

2018

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

**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?

Pendelton

LAST

James

FIRST

MI

2. On what date did the inmate die?

0 8

MONTH

0 8

DAY

2 0 1 8

YEAR

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

Facility Name:

MADISON PARISH LTCW (LOUISIANA TR

Facility City:

TALLULAH

Facility State:

LA

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

1 2

MONTH

1 9

DAY

1 9 6 2

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

MONTH

1 5

DAY

2 0 1 8

YEAR

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

a. First Degree Battery

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] → 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 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:

**Madison Correctional Center**  
**UNUSUAL OCCURRENCE REPORT**

<b>NAME:</b> [REDACTED]	<b>DOC#</b> [REDACTED]	<b>DORM/CELL</b> 4-A-100	<b>DATE:</b> 8/7/2018	<b>TIME</b> 11:25pm
<b>LOCATION OF INCIDENT:</b> 4-A Dorm			<b>WITNESSES:</b> Sgt. C. Brown, C/O L. Bowman, C/O J. Racks, & C/O J. Royal	

**TYPE OF INCIDENT CHECK APPROPRIATE BOX (ES)**

<input type="checkbox"/> ASSAULT ON STAFF	<input type="checkbox"/> MAJOR DISTURBANCE	<input type="checkbox"/> ROOF SHAKEDOWN	<input type="checkbox"/> PROTECTION REQUESTED	<input type="checkbox"/> MAINTENANCE
<input type="checkbox"/> AGG. WORK OFFENSE	<input type="checkbox"/> SEX OFFENSE	<input type="checkbox"/> SHIFT SHAKEDOWN	<input type="checkbox"/> VIOLENT DEATH	<input type="checkbox"/> REPAIR REQUEST
<input type="checkbox"/> AGGRAVATED FIGHT	<input type="checkbox"/> USE OF FORCE	<input type="checkbox"/> FRONT GATE SHAKEDOWN	<input checked="" type="checkbox"/> DEATH DUE TO ILLNESS	<input type="checkbox"/> FENCE CHECK
<input type="checkbox"/> FIGHT	<input type="checkbox"/> MINOR DISTURBANCE	<input type="checkbox"/> MATTRESS SHAKEDOWN	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> WEEKLY INSPECTION
<input type="checkbox"/> ESCAPE	<input type="checkbox"/> SEARCH OF OFFENDER	<input type="checkbox"/> GROUNDS SHAKEDOWN	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> MONTHLY INSPECTION
<input type="checkbox"/> CONTRABAND	<input type="checkbox"/> OTHER:			
<input type="checkbox"/> CHEMICAL AGENTS USED		<input type="checkbox"/> MECHANICAL RESTRAINT(S) USED		

Description of Incident (include all relevant information - "unusual offender behavior, staff witnesses, physical evidence & disposition, immediate action including use of force", use other side if necessary)

On the above date and approximate time, Offender Landis Breaux (Doc # 418420) came to A dorm flap saying, something is wrong with Offender [REDACTED] ([REDACTED]). I, Lt. Tommy Farmer immediately enter A dorm from Control 1 with Sgt. Clarence Brown, C/O Deon McCray, C/O Johnny Racks, and C/O James Royal going to Offender [REDACTED] bed (4-A-100). Offender [REDACTED] was sweating, cold, and clammy to touch. Offender [REDACTED] eyes was open, but he was non-responsive. I, Lt. Farmer instructed C/O Bowman to call on duty Nurse Andrea Whitney, 911, and the Warden at 11:33 pm. I, Lt. Farmer had Offender [REDACTED] moved to the hallway where I, Lt. Farmer noticed the offender wasn't breathing. I, Lt. Farmer begin CPR. Offender cough and started regurgitating roman noodle making strange noises after 2 set of compresssion and breathe. Offender was placed on left side to prevent him choking. Offender [REDACTED] was breathing. I, Lt. Farmer received a call from the ambulance service informing them of the incident. Upon returning to the hallway from Control 1, Deputy Sheriff Ken Cheatum was present with Offender [REDACTED]. Officer Cheatum noticed that the offender wasn't breathing and we (Officer Cheatum, C/O Racks, and I, Lt. Farmer) started CPR until the ambulance service arrived on compound to Building 4 hallway at 11:40 pm. Ambulance service exited the compound at 12:09 with Offender [REDACTED] and C/O Johnathan Knox to Madison Parish Hospital. Nurse Whitney informed I, Lt. Farmer that the coroner (Dr. Neuman) pronounce Offender [REDACTED] death at 12:19 am. Warden Chris Stenson, Deputy Warden Toffton, and Major Jarrate Brooks was notified. End of report.

*Lt Tommy Farmer*  
 REPORTING OFFICER/TITLE

8-8-2018 1:30 AM  
 DATE AND TIME COMPLETED



January 2017

**STANDARDIZED INFORMATION GUIDE  
FOR REPORTING OFFENDER DEATHS**

<b>1.</b>	<b>Institution:</b>
Madison Correctional Center	
<b>2.</b>	<b>Date/Time Notified Duty Officer:</b>
8-8-18 12:39 am	
<b>3.</b>	<b>Person Who Notified Duty Officer:</b>
Warden Chris Stinson	
<b>4.</b>	<b>Offender's Name:</b>
[REDACTED]	
<b>5.</b>	<b>DOC Number:</b>
[REDACTED]	
<b>6.</b>	<b>Offender's Age:</b>
57	
<b>7.</b>	<b>Date/Time of Death:</b>
12:39am	
<b>8.</b>	<b>Cause of Death:</b>
Heart Attack	
<b>9.</b>	<b>Expected or Unexpected (Brief Explanation Either Way):</b>
Unexpected. The offender did not show any signs of being ill.	
<b>10.</b>	<b>Autopsy Order (Yes or No – If no, Explain Why):</b>
Yes	
<b>11.</b>	<b>Was Family Notified?</b>
Yes	
<b>12.</b>	<b>Pronounced Deceased by:</b>
Dr. Neumann	
<b>13.</b>	<b>Will Family Claim the Body:</b>
Yes	

**Try to get as much of this information (#1-11) as possible before you report an offender death.**

**Form C-05-001-X**  
**14 May 2018**

**Louisiana Department of Public Safety and Corrections**  
**Standardized Death Report Format**

**Unit Name: LMadison Correctional Center**

**DATE OF REPORT:** 8-8-18

**TO:** James M. Le Blanc  
Secretary

**FROM:** Major Jarrate L. Brooks  
Unit Head or Designee  
Major  
Title

**RE:** [REDACTED]  
Offender's Name  
[REDACTED]  
Offender's DOC #

**Age:** 57

**Manner of Death:** (Please check one of the following boxes)

☐ Expected ☒ Unexpected

**Autopsy:** yes

**Medical Diagnosis:** Heart Attack

**NARRATIVE:**

At approximately 11:25pm an offender approached building #4 Control Center stating that something was wrong with offender [REDACTED]. Lt Tommy Farmer entered A-dorm along with Sgt Clarence Brown, C/O's Deon McCray, Johnny Racks and James Royal and found offender [REDACTED] laying with his eyes opened, but unresponsive. Offender [REDACTED] was sweaty and his skin was cold. Lt Farmer instructed C/O Bowman to call for an ambulance and also to contact Nurse Whitney. Lt Farmer moved offender [REDACTED] to the hallway, noticed that he was not breathing, and immediately started to perform CPR on him. Offender [REDACTED] started to cough and spit up what appeared to be noodles. He was then placed on his left side to



prevent from choking. Lt Farmer, Deputy Sheriff Ken Cheatum and C/O Johnny Racks continued to perform CPR on offender [REDACTED] until the ambulance service arrived at approximately 11:40pm. Offender [REDACTED] was transported to the Madison Parish Hospital by ambulance at approximately 12:09am. The paramedics continued to perform CPR on him but were unable to resuscitate offender [REDACTED]. Offender [REDACTED] was pronounced dead at 12:19am by Dr. Newmann of the Madison Parish Hospital.

**[REDACTED] B/M [REDACTED]**  
**Death**

At app. 11:25 pm an offender approached Bldg. 4 – A Dorm Control Center flap stating that something was wrong with offender [REDACTED].

Lt. Tommy Farmer/Shift Supervisor entered the dorm, along with (3) CO's. Inmate was unresponsive. Lt. Farmer began CPR.

Lt. Farmer notified on-duty call nurse, Andrea Whitney who arrived at Bldg. 4

I received initial phone call from Lt. Tommy Farmer @ 11:33 pm.

Northeast Ambulance Service arrived at app. 11:40 pm.

Ambulance departed with offender enroute to Madison Hospital at app. 11:50 pm.

Offender [REDACTED] pronounced deceased @ 12:19 am by Madison Hospital staff.

Notified DOC Duty Officer Tracy Benedetto @ 12:39 am.

Notified Rodney Cooper @ 12:56 am via text message.

Notified offender's mother, [REDACTED] at 12:59 am.

Attempted to make contact with offender's emergency contact, per CAJUN – [REDACTED]  
[REDACTED], at 2:50 am. Phone number not working.

Madison Coroner Thomas Neuman arrived at Madison Hospital and briefly examined the offender's body. The Coroner was given medical information for his reporting. He made arrangements for the body to be picked up and sent for an autopsy.

Beckwith Funeral Home picked up the body from Madison Hospital at app. 2:15 am.

Beckwith Funeral Home/Tallulah arrived to pick up the offender's body at app. 1:45 am. Beckwith will hold the body until La. Forensics/Broussard, La. comes to pick up his body and an autopsy is performed.