (4) 7 (5) (6) (6) (6) (7) (7)		FAX	
City				
State	Zip	E-mail		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

Instructions for Completion

If no deaths occurred in 2018:

You do not need to complete this form.

If you had more than one death in 2018:

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

ONLINE: Complete the report online at: 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.	M/h		
•	What was the inmate's name?	8.	On what date was the inmate admitted to one of your correctional facilities?
	Harrison		
	LAST FIRST MI		
			MONTH DAY YEAR
2.	On what date did the inmate die?		
	1 1 1 9 2 0 1 8	$\ $	For what affered(a) was the inmete being hold?
	MONTH DAY YEAR	9.	For what offense(s) was the inmate being held?
	MONTH DAT TEAR		a. Molestation of a juvenile
			b.
3.	What was the name and location of the		с.
	correctional facility involved?		
	Facility Name:		d.
	LOUISIANA STATE PENITENTIARY		e.
	Facility City: Facility State:		2
	ANGOLA LA		
	, atoset	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 2 2 3 1 9 5 3		Bontalow
	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 unitIn a special medical unit/infirmary within your
		1	facility
6.	Was the inmate of Hispanic, Latino, or Spanish		In a special mental health services unit within your facility
0.	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		
₁ 7.	select one or more of the following racial		
	categories:		
	White		
	☑ Black or African American☐ American Indian or Alaska Native		
	Asian Asian		
	☐ Native Hawaiian or Pacific Islander		
	Some other race		
	Please Specify:	7	
		П	

e e	e the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or view of medical records) available to establish an official cause of death?
	YES — CONTINUE TO Q13 Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
F	□ No evaluation is planned → CONTINUE TO Q13
13. V	hat was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	☑ Illness—Exclude AIDS-related deaths [Specify] ——— ARDS (Respiratory Distress Syndrome)
	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 \	here did the incident (e.g., accident, suicide, or homicide) causing the death take place?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
[PLI SPE	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: Please Specify:
	Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
15. V	hen 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.	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)			
17.	after	the cause of death the result of a pre-existing me admission? (If multiple conditions caused the de existing medical condition.")	eath and <u>a</u>	ny of the	e conditions wer	re pre-existing, mark			
		NOT APPLICABLE—Cause of death was accident	al injury, in	toxicatio	n, suicide, or hon	nicide			
	0 0	Pre-existing medical condition Deceased developed condition after admission Could not be determined	***						
		daniel de la companya							
Pie	ase add	d any additional notes regarding this death here:							

Form NPS-4A (Addendum)

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MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 STATE PRISON INMATE DEATH REPORT

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

				KITIKIEKKATOKA
		FORM COMPLET	ED BY:	
Name			Title	
Official Address			Telephone	
City			FAX	
State	Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2018:

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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? Hatfield John LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 0 5 0 2 2 0 1 6 MONTH DAY YEAR
2.	On what date did the inmate die? 0 7 1 8 2 0 1 8 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Second Degree Murder b.
3.	What was the name and location of the correctional facility involved?	c
	Facility Name: LOUISIANA STATE PENITENTIARY	e.
	Facility City: Facility State: ANGOLA 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 6 0 4 1 9 8 7 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: 	

•	Are the review	v of medical records) available to establish an official cause of death?
1	/ 🛮	YES CONTINUE TO Q13
1	/	- standard complete results are perfulling
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	8	
Γ		
	13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	v	Illness—Exclude AIDS-related deaths [Specify] ——— Cardiac Arrest
		Acquired Immune Deficiency Syndrome (AIDS)
		Accidental alcohol/drug intoxication [Describe] ————
		Accidental injury to self [Describe]
		Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
		Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
		Homicide [Describe]
		Other cause(s) [Specify]
	14. Wher	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
1	⊡	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
	[PLEASE SPECIFY]	
		☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
1		Elsewhere within the prison facility
		Please Specify:
1		Outside the prison facility (e.g., while on work release or on work detail)
1	- [_
		Please Specify:
L		
Γ	45 100	
	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)
	· ·	Sevening (6 pm to Midnight) Overnight (Midnight to 6 am)

16.	Exclu servi	Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?				
	•	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)
,						
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 					
			,,,		., cardas, or non	
Pla				4 2		,
Pie	ase add	I any additional notes regarding this death here:				
je.			5	*	i	