	FORM COMPLETED BY:	
Name	Title	
Official ddress	Telephone	
City	FAX	
State		
	Instructions for Completion	
If no o	Instructions for Completion	
	Instructions for Completion	
• Y If you	deaths occurred in 2019: You do not need to complete this form.	
• Y <u>If you</u> • N	deaths occurred in 2019: You do not need to complete this form.	
 Y If you N C 	deaths occurred in 2019: You do not need to complete this form. had more than one death in 2019: Make copies of this form for each additional death.	
 Y If you N C C 	deaths occurred in 2019: You do not need to complete this form. had more than one death in 2019: Make copies of this form for each additional death. Complete the entire form for each inmate death. Donce your death records are complete, there are several ways to submit a death report: DONLINE: Complete the report online at: https://bjsmci.rti.org	
• Y <u>If you</u> • M • C	deaths occurred in 2019: You do not need to complete this form. had more than one death in 2019: Make copies of this form for each additional death. Complete the entire form for each inmate death. Donce your death records are complete, there are several ways to submit a death report: DNLINE: Complete the report online at: https://bjsmci.rti.org MAIL: RTI International, Attn: Data Ca Project #: 0215015.001.300.11 5265 Capital Boulevard	
 Y If you M C C C C 	deaths occurred in 2019: You do not need to complete this form. had more than one death in 2019: Make copies of this form for each additional death. Complete the entire form for each inmate death. Donce your death records are complete, there are several ways to submit a death report: DNLINE: Complete the report online at: https://bjsmci.rti.org MAIL: RTI International, Attn: Data Ca Project #: 0215015.001.300.11	

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

		ATE DEATH REPORT
	STATE PRISON INMA	
1.	What was the inmate's name? Calzadilla Lidio LAST FIRST	 8. On what date was the inmate admitted to one of your correctional facilities? 0 1 1 2 1 9 8 7 MONTH DAY YEAR
2.	On what date did the inmate die? 0 9 1 7 2 0 1 9 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? ^{a.} Armed Robbery
3.	What was the name and location of the correctional facility involved? Facility Name: DIXON CORRECTIONAL INSTITUTE Facility City: Facility State: JACKSON	b
4.	What was the inmate's date of birth? 0 8 0 3 1 9 6 0 MONTH DAY YEAR	 10. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex? ☑ Male □ Female	 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 is a
6.	Was the inmate of Hispanic, Latino, or Spanish origin? □ Yes ☑ No	 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
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	Please Specify:
	Some other race Please Specify:	

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

□ YES -----> CONTINUE TO Q13

•

one of

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

13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] 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 In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility 	
 Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify: 	

15.	When o	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?	
	$\mathbf{\nabla}$	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)	
	ŏ	Overnight (Midnight to 6 am)	



16. Ex se	kcludi ervice	ng emergency care provided at the time of deal s for the medical condition that caused his/her	h, did th death af	e inmate ter admis	e receive any of t ssion to your co	the following medical rrectional facilities?
	0	IOT APPLICABLE—Cause of death was accidenta	l injury, i	ntoxicatio	n, suicide, or hon	nicide
	b c c	 Evaluated by physician/medical staff Diagnostic tests (e.g., X-rays, MRI) Medications Treatment/care other than medications Surgery Confinement in special medical unit 	······		······································	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)

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

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

Pre-existing medical condition

- Deceased developed condition after admission
- Could not be determined

Please add any additional notes regarding this death here:

	NPS-4A endum) MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 U.S. DEPARTMENT OF JUSTICE STATE PRISON INMATE DEATH REPORT RTI INTERNATIONAL
	FORM COMPLETED BY:
Name	Title
Official Address	Telephone
City	FAX
State	Zip E-mail
• Y <u>If you</u> • N • C • C	deaths occurred in 2019: You do not need to complete this form. i had more than one death in 2019: Make copies of this form for each additional death. Complete the entire form for each inmate death. Drice your death records are complete, there are several ways to submit a death report: ONLINE: Complete the report online at: https://bjsmci.rti.org
E	E-MAIL: bjsmci@rti.org Project #: 0215015.001.300.117.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652
	FAX (TOLL-FREE): (866) 800-9179 rou need assistance, contact the data collection team at RTI International toll-free at (800) 344-1387 or <u>bjsmci@rti.org</u>

What deaths should be reported?			
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 is a federal facility. 		
Under your jurisdiction but in special facilities (e.g.,	correctional facility in another state or in a federal facility		
medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	Under probation or parole supervision in your state		
 In transit to or from your facilities while under your supervision 	 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.

100 Billion

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Cortor	your correctional facilities :
1	LAST FIRST MI	MONTH DAY YEAR
2.	On what date did the inmate die?	
		9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Hab/Agg Criminal Damange to Propert
		b.
3.	What was the name and location of the	c.
	correctional facility involved?	d.
	Facility Name:	
	DIXON CORRECTIONAL INSTITUTE	e
	Facility City: Facility State:	
	JACKSON LA	
1		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		☐ Yes ☐ No
4.	What was the inmate's date of birth?	 ☑ No ☑ Don't Know
	0 1 1 2 1 9 8 3	
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	In a general housing unit in the facility or in a
5.		general housing unit on prison grounds
	 ✓ Male ☐ Female 	 In a segregation unit In a special medical unit/infirmary within your
	_	facility
		In a special mental health services unit within your facility
6.		✓ In a medical center outside your facility
	origin?	In a mental health center outside your facility
	Yes No	 While in transit Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please	
	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:	

Pre-ine

.

F	or sutency postmortem exam, or
. Are the review	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
	YES CONTINUE TO Q13
	Evaluation complete—results are pending
	Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
Ľ	No evaluation is planned -> CONTINUE TO Q13
	the anitical information***
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information ***
	was the cause of death? *** Please SPECIFY cause of death—It is children Illness—Exclude AIDS-related deaths [Specify]
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
Ū	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]
	the death take place?
14 When	re did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	the price facility or on the prison grounds
	I In the inmate's centroom
	In a temporary holding dictate and the facility (e.g., yard, library, cafeteria)
[PLEASE SPECIFY]	In a special mental nearly services and
	Condeath row special unit awaiting capital participation
	Elsewhere within the prison raciity
	Please Specify:
	Outside the prison facility (e.g., while on work release or on work detail)
	Please Specify:
	the sector is the sector is ideal coursing the death occur?
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)
	Overnight (which ight to o any

0,

.

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

ditional notes regarding this death

(Adde	NPS-4A ndum) MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 U.S. DEPARTMENT OF JUSTICE STATE PRISON INMATE DEATH REPORT U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTIC AND ACTING AS COLLECTION AGE RTI INTERNATIONAL
	FORM COMPLETED BY:
Name	Title
Official ddress	Telephone
City	FAX
State	Zip E-mail
	Instructions for Completion
lf no d	
• Y	eaths occurred in 2019: ou do not need to complete this form. had more than one death in 2019:
• Y <u>If you</u> • M • C	eaths occurred in 2019: ou do not need to complete this form.
 Y If you M C O 	eaths occurred in 2019: bu do not need to complete this form. had more than one death in 2019: ake copies of this form for each additional death. omplete the entire form for each inmate death. nce your death records are complete, there are several ways to submit a death report: <i>NLINE:</i> Complete the report online at: <u>https://bjsmci.rti.org</u> <i>MAIL:</i> RTI International, Attn: Data Capture
 Y If you M C O C 	eaths occurred in 2019: ou do not need to complete this form. had more than one death in 2019: ake copies of this form for each additional death. omplete the entire form for each inmate death. nce your death records are complete, there are several ways to submit a death report:
• Y <u>If you</u> • M • C • O C E	eaths occurred in 2019: bu do not need to complete this form. had more than one death in 2019: ake copies of this form for each additional death. omplete the entire form for each inmate death. nce your death records are complete, there are several ways to submit a death report: NLINE: 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
 Y If you M C O C E F 	eaths occurred in 2019: bu do not need to complete this form. had more than one death in 2019: ake copies of this form for each additional death. complete the entire form for each inmate death. nce your death records are complete, there are several ways to submit a death report: NLINE: Complete the report online at: https://bjsmci.rti.org -MAIL: bjsmci@rti.org -MAIL: bjsmci@rti.org

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

BURDEN STATEMENT

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

12. Are the review	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or w of medical records) available to establish an official cause of death? YES→ CONTINUE TO Q13
	Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A 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] Chronic Kidney Disease
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
Q	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]
	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	In the prison facility or on the prison grounds
	 In the inmate's cell/room In a temporary holding area/lockup
	In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE SPECIFY]	In a special medical unit/infirmary In a special mental health services unit
J SFECIFIJ	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)
	Please Specify:
a Antonin an an that a the	
4.5. 14	
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

16.	Excluservic	uding ces fo	emerg or the r	ency on nedica	care p al con	rovided dition t	d at the hat cau	time of c sed his/l	leath, her de	, did th eath af	e inmat ter adm	e rec issio	eive ar n to yo	ny of ur co	the follorrection	owing m nal facili	ities?
	0	a. E b. D c. M	valuate Diagnos Medicat	ed by p stic tes ions	ohysic ts (e.ç	ian/mec ., X-ray	lical staf s, MRI)	f		YES 	NO	DC			PLEA: RESP	SE PRO ONSE F ITEM (á	OR
		e. S	Surgery	•••••											,		. У До
17.	17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")																
	Ο	NOT		ICAB	LE—C	ause o	f death v	was accid	lental	injury, i	ntoxicat	ion, sı	uicide, d	or hon	nicide		
		Dec		devel	oped o			dmission									

Please add any additional notes regarding this death here:

Form NPS-4A (Addendum)

MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 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 Telephone Address FAX City FAX State Zip

Instructions for Completion

If no deaths occurred in 2019:

You do not need to complete this form.

If you had more than one death in 2019:

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

ONLINE: Complete the report online at: https://bjsmci.rti.org

E-MAIL: bjsmci@rti.org

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

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons	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 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) 	 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 		
 In transit to or from your facilities while under your supervision 	 Onder your junisdiction but on AWOL or escape-status at the time of death 		

BURDEN STATEMENT

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

1

Are the review	e results of a medical examiner's or coroner's evalua of medical records) available to establish an official	tion (such as an autopsy, postmortem exam, or cause of death?
	YES CONTINUE TO Q13	
U		T THIS FORM—YOU WILL BE CONTACTED AT A
	LATER TIME FOR THE CAUSE OF DEATH	
C	No evaluation is planned -> CONTINUE TO Q13	
. 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]	
1.001		
4. Wher	e did the <u>incident</u> (e.g., accident, suicide, or homicide)) causing the death take place?
0	NOT APPLICABLE—Cause of death was illness, intoxica	ation, or AIDS-related
0	In the prison facility or on the prison grounds	
	In a temporary holding area/lockup	
	 In a common area within the facility (e.g., yard, In a special medical unit/infirmary 	library, cafeteria)
[PLEASE SPECIFY]		
	In a segregation unit	abmont
	 On death row, special unit awaiting capital punis Elsewhere within the prison facility 	Simen
	Please Specify:	
E		or on work detail)
	Please Specify:	

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

No of

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?					
	O	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
		YES NO DON'T KNOW a. Evaluated by physician/medical staff					
	17. 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					
Plea	se ado	any additional notes regarding this death here:					

		ONAL INSTITUTI SON INMATE REPORT	ONS 2019 U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI INTERNATIONAL
	FORM COM	PLETED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip E-r	mail	
•	<u>u had more than one death in 2019:</u> Make copies of this form for each additional death. Complete the entire form for each inmate death. Once your death records are complete, there are several v ONLINE: Complete the report online at: <u>https://bjsmci.rti.</u>		: RTI International, Attn: Data Capture
	E-MAIL: bjsmci@rti.org		Project #: 0215015.001.300.117.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652
	FAX (TOLL-FREE): (866) 800-9179		
lf	you need assistance, contact the data collection team at F	RTI International toll-	free at (800) 344-1387 or <u>bjsmci@rti.org</u>
	What deaths sho	ould be reporte	d?
CLUDE	deaths of ALL persons		ns of ALL persons
	onfined in your correctional facilities, whether housed der your jurisdiction or that of another state		in your state n local jail facilities, whether located in or out

- 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

BURDEN STATEMENT

state

the time of death

Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility

Under your jurisdiction but on AWOL or escape-status at

Under probation or parole supervision in your state

1		
1.	What was the inmate's name? Lewis	8. On what date was the inmate admitted to one of your correctional facilities?
		0 9 2 6 1 9 9 5
	LAST FIRST MI	
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	1 1 2 2 2 0 1 9	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	
		^{a.} Armed Robbery
		b.
3.	What was the name and location of the	
J.	correctional facility involved?	C.
		d.
	Facility Name:	d.
	DIXON CORRECTIONAL INSTITUTE	e.
	Facility City: Facility State:	
	JACKSON	
		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
		C Yes
4.	What was the inmate's date of birth?	
4.		Don't Know
	1 2 1 8 1 9 5 7	
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	In a general housing unit in the facility or in a
	Male	general housing unit on prison grounds
		In a segregation unit
		In a special medical unit/infirmary within your
		facility
		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
	Yes	 In a mental health center outside your facility While in transit
	☑ No	
		Please Specify:
7.	In addition, what was the inmate's race? Please	
	select one or more of the following racial	
	categories:	
	-	
	White	
	Black or African American	
	American Indian or Alaska Native	
	Asian	
	Native Hawaiian or Pacific Islander	
	Some other race	
	Please Specify:	

Ă.

45

12. Are the review	results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
	YES> CONTINUE TO Q13 Evaluation complete—results are pending
	LATER TIME FOR THE CAUSE OF DEATH
	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] end stage encephalopathy
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
, D	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]
Ð	Homicide [Describe]
	Other cause(s) [Specify]
14. Where	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
_	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
0	In the prison facility or on the prison grounds
	 In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE SPECIFY]	 In a special medical unit/infirmary In a special mental health services unit
SFLOIFIJ	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 <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

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

.

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

	NPS-4A ndum)	٢	MORTALITY	IN CORRECTION STATE PRISON DEATH REP	INMATE	IONS 2019	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
				FORM COMPLE	TED BY:		
					1		
Name					Title		
Official Address					Telephone		
City					FAX		
State		Zip	- 1- 4 - 1	E-mail			

Instructions for Completion

If no deaths occurred in 2019:

You do not need to complete this form.

If you had more than one death in 2019:

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

ONLINE: Complete the report online at: https://bjsmci.rti.org

E-MAIL: bjsmci@rti.org

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

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

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

What deaths should be reported?

NCLUDE deaths of ALL persons		EXCLUDE deaths of ALL persons		
•	Confined in your correctional facilities, whether housed		Executed in your state	
	under your jurisdiction or that of another state	•	Confined in local jail facilities, whether located in or out of	
facilities, whether locateUnder your jurisdiction b	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	
	The second se			

BURDEN STATEMENT

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

Are to revi

one of	
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
l	
	13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] severe septic shock 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]
	 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 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 <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?
NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
YES NO DON'T KNOW a. Evaluated by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A c. Medications PLEASE FOR d. Treatment/care other than medications PLEASE PROVIDE A e. Surgery PLEASE PROVIDE A f. Confinement in special medical unit PLEASE PROVIDE A
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")
NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
 Pre-existing medical condition Deceased developed condition after admission Could not be determined

Please add any additional notes regarding this death here: