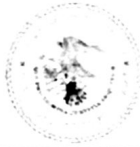


Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018  
STATE PRISON INMATE  
DEATH REPORT**

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

Name

Title

Official  
Address

Telephone

City

FAX

State

Zip

E-mail

**Instructions for Completion**If no deaths occurred in 2018:

- You do not need to complete this form.

If you had more than one death in 2018:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
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**ONLINE:** Complete the report online at: <https://bjsmci.rti.org>
**MAIL:** RTI International, Attn: Data Capture  
Project #: 0215015.001.300.117.102.100  
5265 Capital Boulevard  
Raleigh, NC 27690-1652

**E-MAIL:** [bjsmci@rti.org](mailto:bjsmci@rti.org)
**FAX (TOLL-FREE):** (866) 800-9179

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

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# STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Hue Dean

LAST FIRST MI

2. On what date did the inmate die?

0 6 0 5 2 0 1 8

MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

LOUISIANA STATE PENITENTIARY

Facility City:

ANGOLA

Facility State:

LA

4. What was the inmate's date of birth?

0 5 0 3 1 9 7 9

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 5 0 3 2 0 1 2

MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

a. Second Degree Murder

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☒ In a special medical unit/infirmary within your facility  
☐ In a special mental health services unit within your facility  
☐ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:



12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☐ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☒ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☐ Illness—Exclude AIDS-related deaths [Specify] →

☐ Acquired Immune Deficiency Syndrome (AIDS)

☒ Accidental alcohol/drug intoxication [Describe] → Fentanyl Intoxication

☐ 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

(PLEASE SPECIFY)

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

☐ In a common area within the facility (e.g., yard, library, cafeteria)

☐ In a special medical unit/infirmary

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☒ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

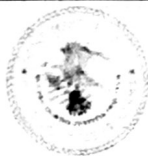
☒ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☐ Pre-existing medical condition

☐ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)
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**STATE PRISON INMATE**  
**DEATH REPORT**

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

Name

Title

Official  
Address

Telephone

City

FAX

State

Zip

E-mail

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

**EXCLUDE** deaths of ALL persons...

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

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# STATE PRISON INMATE DEATH REPORT

Are the results of review of medical records ☐ Yes ☐ No

1. What was the inmate's name?

Jack Michael

LAST FIRST MI

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?

0 3 0 1 2 0 1 8

MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

LOUISIANA STATE PENITENTIARY

Facility City:

ANGOLA

Facility State:

LA

4. What was the inmate's date of birth?

1 2 1 9 1 9 6 7

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

9. For what offense(s) was the inmate being held?

a. Aggravated Crime Against Nature

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☒ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☐ In a special medical unit/infirmiry within your facility  
☐ In a special mental health services unit within your facility  
☐ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

Please Specify:

1 to one of

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] → Respiratory Failure
- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Accidental alcohol/drug intoxication [Describe] →
- ☐ Accidental injury to self [Describe] →
- ☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →
- ☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
- ☐ Homicide [Describe] →
- ☐ Other cause(s) [Specify] →

**14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?**

- ☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- ☐ In the prison facility or on the prison grounds
- [PLEASE SPECIFY] {
- ☐ 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/infirmery
  - ☐ In a special mental health services unit
  - ☐ In a segregation unit
  - ☐ On death row, special unit awaiting capital punishment
  - ☐ Elsewhere within the prison facility

→ Please Specify:

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

→ Please Specify:

**15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?**

- ☒ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- ☐ Morning (6 am to Noon)
- ☐ Afternoon (Noon to 6 pm)
- ☐ Evening (6 pm to Midnight)
- ☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☐ Pre-existing medical condition

☒ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here:



Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018**  
**STATE PRISON INMATE**  
**DEATH REPORT**

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

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

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 5265 Capital Boulevard  
 Raleigh, NC 27690-1652

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**EXCLUDE** deaths of ALL persons...

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

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# STATE PRISON INMATE DEATH REPORT

Are the res  
review of

1. What was the inmate's name?

Jackson

LAST

Tyrone

FIRST

MI

2. On what date did the inmate die?

0

8

MONTH

1

3

DAY

2

0

1

8

YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

LOUISIANA STATE PENITENTIARY

Facility City:

ANGOLA

Facility State:

LA

4. What was the inmate's date of birth?

1

1

MONTH

1

1

DAY

1

9

7

1

YEAR

5. What was the inmate's sex?

☒ Male

☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

☐ Yes

☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0

4

MONTH

2

5

DAY

1

9

9

5

YEAR

9. For what offense(s) was the inmate being held?

a. Second Degree Murder

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

☐ Yes

☐ No

☒ Don't Know

11. Where did the inmate die?

☐ In a general housing unit in the facility or in a general housing unit on prison grounds

☐ In a segregation unit

☒ In a special medical unit/infirmary within your facility

☐ In a special mental health services unit within your facility

☐ In a medical center outside your facility

☐ In a mental health center outside your facility

☐ While in transit

☐ Elsewhere

Please Specify:

one of

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☒ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☐ No evaluation is planned → **CONTINUE TO Q13**

**13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\***

☒ Illness—Exclude AIDS-related deaths [Specify] → Cardiopulmonary Arrest

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

**14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?**

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

☐ In the prison facility or on the prison grounds

[PLEASE SPECIFY]

☐ 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/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

**15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?**

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

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

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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?

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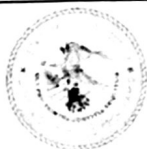
	YES	NO	DON'T KNOW	
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)</b>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

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

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)
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**STATE PRISON INMATE**  
**DEATH REPORT**

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

## FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

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# STATE PRISON INMATE DEATH REPORT

12. Are the re review

1. What was the inmate's name?

Johnson Christopher   
LAST FIRST MI

2. On what date did the inmate die?

0 9 1 8 2 0 1 8  
MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

LOUISIANA STATE PENITENTIARY

Facility City:

ANGOLA

Facility State:

LA

4. What was the inmate's date of birth?

0 5 0 6 1 9 6 7  
MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 6 1 4 2 0 1 5  
MONTH DAY YEAR

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?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☐ In a special medical unit/infirmarary within your facility  
☐ In a special mental health services unit within your facility  
☒ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:

2. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☒ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☐ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → 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 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

[PLEASE SPECIFY]

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

☐ In a common area within the facility (e.g., yard, library, cafeteria)

☐ In a special medical unit/infirmary

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

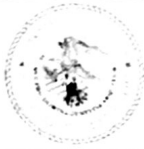
**PLEASE PROVIDE A  
RESPONSE FOR  
EACH ITEM (a-f)**

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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- ☐ Pre-existing medical condition
- ☒ Deceased developed condition after admission
- ☐ Could not be determined

Please add any additional notes regarding this death here:



Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018**  
**STATE PRISON INMATE**  
**DEATH REPORT**

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

## FORM COMPLETED BY:

Name

Title

Official  
Address

Telephone



City

FAX



State

Zip

E-mail

## Instructions for Completion

If no deaths occurred in 2018:

- You do not need to complete this form.

If you had more than one death in 2018:

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

**ONLINE:** Complete the report online at: <https://bjsmci.rti.org>
**E-MAIL:** [bjsmci@rti.org](mailto: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](mailto: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.

# STATE PRISON INMATE DEATH REPORT

Are the  
review

1. What was the inmate's name?

Lacoste Kenneth

LAST FIRST MI

2. On what date did the inmate die?

0 7 1 8 2 0 1 8

MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:  
LOUISIANA STATE PENITENTIARY

Facility City: ANGOLA Facility State: LA

4. What was the inmate's date of birth?

0 2 1 7 1 9 7 6

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 7 1 6 2 0 1 3

MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

a. Hypertension Gerd

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☒ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☐ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:

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] → 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

[PLEASE SPECIFY]

☐ 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/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

**15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?**

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

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

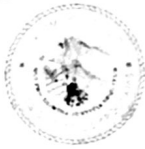
☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☐ Pre-existing medical condition

☒ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018**  
**STATE PRISON INMATE**  
**DEATH REPORT**

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

Name

Title

Official  
Address

Telephone

City

FAX

State

Zip

E-mail

**Instructions for Completion**If no deaths occurred in 2018:

- You do not need to complete this form.

If you had more than one death in 2018:

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

**ONLINE:** Complete the report online at: <https://bjsmci.rti.org>
**MAIL:** RTI International, Attn: Data Capture  
 Project #: 0215015.001.300.117.102.100  
 5265 Capital Boulevard  
 Raleigh, NC 27690-1652

**E-MAIL:** [bjsmci@rti.org](mailto:bjsmci@rti.org)
**FAX (TOLL-FREE):** (866) 800-9179

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

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# STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Landry Ray

LAST FIRST MI

2. On what date did the inmate die?

0 8 2 0 2 0 1 8

MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

LOUISIANA STATE PENITENTIARY

Facility City:

ANGOLA

Facility State:

LA

4. What was the inmate's date of birth?

0 3 1 3 1 9 4 9

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 1 2 6 1 9 7 9

MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

a. Armed Robbery

b. Aggravated Rape

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☐ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☒ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☒ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☐ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information \*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → hemorrhagic shock

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

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

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

☐ In the prison facility or on the prison grounds

(PLEASE SPECIFY)

☐ 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/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)



16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

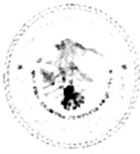
☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☐ Pre-existing medical condition

☒ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018  
STATE PRISON INMATE  
DEATH REPORT**

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

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

**Instructions for Completion**If no deaths occurred in 2018:

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**E-MAIL:** [bjsmci@rti.org](mailto: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](mailto:bjsmci@rti.org)*
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- 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

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# STATE PRISON INMATE DEATH REPORT

Are the re  
review

**1. What was the inmate's name?**

Larocca Victor

LAST FIRST MI

**2. On what date did the inmate die?**

0 2 0 1 2 0 1 8

MONTH DAY YEAR

**3. What was the name and location of the correctional facility involved?**

Facility Name:  
LOUISIANA STATE PENITENTIARY

Facility City: ANGOLA Facility State: LA

**4. What was the inmate's date of birth?**

1 1 1 3 1 9 6 5

MONTH DAY YEAR

**5. What was the inmate's sex?**

- ☒ Male  
☐ Female

**6. Was the inmate of Hispanic, Latino, or Spanish origin?**

- ☐ Yes  
☒ No

**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:

**8. On what date was the inmate admitted to one of your correctional facilities?**

0 9 0 9 2 0 1 3

MONTH DAY YEAR

**9. For what offense(s) was the inmate being held?**

- a. Simple Burglary  
b. Dist/Poss legal drug  
c.  
d.  
e.

**10. Since admission, did the inmate ever stay overnight in a mental health facility?**

- ☐ Yes  
☐ No  
☒ Don't Know

**11. Where did the inmate die?**

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☐ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☒ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

Please Specify:

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] → Liver and Renal failure
- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Accidental alcohol/drug intoxication [Describe] →
- ☐ Accidental injury to self [Describe] →
- ☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →
- ☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
- ☐ Homicide [Describe] →
- ☐ Other cause(s) [Specify] →

**14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?**

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

- ☐ In the prison facility or on the prison grounds

[PLEASE SPECIFY]

- ☐ 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/infirmery  
☐ In a special mental health services unit  
☐ In a segregation unit  
☐ On death row, special unit awaiting capital punishment  
☐ Elsewhere within the prison facility

Please Specify:

- ☐ Outside the prison facility (e.g., while on work release or on work detail)

- ☐ Elsewhere

Please Specify:

**15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?**

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

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

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

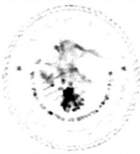
**PLEASE PROVIDE A  
RESPONSE FOR  
EACH ITEM (a-f)**

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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

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

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018  
STATE PRISON INMATE  
DEATH REPORT**

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

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

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- 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](mailto: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](mailto: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**

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# STATE PRISON INMATE DEATH REPORT

12. Are  
rev

**1. What was the inmate's name?**

Lewis Sugar

LAST FIRST MI

**2. On what date did the inmate die?**

0 1 2 1 2 0 1 8

MONTH DAY YEAR

**3. What was the name and location of the correctional facility involved?**

Facility Name:

LOUISIANA STATE PENITENTIARY

Facility City:

ANGOLA

Facility State:

LA

**4. What was the inmate's date of birth?**

0 9 1 3 1 9 5 6

MONTH DAY YEAR

**5. What was the inmate's sex?**

- ☒ Male  
☐ Female

**6. Was the inmate of Hispanic, Latino, or Spanish origin?**

- ☐ Yes  
☒ No

**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:

**8. On what date was the inmate admitted to one of your correctional facilities?**

0 3 2 8 2 0 0 0

MONTH DAY YEAR

**9. For what offense(s) was the inmate being held?**

- a. Hab/Obscencinity
- b.
- c.
- d.
- e.

**10. Since admission, did the inmate ever stay overnight in a mental health facility?**

- ☐ Yes  
☐ No  
☒ Don't Know

**11. Where did the inmate die?**

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☒ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☐ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:



12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☒ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☐ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → Cardipulmonary 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

(PLEASE SPECIFY)

☐ 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/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

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	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

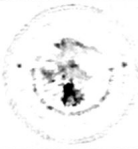
**PLEASE PROVIDE A  
RESPONSE FOR  
EACH ITEM (a-f)**

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☐ 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:

Form NPS-4A  
(Addendum)
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STATE PRISON INMATE  
DEATH REPORT**

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

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

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

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

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

**EXCLUDE** deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
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# STATE PRISON INMATE DEATH REPORT

Are the res  
review of

1. What was the inmate's name?

Matthews

LAST

Lee

FIRST

MI

2. On what date did the inmate die?

0 7

MONTH

2 7

DAY

2 0 1 8

YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

LOUISIANA STATE PENITENTIARY

Facility City:

ANGOLA

Facility State:

LA

4. What was the inmate's date of birth?

0 1

MONTH

1 0

DAY

1 9 3 6

YEAR

5. What was the inmate's sex?

☒ Male

☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

☐ Yes

☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 3

MONTH

3 1

DAY

1 9 8 6

YEAR

9. For what offense(s) was the inmate being held?

a. second degree murder

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

☐ Yes

☐ No

☒ Don't Know

11. Where did the inmate die?

☐ In a general housing unit in the facility or in a general housing unit on prison grounds

☐ In a segregation unit

☐ In a special medical unit/infirmery within your facility

☐ In a special mental health services unit within your facility

☒ In a medical center outside your facility

☐ In a mental health center outside your facility

☐ While in transit

☐ Elsewhere

→ Please Specify:

2. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☒ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☐ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → 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

- [PLEASE SPECIFY] →
- ☐ 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/infirmery
  - ☐ In a special mental health services unit
  - ☐ In a segregation unit
  - ☐ On death row, special unit awaiting capital punishment
  - ☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☐ Pre-existing medical condition

☒ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here:



Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018**  
**STATE PRISON INMATE**  
**DEATH REPORT**

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

Name

Title

Official  
Address

Telephone

City

FAX

State

Zip

E-mail

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# STATE PRISON INMATE DEATH REPORT

2. Are the review

1. What was the inmate's name?

Melinie Vandyke

LAST FIRST MI

2. On what date did the inmate die?

0 3 2 2 2 0 1 8

MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

LOUISIANA STATE PENITENTIARY

Facility City:

ANGOLA

Facility State:

LA

4. What was the inmate's date of birth?

0 8 0 4 1 9 4 6

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 3 2 7 1 9 8 9

MONTH DAY YEAR

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?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☒ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☐ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

Please Specify:

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

- ☐ YES → **CONTINUE TO Q13**  
☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

- ☒ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

- ☒ Illness—Exclude AIDS-related deaths [Specify] → Cardiopulmonary Arrest
- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Accidental alcohol/drug intoxication [Describe] →
- ☐ Accidental injury to self [Describe] →
- ☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →
- ☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
- ☐ Homicide [Describe] →
- ☐ Other cause(s) [Specify] →

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

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

- ☐ In the prison facility or on the prison grounds

(PLEASE SPECIFY)

- ☐ 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/infirmery  
☐ 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:

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☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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- ☐ Morning (6 am to Noon)  
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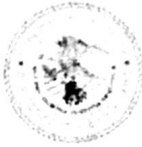
	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- ☒ Pre-existing medical condition
- ☐ Deceased developed condition after admission
- ☐ Could not be determined

Please add any additional notes regarding this death here:

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(Addendum)
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**STATE PRISON INMATE**  
**DEATH REPORT**

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

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

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**ONLINE:** Complete the report online at: <https://bjsmci.rti.org>
**E-MAIL:** [bjsmci@rti.org](mailto: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](mailto: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.

# STATE PRISON INMATE DEATH REPORT

Are the results  
review of med?

1. What was the inmate's name?

Motley Franklin   
LAST FIRST MI

2. On what date did the inmate die?

0 9 1 9 2 0 1 8  
MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:  
LOUISIANA STATE PENITENTIARY  
Facility City: ANGOLA Facility State: LA

4. What was the inmate's date of birth?

1 2 1 8 1 9 6 4  
MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 5 2 4 2 0 0 4  
MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

- a. Second Degree Murder  
b.   
c.   
d.   
e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☒ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☐ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:

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] → 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

[PLEASE SPECIFY]

☐ 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/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

**15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?**

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

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)



16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

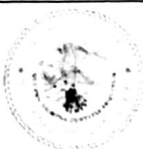
☐ Pre-existing medical condition

☐ Deceased developed condition after admission

☒ Could not be determined

Please add any additional notes regarding this death here:



Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018**  
**STATE PRISON INMATE**  
**DEATH REPORT**

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

Name

Title

Official  
Address

Telephone

City

FAX

State

Zip

E-mail

**Instructions for Completion**If no deaths occurred in 2018:

- You do not need to complete this form.

If you had more than one death in 2018:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
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**FAX (TOLL-FREE):** (866) 800-9179

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**What deaths should be reported?****INCLUDE** deaths of ALL persons...

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

**EXCLUDE** deaths of ALL persons...

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

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# STATE PRISON INMATE DEATH REPORT

Are  
review

1. What was the inmate's name?

Mozer Jack

LAST FIRST MI

2. On what date did the inmate die?

1 0 1 9 2 0 1 8

MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

LOUISIANA STATE PENITENTIARY

Facility City:

ANGOLA

Facility State:

LA

4. What was the inmate's date of birth?

0 7 2 1 1 9 3 3

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 7 1 1 2 0 1 8

MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

a. Indec-Behavior- Juveniles

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☒ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☐ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

Please Specify:

2. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☐ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☒ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → 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. 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

[PLEASE SPECIFY]

☐ 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/infirmarary

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

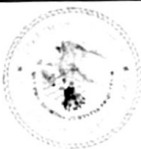
**PLEASE PROVIDE A  
RESPONSE FOR  
EACH ITEM (a-f)**

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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

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

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018**  
**STATE PRISON INMATE**  
**DEATH REPORT**

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

## FORM COMPLETED BY:

Name

Title

Official  
Address

Telephone

City

FAX

State

Zip

E-mail

## Instructions for Completion

If no deaths occurred in 2018:

- You do not need to complete this form.

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 Project #: 0215015.001.300.117.102.100  
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## What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

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# STATE PRISON INMATE DEATH REPORT

12. Are  
re

1. What was the inmate's name?

Polk Robin   
LAST FIRST MI

2. On what date did the inmate die?

1 0 1 1 2 0 1 8  
MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:  
LOUISIANA STATE PENITENTIARY

Facility City: ANGOLA Facility State: LA

4. What was the inmate's date of birth?

1 2 0 1 1 9 5 2  
MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

1 2 2 1 1 9 8 1  
MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

- a. Aggravated Rape  
b.   
c.   
d.   
e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☒ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☐ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

↳ Please Specify:

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☐ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☒ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → Hepatobiliary 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

[PLEASE SPECIFY]

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

☐ In a common area within the facility (e.g., yard, library, cafeteria)

☐ In a special medical unit/infirmary

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)



16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

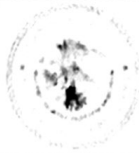
	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- ☐ Pre-existing medical condition
- ☒ Deceased developed condition after admission
- ☐ Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018**  
**STATE PRISON INMATE**  
**DEATH REPORT**

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

Name

Title

Official  
Address

Telephone

City

FAX

State

Zip

E-mail

**Instructions for Completion**If no deaths occurred in 2018:

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

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

**EXCLUDE** deaths of ALL persons...

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

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# STATE PRISON INMATE DEATH REPORT

2. Are the res review of

1. What was the inmate's name?

Redic Alvin

LAST FIRST MI

2. On what date did the inmate die?

0 1 1 2 2 0 1 8

MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

LOUISIANA STATE PENITENTIARY

Facility City:

ANGOLA

Facility State:

LA

4. What was the inmate's date of birth?

1 0 2 6 1 9 4 6

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 4 1 3 1 9 8 1

MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

- a. Aggravated Rape  
b. Aggravated Crime Against Nature  
c. Armed Robbery  
d.   
e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☐ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☒ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:

2. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☒ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☐ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → 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] →

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

(PLEASE SPECIFY)

☐ 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/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

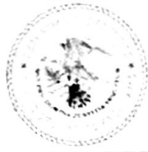
☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☐ Pre-existing medical condition

☒ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018  
STATE PRISON INMATE  
DEATH REPORT**

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

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

**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](mailto: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](mailto: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.

## STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Reynolds

LAST

James

FIRST

MI

2. On what date did the inmate die?

0

4

MONTH

0

3

DAY

2

0

1

8

YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

LOUISIANA STATE PENITENTIARY

Facility City:

ANGOLA

Facility State:

LA

4. What was the inmate's date of birth?

0

7

MONTH

0

1

DAY

1

9

6

7

YEAR

5. What was the inmate's sex?

☒ Male

☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

☐ Yes

☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0

4

MONTH

2

7

DAY

1

9

8

7

YEAR

9. For what offense(s) was the inmate being held?

a. First Degree Murder

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

☐ Yes

☐ No

☒ Don't Know

11. Where did the inmate die?

☐ In a general housing unit in the facility or in a general housing unit on prison grounds

☐ In a segregation unit

☐ In a special medical unit/infirmery within your facility

☐ In a special mental health services unit within your facility

☒ In a medical center outside your facility

☐ In a mental health center outside your facility

☐ While in transit

☐ Elsewhere

Please Specify:



12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☐ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☒ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → 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

[PLEASE SPECIFY]

☐ 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/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

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

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018  
STATE PRISON INMATE  
DEATH REPORT**

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

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

**Instructions for Completion**If no deaths occurred in 2018:

- You do not need to complete this form.

If you had more than one death in 2018:

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

**ONLINE:** Complete the report online at: <https://bjsmci.rti.org>
**MAIL:** RTI International, Attn: Data Capture  
Project #: 0215015.001.300.117.102.100  
5265 Capital Boulevard  
Raleigh, NC 27690-1652

**E-MAIL:** [bjsmci@rti.org](mailto:bjsmci@rti.org)
**FAX (TOLL-FREE):** (866) 800-9179

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

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# STATE PRISON INMATE DEATH REPORT

12. Are  
r

1. What was the inmate's name?

Roberts Harry   
LAST FIRST MI

2. On what date did the inmate die?

0 1 1 1 2 0 1 8  
MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

LOUISIANA STATE PENITENTIARY

Facility City:

ANGOLA

Facility State:

LA

4. What was the inmate's date of birth?

1 1 0 8 1 9 5 4  
MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 9 1 9 1 9 7 4  
MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

a. First Degree Murder

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☒ In a special medical unit/infirmary within your facility  
☐ In a special mental health services unit within your facility  
☐ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

- ☐ YES → **CONTINUE TO Q13**  
☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

- ☒ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

- ☒ Illness—Exclude AIDS-related deaths [Specify] → Cardiopulmonary Arrest

- ☐ Acquired Immune Deficiency Syndrome (AIDS)

- ☐ Accidental alcohol/drug intoxication [Describe] →

- ☐ Accidental injury to self [Describe] →

- ☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

- ☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

- ☐ Homicide [Describe] →

- ☐ Other cause(s) [Specify] →

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

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

- ☐ In the prison facility or on the prison grounds

[PLEASE SPECIFY]

- ☐ 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/infirmery  
☐ In a special mental health services unit  
☐ In a segregation unit  
☐ On death row, special unit awaiting capital punishment  
☐ Elsewhere within the prison facility

→ Please Specify:

- ☐ Outside the prison facility (e.g., while on work release or on work detail)

- ☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

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

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

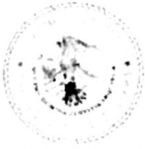
☐ Pre-existing medical condition

☒ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here:



Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018**  
**STATE PRISON INMATE**  
**DEATH REPORT**

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

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

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 5265 Capital Boulevard  
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FAX (TOLL-FREE): (866) 800-9179

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

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# STATE PRISON INMATE DEATH REPORT

12. Are  
rev?

1. What was the inmate's name?

Rose Calvin   
LAST FIRST MI

2. On what date did the inmate die?

1 0 1 8 2 0 1 8  
MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:  
LOUISIANA STATE PENITENTIARY  
Facility City: ANGOLA Facility State: LA

4. What was the inmate's date of birth?

0 8 0 4 1 9 5 5  
MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 5 2 3 1 9 8 8  
MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

- a. Second Degree Murder  
b.   
c.   
d.   
e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☒ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☐ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☐ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☒ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → Lung Cancer

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

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

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

☐ In the prison facility or on the prison grounds

[PLEASE SPECIFY]

☐ 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/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

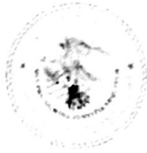
☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☐ Pre-existing medical condition

☒ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018**  
**STATE PRISON INMATE**  
**DEATH REPORT**

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

Name

Title

Official  
Address

Telephone



City

FAX



State

Zip

E-mail

**Instructions for Completion**If no deaths occurred in 2018:

- You do not need to complete this form.

If you had more than one death in 2018:

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- Complete the entire form for each inmate death.
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**E-MAIL:** [bjsmci@rti.org](mailto: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](mailto: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**

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# STATE PRISON INMATE DEATH REPORT

Are the  
revi

1. What was the inmate's name?

Schoening Kristopher   
LAST FIRST MI

2. On what date did the inmate die?

0 6 0 5 2 0 1 8  
MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:  
LOUISIANA STATE PENITENTIARY  
Facility City: ANGOLA Facility State: LA

4. What was the inmate's date of birth?

0 2 0 2 1 9 8 0  
MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 3 2 0 2 0 0 0  
MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

- a. Aggravated Rape  
b.   
c.   
d.   
e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☐ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☒ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

↳ Please Specify:

one of

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] →

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☒ Accidental injury to self [Describe] → Blunt Impact Trauma brain injury

☐ 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

[PLEASE SPECIFY]

☐ 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/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☒ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

**15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?**

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

☐ Morning (6 am to Noon)

☒ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☒ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

☒ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

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

Please add any additional notes regarding this death here:

intracranial hemorrhage secondary to accidental fall.



Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018  
STATE PRISON INMATE  
DEATH REPORT**

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

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

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5265 Capital Boulevard  
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- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

**EXCLUDE** deaths of ALL persons...

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

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# STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Smith Carl

LAST FIRST MI

2. On what date did the inmate die?

0 2 1 9 2 0 1 8

MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

LOUISIANA STATE PENITENTIARY

Facility City:

ANGOLA

Facility State:

LA

4. What was the inmate's date of birth?

1 2 1 8 1 9 3 4

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

1 0 2 8 1 9 8 8

MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

a. First Degree Murder

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☒ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☐ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:

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] → Cardiac Arrest

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

**14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?**

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

☐ In the prison facility or on the prison grounds

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

☐ In a common area within the facility (e.g., yard, library, cafeteria)

☐ In a special medical unit/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

**15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?**

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

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

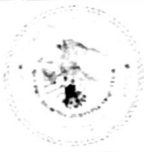
☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☒ Pre-existing medical condition

☐ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018**  
**STATE PRISON INMATE**  
**DEATH REPORT**

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

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

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

EXCLUDE deaths of ALL persons...

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

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# STATE PRISON INMATE DEATH REPORT

2. Are the (r) revig(N)

1. What was the inmate's name?

Thorne Kendrick

LAST FIRST MI

2. On what date did the inmate die?

0 4 1 7 2 0 1 8

MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:  
LOUISIANA STATE PENITENTIARY

Facility City: ANGOLA Facility State: LA

4. What was the inmate's date of birth?

0 1 1 9 1 9 7 9

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 9 3 0 2 0 0 2

MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

- a. Attempted Second Degree Kidnapping  
b. Aggravated Burglary  
c. Forcible Rape  
d.   
e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☐ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☒ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:

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] →

☐ 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] →

anoxic brain injury

☐ 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

[PLEASE SPECIFY]

☐ 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/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

Please Specify:

☒ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

Please Specify:

**15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?**

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

☐ Morning (6 am to Noon)

☒ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)



16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☒ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- ☒ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- ☐ Pre-existing medical condition
- ☐ Deceased developed condition after admission
- ☐ Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)
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DEATH REPORT**

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

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

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

**BURDEN STATEMENT**

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

# STATE PRISON INMATE DEATH REPORT

2. Are the  
revi

1. What was the inmate's name?

Traylor Milton

LAST FIRST MI

2. On what date did the inmate die?

0 7 0 8 2 0 1 8

MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

LOUISIANA STATE PENITENTIARY

Facility City:

ANGOLA

Facility State:

LA

4. What was the inmate's date of birth?

1 0 1 9 1 9 5 1

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

1 1 0 4 1 9 7 1

MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

a. Aggravated Rape

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☒ In a special medical unit/infirmary within your facility  
☐ In a special mental health services unit within your facility  
☐ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

↳ Please Specify:

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☒ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☐ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → Cardiopulmonary Arrest

☐ Acquired Immune Deficiency Syndrome (AIDS)

☐ Accidental alcohol/drug intoxication [Describe] →

☐ Accidental injury to self [Describe] →

☐ Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →

☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →

☐ Homicide [Describe] →

☐ Other cause(s) [Specify] →

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

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

☐ In the prison facility or on the prison grounds

(PLEASE SPECIFY)

☐ 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/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

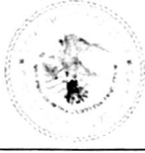
☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☐ Pre-existing medical condition

☒ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018  
STATE PRISON INMATE  
DEATH REPORT**

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

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

**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](mailto: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](mailto: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**

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# STATE PRISON INMATE DEATH REPORT

Are the  
rev?

1. What was the inmate's name?

Victorian Jay

LAST FIRST MI

2. On what date did the inmate die?

0 4 1 4 2 0 1 8

MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

LOUISIANA STATE PENITENTIARY

Facility City:

ANGOLA

Facility State:

LA

4. What was the inmate's date of birth?

1 1 0 8 1 9 4 5

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 8 2 4 2 0 1 5

MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

- a. First Degree Robbery  
b.   
c.   
d.   
e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☐ In a special medical unit/infirmary within your facility  
☐ In a special mental health services unit within your facility  
☒ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:



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] → Heart Attack

☐ 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

[PLEASE SPECIFY]

☐ 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/infirmery

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

**15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?**

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

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

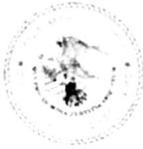
	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- ☒ Pre-existing medical condition
- ☐ Deceased developed condition after admission
- ☐ Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018**  
**STATE PRISON INMATE**  
**DEATH REPORT**

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

Name

Title

Official  
Address

Telephone

City

FAX

State

Zip

E-mail

**Instructions for Completion**If no deaths occurred in 2018:

- You do not need to complete this form.

If you had more than one death in 2018:

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

**ONLINE:** Complete the report online at: <https://bjsmci.rti.org>
**E-MAIL:** [bjsmci@rti.org](mailto: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](mailto: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

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# STATE PRISON INMATE DEATH REPORT

Are the  
review

1. What was the inmate's name?

Webster Leotis

LAST FIRST MI

2. On what date did the inmate die?

0 7 0 5 2 0 1 8

MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

LOUISIANA STATE PENITENTIARY

Facility City:

ANGOLA

Facility State:

LA

4. What was the inmate's date of birth?

0 7 1 6 1 9 5 2

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

1 1 0 4 1 9 7 1

MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

a. Aggravated Rape

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☒ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
☐ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:

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

[PLEASE SPECIFY]

- ☐ 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/infirmery
- ☐ In a special mental health services unit
- ☐ In a segregation unit
- ☐ On death row, special unit awaiting capital punishment
- ☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

**15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?**

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

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☐ Pre-existing medical condition

☒ Deceased developed condition after admission

☐ Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018**  
**STATE PRISON INMATE**  
**DEATH REPORT**

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

Name

Title

Official  
Address

Telephone



City

FAX



State

Zip

E-mail

**Instructions for Completion**If no deaths occurred in 2018:

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If you had more than one death in 2018:

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- Complete the entire form for each inmate death.
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 Project #: 0215015.001.300.117.102.100  
 5265 Capital Boulevard  
 Raleigh, NC 27690-1652

**E-MAIL:** [bjsmci@rti.org](mailto:bjsmci@rti.org)
**FAX (TOLL-FREE):** (866) 800-9179

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

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# STATE PRISON INMATE DEATH REPORT

12. Are  
rev

1. What was the inmate's name?

Wilkerson

LAST

Clarence

FIRST

MI

2. On what date did the inmate die?

0

2

MONTH

1

3

DAY

2

0

1

8

YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

LOUISIANA STATE PENITENTIARY

Facility City:

ANGOLA

Facility State:

LA

4. What was the inmate's date of birth?

1

2

MONTH

1

8

DAY

1

9

3

4

YEAR

5. What was the inmate's sex?



Male



Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?



Yes



No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

1

0

MONTH

2

5

DAY

1

9

7

0

YEAR

9. For what offense(s) was the inmate being held?

a.

Aggravated Kidnapping

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?



Yes



No



Don't Know

11. Where did the inmate die?



In a general housing unit in the facility or in a general housing unit on prison grounds



In a segregation unit



In a special medical unit/infirmery within your facility



In a special mental health services unit within your facility



In a medical center outside your facility



In a mental health center outside your facility



While in transit



Elsewhere



Please Specify:

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

☐ YES → **CONTINUE TO Q13**

☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

☒ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

☒ Illness—Exclude AIDS-related deaths [Specify] → Cardiopulmonary Arrest 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 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

[PLEASE SPECIFY]

☐ In the inmate's cell/room

☐ In a temporary holding area/lockup

☐ In a common area within the facility (e.g., yard, library, cafeteria)

☐ In a special medical unit/infirmary

☐ In a special mental health services unit

☐ In a segregation unit

☐ On death row, special unit awaiting capital punishment

☐ Elsewhere within the prison facility

→ Please Specify:

☐ Outside the prison facility (e.g., while on work release or on work detail)

☐ Elsewhere

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

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

☐ Morning (6 am to Noon)

☐ Afternoon (Noon to 6 pm)

☐ Evening (6 pm to Midnight)

☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

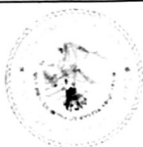
	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

- ☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- ☐ Pre-existing medical condition
- ☐ Deceased developed condition after admission
- ☒ Could not be determined

Please add any additional notes regarding this death here:

Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018**  
**STATE PRISON INMATE**  
**DEATH REPORT**

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

## FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>	
Official Address	<input type="text"/>	Telephone	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>	E-mail <input type="text"/>

## 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](mailto: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](mailto: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.

# STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

Williams Derrick

LAST FIRST MI

2. On what date did the inmate die?

1 0 2 0 2 0 1 8

MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

LOUISIANA STATE PENITENTIARY

Facility City:

ANGOLA

Facility State:

LA

4. What was the inmate's date of birth?

0 7 2 1 1 9 7 2

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 7 2 2 1 9 9 7

MONTH DAY YEAR

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?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☒ In a special medical unit/infirmary within your facility  
☐ In a special mental health services unit within your facility  
☐ In a medical center outside your facility  
☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ Please Specify:

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

- ☒ YES → **CONTINUE TO Q13**  
☐ Evaluation complete—results are pending

→ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

- ☐ No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information\*\*\*

- ☐ Illness—Exclude AIDS-related deaths [Specify] →
- ☐ 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

[PLEASE SPECIFY]

- ☒ 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/infirmery  
☐ In a special mental health services unit  
☐ In a segregation unit  
☐ On death row, special unit awaiting capital punishment  
☐ Elsewhere within the prison facility

→ Please Specify:

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

→ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- ☐ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- ☒ Morning (6 am to Noon)  
☐ Afternoon (Noon to 6 pm)  
☐ Evening (6 pm to Midnight)  
☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☒ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")

☒ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☐ Pre-existing medical condition

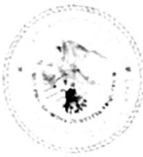
☐ Deceased developed condition after admission

☐ Could not be determined

**Please add any additional notes regarding this death here:**

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.



Form NPS-4A  
(Addendum)
**MORTALITY IN CORRECTIONAL INSTITUTIONS 2018**  
**STATE PRISON INMATE**  
**DEATH REPORT**

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

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

**Instructions for Completion**If no deaths occurred in 2018:

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

**ONLINE:** Complete the report online at: <https://bjsmci.rti.org>
**E-MAIL:** [bjsmci@rti.org](mailto:bjsmci@rti.org)
**FAX (TOLL-FREE):** (866) 800-9179

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

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**What deaths should be reported?****INCLUDE** deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
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- 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
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# STATE PRISON INMATE DEATH REPORT

Are  
rev

1. What was the inmate's name?

Williams Donald

LAST FIRST MI

2. On what date did the inmate die?

0 7 0 9 2 0 1 8

MONTH DAY YEAR

3. What was the name and location of the correctional facility involved?

Facility Name:

LOUISIANA STATE PENITENTIARY

Facility City:

ANGOLA

Facility State:

LA

4. What was the inmate's date of birth?

1 1 1 8 1 9 6 2

MONTH DAY YEAR

5. What was the inmate's sex?

- ☒ Male  
☐ Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ☐ Yes  
☒ No

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:

8. On what date was the inmate admitted to one of your correctional facilities?

0 7 0 6 1 9 8 7

MONTH DAY YEAR

9. For what offense(s) was the inmate being held?

a. Heart Disease

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ Yes  
☐ No  
☒ Don't Know

11. Where did the inmate die?

- ☐ In a general housing unit in the facility or in a general housing unit on prison grounds  
☐ In a segregation unit  
☐ In a special medical unit/infirmery within your facility  
☐ In a special mental health services unit within your facility  
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☐ In a mental health center outside your facility  
☐ While in transit  
☐ Elsewhere

→ 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] → Respiratory 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

[PLEASE SPECIFY]

- ☐ In the inmate's cell/room
- ☐ In a temporary holding area/lockup
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- ☐ In a special mental health services unit
- ☐ In a segregation unit
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→ Please Specify:

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☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Surgery .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Confinement in special medical unit .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE PROVIDE A  
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- ☐ 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: