Form CJ	-9 D	IN CORRECTIONA EATH REPORT ON UNDER JAIL JURIS	INMATES	ONS 2018	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLE	TED BY:		Autoro (Willie
Name	Donna Norman		Title	RN Me	dical Dir
Official Address	4801 US Hwy 165 Bypass S	South	Telephone	318	3242766
City	Monroe	and the second	FAX		
State	LA Zip 71202	E-mail	donna.nor	man@o	pso.net

If no deaths occurred in 2018:

You do not need to complete this form.

If you had more than one death in 2018:

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

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

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

OMB No. 1121-0094 Approval Expires 01/31/2019

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

EXCLUDE deaths of ALL persons... INCLUDE deaths of ALL persons... Confined in your jail facilities, whether housed under Confined in facilities operated by two or more your own or another jurisdiction jurisdictions or those held in privately operated jails Under your jurisdiction but housed in special jail Under your jurisdiction but in nonresidential communityfacilities (e.g., medical/treatment/release centers, based programs run by your jails (e.g., electronic halfway houses, or work farms); or on transfer to monitoring, house arrest, community service, day treatment facilities reporting, work programs) Under your jurisdiction but out to court Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction In transit to or from your facilities while under your jurisdiction In the process of arrest by your agency, but not yet booked into your jail facility

What deaths should be reported?

BURDEN STATEMENT

LOCAL JAIL INMATE DEATH REPORT

1.	What was the inmate's name?	8. On what date was the inmate admitted to a facility
	Moore Willie L	under your jurisdiction?
	LAST FIRST MI	0 9 2 6 2 0 1 7
	Size, mark of the	MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 2 2 1 2 0 1 8	9. Was the inmate being confined in your jail facility
	MONTH DAY YEAR	on behalf of any of the following?
	and the second	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)
3.	What was the name and location of the correctional	DON'T
	facility involved?	YES NO KNOW a. U.S. Immigration and
	Facility Name:	Customs Enforcement
	Ouachita Parish Correctional Center	c. State or federal prison,
		Bureau of Indian Affairs,
	Facility City: Facility State:	or any other jail jurisdiction
	Monroe LA	and the second state of the second state of the
		10. For what offense(s) was the inmate being held?
4.	What was the inmate's date of birth?	a. Failure to appear
		b. Failure to appear
	MONTH DAY YEAR	
	The second s	с.
5.	What was the inmate's sex?	d.
	🗹 Male	e.
	C Female	e.
	A Destruction	Construction of the second
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	11. What was the inmate's legal status at time of
	Yes	death? (For inmates with more than one status, report the status associated with the most serious offense.)
	☑ No	Convicted—new court commitment
		Convicted—returned probation/parole violator
7.	In addition, what was the inmate's race? Please	Unconvicted Other
	select one or more of the following racial	Please Specify:
	categories:	
	 White Black or African American 	
	 American Indian or Alaska Native Asian 	12. Since admission, did the inmate ever stay
	 Asian Native Hawaiian or Pacific Islander 	overnight in a mental health observation unit or an
	Some other race	outside mental health facility?
	Please Specify:	□ Yes ☑ No
		Don't Know
		and the second
2.4	a the second of the second	

13. Where did the inmate die?
 In a general housing unit within the jail facility or in a general housing unit on jail grounds In a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail facility In a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere Please Specify:
14. 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 Q15 □ 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 Q15
15. What was the cause of death? *** Please SPECIFY cause of death—it is critical information ***
Illness—Exclude AIDS-related deaths [Specify]> Peritonitis incarcerated hernia
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]
 16. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the jail facility or on the jail grounds
[PLEASE] In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria)
SPECIFY] In a special medical unit/infirmary In a special mental health services unit Elsewhere within the jail facility
Please Specify:
 Outside the jail facility (e.g., while on work release or on work detail) Elsewhere
Please Specify:

-

17. 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)
18. 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. Evaluation by physician/medical staff
C. Medications
d. Treatment/care other than medications
f. Confinement in special medical unit.
 19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined
Please add any additional notes regarding this death here: Also diagnosed with Schizophrenia

Form CJ	9 MORTALITY IN CORRECTIO DEATH REPORT UNDER JAIL JU	ON INMATES	ONS 2018	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
	FORM COMP	PLETED BY:		product of the second
Name	Donna Norman	Title	RN Med	lical Dir
Official Address	4801 US Hwy 165 Bypass South	Telephone	318	3242766
City	Monroe	FAX		
State	LA Zip 71202 E-m	donna.nor	man@op	oso.net

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What deaths should be reported?

INCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons
 Confined in your jail facilities, whether housed under	 Confined in facilities operated by two or more
your own or another jurisdiction	jurisdictions or those held in privately operated jails
 Under your jurisdiction but housed in special jail	 Under your jurisdiction but in nonresidential community-
facilities (e.g., medical/treatment/release centers,	based programs run by your jails (e.g., electronic
halfway houses, or work farms); or on transfer to	monitoring, house arrest, community service, day
treatment facilities	reporting, work programs)
Under your jurisdiction but out to court	 Under your jurisdiction but AWOL, escaped, or on long- term transfer to another jurisdiction
 In transit to or from your facilities while under your	 In the process of arrest by your agency, but not yet
jurisdiction	booked into your jail facility

BURDEN STATEMENT

LOCAL JAIL INMATE DEATH REPORT

1.	What was the inmate's name?	8. On what date was the inmate admitted to a facility
	Miller Jonathan S	under your jurisdiction?
	LAST FIRST MI	0 3 1 7 2 0 1 6 MONTH DAY YEAR
2.	On what date did the inmate die? 0 4 0 2 2 0 1 8 MONTH DAY YEAR	 Was the inmate being confined in your jail facility on behalf of any of the following? PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)
3.	What was the name and location of the correctional facility involved? Facility Name: Ouachita Parish Correctional Center	DON'T YES NO KNOW a. U.S. Immigration and Customs Enforcement
	Facility City: Facility State: Monroe LA	Bureau of Indian Affairs, or any other jail jurisdiction
		10. For what offense(s) was the inmate being held?
4.	What was the inmate's date of birth?	a. Simple Burglary
		b.
	MONTH DAY YEAR	c.
5.	What was the inmate's sex?	d.
	 Male Female 	е.
6.	Was the inmate of Hispanic, Latino, or Spanish	11. What was the inmate's legal status at time of
	origin?	death? (For inmates with more than one status, report
	└ Yes ☑ No	the status associated with the most serious offense.)
7.	In addition, what was the inmate's race? Please select one or more of the following racial	 Convicted—returned probation/parole violator Unconvicted Other
	categories:	Please Specify:
	 White Black or African American 	The second
	 American Indian or Alaska Native Asian 	12. Since admission, did the inmate ever stay
	Native Hawaiian or Pacific Islander	overnight in a mental health observation unit or an outside mental health facility?
	Some other race Please Specify:	
		🗹 No
		Don't Know

13. Where did the inmate die?
 In a general housing unit within the jail facility or in a general housing unit on jail grounds In a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail facility In a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere Please Specify:
14. 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 Q15 □ 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
15. 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]
10 Where did the incident (a provident evicide on hereicide) equains the death take where?
16. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the jail facility or on the jail grounds
[PLEASE] In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria)
SPECIFY] In a special medical unit/infirmary In a special mental health services unit
Elsewhere within the jail facility
Please Specify: Outside the jail facility (e.g., while on work release or on work detail)
Elsewhere Please Specify:

17. Whe	n did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight) Overnight (Midnight to 6 am)
18. Exclu servio	ding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW a. Evaluation by physician/medical staff
after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	Pre-existing medical condition Deceased developed condition after admission Could not be determined
	d any additional notes regarding this death here: /ork release program confirmed

Form N (Adden		RTALITY IN CORRECTIONA STATE PRISON DEATH REP	INMATE	DNS 2018 U.S. DEPARTMENT OF JUST BUREAU OF JUSTICE STATE AND ACTING AS COLLECTION RTI INTERNATIONAL	STICS
		FORM COMPLE	TED BY:		
Name			Title		
Official ddress			Telephone		
City			FAX		
State	Zip	E-mail			
		Instructions for C	Completion		
		Instructions for C	Completion		
• Yo <u>If you h</u> • Ma	eaths occurred in 2018: bu do not need to complete the nad more than one death in 2 ake copies of this form for ea	nis form. 2018: uch additional death.	Completion		
 Yo If you h Ma Co 	bu do not need to complete the set of the set of the set of this form for each of this form for each omplete the entire form for each omplete the entire form for each omplete the set of t	nis form. 2018: uch additional death.		 Contracting and the second seco	
 Yo If you h Ma Co Or 	bu do not need to complete the nad more than one death in 2 ake copies of this form for ea omplete the entire form for ea nce your death records are c	nis form. 2018: Ich additional death. ach inmate death.	to submit a dea	ath report: : RTI International, Attn: Data Capture	
 Yo If you I Ma Co Or 	bu do not need to complete the nad more than one death in 2 ake copies of this form for ea omplete the entire form for ea nce your death records are c	nis form. 2018: Ich additional death. ach inmate death. omplete, there are several ways	to submit a dea	ath report:	
 Yo If you h Ma Co Or O 	bu do not need to complete the <u>nad more than one death in 2</u> ake copies of this form for eac omplete the entire form for eac nce your death records are of <i>NLINE</i> : Complete the report	nis form. 2018: Inch additional death. Arch inmate death. Inmate death.	to submit a dea	ath report: : RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102. 5265 Capital Boulevard	

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

STATE PRISON INMATE DEATH REPORT

1.	1411		
1.	What was the inmate's name?	On what date was the your correctional facili	inmate admitted to one of
	Miller Jonathan S		
	LAST FIRST MI		2 0 1 6
		MONTH DAY Y	EAR
2.	On what date did the inmate die?		
~.			
		, , , , , , , , , , , , , , , , ,	s the inmate being held?
	MONTH DAY YEAR	^{a.} Simple Burgla	ry
		b.	
3.	What was the name and location of the	c.	
	correctional facility involved?		
	Facility Name:	d.	
	Ouachita Work Relase	е.	
	Facility City: Facility State:		
	LA	. Since admission, did th	e inmate ever stav
		overnight in a mental h	
		Yes	
4.	What was the inmate's date of birth?	NoDon't Know	
	0 1 2 3 1 9 7 1		
	MONTH DAY YEAR		
		. Where did the inmate di	e?
5.	What was the inmate's sex?		sing unit in the facility or in a
0.	☑ Male	general housing	unit on prison grounds
		 In a segregation In a special med 	unit ical unit/infirmary within your
		facility	ical unit/initinary within your
		In a special men	tal health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility In a medical cent	ter outside your facility
	origin?	In a mental healt	h center outside your facility
	□ Yes ☑ No	While in transitElsewhere	
		Please Specif	i
		Please Specifi	у.
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 		
	 Asian Native Hawaiian or Pacific Islander 		
	Some other race		
	Please Specify:		

	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
Ø	No evaluation is planned CONTINUE TO Q13
13. What v	vas 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]
V	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]
	 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)
	 did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)

16.	Exclu servi	Iding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES NO DON'T KNOW a. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) RESPONSE FOR c. Medications EACH ITEM (a-f) d. Treatment/care other than medications EACH ITEM (a-f) e. Surgery Exclamation in special medical unit
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
	\odot	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
Ple	ase ado	d any additional notes regarding this death here:

				C	MB No. 1121	-0094 Approval Expires 01/31/2019
Form CJ-	-9		CORRECTIONAL TH REPORT ON DER JAIL JURIS	INMATES	ONS 2018	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
			FORM COMPLE	TED BY:		meet one
Name	Name Donna Norman			Title	RN Med	dical Dir
Official Address	14801 US HWV 102 BV04SS 50000		Telephone	318	3242766	
City	Monroe			FAX		
State	LA Zip 71	202	E-mail	donna.nor	man@o	pso.net

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What deaths should be reported?

BURDEN STATEMENT

LOCAL JAIL INMATE DEATH REPORT

1.	What was the inmate's name?	8. On what date was the inmate admitted to a facility
	Gilmore Barry	under your jurisdiction?
	LAST FIRST MI	0 8 2 6 2 0 1 5
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	0 6 0 8 2 0 1 8	9. Was the inmate being confined in your jail facility
	MONTH DAY YEAR	on behalf of any of the following?
		PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)
3.	What was the name and location of the correctional	DON'T
	facility involved?	a. U.S. Immigration and YES NO KNOW
	Facility Name:	Customs Enforcement
	Ouachita Parish Correctional Center	c. State or federal prison,
		Bureau of Indian Affairs,
	Facility City: Facility State:	or any other jail jurisdiction
	Monroe	and a state of the second s
		10. For what offense(s) was the inmate being held?
4	What was the inmate's date of birth?	a. 14:65 Simple Robbery
		b.
	MONTH DAY YEAR	
		С.
5	What was the inmate's sex?	d.
J.	Male	
	Female	е.
6.	Was the inmate of Hispanic, Latino, or Spanish	11. What was the inmate's legal status at time of
	origin?	death? (For inmates with more than one status, report
	☐ Yes ☑ No	the status associated with the most serious offense.)
		Convicted—new court commitment Convicted—returned probation/parole violator
7	In addition, what was the inmate's race? Please	Unconvicted
	select one or more of the following racial	
	categories:	Please Specify:
	 White Black or African American 	
	American Indian or Alaska Native	12. Since admission, did the inmate ever stay
	 Asian Native Hawaiian or Pacific Islander 	overnight in a mental health observation unit or an
	Some other race	outside mental health facility?
	Please Specify:	🗆 Yes
		☑ No □ Don't Know

 In a general housing unit within the jail facility or in a general housing unit on jail grounds In a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail facility In a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere <i>Please Specify:</i> 14. 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?					
review of filedical records/ available to establish an official cause of death?					
 ✓ YES → CONTINUE TO Q15 □ 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					
15. What was the cause of death? *** Please SPECIFY cause of death—it is critical information ***					
Illness—Exclude AIDS-related deaths [Specify]> Sepsis and 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]					
16 Where did the incident (e.g. accident suicide, or hemicide) causing the death take place?					
16. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? I NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related					
In the jail facility or on the jail grounds					
In the inmate's cell/room In a temporary holding area/lockup					
[PLEASE] In a common area within the facility (e.g., yard, library, cafeteria) SPECIFY] In a segregation unit					
□ In a special mental health services unit					
Elsewhere within the jail facility					
 Outside the jail facility (e.g., while on work release or on work detail) Elsewhere 					
Please Specify:					

1

17. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?					
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related					
 Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight) Overnight (Midnight to 6 am) 					
18. 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. Evaluation by physician/medical staff Image: Second State of Control of Cont					
after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")					
NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
 Pre-existing medical condition Deceased developed condition after admission Could not be determined 					
Please add any additional notes regarding this death here:					

					OMB	No. 1121-0249 A	pproval Expires 03/31/2019	
	orm NPS-4 <i>A</i> ddendum)		MORTALITY	IN CORRECTION STATE PRISON DEATH REP	INMATE	IONS 2018	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL	
				FORM COMPLE	TED BY:			
Na	me				Title]
Offi Addr					Telephone]
(City		· •		FAX			
s	tate	Zip		E-mail]/

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

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

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

What deaths should be reported?

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

BURDEN STATEMENT

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.

"AGENICY ID.

STATE PRISON INMATE DEATH REPORT

١.	What	a sea a constante a constante a constante a
	What was the inmate's name? Gilmore	8. On what date was the inmate admitted to one of
	Born	your correctional facilities?
	FIRST MI	
2.		MONTH DAY YEAR
.	On what date did the inmate die?	
		9. For what offense(s) was the inmate being held?
	DAY YEAR	
		^{a.} Simple Robbery
3.	What was the	b.
	What was the name and location of the correctional facility involves the second secon	c.
	correctional facility involved?	с
	Facility Name:	d.
LINE A	Ouachita Correctional Center	
		e.
	Facility City: Facility State:	
	Monroe LA	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
4.	What was the inmate's date of birth?	No No
		Don't Know
	MONTH DAY YEAR	
5.	What was the inmate's sex?	11. Where did the inmate die?
0.		In a general housing unit in the facility or in a general based on the facility or in a general based on the facility or in a general based on the facility of the facility
j.		general nousing unit on prison grounds
		In a segregation unit
· .		In a special medical unit/infirmary within your facility
-		 In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish	your facility
	origin?	In a medical center outside your facility
	Yes	In a mental health center outside your facility
	☑ No	Vvnile in transit
		Please Specify:
7.	In addition, what was the inmate's race? Please	
1.	select one or more of the following racial	
	categories:	
	 White Black or African American 	
	 Black or African American American Indian or Alaska Native 	
	 Native Hawaiian or Pacific Islander 	
	Some other race	
	Please Specify:	
1		

12. Are th review	e the results of a medical examiner's or coroner's evaluation (such as an au view of medical records) available to establish an official cause of death?	utopsy, postmortem exam, or
	YES	
	Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YO	WILL BE CONTACTED AT
	LATER TIME FOR THE CAUSE OF DEATH	
6	No evaluation is planned	
13. What	nat was the cause of death? *** Please SPECIFY cause of death—it is critic	
	☑ Illness—Exclude AIDS-related deaths [Specify] → Acute Organ Fa	ilure
	Acquired Immune Deficiency Syndrome (AIDS)	
	Accidental alcohol/drug intoxication [Describe]	
Q	Accidental injury to self [Describe]	
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
	U Homicide [Describe]	
	Other cause(s) [Specify]	
14 Wher	nere did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death	taka placo?
_	☐ In the inmate's cell/room	
	 In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) 	
[PLEASE	SE	
SPECIFY	 FY] 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:	
C	Outside the prison facility (e.g., while on work release or on work detail)	
C	Elsewhere	
	Please Specify:	

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

10	16							
servi	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?							
C	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide							
	YES NO DON'T KNOW a. Evaluated by physician/medical staff							
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")								
Ξ	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide							
	Pre-existing medical condition Deceased developed condition after admission Could not be determined							
Blassa ada	lonu additional notae regarding this death here:							

Please add any additional notes regarding this death here:

Form (Adder	ndum) STA	DRRECTIONAL INSTITU ATE PRISON INMATE DEATH REPORT	TUTIONS 2018 U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGEN RTI INTERNATIONAL
	FOI	RM COMPLETED BY:	
Name		Title	itle
Official Address		Telephone	one
City		FAX	AX A
State	Zip	E-mail	
	Instruc	ctions for Completic	ion
• Yo	leaths occurred in 2018: ou do not need to complete this form.		
<u>lf you</u> ● M	had more than one death in 2018: lake copies of this form for each additional dea omplete 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: <u>https://bjsmci.rti.org</u>

E-MAIL: bjsmci@rti.org

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

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What deaths should be reported?

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

BURDEN STATEMENT

STATE PRISON INMATE DEATH REPORT

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

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

0,

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] Acute Organ 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 <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a special mental health services unit In a 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 <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
 NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

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

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

Please add any additional notes regarding this death here: