Form (Adder	NPS-4A ndum)		MORTALIT	Y IN CORRECTIO STATE PRISO DEATH RI	N INMATE		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTIC AND ACTING AS COLLECTION AGE RTI INTERNATIONAL
				FORM COMP	ETED BY:	-	
Name	5				Title		
Official ddress					Telephone		
City					FAX		
State		Zip		E-ma	il >		
			I	nstructions for	Completion		
		irred in 2018		nstructions for	<sup>.</sup> Completion		
• Yo	ou do not r	need to comp	lete this form.	nstructions for	<sup>.</sup> Completion	i d	
• Yo	ou do not r nad more f	heed to comp	lete this form. th in 2018:		Completion		
<ul> <li>Yo</li> <li>If you I</li> <li>M</li> <li>Co</li> </ul>	bu do not r nad more ake copies omplete th	heed to comp han one dea of this form e entire form	lete this form. <u>th in 2018:</u> for each additi for each inma	onal death. te death.		5 - 5 1 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	
<ul> <li>You</li> <li>If you</li> <li>M</li> <li>Co</li> </ul>	bu do not r nad more ake copies omplete th	heed to comp han one dea of this form e entire form	lete this form. <u>th in 2018:</u> for each additi for each inma	onal death.		th report:	
<ul> <li>Yo</li> <li>If you I</li> <li>M</li> <li>Co</li> <li>Or</li> </ul>	bu do not r nad more f ake copies omplete th nce your d	heed to comp han one dea of this form e entire form eath records	lete this form. th in 2018: for each additi for each inma are complete,	onal death. te death.	ys to submit a dea	RTI Interna	tional, Attn: Data Capture 0215015.001.300.117.102.100
<ul> <li>Yo</li> <li>If you I</li> <li>M</li> <li>Co</li> <li>O</li> </ul>	bu do not r nad more l ake copies omplete th nce your d NLINE: C	heed to comp han one dea of this form e entire form eath records	lete this form. th in 2018: for each additi for each inma are complete,	onal death. te death. there are several wa	ys to submit a dea	RTI Interna Project #: 0 5265 Capit	tional, Attn: Data Capture )215015.001.300.117.102.100 al Boulevard C 27690-1652
<ul> <li>Ya</li> <li>If you</li> <li>M</li> <li>Ca</li> <li>O</li> <li>O</li> </ul>	bu do not n nad more l ake copies omplete th nce your d NLINE: C MAIL: bis	heed to comp han one dea of this form e entire form eath records omplete the	lete this form. th in 2018: for each additi for each inma are complete, report online a	onal death. te death. there are several wa	ys to submit a dea	RTI Interna Project #: 0 5265 Capit	0215015.001.300.117.102.100 al Boulevard

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

### BURDEN STATEMENT

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Hue	your correctional facilities?
	LAST FIRST MI	0 5 0 3 2 0 1 2
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 6 0 5 2 0 1 8	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	<sup>a.</sup> Second Degree Murder
		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	
2		10. Since admission, did the inmate ever stay overnight in a mental health facility?
		☐ Yes
4.	What was the inmate's date of birth?	
	0 5 0 3 1 9 7 9	Don't Know
1	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
	Female	In a special medical unit/infirmary within your
		facility I In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility
	origin?	<ul> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> </ul>
	□ Yes ☑ No	<ul> <li>While in transit</li> <li>Elsewhere</li> </ul>
		Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial	
	categories:	
	<ul> <li>Black or African American</li> <li>American Indian or Alaska Native</li> </ul>	
	Asian	
x	<ul> <li>Native Hawaiian or Pacific Islander</li> <li>Some other race</li> </ul>	
	Please Specify:	

F

2.

12.	reviev	e 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 SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED A LATER TIME FOR THE CAUSE OF DEATH
2 8 9 1 1 - 1	Ŀ	■ No evaluation is planned → CONTINUE TO Q13
13.	What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
		Illness—Exclude AIDS-related deaths [Specify]
		Acquired Immune Deficiency Syndrome (AIDS)
		Accidental alcohol/drug intoxication [Describe] Fentanyl Intoxication
	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.	Wher	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
		NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
[F S	D PLEASE PECIFY	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
		<ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> <li>Please Specify:</li> </ul>
	0	Outside the prison facility (e.g., while on work release or on work detail)
ç		

- 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?					
	Ø	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide				
		YES       NO       DON'T KNOW         a. Evaluated by physician/medical staff       PLEASE PROVIDE A         b. Diagnostic tests (e.g., X-rays, MRI)       RESPONSE FOR         c. Medications       EACH ITEM (a-f)         d. Treatment/care other than medications       Surgery         f. Confinement in special medical unit       Surgery				
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				
Die						

Please add any additional notes regarding this death here:

2

Form NPS-4A (Addendum)	IORTALITY IN CORRECTIONAL INSTI STATE PRISON INMATE DEATH REPORT	DUDEAU OF IUSTICE STATISTICS
	FORM COMPLETED BY	
Name		litle
Official didress	Teleph	one
City		FAX
Security and a second s	(N) ( ba ) -	
State Zip	E-mail	tion
State Zip	E-mail	tion
	Instructions for Comple	tion
If no deaths occurred in 2018: • You do not need to complete If you had more than one death	Instructions for Comple te this form.	tion
If no deaths occurred in 2018: • You do not need to completed the completed of the completed to complete the completed of th	Instructions for Comple te this form. <u>in 2018:</u> r each additional death.	tion
If no deaths occurred in 2018: • You do not need to complete If you had more than one death • Make copies of this form for • Complete the entire form for	Instructions for Comple te this form. <u>in 2018:</u> r each additional death.	
If no deaths occurred in 2018: • You do not need to complete If you had more than one death • Make copies of this form for • Complete the entire form for • Once your death records an	Instructions for Complete this form.	a death report: MAIL: RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100
If no deaths occurred in 2018: • You do not need to complete If you had more than one death • Make copies of this form for • Complete the entire form for • Once your death records an	Instructions for Complete this form. in 2018: r each additional death. r each inmate death. re complete, there are several ways to submit	a death report: MAIL: RTI International, Attn: Data Capture

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

### BURDEN STATEMENT

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

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	<ul> <li>v of medical records) available to establish an official cause of death?</li> <li>YES → CONTINUE TO Q13</li> <li>Evaluation complete—results are pending</li> <li>SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT LATER TIME FOR THE CAUSE OF DEATH</li> <li>No evaluation is planned → CONTINUE TO Q13</li> </ul>
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]
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]
[PLEASE SPECIFY]	<ul> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> <li>Please Specify:</li> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> </ul>
	Elsewhere Please Specify:

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

- Morning (6 am to Noon)
   Afternoon (Noon to 6 pm)

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

	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES NO DON'T KNOW a. Evaluated by physician/medical staff
а	fter	he cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
	Ο	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
	_	

		FORM COM	PLETED BY:		
Name	a		Title		
Official ddress			Telephone		
City			FAX	2, 1, 5, 5, 5, 5, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,	
State	Zip	E-n	nail		
		Instructions for	r Completion		

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?						
	EXCLUDE deaths of ALL persons					
cilities, whether housed	Executed in your state					
	Confined in local jail facilities, whether located in or out of					
	state					
ut of state	<ul> <li>Under your jurisdiction but housed in a state-operated</li> </ul>					
	correctional facility in another state or in a federal facility					
	Under probation or parole supervision in your state					
	<ul> <li>Under your jurisdiction but on AWOL or escape-status at the time of death</li> </ul>					
	What deaths sho cilities, whether housed another state ed in private correctional but of state ecial facilities (e.g., ers, halfway houses, ms) s while under your					

#### BURDEN STATEMENT

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

or 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> 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]
D	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 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
SPECIFY	<ul> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> <li>Please Specify:</li> </ul>

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)

	6	NOT APPLICABLE—Cause of death was acciden	ital injury, ir	toxicatio	on, suicide, or hor	nicide
		<ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> <li>f. Confinement in special medical unit</li> </ul>	······		·······	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after	the cause of death the result of a pre-existing m admission? (If multiple conditions caused the d existing medical condition.")	edical con leath and <u>a</u>	dition o <u>ny</u> of th	r did the inmate o e conditions wer	develop the condition e pre-existing, mark
	C	NOT APPLICABLE—Cause of death was acciden	tal injury, in	toxicatio	n, suicide, or hom	nicide
	000	Pre-existing medical condition Deceased developed condition after admission Could not be determined				

					OMBIN	o. 1121-0249 A	pproval Expires 03/31/2019	
Form (Adder	NPS-4A ndum)	MOR		RRECTIONA TE PRISON I DEATH REPO	NMATE	ONS 2018	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTIC AND ACTING AS COLLECTION AGE RTI INTERNATIONAL	s
			FOR		TED BY:			
Name					Title			
Official Address					Telephone			
City					FAX			
State		Zip		E-mail [				$\Box$

# Instructions for Completion

If no deaths occurred in 2018:

You do not need to complete this form.

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What deaths should be reported?

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

- 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**

		e e
	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name?         Johnson       Christopher         LAST       FIRST       MI	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 6 1 4 2 0 1 5</li> <li>MONTH DAY YEAR</li> </ul>
2.	On what date did the inmate die?         0       9       1       8       2       0       1       8         MONTH       DAY       YEAR       YEAR       YEAR         What was the name and location of the correctional facility involved?       Facility Name:       Image: Correctional facility involved?         Facility Name:       Image: Correctional facility involved?       Facility State: Correctional facility State:         Facility City:       Facility State:       Facility State:         ANGOLA       Image: Correctional facility State:       Image: Correctional facility State:	9. For what offense(s) was the inmate being held?         a. Armed Robbery         b.         c.         d.         e.         10. Since admission, did the inmate ever stay overnight in a mental health facility?         Pes         No
4.	What was the inmate's date of birth?       0     5     0     6     1     9     6     7       MONTH     DAY     YEAR	<ul> <li>☑ NO</li> <li>☑ Don't Know</li> <li>□ '11. Where did the inmate die?</li> </ul>
5.	What was the inmate's sex? ☑ Male □ Female	<ul> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	<ul> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>
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
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
13 What was the same of the third. Att Discourse of the transmission of the tit
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] Stroke
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
<ul> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> </ul>
[PLEASE ] In a special medical unit/infirmary
SPECIFY] In a special mental health services unit
<ul> <li>On death row, special unit awaiting capital punishment</li> </ul>
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 <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.	Exclu servic	uding emergency care provided at the time of death, di ices for the medical condition that caused his/her death	d the i n after	nmate i admiss	receive any of t sion to your co	the following medical rrectional facilities?
	O	NOT APPLICABLE—Cause of death was accidental inju	ry, into	xication	, suicide, or hon	nicide
		YE 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 medical r admission? (If multiple conditions caused the death a e-existing medical condition.") NOT APPLICABLE—Cause of death was accidental inju	nd <u>an</u>	y of the	conditions we	re pre-existing, mark
	00	Deceased developed condition after admission				
					n Double and the second of the second	tae ta oper

Please add any additional notes regarding this death here:

	NPS-4A ndum)		MORTALITY	IN CORRECT STATE PRIS DEATH			IONS 2018	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL	:
				FORM COM	PLETED	BY:			
Name						Title			]
Official Idress					Te	lephone			
City		at e				FAX			
State		Zip		E-	mail				J

# Instructions for Completion

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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?

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

#### BURDEN STATEMENT

<b></b>	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name?         Lacoste       Kenneth         LAST       FIRST       MI         On what date did the inmate die?	8. On what date was the inmate admitted to $one_{U}$ your correctional facilities? 0 7 1 6 2 0 1 3 MONTH DAY YEAR
	O     7     1     8     2     0     1     8       MONTH     DAY     YEAR	9. For what offense(s) was the inmate being held? <sup>a.</sup> Hypertension Gerd
3.	What was the name and location of the correctional facility involved?         Facility Name:         LOUISIANA STATE PENITENTIARY         Facility City:       Facility State:         ANGOLA       LA	b.
4.	What was the inmate's date of birth?       0     2       1     7       0     2       1     9       7     6       MONTH     DAY	<ul> <li>Yes</li> <li>No</li> <li>Don't Know</li> </ul>
5.	What was the inmate's sex? ☑ Male □ Female	<ul> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	<ul> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
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:	· · · · · · · · · · · · · · · · · · ·

 $\nu$ 

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

14. Where u	ind the <u>incident</u> (e.g., accident, suicide, or nomicide) causing the death take place?
0 N	OT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
[PLEASE SPECIFY]	<ul> <li>the prison facility or on the prison grounds</li> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> <li>In a special mental health services unit</li> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul>
_	Please Specify:         Outside the prison facility (e.g., while on work release or on work detail)         Elsewhere         Please Specify:

15.	When d	id the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
	$\checkmark$	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)
	÷ 1	Overnight (Midnight to 6 am)

"ACENCY ID"

			A COLORED OF COLORED O			
16.	6. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?					
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
		YES NO DON'T KNOW a. Evaluated by physician/medical staff				
17	17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")					
	Ξ	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide				
	=	<ul> <li>Pre-existing medical condition</li> <li>Deceased developed condition after admission</li> <li>Could not be determined</li> </ul>				

Please add any additional notes regarding this death here:

-

(Auue	endum) STATE PRISON INMATE AND ACTING AS COLLECTION AGENT: DEATH REPORT RTI INTERNATIONAL				
	FORM COMPLETED BY:				
Name Official Address City	Title       Telephone       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.					
C E	Disce your death records are complete, there are several ways to submit a death report:         DNLINE: Complete the report online at: <a href="https://bjsmci.rti.org">https://bjsmci.rti.org</a> E-MAIL:       bjsmci@rti.org         FAX (TOLL-FREE):       (866) 800-9179				
	ou need assistance, contact the data collection team at RTI International toll-free at (800) 344-1387 or bismci@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 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.	What was the inmate's name? Landry	8. On what date was the inmate admitted to one of your correctional facilities?
		0 1 2 6 1 9 7 9
	LAST FIRST MI	
		MONTH DAY YEAR
2.		
<b>Z</b> .	On what date did the inmate die?	
	0 8 2 0 2 1 8	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	
		<sup>a.</sup> Armed Robbery
		b. Aggravated Rape
3.	What was the name and location of the	
	correctional facility involved?	C.
	-	d
	Facility Name:	
	LOUISIANA STATE PENITENTIARY	e.
	Eacility City:	
	Facility City: Facility State:	
	ANGOLA	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
4.	What was the inmate's date of birth?	No     Don't Know
	0 3 1 3 1 9 4 9	🖸 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
	Mala	general housing unit on prison grounds
	<ul> <li>☑ Male</li> <li>☑ Female</li> </ul>	□ In a segregation unit
		In a special medical unit/infirmary within your
		facility
	Wee the immediate filling on in the first of the	In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	your facility
	-	<ul> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> </ul>
		While in transit
	☑ No	
		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	
	<ul> <li>Native Hawaiian or Pacific Islander</li> <li>Some other race</li> </ul>	
	Please Specify:	

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or							
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH						
13 What wa	as the cause of death? *** Please SPECIFY cause of death—it is critical information***						
	hemmorrhogic shock						
	cquired Immune Deficiency Syndrome (AIDS)						
Ac	ccidental alcohol/drug intoxication [Describe]						
C Ad	ccidental injury to self [Describe]						
	ccidental injury by other (e.g., vehicular accidents uring transport) [Describe]						
	uicide (e.g., hanging, knife/cutting instrument, tentional drug overdose) [Describe]						
Сн	omicide [Describe]						
	ther cause(s) [Specify]						
<ul> <li>14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?</li> <li>INOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> <li>In the prison facility or on the prison grounds</li> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> <li>In a special mental health services unit</li> <li>In a special mental health services unit</li> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>							
L							
	d 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						

4

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

16.	Exclu servic	ling emergency care provided at the time of death, did the inmate receive any of the following medical es for the medical condition that caused his/her death after admission to your correctional facilities?						
	C	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
		YES       NO       DON'T KNOW         a. Evaluated by physician/medical staff						
17.	17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")							
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
	00	Pre-existing medical condition Deceased developed condition after admission Could not be determined						
Ple	ase ado	any additional notes regarding this death here:						

	NPS-4A endum) MORTAL	ITY IN CORRECTION STATE PRISON DEATH REP	INMATE	IONS 2018	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLE	TED BY:		
Name			Title		
Official Address			Telephone		
City	and a set of the set of		FAX		
State	Zip	E-mail	2		

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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

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

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

### BURDEN STATEMENT

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

# What deaths should be reported?

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	/	Ι,	r	4	<
	6	Le .	1	Ĩ	-
	Y	\$	5		
-	-	-			

1.	What was the inmate's name?       Larocca     Victor       LAST     FIRST     MI		On what date was the inmate admitted to one of your correctional facilities?
2.	On what date did the inmate die?       0     2     0     1     2     0     1     8       MONTH     DAY     YEAR		MONTH       DAY       YEAR         For what offense(s) was the inmate being held?       a.         Simple Burglary       b.         Dist/Poss legal drug
3.	What was the name and location of the correctional facility involved?         Facility Name:         LOUISIANA STATE PENITENTIARY         Facility City:       Facility State:         ANGOLA       LA		c
4.	What was the inmate's date of birth?         1       1       3       1       9       6       5         MONTH       DAY       YEAR		☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex? Male Female	11. \	<ul> <li>Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No		<ul> <li>your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>
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:		

		YES> CONTINUE TO Q13 Evaluation complete—results are pending
	20	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM-YOU WILL BE CONTACTED AT A
		LATER TIME FOR THE CAUSE OF DEATH No evaluation is planned
13. W	hat	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	$\mathbf{\nabla}$	Illness—Exclude AIDS-related deaths [Specify] Liver and Renal failure
		Acquired Immune Deficiency Syndrome (AIDS)
		Accidental alcohol/drug intoxication [Describe]
	Q	Accidental injury to self [Describe]
		Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
		Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
		Homicide [Describe]
		Other cause(s) [Specify]
14. V	Vher 0	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
[PLE SPE	C EASE ECIFY]	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 <i>Please Specify:</i>
		, , , , , , , , , , , , , , , , , , , ,

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

16.	6. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?							
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide							
-		YES       NO       DON'T KNOW         a. Evaluated by physician/medical staff						
17.	17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")							
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
	Pre-existing medical condition							

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

Please add any additional notes regarding this death here:

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

	NPS-4A ndum)	MORTALITY IN CORRECTIONAL STATE PRISON IN DEATH REPO	IMATE	8 U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLET	ED BY:	
Name			Title	
Official Address			Telephone	
City			FAX	
State	Zip	E-mail		

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

# What deaths should be reported?

### BURDEN STATEMENT

1			
1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of your correctional facilities?
	Lewis Sugar		
	LAST FIRST MI		0 3 2 8 2 0 0 0
			MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 1 2 1 2 0 1 8	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR	•.	
	MONTH DAT TEAR		<sup>a.</sup> Hab/Obsencinity
			b.
3.	What was the name and location of the		
Ŭ.	correctional facility involved?		С.
	,, ,		d.
	Facility Name:		
1	LOUISIANA STATE PENITENTIARY		е.
	Equility City:		
	Facility City: Facility State:		
	ANGOLA		
		10.	Since admission, did the inmate ever stay overnight in a mental health facility?
		1	
			☐ Yes □ No
4.	What was the inmate's date of birth?		Don't Know
	0 9 1 3 1 9 5 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
			In a special medical unit/infirmary within your facility
			<ul> <li>In a special mental health services unit within</li> </ul>
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
	⊡ Tes ☑ No		While in transit
			Please Specify:
7.	In addition, what was the inmate's race? Please		
1.	select one or more of the following racial		
	categories:		
	☐ White		
	<ul> <li>Write</li> <li>Black or African American</li> </ul>		
	American Indian or Alaska Native		
	Asian		
	Native Hawaiian or Pacific Islander		
	Some other race		
	Please Specify:		
		3	

12. Are rev 72. 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]	
[PLEASE SPECIFY		
a second in 20 cm		

15.	When c	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death o	occur?	
		NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-relat	ed	
		Morning (6 am to Noon)		
		Afternoon (Noon to 6 pm)		
	-	Evening (6 pm to Midnight)		
		Overnight (Midnight to 6 am)		

16.	5. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?				
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hom	nicide		
	r.	b. Diagnostic tests (e.g., X-rays, MRI)	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)		
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")					
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hom	icide		
		Pre-existing medical condition Deceased developed condition after admission Could not be determined			

Please add any additional notes regarding this death here:

			OMB No.	. 1121-0249 Approval Expires 03/31/2019
Name       Title         Official       Telephone         Idress       FAX         City       FAX         State       Zip         E-mail       Instructions for Completion         Instructions for Completion <t< th=""><th></th><th>STA</th><th>TE PRISON INMATE</th><th>BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT</th></t<>		STA	TE PRISON INMATE	BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT
Official       Telephone         City       FAX         State       Zip         State       Zip         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: <a href="https://bjsmci.rti.org">https://bjsmci.rti.org</a> <i>E-MAIL</i> : <a href="https://bjsmci.rti.org">bjsmci@rti.org</a> <i>MAIL</i> :       RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652		FOF	RM COMPLETED BY:	
ddress       Telephone         City       FAX         State       Zip         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: <a href="https://bjsmci.rti.org">https://bjsmci.rti.org</a> E-MAIL:       bjsmci@rti.org         MAIL:       RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652	Name		Title	
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ONLINE: Complete the report online at: <a href="https://bjsmci.rti.org">https://bjsmci.rti.org</a> MAIL: RTI International, Attn: Data Capture         F-MAIL:       bjsmci@rti.org       Project #: 0215015.001.300.117.102.100         5265 Capital Boulevard       Raleigh, NC 27690-1652				
E-MAIL:         bjsmci@rti.org         Project #: 0215015.001.300.117.102.100           5265 Capital Boulevard         5265 Capital Boulevard           Raleigh, NC 27690-1652         Raleigh, NC 27690-1652	Once your death	records are complete, there are	e several ways to submit a deat	th report:
Raleigh, NC 27690-1652	ONLINE: Comple	ete the report online at: <u>https:///</u>	bjsmci.rti.org MAIL:	Project #: 0215015.001.300.117.102.100
FAX (TOLL-FREE): (866) 800-9179	E-MAIL: bjsmci@	<u>ðrti.org</u>		
	FAX (TOLL-FRE	<i>E):</i> (866) 800-9179		

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

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

### BURDEN STATEMENT

AA/1	
What was the inmate's name?	8. On what date was the inmate admitted to one of
Matthews	your correctional facilities?
LAST FIRST MI	0 3 3 1 1 9 8 6
	MONTH DAY YEAR
On what date did the inmate die?	
	0 5
MONTH DAY YEAR	9. For what offense(s) was the inmate being held?
	<sup>a.</sup> second degree murder
What was the name of the strength	b.
What was the name and location of the correctional facility involved?	C.
Facility Name:	d.
LOUISIANA STATE PENITENTIARY	
Facility City:	е.
ANGOLA	
LA	
	10. Since admission, did the inmate ever stay
What was the immediate	overnight in a mental health facility?
and was the inmate's date of birth?	O No
0 1 1 0 1 9 3 6 MONTH DAY	Don't Know
MONIH DAY YEAR	
	11 Whore did the transferred
. What was the inmate's sex?	11. Where did the inmate die?
<ul> <li>☑ Male</li> <li>☑ Female</li> </ul>	general housing unit on prison grounds
	facility
<ul> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> </ul>	In a special mental health services unit within your facility
	In a medical center outside your facility
⊡ res ☑ No	In a mental health center outside your facility While in transit
	Please Specify:
In addition, what was the inmate's race? Please select one or more of the following racial	
categories:	
White	
<ul> <li>Black or African American</li> <li>American Indian or Alaska Native</li> </ul>	
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

13. Wha	t 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]
C	Homicide [Describe]
E	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 mental health services unit 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.	Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?						
	O	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
		YES       NO       DON'T KNOW         a. Evaluated by physician/medical staff       Image: Construction of the state					
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")							
	Ο	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
	000	Pre-existing medical condition Deceased developed condition after admission Could not be determined					
Plea	ase add	any additional notes regarding this death here:					
	rm NPS-4A Idendum)	MORTAL	ITY IN CORRECTIONA STATE PRISON I DEATH REPO	INMATE	ONS 2018	U.S. DEPARTMENT OF JUSTI BUREAU OF JUSTICE STATIST AND ACTING AS COLLECTION A RTI INTERNATIONAL	rics
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			FORM COMPLE	TED BY:			- 
Nar	ne			Title			
Offic Addre				Telephone			
c	ity			FAX			
Sta	ate	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 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

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

	v of medical records) available to establish an official cause of death? ☐ YES
	Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED LATER TIME FOR THE CAUSE OF DEATH
	No evaluation is planned
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] Cardiopulmonary Arreset
	Acquired Immune Deficiency Syndrome (AIDS)
-11	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]
٢	Homicide [Describe]
	Other cause(s) [Specify]
	re did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
54	In the prison facility or on the prison grounds
	□ In the inmate's cell/room
	<ul> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> </ul>
[PLEASE SPECIFY	In a special medical unit/infirmary In a special mental health services unit
SPECIFI	In a segregation unit
	<ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul>
	Please Specify:
	<ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>
	Please Specify:

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

ACENICY ID.

e	OMB No. 1121-0249 Approval Expires 03/31/2019
(Addendum) STATE F	ECTIONAL INSTITUTIONS 2018 PRISON INMATE ATH REPORT U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL
FORM	COMPLETED BY:
Name Official Address	Title
City State Zip	FAX
<ul> <li>You do not need to complete this form.</li> <li><u>If you had more than one death in 2018:</u></li> <li>Make copies of this form for each additional death.</li> <li>Complete the entire form for each inmate death.</li> <li>Once your death records are complete, there are sev</li> <li>ONLINE: Complete the report online at: <u>https://bjsmate.e.MAIL: bjsmci@rti.org</u></li> </ul>	
FAX (TOLL-FREE): (866) 800-9179 If you need assistance, contact the data collection team	n at RTI International toll-free at (800) 344-1387 or <u>bjsmci@rti.org</u>
What deaths	should be reported?
<ul> <li>ICLUDE deaths of ALL persons</li> <li>Confined in your correctional facilities, whether housed under your jurisdiction or that of another state</li> <li>Under your jurisdiction but housed in private correction facilities, whether located in or out of state</li> </ul>	Confined in local jail facilities, whether located in or out of attack

- 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
- 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

		IATE DEATH REPORT
1.	What was the inmate's name?         Motley       Franklin         LAST       FIRST       MI	<ul> <li>ATE DEATH REPORT</li> <li>8. On what date was the inmate admitted to orie of your correctional facilities?</li> <li>0 5 2 4 2 0 0 4</li> <li>MONTH DAY YEAR</li> </ul>
2. 3.	On what date did the inmate die? $ \begin{array}{c c} 0 & 9 \\ \hline 0 & 9 \\ \hline DAY \end{array} \begin{array}{c} 1 & 9 \\ \hline 2 & 0 \\ \hline 1 & 8 \\ \hline YEAR \end{array} $ What was the name and location of the	9. For what offense(s) was the inmate being held? a. Second Degree Murder b
4.	correctional facility involved?         Facility Name:         LOUISIANA STATE PENITENTIARY         Facility City:       Facility State:         ANGOLA       LA         What was the inmate's date of birth?         1       2       1       8       1       9       6       4         MONTH       DAY       YEAR       YEAR       YEAR       YEAR	d.         e.         10. Since admission, did the inmate ever stay overnight in a mental health facility?         ☐ Yes         ☐ No         ☑ Don't Know
5.	What was the inmate's sex?	11. Where did the inmate die?
	<ul> <li>Male</li> <li>Female</li> </ul>	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:	

				S La nore te adde e Sectore a S
				nortem exam, or
dical records) availab	le to establish an off	icial cause of de	ath?	
				Ilts of a medical examiner's or coroner's evaluation (such as an autopsy, postnedical 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***
Ø	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]
Ū	Homicide [Describe]
	Other cause(s) [Specify]
Ø	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup
[PLEASE SPECIFY]	<ul> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> <li>In a special mental health services unit</li> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> <li>Please Specify:</li> </ul>
	Outside the prison facility (e.g., while on work release or on work detail)

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)

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

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

	(			OMB No	o. 1121-0249 A	pproval Expires 03/31/2019
Form NPS-44 (Addendum)	'ی		CORRECTIONA TATE PRISON I DEATH REPO	NMATE	ONS 2018	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGE RTI INTERNATIONAL
	.96.3959.	F	ORM COMPLE	FED BY:		
Name		-		Title		
Official ddress				Telephone	,, , ,, , ,, , ,, , ,, , ,, , ,, , , , , , , , , , , , , , , , , , , ,	
City				FAX		
State	Zip	۰ ۲۰۰۰ - ۲۰۰	E-mail			
		Instr	uctions for C	ompletion		
	courred in 2018:	17 17	uctions for C	ompletion	e Konto de la contrato de contra	
You do no	ot need to comple	te this form.	uctions for C	ompletion		
<ul> <li>You do no</li> <li>If you had mor</li> <li>Make cop</li> </ul>	ot need to comple te than one death ies of this form fo	te this form. <u>in 2018:</u> r each additional d	death.	ompletion		
<ul> <li>You do not</li> <li>If you had mor</li> <li>Make cop</li> <li>Complete</li> </ul>	et need to comple than one death ies of this form fo the entire form fo	te this form. <u>in 2018:</u> r each additional d or each inmate dea	death.	а от 1 в от 1	th report:	
<ul> <li>You do not</li> <li><u>If you had mor</u></li> <li>Make cop</li> <li>Complete</li> <li>Once you</li> </ul>	et need to comple <u>e than one death</u> ies of this form fo the entire form fo r death records a	te this form. <u>in 2018:</u> r each additional d or each inmate dea	death. ath. are several ways	to submit a dea	RTI Intern	ational, Attn: Data Capture
You do no <u>If you had mor</u> Make cop     Complete     Once you     ONLINE:	et need to comple <u>e than one death</u> ies of this form fo the entire form fo r death records a	te this form. <u>in 2018:</u> or each additional o or each inmate dea re complete, there	death. ath. are several ways	to submit a dea	RTI Intern Project #: 5265 Capi	ational, Attn: Data Capture 0215015.001.300.117.102.100 ital Boulevard IC 27690-1652

## What deaths should be reported?

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

### BURDEN STATEMENT



1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
1	Mozer Jack	your correctional facilities?
	LAST FIRST MI	0 7 1 1 2 0 1 8
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	1 0 1 9 2 0 1 8	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Indec-Behavior- Juveniles
		b.
3.	What was the name and location of the	
	correctional facility involved?	C.
	Foolity News	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?
		C Yes
4.	What was the inmate's date of birth?	🗖 No
	0 7 2 1 1 9 3 3	🖸 Don't Know
	MONTH DAY YEAR	
ŝ.		11. Where did the inmate die?
5.	What was the inmate's sex?	
J.	VVIIal Was life miniale S SEX :	In a general housing unit in the facility or in a
	Mala.	
	☑ Male □ Female	general housing unit on prison grounds In a segregation unit
		general housing unit on prison grounds ☐ In a segregation unit ☑ In a special medical unit/infirmary within your
		general housing unit on prison grounds ☐ In a segregation unit ☑ In a special medical unit/infirmary within your facility
6.	<ul> <li>Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish</li> </ul>	<ul> <li>general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> </ul>
6.	Female Was the inmate of Hispanic, Latino, or Spanish origin?	<ul> <li>general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> </ul>
6.	<ul> <li>Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>Yes</li> </ul>	<ul> <li>general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> </ul>
6.	Female Was the inmate of Hispanic, Latino, or Spanish origin?	<ul> <li>general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
6.	<ul> <li>Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>Yes</li> </ul>	<ul> <li>general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> </ul>
<b>6</b> . <b>7</b> .	<ul> <li>□ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>□ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please</li> </ul>	<ul> <li>general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
	<ul> <li>□ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>□ Yes</li> <li>☑ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial</li> </ul>	<ul> <li>general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
	<ul> <li>□ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>□ Yes</li> <li>☑ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial categories:</li> </ul>	<ul> <li>general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
	<ul> <li>□ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>□ Yes</li> <li>☑ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial</li> </ul>	<ul> <li>general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
	<ul> <li>□ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>□ Yes</li> <li>☑ Yes</li> <li>☑ No</li> </ul> In addition, what was the inmate's race? Please select one or more of the following racial categories: <ul> <li>☑ White</li> <li>□ Black or African American</li> <li>□ American Indian or Alaska Native</li> </ul>	<ul> <li>general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
	<ul> <li>□ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>□ Yes</li> <li>☑ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial categories:</li> <li>☑ White</li> <li>□ Black or African American</li> </ul>	<ul> <li>general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
	<ul> <li>□ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>□ Yes</li> <li>☑ Yes</li> <li>☑ No</li> </ul> In addition, what was the inmate's race? Please select one or more of the following racial categories: <ul> <li>☑ White</li> <li>□ Black or African American</li> <li>□ American Indian or Alaska Native</li> <li>□ Asian</li> </ul>	<ul> <li>general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
	<ul> <li>□ Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>□ Yes</li> <li>☑ Yes</li> <li>☑ No</li> <li>In addition, what was the inmate's race? Please select one or more of the following racial categories:</li> <li>☑ White</li> <li>□ Black or African American</li> <li>□ American Indian or Alaska Native</li> <li>□ Asian</li> <li>□ Native Hawaiian or Pacific Islander</li> </ul>	<ul> <li>general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>

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

ne of

- 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
	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. 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
[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, 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

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

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)

16.	Exclu servic	ding emergency care provided at the time of death, did the inmate receive any of the following medicar ses for the medical condition that caused his/her death after admission to your correctional facilities?
	O	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES       NO       DON'T KNOW         a. Evaluated by physician/medical staff
17.	after	he cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined
Play		any additional notae regarding this death here:

Please add any additional notes regarding this death here:

	NPS-4A ndum) MORTALITY IN CORRECTION STATE PRISO DEATH RE	N INMATE	ONS 2018 U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGE RTI INTERNATIONAL
	FORM COMPL	ETED BY:	
Name		Title	
Official ddress			
City		FAX	
State	Zip E-ma	1	
	Instructions for	Completion	
	deaths occurred in 2018:	Completion	
• Y	deaths occurred in 2018: You do not need to complete this form.	Completion	
• Y <u>lf you</u> • N	deaths occurred in 2018: You do not need to complete this form. had more than one death in 2018: Make copies of this form for each additional death.	Completion	
• Y <u>If you</u> • N • C	deaths occurred in 2018: You do not need to complete this form. had more than one death in 2018:		
<ul> <li>Y</li> <li>If you</li> <li>N</li> <li>C</li> <li>C</li> </ul>	deaths occurred in 2018: You do not need to complete this form. <u>had more than one death in 2018:</u> Make copies of this form for each additional death. Complete the entire form for each inmate death.	ys to submit a dea	ath report: .: RTI International, Attn: Data Capture
<ul> <li>Y</li> <li>If you</li> <li>N</li> <li>C</li> <li>C</li> <li>C</li> </ul>	deaths occurred in 2018: You do not need to complete this form. <u>had more than one death in 2018:</u> 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 wa	ys to submit a dea	ath report:
• Y <u>If you</u> • N • C • C • C	deaths occurred in 2018: You do not need to complete this form. <u>had more than one death in 2018:</u> Make copies of this form for each additional death. Complete the entire form for each inmate death. Drice your death records are complete, there are several wa DNLINE: Complete the report online at: <u>https://bjsmci.rti.orc</u>	ys to submit a dea	ath report: .: RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100 5265 Capital Boulevard

# What deaths should be reported?

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

### BURDEN STATEMENT

1.	What was the second sec	
<b>'</b> .	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
	Polk	
	LAST FIRST MI	
		MONTH DAY YEAR
2.	On what date did the inmate die?	
		9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	<sup>a.</sup> Aggravated Rape
		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 overnight in a mental health facility?
4.	What was the inmate's date of birth?	│
		Don't Know
	1         2         0         1         1         9         5         2           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	<ul> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your</li> </ul>
		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
1		Please Specify:
7.	In addition, what was the inmate's race? Please	· · · · · · · · · · · · · · · · · · ·
	select one or more of the following racial categories:	<b>*</b> -
	<ul> <li>White</li> <li>Black or African American</li> </ul>	
	<ul> <li>American Indian or Alaska Native</li> </ul>	
	Asian	
	<ul> <li>Native Hawaiian or Pacific Islander</li> <li>Some other race</li> </ul>	
	Please Specify:	
	Please Specify:	

review of medical records) available to establish an official cause of death?         PES → CONTINUE TO Q13         Evaluation complete—results are pending         SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED / LATER TIME FOR THE CAUSE OF DEATH         No evaluation is planned → CONTINUE TO Q13         IIIness—Exclude AIDS-related deaths [Specify] → Hepatobiliary Cancer         Acquired Immune Deficiency Syndrome (AIDS)         Accidental alcohol/drug intoxication [Describe] →         Accidental injury to self [Describe] →         Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →         Homicide [Describe] →         Other cause(s) [Specify] →	AT ,
→ SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED 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] →       Hepatobiliary Cancer         Acquired Immune Deficiency Syndrome (AIDS)       Accidental alcohol/drug intoxication [Describe] →         Accidental alcohol/drug intoxication [Describe] →	ат , 
<ul> <li>No evaluation is planned → CONTINUE TO Q13</li> <li>What was the cause of death? *** Please SPECIFY cause of death—it is critical information***</li> <li>Illness—Exclude AIDS-related deaths [Specify] → Hepatobiliary Cancer</li> <li>Acquired Immune Deficiency Syndrome (AIDS)</li> <li>Accidental alcohol/drug intoxication [Describe] →</li> <li>Accidental injury to self [Describe] →</li> <li>Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →</li> <li>Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →</li> <li>Homicide [Describe] →</li> </ul>	
3. What was the cause of death?       *** Please SPECIFY cause of death—it is critical information***         ☑       Illness—Exclude AIDS-related deaths [Specify]       Hepatobiliary Cancer         □       Acquired Immune Deficiency Syndrome (AIDS)         □       Accidental alcohol/drug intoxication [Describe]	
<ul> <li>✓ Illness—Exclude AIDS-related deaths [Specify] → Hepatobiliary Cancer</li> <li>Acquired Immune Deficiency Syndrome (AIDS)</li> <li>Accidental alcohol/drug intoxication [Describe] →</li> <li>Accidental injury to self [Describe] →</li> <li>Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →</li> <li>Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →</li> <li>Homicide [Describe] →</li> </ul>	
<ul> <li>Acquired Immune Deficiency Syndrome (AIDS)</li> <li>Accidental alcohol/drug intoxication [Describe]</li></ul>	
<ul> <li>Accidental alcohol/drug intoxication [Describe]</li> <li>Accidental injury to self [Describe]</li> <li>Accidental injury by other (e.g., vehicular accidents during transport) [Describe]</li> <li>Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]</li> <li>Homicide [Describe]</li> </ul>	
<ul> <li>Accidental injury to self [Describe]</li> <li>Accidental injury by other (e.g., vehicular accidents during transport) [Describe]</li> <li>Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]</li> <li>Homicide [Describe]</li> </ul>	
<ul> <li>Accidental injury by other (e.g., vehicular accidents during transport) [Describe]</li> <li>Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]</li> <li>Homicide [Describe]</li> </ul>	_
during transport) [Describe]	
intentional drug overdose) [Describe]	
Other cause(s) [Specify]	
	$\neg$
<ul> <li>14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?</li> <li>INOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> </ul>	
<ul> <li>In the prison facility or on the prison grounds</li> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> </ul>	
[PLEASE       In a special medical unit/infirmary         SPECIFY]       In a special mental health services unit         In a segregation unit       In a segregation un	
C Elsewhere within the prison facility ↓ Please Specify:	
<ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>	
Please Specify:	

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

16.	Exclu servi	xcluding emergency care provided at the time of death, did the inmate receive any o ervices for the medical condition that caused his/her death after admission to your c	f the following medical orrectional facilities?
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or ho	omicide
		YES NO DON'T KNOW a. Evaluated by physician/medical staff	/ PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)
17.	after	As the cause of death the result of a pre-existing medical condition or did the inmate fter admission? (If multiple conditions caused the death and <u>any</u> of the conditions we Pre-existing medical condition.")	ere pre-existing, mark
	Q	<ul> <li>Pre-existing medical condition</li> <li>Deceased developed condition after admission</li> </ul>	

Please add any additional notes regarding this death here:

٦

	DEATH	REPORT RTI INTERNATIONAL	
	FORM COM	IPLETED BY:	
Name		Title	
fficial		Telephone	
City		FAX FAX	
State	Zip E-	mail	
State	<sup>2</sup> ''' [ <sup>2</sup> ''		1.5.2
	Instructions f	for Completion	
	eaths occurred in 2018: ou do not need to complete this form.	Construction (Construction) and and and a second experimentation and a second experimentation of the second experimentation	2
	had more than one death in 2018:		
• M	ake copies of this form for each additional death. Implete the entire form for each inmate death.		
	nce your death records are complete, there are several	ways to submit a death report:	
0	NLINE: Complete the report online at: https://bjsmci.rti.		
E	MAIL: bjsmci@rti.org	Project #: 0215015.001.300.117.102. 5265 Capital Boulevard Raleigh, NC 27690-1652	100
F	AX (TOLL-FREE): (866) 800-9179	Raleigh, NC 27090-1052	
If vo	u need assistance, contact the data collection team at l	RTI International toll-free at (800) 344-1387 or bjsmci@rti.org	
., yo			
	an a	a Desaration - Source - Source - Source - Sour	n Sectors
	What deaths sho	ould be reported?	
LUDE	What deaths sho	EXCLUDE       deaths of ALL persons	
Con	A second s		

- 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

OMB No. 1121-0249 Approval Expires 02/21/2019

### BURDEN STATEMENT

facilities, whether located in or out of state

police/court lockups, or work farms)

supervision

Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses,

In transit to or from your facilities while under your

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

P
/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
$\square \text{ No evaluation is planned } \rightarrow \text{ CONTINUE TO Q13}$
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] Septic Pneumonia
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]
<ul> <li>14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> <li>In the prison facility or on the prison grounds</li> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> <li>In a special mental health services unit</li> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> <li>Please Specify:</li> <li>Please Specify:</li> </ul>
<ul> <li>15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> </ul>
Morning (6 am to Noon) Afternoon (Noon to 6 nm)

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

	ding emergency care provided at the time of death, did the inmate receive any of the following medical es for the medical condition that caused his/her death after admission to your correctional facilities?
G	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES       NO       DON'T KNOW         a. Evaluated by physician/medical staff       Image: Construction of the state
after a	he cause of death the result of a pre-existing medical condition or did the inmate develop the condition idmission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
O	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.

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Form (Adde	NFJ-4A	TY IN CORRECTION STATE PRISON DEATH REF	INMATE	IONS 2018 U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTIC AND ACTING AS COLLECTION AGE RTI INTERNATIONAL
		FORM COMPLE	TED BY:	
Name			Title	
Official ddress			Telephone	
City			FAX	
State	Zip	E-mail		
		Instructions for (	Completion	
	eaths occurred in 2018:		Completion	
• Y	eaths occurred in 2018: ou do not need to complete this form.		Completion	
• Yo	eaths occurred in 2018:	n n stan stan (* 181) 1. stan (* 181)	Completion	
<ul> <li>Ye</li> <li>If you</li> <li>M</li> <li>Colored</li> </ul>	eaths occurred in 2018: ou do not need to complete this form. <u>had more than one death in 2018:</u> ake copies of this form for each addit omplete the entire form for each inma	ional death. ite death.		
<ul> <li>Ye</li> <li>If you</li> <li>M</li> <li>Co</li> </ul>	eaths occurred in 2018: ou do not need to complete this form. had more than one death in 2018: ake copies of this form for each addit	ional death. ite death.		
<ul> <li>Young</li> <li>If young</li> <li>M</li> <li>Construction</li> <li>O</li> </ul>	eaths occurred in 2018: ou do not need to complete this form. <u>had more than one death in 2018:</u> ake copies of this form for each addit omplete the entire form for each inma	ional death. ite death. , there are several ways	to submit a dea	ath report: : RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100
<ul> <li>Ye</li> <li>If you</li> <li>M</li> <li>C</li> <li>O</li> <li>O</li> </ul>	eaths occurred in 2018: ou do not need to complete this form. had more than one death in 2018: lake copies of this form for each addit omplete the entire form for each inma nce your death records are complete,	ional death. ite death. , there are several ways	to submit a dea	ath report: : RTI International, Attn: Data Capture
<ul> <li>Ye</li> <li>If you</li> <li>M</li> <li>C</li> <li>O</li> <li>C</li> <li>C</li> </ul>	eaths occurred in 2018: ou do not need to complete this form. had more than one death in 2018: lake copies of this form for each addit omplete the entire form for each inma nce your death records are complete, DNLINE: Complete the report online a	ional death. ite death. , there are several ways	to submit a dea	ath report: : RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100 5265 Capital Boulevard

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

What deaths should be reported?

### BURDEN STATEMENT

STATE PRISON INMATE DEATH REPORT				
What was the immete's name?	8 On what date was the inmate admitted to one of			

Reynolds       James       your correctional facilities?         LAST       FIRST       MI       0       4       2       7       1       9       8       7         MONTH       DAY       YEAR	l
MONTH DAY YEAR	
2. On what date did the inmate die?	
0 4 0 3 2 0 1 8 9. For what offense(s) was the inmate be	ing held?
MONTH DAY YEAR a. First Degree Murder	
b.	
3 What was the name and leastion of the	
correctional facility involved?	
d.	
ECUISIANA STATE PENITENTIARY	
Facility City: Facility State:	
ANGOLA	
10. Since admission, did the inmate ever s overnight in a mental health facility?	stay
□ Yes	
4. What was the inmate's date of birth?	
0 7 0 1 1 9 6 7	
MONTH DAY YEAR	
11. Where did the inmate die?	
5. What was the inmate's sex?	
Male     Male     In a segregation unit	rounus
In a special medical unit/infirmar	ry within your
facility	es unit within
6. Was the inmate of Hispanic, Latino, or Spanishyour_facility	
origin?	
Yes In a mental health center outside	e your facility
☑ No ☑ Elsewhere	
Please Specify:	
T In addition what was the inmete's rese? Place	
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	
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] → Caridopulmonary 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
<ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> </ul>
In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE ] In a special medical unit/infirmary SPECIFY] In a special mental health services unit
<ul> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> </ul>
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 <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
<ul> <li>Morning (6 am to Noon)</li> <li>Afternoon (Noon to 6 pm)</li> </ul>
Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

		9
16.	Excl servi	uding emergency care provided at the time of death, did the inmate receive any of the following medical ices 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
		YES       NO       DON'T KNOW         a. Evaluated by physician/medical staff       PLEASE PROVIDE A         b. Diagnostic tests (e.g., X-rays, MRI)       PLEASE PROVIDE A         c. Medications       PLEASE PROVIDE A         d. Treatment/care other than medications       PLEASE PROVIDE A         e. Surgery       PLEASE PROVIDE A         f. Confinement in special medical unit       PLEASE PROVIDE A
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.")
	۲	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	000	

Please add any additional notes regarding this death here:

Form NP (Addendu	3-4A	TALITY IN CORRECTIONA STATE PRISON DEATH REP	INMATE	ONS 2018 U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTIC AND ACTING AS COLLECTION AGI RTI INTERNATIONAL
		FORM COMPLE	TED BY:	
Name			Title	
Official ddress			Telephone	
City			FAX	
State	Zip	E-mail		

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

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

What deaths should be reported?

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

### BURDEN STATEMENT

	and the second	<ul> <li>Manager and the second s</li></ul>
1.	What was the inmate's name?         Roberts       Harry         LAST       FIRST       MI	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 9 1 9 1 9 7 4</li> <li>MONTH DAY YEAR</li> </ul>
2.	On what date did the inmate die?       0     1     1     1     2     0     1     8       MONTH     DAY     YEAR	9. For what offense(s) was the inmate being held? <sup>a.</sup> First Degree Murder b.
3.	What was the name and location of the correctional facility involved?         Facility Name:         LOUISIANA STATE PENITENTIARY         Facility City:       Facility State:         ANGOLA       LA	c
		<ul> <li>10. Since admission, did the inmate ever stay overnight in a mental health facility?</li> <li>Yes</li> </ul>
4.	What was the inmate's date of birth?       1     1     0     8     1     9     5     4       MONTH     DAY     YEAR	☐ No ☑ Don't Know
		11. Where did the inmate die?
5.	What was the inmate's sex? Male Female	<ul> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin? Yes No	<ul> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>
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:	

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	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
3. Wh	at was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Ŀ	Illness—Exclude AIDS-related deaths [Specify] Cardiopulmonary Arrest
C	Acquired Immune Deficiency Syndrome (AIDS)
C	Accidental alcohol/drug intoxication [Describe]
Ę	Accidental injury to self [Describe]
۵	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Ę	Homicide [Describe]
C	Other cause(s) [Specify]
e de la contra com A contra	
_	ere 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
C	In the prison facility or on the prison grounds
	In the inmate's cell/room
	<ul> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> </ul>
[PLEAS	E In a special medical unit/infirmary
SPECI	
	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. Wh	en did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? INOT 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)

	ding emergency care provided at the time of dea ces for the medical condition that caused his/he				
O	NOT APPLICABLE—Cause of death was accident	tal injury, inte	oxicatio	n, suicide, or hor	micide
	<ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> <li>f. Confinement in special medical unit</li> </ul>	·······		·······	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
after	the cause of death the result of a pre-existing me admission? (If multiple conditions caused the de existing medical condition.") NOT APPLICABLE—Cause of death was accident	eath and <u>an</u>	y of the	e conditions we	re pre-existing, mark
00	Pre-existing medical condition Deceased developed condition after admission Could not be determined				

Please add any additional notes regarding this death here:

OMB No. 1121-0249 Approval Expires 03/31/20				No. 1121-0249 Approval Expires 03/31/2019
Form NPS (Addendu	7-4A	ALITY IN CORRECTIONAL I STATE PRISON INN DEATH REPOR	IATE	TIONS 2018 U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGEN RTI INTERNATIONAL
		FORM COMPLETE	DBY:	
Name			Title	
Official ddress			elephone	
City			FAX	
State	Zip	E-mail		
<ul> <li>You d</li> </ul>	is occurred in 2018: o not need to complete this		npletion	n
<ul><li>Make</li><li>Comp</li></ul>	more than one death in 201 copies of this form for each lete the entire form for each your death records are com	additional death.	ubmit a de	eath report:
0	NE: Complete the report of	line at: <u>https://bjsmci.rti.org</u>		IL: RTI International, Attn: Data Capture

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?		On what date was the inmate admitted to one of
	Rose Calvin		your correctional facilities?
	LAST FIRST MI	L	0 5 2 3 1 9 8 8
			MONTH DAY YEAR
2			
2.	On what date did the inmate die?		
- 10 	1 0 1 8 2 0 1 8	9. 1	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		<sup>a.</sup> Second Degree Murder
			b.
3.	What was the name and location of the		
3.	correctional facility involved?		С.
	,,		d.
	Facility Name:		
	LOUISIANA STATE PENITENTIARY		e.
	Facility City: Facility State:		
	ANGOLA		
			Since admission, did the inmate ever stay
			overnight in a mental health facility?
4.	What was the inmate's date of birth?		<ul> <li>No</li> <li>Don't Know</li> </ul>
	0 8 0 4 1 9 5 5		
2 2	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		<ul> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your</li> </ul>
			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
			In a mental health center outside your facility
	□ Yes ☑ No		While in transit
			Please Specify:
7.	In addition, what was the inmate's race? Please		
	select one or more of the following racial		
	categories:		
	<ul> <li>White</li> <li>Black or African American</li> </ul>		
	American Indian or Alaska Native		
	<ul> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> </ul>		
	<ul> <li>Native Hawaiian or Pacific Islander</li> <li>Some other race</li> </ul>		
	Please Specify:		
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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?
<ul> <li>☐ YES → CONTINUE TO Q13</li> <li>☐ Evaluation complete—results are pending</li> </ul>
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
$\square \text{ No evaluation is planned } \rightarrow CONTINUE TO Q13$
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
✓ Illness—Exclude AIDS-related deaths [Specify] → Lung Cancer
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
□ Other cause(s) [Specify] →
<ul> <li>14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> <li>In the prison facility or on the prison grounds</li> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> <li>In a special medical unit/infirmary</li> <li>In a special mental health services unit</li> <li>In a special mental health services unit</li> <li>In a special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
<ul> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> <li>Morning (6 am to Noon)</li> <li>Afternoon (Noon to 6 nm)</li> </ul>

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

				19
16.	Exclu servi	iding emergency care provided at the time of death, did the inmat ces for the medical condition that caused his/her death after adm	e receive any of the following ission to your correctional fac	medical silities?
		NOT APPLICABLE—Cause of death was accidental injury, intoxication	on, suicide, or homicide	
		YES NO a. Evaluated by physician/medical staff		FOR
17.	after	the cause of death the result of a pre-existing medical condition or admission? (If multiple conditions caused the death and <u>any</u> of the existing medical condition.")	r did the inmate develop the c ne conditions were pre-existing	ondition g, mark
		NOT APPLICABLE—Cause of death was accidental injury, intoxication	on, suicide, or homicide	
		Pre-existing medical condition Deceased developed condition after admission Could not be determined		
Plea	ise add	d any additional notes regarding this death here:		

OMB No	1121-0249 Approva	Expires 03	/31/2019

	NPS-4A ndum)	MORTALITY IN CORRECTION STATE PRISON DEATH REF	INMATE	ONS 2018	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLE	TED 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 bismci@rti.org

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

## What deaths should be reported?

### BURDEN STATEMENT

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1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Schoening Kristopher	your correctional facilities?
	LAST FIRST MI	0 3 2 0 2 0 0 0
		MONTH DAY YEAR
2.	On what date did the inmate die?	
2.		C For what offeners(a) was the immeter bains hald?
		9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	<sup>a.</sup> Aggravated Rape
		b.
3.	What was the name and location of the	c.
	correctional facility involved?	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?
4.	What was the inmate's date of birth?	☐ Yes ☐ No
4.		Don't Know
	0 2 0 2 1 9 8 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 In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility
	origin?	<ul> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> </ul>
	C Yes	<ul> <li>In a mental health center outside your facility</li> <li>While in transit</li> </ul>
	☑ No	
		Please Specify:
7.	In addition, what was the inmate's race? Please	
	select one or more of the following racial	
	categories:	
	<ul> <li>White</li> <li>Black or African American</li> </ul>	
	American Indian or Alaska Native	
	<ul> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> </ul>	
	Some other race	
	Please Specify:	

Y	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?
1		YES → → CONTINUE TO Q13 Evaluation complete—results are pending
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM-YOU WILL BE CONTACTED A
k V		LATER TIME FOR THE CAUSE OF DEATH No evaluation is planned → CONTINUE TO Q13
13.	What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
		Illness—Exclude AIDS-related deaths [Specify]
		Acquired Immune Deficiency Syndrome (AIDS)
		Accidental alcohol/drug intoxication [Describe]
	J	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]
[P	Ð	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) 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)

- □ 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)

	YES       NO       DON'T KNOW         a. Evaluated by physician/medical staff       PLEASE PROVIDE A         b. Diagnostic tests (e.g., X-rays, MRI)       RESPONSE FOR         c. Medications       Acch item (a-f)         d. Treatment/care other than medications       Acch item (a-f)         e. Surgery       Acch item (a-f)         f. Confinement in special medical unit       Acch item (a-f)										
after a	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")										
Ø	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										
	NPS-4A ndum)		MO	RTALITY	STATE P			IONS 2018	BUREAU	PARTMENT OF OF JUSTICE ST G AS COLLECT I INTERNATION	ATISTICS
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					FORM C	OMPLE	TED BY:				
Name					9		Title				
Official Address							Telephone				
City							FAX		4		
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 bismci@rti.org

INCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons			
Confined in your correctional facilities, whether housed	Executed in your state			
under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of			
<ul> <li>Under your jurisdiction but housed in private correctional facilities, whether located in or out of state</li> </ul>	state			
<ul> <li>Under your jurisdiction but in special facilities (e.g.,</li> </ul>	<ul> <li>Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility</li> </ul>			
medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	Under probation or parole supervision in your state			
<ul> <li>In transit to or from your facilities while under your supervision</li> </ul>	<ul> <li>Under your jurisdiction but on AWOL or escape-status at the time of death</li> </ul>			
3. A second sec second second sec	ter i a de la company concentration			

## What deaths should be reported?

#### BURDEN STATEMENT

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

1.	What was the inmate's name?         Smith         LAST         FIRST	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>1 0 2 8 1 9 8 8</li> <li>MONTH DAY YEAR</li> </ul>
2.	On what date did the inmate die?       0     2       1     9       2     0       1     8       MONTH     DAY	<ul> <li>9. For what offense(s) was the inmate being held?</li> <li><sup>a.</sup> First Degree Murder</li> <li>b.</li> </ul>
3.	What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY	c
	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     8       1     9       3     4       MONTH     DAY	☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex? Male Female	<ul> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within</li> </ul>
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
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
No evaluation is planned
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] — Cardiac Arrest
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
□ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
Homicide [Describe]
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds
In the inmate's cell/room
<ul> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> </ul>
IPLEASE
SPECIFY] In a special mental health services 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 servio	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?
	O	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES       NO       DON'T KNOW         a. Evaluated by physician/medical staff       Image: Construction of the state
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
	0 0 0	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

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Form N (Adden	IT J-4A	RTALITY IN CORRECTIONAL INSTITUTI STATE PRISON INMATE DEATH REPORT	ONS 2018 U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL
		FORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip	E-mail	
		Instructions for Completion	

• You do not need to complete this form.

If you had more than one death in 2018:

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- 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**

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

1.	What was the inmate's name?         Thorne       Kendrick         LAST       FIRST       MI	8. On what date was the inmate admitted to one of your correctional facilities?         0       9       3       0       2       0       2         MONTH       DAY       YEAR
2.	On what date did the inmate die?	<ul> <li>9. For what offense(s) was the inmate being held?</li> <li>a. Attempted Second Degree Kidnapping</li> <li>b. Aggravated Burlary</li> </ul>
3.	What was the name and location of the correctional facility involved?         Facility Name:         LOUISIANA STATE PENITENTIARY         Facility City:       Facility State:         ANGOLA       LA	<ul> <li>c. Forcible Rape</li> <li>d.</li> <li>e.</li> <li>10. Since admission, did the inmate ever stay overnight in a mental health facility?</li> </ul>
4.	What was the inmate's date of birth?         0       1       9       7       9         MONTH       DAY       YEAR	☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex? ☑ Male □ Female	<ul> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin? □ Yes ☑ No	<ul> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>
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

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

13.	What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
		Illness—Exclude AIDS-related deaths [Specify]
		Acquired Immune Deficiency Syndrome (AIDS)
		Accidental alcohol/drug intoxication [Describe]
ì	Ũ	Accidental injury to self [Describe]
		Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	L	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 mental health services unit 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) 0 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	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?
	Ø	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES       NO       DON'T KNOW         a. Evaluated by physician/medical staff       PLEASE PROVIDE A         b. Diagnostic tests (e.g., X-rays, MRI)       RESPONSE FOR         c. Medications       PLEASE PROVIDE A         d. Treatment/care other than medications       PLEASE PROVIDE A         e. Surgery       PLEASE PROVIDE A         f. Confinement in special medical unit       PLEASE PROVIDE A
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.")
	$\mathbf{\Theta}$	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

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3				OMB No	o. 1121-0249 Ap	proval Expires 03/31/20	19
Form NP (Addende		MORTALI	TY IN CORRECTION STATE PRISON DEATH REP	INMATE		U.S. DEPARTMENT BUREAU OF JUSTICE AND ACTING AS COLLE RTI INTERNAT	STATISTICS
			FORM COMPLE	TED BY:			
Name				Title			
Official ddress				Telephone			<ul> <li>Comparison (Comparison)</li> </ul>
City				FAX			
State	Zip		E-mail				
			Instructions for (	Completion	e tono e una set senar		
If no deat	hs occurred in 2	018:	1.1 Supervisit and the second seco	Completion	n na sauta da sa		
If no deat • You	hs occurred in 2 do not need to co		1.1 Supervisit and the second seco	Completion			
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<ul> <li>You</li> <li>If you had</li> <li>Make</li> <li>Com</li> <li>Once</li> <li>ONL</li> <li>E-M.</li> </ul>	do not need to co <u>I more than one</u> copies of this for plete the entire for your death reco <i>INE:</i> Complete for	018: omplete this form <u>death in 2018:</u> orm for each addi orm for each inma ords are complete the report online a org	tional death. ate death. , there are several ways	to submit a dea	RTI Interna Project #: 0 5265 Capit	)215015.001.300.11 al Boulevard	
<ul> <li>You</li> <li>If you had</li> <li>Make</li> <li>Com</li> <li>Once</li> <li>ONL</li> <li>E-M.</li> <li>FAX</li> </ul>	do not need to co <u>d more than one</u> e copies of this for plete the entire for e your death reco <i>INE:</i> Complete <i>AIL:</i> <u>bjsmci@rti.</u> (TOLL-FREE): (	018: omplete this form death in 2018: orm for each addi form for each inma ords are complete the report online a org (866) 800-9179	tional death. ate death. , there are several ways	to submit a dea MAIL:	RTI Interna Project #: 0 5265 Capit Raleigh, No	0215015.001.300.111 al Boulevard C 27690-1652	7.102.100

INCLUDE deaths of ALL persons		EXCLU	JDE deaths of ALL persons
	Confined in your correctional facilities, whether housed under your jurisdiction or that of another state		Executed in your state Confined in local jail facilities, whether located in or out of
<ul> <li>Under your jurisdiction but house facilities, whether located in or out</li> </ul>			state Under your jurisdiction but housed in a state-operated
<ul> <li>Under your jurisdiction but in spe medical/treatment/release center police/court lockups, or work farm</li> </ul>	s, halfway houses,		correctional facility in another state or in a federal facility Under probation or parole supervision in your state
<ul> <li>In transit to or from your facilities supervision</li> </ul>		•	Under your jurisdiction but on AWOL or escape-status at the time of death

What deaths should be reported?

#### BURDEN STATEMENT

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

	STATE PRISON INM		
1.	What was the inmate's name?       Traylor       LAST   FIRST MI	8. On w	what date was the inmate admitted to one of correctional facilities?
2.	On what date did the inmate die?       0     7     0     8     2     0     1     8       MONTH     DAY     YEAR		what offense(s) was the inmate being held? <sup>I.</sup> Aggravated Rape
3.	What was the name and location of the correctional facility involved?         Facility Name:         LOUISIANA STATE PENITENTIARY         Facility City:       Facility State:         ANGOLA       LA	d d 10. Since overr	
4.	What was the inmate's date of birth?         1       0       1       9       5       1         MONTH       DAY       YEAR	G	<ul> <li>No</li> <li>Don't Know</li> <li>e did the inmate die?</li> </ul>
5.	What was the inmate's sex? Male Female		<ul> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> </ul>
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
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:		

1	
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
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]
2	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
	<ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> </ul>
	In a common area within the facility (e.g., yard, library, cafeteria)
	PLEASE I In a special medical unit/infirmary
	<i>PECIFY</i> I In a special mental health services 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

0,

	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)

16. Exclu servic	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?						
Ξ	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
	YES       NO       DON'T KNOW         a. Evaluated by physician/medical staff       PLEASE PROVIDE A         b. Diagnostic tests (e.g., X-rays, MRI)       PLEASE PROVIDE A         c. Medications       PLEASE FOR         d. Treatment/care other than medications       PLEASE PROVIDE A         e. Surgery       PLEASE PROVIDE A         f. Confinement in special medical unit       PLEASE PROVIDE A						
after	17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")						
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
000	Pre-existing medical condition Deceased developed condition after admission Could not be determined						
Please add	any additional notes regarding this death here:						

	NPS-4A endum)		MORTALITY	STATE PR		MATE	IONS 2018	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL
				FORM CO	OMPLET	ED BY:		
Name						Title		
Official Address						Telephone		
City				]		FAX		
State		Zip		]	E-mail			

### Instructions for Completion

If no deaths occurred in 2018:

You do not need to complete this form.

If you had more than one death in 2018:

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

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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

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

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

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

## **BURDEN STATEMENT**

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## What deaths should be reported?

		/		
	/	/	N.	
1	<b>`</b> s	×e	-	-
	ł.	<	e	

1.	What was the inmate's name?         Victorian         Jay         LAST       FIRST	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0</li> <li>8. 2</li> <li>4</li> <li>2</li> <li>0</li> <li>1</li> <li>5</li> <li>MONTH</li> <li>DAY</li> <li>YEAR</li> </ul>
2.	0         4         1         4         2         0         1         8           MONTH         DAY         YEAR	<ul> <li>9. For what offense(s) was the inmate being held?</li> <li>a. First Degree Robbery</li> <li>b.</li> </ul>
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?       1     1       0     8       1     9       4     5       MONTH     DAY	☐ Yes ☐ No ☑ Don't Know
		11. Where did the inmate die?
5.	What was the inmate's sex? Male Female	<ul> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin? □ Yes ☑ No	<ul> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>
.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:	

	4	
5	Are th review	e 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?
	-	
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	L	
13	. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information ***
	2	Illness—Exclude AIDS-related deaths [Specify] — Heart Attack
		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]
X	<i>b</i> *	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
		<ul> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> </ul>
1	PLEASE	In a special medical unit/infirmary
3	SPECIFY]	<ul> <li>In a special mental health services unit</li> <li>In a segregation unit</li> </ul>
		On death row, special unit awaiting capital punishment
		C Elsewhere within the prison facility Please Specify:
	0	
		Elsewhere Please Specify:
15	. When	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
		Morning (6 am to Noon) Afternoon (Noon to 6 pm)
		Evening (6 pm to Midnight)
		Overnight (Midnight to 6 am)

1

-		
16.	Exclı servi	uding 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
		YES       NO       DON'T KNOW         a. Evaluated by physician/medical staff       PLEASE PROVIDE A         b. Diagnostic tests (e.g., X-rays, MRI)       PLEASE PROVIDE A         c. Medications       PLEASE PROVIDE A         d. Treatment/care other than medications       PLEASE PROVIDE A         e. Surgery       PLEASE PROVIDE A         f. Confinement in special medical unit       PLEASE PROVIDE A
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

Form (Adde		RTALITY IN CORRECTIONAL STATE PRISON IN DEATH REPOR	INSTITUT MATE		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLETE	D BY:		
Name			Title		
Official Address			Telephone		
City			FAX		
State	Zip	E-mail			
		Instructions for Co	mpletion	<b>]</b> -	
	eaths occurred in 2018: ou do not need to complete t	his 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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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? EXCLUDE deaths of ALL persons... Executed in your state . Confined in your correctional facilities, whether housed under your jurisdiction or that of another state Confined in local jail facilities, whether located in or out of . state Under your jurisdiction but housed in private correctional 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 your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, Under probation or parole supervision in your state police/court lockups, or work farms) Under your jurisdiction but on AWOL or escape-status at

#### BURDEN STATEMENT

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INCLUDE deaths of ALL persons...

- In transit to or from your facilities while under your supervision
- the time of death

	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name?         Webster       Leotis         LAST       FIRST       MI	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>1 1 0 4 1 9 7 1</li> </ul>
2.	On what date did the inmate die?	MONTH DAY YEAR 9. For what offense(s) was the inmate being held?
3.	MONTH DAY YEAR What was the name and location of the	a. Aggravated Rape b.
	correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY Facility City: Facility State:	c
4.	What was the inmate's date of birth?       0     7       1     6       1     9       5     2       MONTH     DAY	<ul> <li>10. Since admission, did the inmate ever stay overnight in a mental health facility?</li> <li>☐ Yes</li> <li>☐ No</li> <li>☑ Don't Know</li> </ul>
5.	What was the inmate's sex? ☑ Male □ Female	<ul> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin? Yes Vo	<ul> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>
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] 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 **IPLEASE** In a special mental health services unit 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.	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				
			YES	NO	DON'T KNOW	
		a. Evaluated by physician/medical staff				PLEASE PROVIDE A
		b. Diagnostic tests (e.g., X-rays, MRI)		_		RESPONSE FOR
		c. Medications				EACH ITEM (a–f)
		d. Treatment/care other than medications				
		e. Surgery				
		f. Confinement in special medical unit		····ビ·····		
17.	17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")					
	۵	NOT APPLICABLE—Cause of death was accidental	l injury, in	toxicatio	n, suicide, or hon	nicide

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

> ~

Form	NPS-4A
(Adde	ndum)

### 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

	and the second and			
1 0		FORM COMPLET	TED BY:	
Name		N	Title	
Official Address			Telephone	
City			FAX	
State	Zip	E-mail (	A company	

### Instructions for Completion

If no deaths occurred in 2018:

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INCL

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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?				
UDE deaths of ALL persons	EXCLUDE deaths of ALL persons			
Confined in your correctional facilities, whether housed	Executed in your state			
under your jurisdiction or that of another state	Confined in local jail facilities, whether located in or out of			
Under your jurisdiction but housed in private correctional facilities, whether located in or out of state	state			
	Under your jurisdiction but housed in a state-operated			
Under your jurisdiction but in special facilities (e.g.,	correctional facility in another state or in a federal facility			
medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	Under probation or parole supervision in your state			
In transit to or from your facilities while under your supervision	<ul> <li>Under your jurisdiction but on AWOL or escape-status at the time of death</li> </ul>			
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1.	What was the inmate's name?         Wilkerson         LAST         FIRST	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>1 0 2 5 1 9 7 0</li> <li>MONTH DAY YEAR</li> </ul>
2.	On what date did the inmate die?       0     2     1     3     2     0     1     8       MONTH     DAY     YEAR	<ul> <li>9. For what offense(s) was the inmate being held?</li> <li>a. Aggravated Kidnapping</li> <li>b.</li> </ul>
3.	What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY	c d 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       8       1       9       3       4         MONTH       DAY       YEAR	☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex? Male Female	<ul> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within</li> </ul>
6.	Was the inmate of Hispanic, Latino, or Spanish origin? Yes No	<ul> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	

12. Are rev

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
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] → Cardiopulmonary Arrest Secondary to age
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
<ul> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> </ul>
[PLEASE ] In a special medical unit/infirmary
In a segregation unit
<ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul>
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere
Please Specify:
<ul> <li>15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> </ul>
Morning (6 am to Noon)
<ul> <li>Afternoon (Noon to 6 pm)</li> <li>Evening (6 pm to Midnight)</li> </ul>
<ul> <li>Overnight (Midnight to 6 am)</li> </ul>

servic	ding emergency care provided at the time of death es for the medical condition that caused his/her d NOT APPLICABLE—Cause of death was accidental	eath aft	er admis	ssion to your co	mectional facilities?
	<ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> <li>f. Confinement in special medical unit</li> </ul>	YES	29 	DON'T KNOW	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.")	ical con th and <u>a</u>	dition o any of th	r did the inmate e conditions we	develop the condition re pre-existing, mark
<b>C</b>	NOT APPLICABLE—Cause of death was accidental	injury, i	ntoxicatio	on, suicide, or hon	nicide
00	Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Please add	d any additional notes regarding this death here:	a da ser a ser			

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			OMB	No. 1121-0249 A	Approval Expires 03/31/2019
	NPS-4A endum)	MORTALITY IN CORRECTION STATE PRISON DEATH REF	INMATE	IONS 2018	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLE	TED BY:		
Name			Title		
Official Address	E Constanting of the second		Telephone		
City			FAX		
State	Zip	E-mail			
		Instructions for (	Completion	1×	

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What deaths should be reported?

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

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		ante e s	Are the	
	STATE PRISON INM	ATEI	DEATH REPORT	-
1.	What was the inmate's name?         Williams       Derrick         LAST       FIRST       MI		On what date was the inmate admitted to one of your correctional facilities?         0       7       2       2       1       9       9       7         MONTH       DAY       YEAR	
2.	On what date did the inmate die?       1     0     2     0     1     8       MONTH     DAY     YEAR	9.	For what offense(s) was the inmate being held? a. Armed Robbery b.	
3.	What was the name and location of the correctional facility involved?         Facility Name:         LOUISIANA STATE PENITENTIARY         Facility City:       Facility State:         ANGOLA       LA		c	-
4.	What was the inmate's date of birth?         0       7       2       1       9       7       2         MONTH       DAY       YEAR		<ul> <li>☐ Yes</li> <li>☐ No</li> <li>☑ Don't Know</li> </ul>	
5.	What was the inmate's sex? ☑ Male □ Female	11.	<ul> <li>Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> </ul>	
6.	Was the inmate of Hispanic, Latino, or Spanish origin? □ Yes ☑ No		<ul> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>	
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: Uhite 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?
<ul> <li>✓ YES → CONTINUE TO Q13</li> <li>□ Evaluation complete—results are pending</li> </ul>
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
□ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify]
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe] Traumatic brain injury
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
<ul> <li>14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> </ul>
In the prison facility or on the prison grounds
<ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> </ul>
[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
<ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul>
Please Specify:
<ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>
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)

in onfi 9

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

16. Exc ser	cluding emergency care provided at the time of death, did the inmate receive any of the following medical vices 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	s the cause of death the result of a pre-existing medical condition or did the inmate develop the condition er admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark re-existing medical condition.")
(	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	<ul> <li>Pre-existing medical condition</li> <li>Deceased developed condition after admission</li> <li>Could not be determined</li> </ul>

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This death was a result of an altercation between two offenders. This death was not ruled a homicide, we are still waiting for supporting documents for ruling.

	NPS-4A ndum) MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 U.S. DEPARTMENT OF JUSTICE STATE PRISON INMATE DEATH REPORT RTI INTERNATIONAL					
FORM COMPLETED BY:						
Name	Title					
Official Address	Telephone .					
City	FAX					
State	Zip E-mail					
Instructions for Completion           If no deaths occurred in 2018:           • You do not need to complete this form.						
• N • C	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: <a href="https://bjsmci.rti.org">https://bjsmci.rti.org</a> MAIL: RTI International, Attn: Data Capture         Project #: 0215015.001.300.117.102.100       5265 Capital Boulevard					
	FAX (TOLL-FREE): (866) 800-9179					
lf y	rou 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

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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

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



1.	What was the inmate's name?         Williams       Donald         LAST       FIRST       MI	<ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 7 0 6 1 9 8 7 MONTH DAY YEAR</li> </ul>
2.	On what date did the inmate die?       0     7     0     9     2     0     1     8       MONTH     DAY     YEAR	<ul> <li>9. For what offense(s) was the inmate being held?</li> <li>a. Heart Disease</li> <li>b.</li> </ul>
3.	What was the name and location of the correctional facility involved?         Facility Name:         LOUISIANA STATE PENITENTIARY         Facility City:       Facility State:         ANGOLA       LA	c d e 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes
4.	What was the inmate's date of birth?         1       1       8       1       9       6       2         MONTH       DAY       YEAR	☐ No ☑ Don't Know ☑ 11. Where did the inmate die?
5.	What was the inmate's sex? ☑ Male □ Female	<ul> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within</li> </ul>
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:	

reviev	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or w of medical records) available to establish an official cause of death? ☐ YES> CONTINUE TO Q13 ☐ Evaluation complete—results are pending
-	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
[	No evaluation is planned - CONTINUE TO Q13
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] Respiratory 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]
	Homicide [Describe]
	Other cause(s) [Specify]
[PLEASE SPECIFY	<pre>e 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:</pre>
	<ul> <li>did the incident (e.g., accident, suicide, or homicide) causing the death occur?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> <li>Morning (6 am to Noon)</li> <li>Afternoon (Noon to 6 pm)</li> <li>Evening (6 pm to Midnight)</li> <li>Overnight (Midnight to 6 am)</li> </ul>

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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       Image: Construction of the state			
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")					
	Ξ	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