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

	The same			
		FORM COMPLETED	BY:	
Name			Title	
Official Address		Te	lephone	
City			FAX	
State	Zip	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

MAIL: RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100

E-MAIL: bjsmci@rti.org

5265 Capital Boulevard Raleigh, NC 27690-1652

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name? Armstrong Carlos V LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 1 0 3 0 1 9 9 8 MONTH DAY YEAR
2.	On what date did the inmate die? 1 2 0 3 2 0 1 9 MONTH DAY YEAR	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? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: Facility State: SAINT GABRIEL LA	c. d. e.
4.	What was the inmate's date of birth?	10. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes ☐ No ☐ Don't Know
	0 7 1 2 1 9 7 6 MONTH DAY YEAR	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	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 th review	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or volume of medical records) available to establish an official cause of death?
	YES CONTINUE TO Q13
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	No evaluation is planned → CONTINUE TO Q13
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify]
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe] ————
Q	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]
14. Wher	e did the 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)
[PLEASE	In a special medical unit/infirmary
SPECIFY	
	☐ In a segregation unit☐ On death row, special unit awaiting capital punishment
	☐ Elsewhere within the prison facility
	Please Specify:
	Outside the prison facility (e.g., while on work release or on work detail)
	Elsewhere Please Specify:
4.35	
-	
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)

16. Excluservi	uding emergency care provided at the time of dear ices for the medical condition that caused his/her	th, did the death aft	e inmate er admis	receive any of ssion to your co	the following medical prectional facilities?
0	NOT APPLICABLE—Cause of death was accidenta	ıl injury, in	toxicatio	n, suicide, or hor	micide
	a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit			 V (V	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
after	Pre-existing medical condition Deceased developed condition after admission	ath and <u>a</u>	ny of the	e conditions we	re pre-existing, mark
Please ac	dd any additional notes regarding this death here:	Anna con a recipio de la Caracia			
Trease de	any additional notes regarding and dediti nere.				

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 Address	3	Telephone	
City		FAX	
State	Zip	E-mail	

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Project #: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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BURDEN STATEMENT

			7
	STATE PRISON INM	MATE DEATH REPORT	S'574
1.	What was the inmate's name? Artis Darrell LAST FIRST MI	8. On what date was the inmate admitted to one your correctional facilities? 0 1 1 6 1 9 9 2 MONTH DAY YEAR	
2.	On what date did the inmate die? 1 2 1 6 2 0 1 9 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Second Degree Murder b.	Y
3.	What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: SAINT GABRIEL LA	c. d. e. 10. Since admission, did the inmate ever stay overnight in a mental health facility?	
4.	What was the inmate's date of birth? 1 2 1 4 1 9 5 6 MONTH DAY YEAR	☐ Yes ☐ No ☐ Don't Know	
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	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:		

° _	
	Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT
1	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] ——— End Stage- Congestive Heart Failure
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe] ———
Q	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe] —
	Other cause(s) [Specify]
	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, intoxication, or AIDS-related
0	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
□ □ IPLEASE	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
0	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
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□ □ IPLEASE	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
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□ □ IPLEASE	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
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[PLEASE SPECIFY]	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds
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[PLEASE SPECIFY]	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: In did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
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16.	Exclu servi	ding emergency care provided at the time of dea ces for the medical condition that caused his/her	th, did th death aft	e inmate ter admi	e receive any of ssion to your co	the following medical prectional facilities?
	0	NOT APPLICABLE—Cause of death was accidental	al injury, ir	ntoxicatio	on, suicide, or hor	nicide
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
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 any of the conditions were pre-existing, mark "Pre-existing medical condition.")					
	+	NOT APPLICABLE—Cause of death was accidenta	ıl injury, in	itoxicatio	n, suicide, or hon	nicide
	00	Pre-existing medical condition Deceased developed condition after admission Could not be determined	5.			
Ple	ase add	d any additional notes regarding this death here:				

Form NPS-4A (Addendum)



MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 STATE PRISON INMATE

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

•		DEATH REPORT		RTI INTERNATIONAL
		FORM COMPLETED B	Y :	
Name			Title	
Official Address		Telep	hone	
City	, a		FAX	
State	Zip	E-mail		

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Raleigh, NC 27690-1652

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What deaths should be reported?

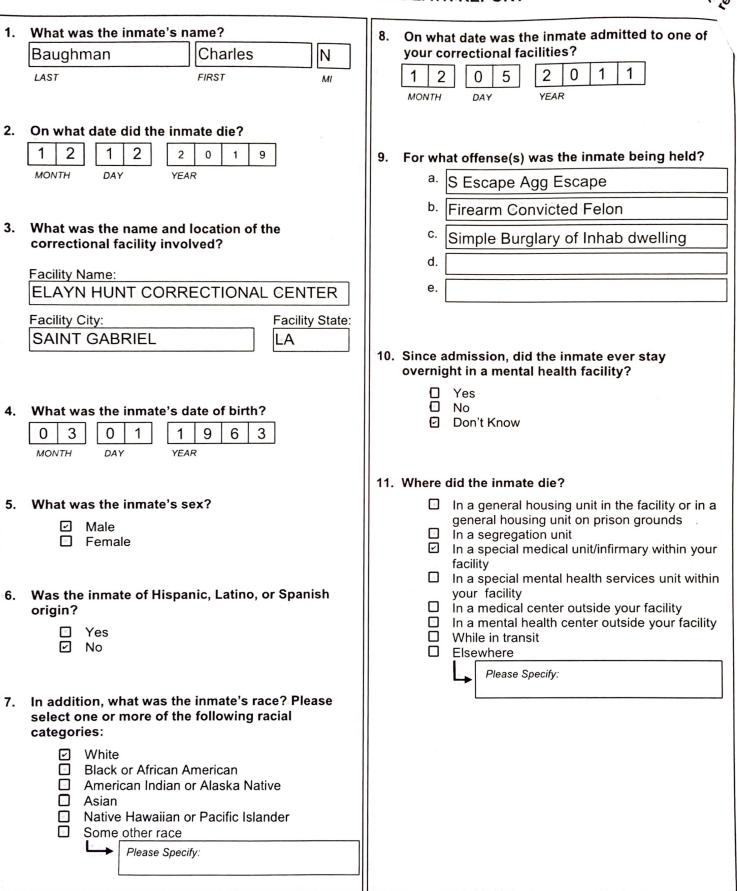
INCLUDE deaths of ALL persons...

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- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT



Are th	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or volve 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
9	No evaluation is planned → CONTINUE TO Q13
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Ø	Illness—Exclude AIDS-related deaths [Specify] ——— Amyotrophic Lateral sclerosis, Huypothyrod
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe] ————
Q	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]
14 Where	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
1	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
[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. Exclud	Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?					
O	□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
	a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)	
after a	he cause of death the result of a pre-existing med admission? (If multiple conditions caused the dea existing medical condition.")					
0	NOT APPLICABLE—Cause of death was accidental	injury, int	oxication	n, suicide, or hom	nicide	
000	Pre-existing medical condition Deceased developed condition after admission Could not be determined					
Blaces ada	d any additional nates regarding this death here:	45.5				
Please add	l any additional notes regarding this death here:					

U.S. DEPARTMENT OF JUSTICE **MORTALITY IN CORRECTIONAL INSTITUTIONS 2019** Form NPS-4A **BUREAU OF JUSTICE STATISTICS** STATE PRISON INMATE (Addendum) AND ACTING AS COLLECTION AGENT: **DEATH REPORT** RTI INTERNATIONAL FORM COMPLETED BY: Name Title Official Telephone **Address** FAX City State Zip E-mail

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was the inmate admitted to one of onal facilities? 3 2 0 0 3
nse(s) was the inmate being held?
on, did the inmate ever stay mental health facility? Know
inmate die?
eneral housing unit in the facility or in a all housing unit on prison grounds agregation unit secial medical unit/infirmary within your
ecial mental health services unit within acility edical center outside your facility ental health center outside your facility in transit here Please Specify:
e a e o o a e e i h

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***
Caricel
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 quicide or hemicide) equains the death take place?
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)☐
[PLEASE SPECIFY] In a special medical unit/infirmary In a special mental health services unit
☐ In a segregation unit
On death row, special unit awaiting capital punishment Elsewhere within the prison facility
Please Specify:
 Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
Please Specify:
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?
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☐ Morning (6 am to Noon)
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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									
a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit	RESPONSE FOR								
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 a	accidental injury, intoxication, suicide, or homicide								
 □ Pre-existing medical condition □ Deceased developed condition after admis □ Could not be determined 	ssion								
Please add any additional notes regarding this death he	ere:								

16.	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								
		a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)			
17.	after	the cause of death the result of a pre-existing medi admission? (If multiple conditions caused the deat existing medical condition.")	h and <u>a</u>	ny of the	e conditions we	re pre-existing, mark			
	U	NOT APPLICABLE—Cause of death was accidental	injury, in	toxicatio	n, suicide, or nor	nicide			
	000	Pre-existing medical condition Deceased developed condition after admission Could not be determined							
Plea	se ado	d any additional notes regarding this death here:							

7		NPS-4A ndum)		MORTALITY	Y 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
L					FORM COMPLE	TED BY:		
	Name					Title		
	Official Address					Telephone		
	City					FAX		
1	State		Zip		E-mail			

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- 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



		V
What was the inmate's name?	8.	On what date was the inmate admitted to one of your correctional facilities?
LAST FIRST MI	[0 2 2 1 1 9 9 5 MONTH DAY YEAR
On what date did the inmate die? 0 2 1 9 2 0 1 9 MONTH DAY YEAR	9.	For what offense(s) was the inmate being held? a. Robbery b. Agg Rape
What was the name and location of the correctional facility involved? Facility Name:		c. d.
Facility City: Facility State: SAINT GABRIEL LA		Since admission, did the inmate ever stay overnight in a mental health facility?
What was the inmate's date of birth? 0 7 2 2 1 9 6 7 MONTH DAY YEAR		☐ Yes ☐ No ☑ Don't Know
	11.	Where did the inmate die?
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
Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No		your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
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:		
	Darrien LAST FIRST MI On what date did the inmate die? 0 2 1 9 2 0 1 9 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: Facility State: SAINT GABRIEL What was the inmate's date of birth? 0 7 2 2 1 9 6 7 MONTH DAY YEAR What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No 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	Darrien LAST FIRST MI On what date did the inmate die? 0 2 1 9 2 0 1 9 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: SAINT GABRIEL Tacility City: SAINT GABRIEL What was the inmate's date of birth? 0 7 2 2 1 9 6 7 MONTH DAY YEAR What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes No 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

ne of		
e of	Are th	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?
		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] — anoxic brain injury secondary to influenza A
		Acquired Immune Deficiency Syndrome (AIDS)
		Accidental alcohol/drug intoxication [Describe] ———
	, Q	Accidental injury to self [Describe]
		Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
		Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
		Homicide [Describe] —
		Other cause(s) [Specify]
	14. When	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, intoxication, or AIDS-related
	(2)	In the prison facility or on the prison grounds
		☐ In the inmate's cell/room ☐ In a temporary holding area/lockup
		☐ In a common area within the facility (e.g., yard, library, cafeteria) ☐ In a special medical unit/infirmary
	[PLEASE SPECIFY]	☐ 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:
		, isass spanny.
	_	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
	1 =	Morning (6 am to Noon)
		Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)
	6	Overnight (Midnight to 6 am)

16.	Exclu servi	uding emergency care provided at the time of deatl ces for the medical condition that caused his/her c	h, did the death afte	inmate er admis	sion to your co	rrectional facilities?				
	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide									
		a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)				
17.	after	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the dea								
	"Pre-	existing medical condition.")								
		NOT APPLICABLE—Cause of death was accidental	l injury, in	toxicatio	n, suicide, or hon	nicide				
2		Pre-existing medical condition Deceased developed condition after admission Could not be determined								
					27 20 22					
Plea	se ado	d 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

	A STATE OF THE STA		
		FORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip	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 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

Are the review

1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of			
	Brown Preston J		your correctional facilities?			
	LAST FIRST MI		0 6 0 1 2 0 1 9			
			MONTH DAY YEAR			
_						
2.	On what date did the inmate die?					
	1 1 2 0 2 0 1 9	9.	For what offense(s) was the inmate being held?			
	MONTH DAY YEAR		a. ATT Failure to register as a sex offende			
			b.			
3.	What was the name and location of the		c.			
	correctional facility involved?					
	Facility Name:		d.			
	ELAYN HUNT CORRECTIONAL CENTER		e.			
	Facility City: Facility State:					
	SAINT GABRIEL LA					
		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?		☑ Don't Know			
	0 3 2 5 1 9 3 8					
	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			
	☐ Female		☐ In a special medical unit/infirmary within your			
			facility ☐ In a special mental health services unit within			
6.	Was the inmate of Hispanic, Latino, or Spanish		your facility			
	origin?		☐ In a medical center outside your facility			
	☐ Yes		In a mental health center outside your facilityWhile in transit			
	☑ No		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					
	Some other race Please Specify:					
	Trouse openiy.					
	a car of the specific parts					

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
✓ YES — CONTINUE TO Q13 □ Evaluation complete—results are pending
Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEATH
□ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
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)
IPLEASE In a special medical unit/infirmary
SPECIFY 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. 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?
a	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	a. Evaluated 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 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 ac	dd any additional notes regarding this death here:
×.	

	NPS-4A ndum)	ORTALITY II	N CORRECTIONA STATE PRISON I DEATH REPO	NMATE	IONS 2019	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
			FORM COMPLE	TED BY:		
Name				Title		
Official ddress				Telephone		
City				FAX		
State	Zip		E-mail	ı		

Instructions for Completion

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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.
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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

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

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

-			
1.	What was the inmate's name? Coleman Andre FIRST MI	8.	On what date was the inmate admitted to one of your correctional facilities? O 8 2 9 2 0 1 8 MONTH DAY YEAR
2.	On what date did the inmate die? 0 3 1 3 2 0 1 9 MONTH DAY YEAR	9.	For what offense(s) was the inmate being held? a. Theft of a motor vehicle b.
3.	What was the name and location of the correctional facility involved?		c
	Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility Office Facility Office		e.
	Facility City: Facility State: SAINT GABRIEL 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 9 1 9 7 7 MONTH DAY YEAR		☐ Yes ☐ No ☑ Don't Know
		11.	Where did the inmate die?
5.6.	What was the inmate's sex? ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No		 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere
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: 		

6		
to one or	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?	-
A	☐ 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	1
	✓ 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 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) 	

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16. Ex	xclı ervi	udi ice:	ng s f	eme or th	rge e m	ncy edic	car al c	e pr	ovic itio	ded n th	at th	ne t aus	ime ed h	of d	deat ner (h, d leat	id th h af	he in fter a	ıma adn	ite nis:	rece	to	e ar	ny o ur c	f th orr	e fo	ollov iona	ving Il fa	j me ciliti	dical es?	
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U.S. DEPARTMENT OF JUSTICE **MORTALITY IN CORRECTIONAL INSTITUTIONS 2019** Form NPS-4A **BUREAU OF JUSTICE STATISTICS** STATE PRISON INMATE AND ACTING AS COLLECTION AGENT: (Addendum) **DEATH REPORT RTI INTERNATIONAL** FORM COMPLETED BY: Name Title Official Telephone Address **FAX** City Zip E-mail State

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:

E-MAIL: bjsmci@rti.org

- 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

,

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

MAIL: RTI International, Attn: Data Capture Project #: 0215015.001.300.117.102.100 5265 Capital Boulevard

Raleigh, NC 27690-1652

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

		dic.
	STATE PRISON INM	MATE DEATH REPORT
1.	What was the inmate's name? Craddock Timothy FIRST MI	8. On what date was the inmate admitted to one your correctional facilities? 1 2 0 5 2 0 1 6 MONTH DAY YEAR
2.	On what date did the inmate die? O 3 0 4 2 0 1 9 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Distribution of Oxycodone b.
3.	What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: SAINT GABRIEL LA	d. 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 9 0 3 1 9 6 4 MONTH DAY YEAR	☐ 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/infirmary within your facility
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:	
	* * * * * * * * * * * * * * * * * * * *	H ·

dmit		
admitted 5	6 w	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
	/ 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
	V	No evaluation is planned → CONTINUE TO Q13
13.	What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
		Illness—Exclude AIDS-related deaths [Specify] — Liver Disease
		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]
<i>(</i>	PLEASE SPECIFY	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds 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:
45	\A/k	did the incident (e.g. gooldent quicide on hemiside) sourcing the death secure
15.	Wher	did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
		Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)

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 in	njury, in	toxicatio	n, suicide, or hor	nicide					
a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)					
er admission? (If multiple conditions caused the death e-existing medical condition.")	and <u>aı</u>	ny of the	conditions we	re pre-existing, mark					
	jury, in	toxication	n, suicide, or hon	nicide					
Pre-existing medical condition Deceased developed condition after admission Could not be determined									
dd any additional notes regarding this death here:									
ad any additional notes regarding this death here.									
sere	NOT APPLICABLE—Cause of death was accidental in a. Evaluated by physician/medical staff	NOT APPLICABLE—Cause of death was accidental injury, in YES a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit the cause of death the result of a pre-existing medical conditions admission? (If multiple conditions caused the death and all existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, in Pre-existing medical condition Deceased developed condition after admission Could not be determined	NOT APPLICABLE—Cause of death was accidental injury, intoxication YES NO a. Evaluated by physician/medical staff	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hor YES NO DON'T KNOW a. Evaluated by physician/medical staff					

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

	The sales of the s			
		FORM COMPLETED B	Y :	
Name			Title	
Official Address		Tele	phone	
City			FAX	
State	Zip	E-mail		/

Instructions for Completion

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If you had more than one death in 2019:

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- Complete the entire form for each inmate death.
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FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture

Project #: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
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EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- 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

		₹ 2	
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?	
	Farmer John C		1
	LAST FIRST MI		1
		MONTH DAY YEAR	1
			1
2.	On what date did the inmate die?		
	0 4 2 5 2 0 1 9	2 Formula (of a control of a c	
		9. For what offense(s) was the inmate being held?	۱,
	MONTH DAY YEAR	a. Aggravated Incest	П
			il
_		b. Agg Crime of Nature]
3.	What was the name and location of the	C.	
	correctional facility involved?		; -
	Facility Name:	d.	
	ELAYN HUNT CORRECTIONAL CENTER	e.	11
	ELATIN HONT CORRECTIONAL CENTER]
	Facility City: Facility State:		
	SAINT GABRIEL LA		
		10. Since admission, did the inmate ever stay	
		overnight in a mental health facility?	
		Yes	
4.	What was the inmate's date of birth?	No No	
		☐ Don't Know	
	1 0 2 4 1 9 6 2		
	MONTH DAY YEAR		
			-
		11. Where did the inmate die?	-
5.	What was the inmate's sex?	☐ In a general housing unit in the facility or in a	
	☑ Male	general housing unit on prison grounds	
	☐ Female	☐ In a segregation unit☐ In a special medical unit/infirmary within your	
		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	☐ While in transit	
	7	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		9
	American Indian or Alaska Native		
	Asian		
	☐ Native Hawaiian or Pacific Islander		
	☐ Some other race		
	Please Specify:		
		-	
	A Compare to the Comp	A Land Control of the	100

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?							
O	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide						
	a. Evaluated by physician/medical staff]]]		PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)			
after	s the cause of death the result of a pre-existing medical radmission? (If multiple conditions caused the death are-existing medical condition.")	condition o	or did the inmate ne conditions we	develop the condition re pre-existing, mark			
0	NOT APPLICABLE—Cause of death was accidental injur	ry, intoxication	on, suicide, or hor	micide			
	Pre-existing medical condition Deceased developed condition after admission Could not be determined						
Please add	dd any additional notes regarding this death here:						
	* -						
2 A							

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

	The state of the s								
	FORM COMPLETED BY:								
Name			Title						
Official Address			Telephone [
City			FAX						
State	Zip	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

1

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
☐ YES → CONTINUE TO Q13 ☐ Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEATH
No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] — Liver Disease
☐ 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)
[PLEASE SPECIFY] In a special medical unit/infirmary In a special mental health services unit
☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail)
Elsewhere Please Specify:
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon)
☐ Afternoon (Noon to 6 pm)
☐ Evening (6 pm to Midnight) ☐ Overnight (Midnight to 6 am)

16. 1	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	l injury, in	toxicatio	n, suicide, or hon	nicide
		a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
	after "Pre-	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the deal existing medical condition.") NOT APPLICABLE—Cause of death was accidental Pre-existing medical condition Deceased developed condition after admission Could not be determined	th and <u>ar</u>	<u>ny</u> of the	conditions wer	e pre-existing, mark
Pleas	se ado	d 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

	Construction of the Constr							
	FORM COMPLETED BY:							
Name		Title						
Official Address		Telephone						
City		FAX						
State	Zip	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 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

1.	What was the inmate's name? Foley Willie FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? 1 2 0 7 1 9 8 1 MONTH DAY YEAR
2.	On what date did the inmate die? 0 1 1 4 2 0 1 9 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Aggravated Rape b.
3.	What was the name and location of the correctional facility involved?	d.
	Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: Facility State:	e.
	SAINT GABRIEL 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 0 4 1 9 6 5 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
		11. Where did the inmate die?
 6. 	What was the inmate's sex? ☑ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	 White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify: 	

	Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
	YES — CONTINUE TO 043
	- diddion complete_results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	No evaluation is planned → CONTINUE TO Q13
13.	What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] ——— Cardiac Arrest
	Acquired Immune Deficiency Syndrome (AIDS)
	☐ Accidental alcohol/drug intoxication [Describe] →
	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
2	□ 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
1	
	In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup
	☐ 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
[F	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
[F Si	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
[F S	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
[F S.	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
[F S	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:
[F S	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
[F S	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)
[F S	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
Si	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:
Si	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
Si	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: 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
Si	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: When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

16.	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							
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit			 V V V V V	PLEASE PROV RESPONSE FO EACH ITEM (a-	R	
17.	after	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the dea existing medical condition.")	ical con th and <u>a</u>	dition or ny of the	did the inmate conditions we	develop the con re pre-existing,	dition mark	
ř		NOT APPLICABLE—Cause of death was accidental	injury, in	toxication	n, suicide, or hon	nicide		
	000	Pre-existing medical condition Deceased developed condition after admission Could not be determined						
-								
Plea	ise add	I 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 Title FAX State Zip E-mail

Instructions for Completion

If no deaths occurred in 2019:

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

MAIL: RTI International, Attn: Data Capture

Project #: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsmci@rti.org

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

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What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
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EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

1.	What was the inmate's name? Funchess Arthur LAST FIRST MI		On what date was the inmate admitted to one of your correctional facilities? 0 7 1 8 1 9 7 9 MONTH DAY YEAR
2.	On what date did the inmate die? 0 6 0 3 2 0 1 9 MONTH DAY YEAR	9.	For what offense(s) was the inmate being held? a. 2nd degree murder b.
3.	What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER		c. d. e.
	Facility City: Facility State: SAINT GABRIEL LA		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 3 1 9 6 2 MONTH DAY YEAR	de participa	☐ Yes ☐ No ☑ Don't Know
		11.	Where did the inmate die?
 6. 	What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish		 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility
	origin? ☐ Yes ☐ No		☐ 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 th	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 efficiel exuse of death?
	review	
. 67	. [YES — CONTINUE TO Q13 Evaluation complete
		Evaluation complete—results are pending SKIP PENANTED AT A
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	<u> </u>	No evaluation is planned → CONTINUE TO Q13
(
13.	What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
,	$ \mathbf{\nabla} $	Illness—Exclude AIDS-related deaths [Specify] — Liver Disease
		Acquired Immune Deficiency Syndrome (AIDS)
		Accidental alcohol/drug intoxication [Describe] ———
		Accidental injury to self [Describe]
1		Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
		Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
		Homicide [Describe]
1		Other cause(s) [Specify]
14.	Wher	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	Ø	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
		I □ In a common area within the facility (e.g., yard, library, caletera)
[/	PLEASE	☐ In a special medical unit/infirmary ☐ In a special mental health services unit
8	PECIFY]	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:
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
		Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)
		· · · · · · · · · · · · · · · · · · ·

16. Excl serv	cluding emergency care provided at the time of death vices for the medical condition that caused his/her d NOT APPLICABLE—Cause of death was accidental	eath artor		
	a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit	YES S S S S S S S S S S S S S S S S S S	DON'T KNOW	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17. Was t	the cause of death the result of a pre-existing medic radmission? (If multiple conditions caused the death	al condition or and <u>any</u> of the	did the inmate of conditions wer	develop the condition e pre-existing, mark
"Pre-	 -existing medical condition.") NOT APPLICABLE—Cause of death was accidental in 			
_	Pre-existing medical condition Deceased developed condition after admission Could not be determined	,,·		
Planca add	d any additional notes regarding this death here:			
Please auu	any additional notes regulating time countries			

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

	The Carlotte Bar	2					
FORM COMPLETED BY:							
Name			Title				
Official Address			Telephone				
City			FAX				
State	Zip	E-mail					

Instructions for Completion

If no deaths occurred in 2019:

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- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
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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

5265 Capital Boulevard Raleigh, NC 27690-1652

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What deaths should be reported?

INCLUDE deaths of ALL persons...

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

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

BURDEN STATEMENT

1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of
	Gillespie		your correctional facilities?
	LAST FIRST MI		1 0 2 5 2 0 1 6
			MONTH DAY YEAR
2.	On what date did the inmate die?	-	
	0 3 1 9 2 0 1 9	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR	J 5.	
	MONTH DAT TEAR		a. Second Degree Kidnapping
		-	b.
3.	What was the name and location of the		
J .	correctional facility involved?		C.
	, , , , , , , , , , , , , , , , , , , ,		d.
	Facility Name:		
	ELAYN HUNT CORRECTIONAL CENTER		е.
	Facility City: Facility State:		
	SAINT GABRIEL LA	10	Cines admiral and did the townstance and the
		10.	Since admission, did the inmate ever stay overnight in a mental health facility?
4.	What was the inmate's date of birth?		☐ Yes ☐ No
♣.			☑ Don't Know
	0 6 0 7 1 9 6 3		
	MONTH DAY YEAR		
	de la companya de la	11	Where did the inmate die?
5.	What was the inmate's sex?	'''	7 <u>-</u>
Э.			In a general housing unit in the facility or in a
	☑ Male	-	general housing unit on prison grounds In a segregation unit
	☐ Female		☐ In a special medical unit/infirmary within your
			facility
_	Was the immeter of Historia Latina an Constitution		In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?		your facility In a medical center outside your facility
			In a mental health center outside your facility
	☐ Yes ☑ No		☐ While in transit
	□ N0		Elsewhere
			Please Specify:
7.	In addition, what was the inmate's race? Please		
٠.	select one or more of the following racial		
	categories:		
	White		
	☑ Black or African American	-	
	☐ American Indian or Alaska Native	3	
	☐ Asian	7 1	
	Native Hawaiian or Pacific Islander	1	
	☐ Some other race		
	Please Specify:		

re t revie	he results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or working of working of the control of the
[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
	J 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] ——— COPD
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
Ų	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]
44 14/1-	and the incident (and position of position of position) according the death take place?
14. Whe	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
	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
0, 20, 1	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)
i	D Elsewhere
	Please Specify:
15. When	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)

16. Excli servi	uding emergency care provided at the time of death, did the inmate receive any of the following medical ices for the medical condition that caused his/her death after admission to your correctional facilities?
0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	A. Evaluated by physician/medical staff
after "Pre-	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 any 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
Please ad	ld any additional notes regarding this death here:
, rease au	any additional notes regarding this death here.

Form (Adde	NPS-4A ndum) MORTALITY IN CORRECTION STATE PRISON DEATH RE	INMATE	IONS 2019	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
	FORM COMPL	ETED BY:		
Na		7		
Name		Title		
Official Address		Telephone		, A
City		FAX		
State	Zip E-mai	€		

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 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

1.	What was the inmate's name?	8.	
	Guillory		your correctional facilities?
	LAST FIRST MI		0 4 2 6 1 9 7 3 MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 4 2 6 2 0 1 9	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR	•.	
			Second Degree Murder
			b.
3.	What was the name and location of the		c.
	correctional facility involved?		d.
	Facility Name:		u.
	ELAYN HUNT CORRECTIONAL CENTER		е.
	Facility City: Facility State:		
	SAINT GABRIEL LA		
		10.	Since admission, did the inmate ever stay overnight in a mental health facility?
			☐ Yes
4.	What was the inmate's date of birth?		□ No
	0 9 2 7 1 9 4 2		☑ Don't Know
	MONTH DAY YEAR		
		11	. Where did the inmate die?
5.	What was the inmate's sex?		☐ In a general housing unit in the facility or in a
	☑ Male		general housing unit on prison grounds
	☐ Female		☐ 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?		your facility In a medical center outside your facility
	☐ Yes		In a mental health center outside your facility
	☑ No		☐ While in transit
-	In addition what were it is		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 NativeAsian		
	 Native Hawaiian or Pacific Islander 		
	Some other race		
	Please Specify:		
	The second secon	7.1 7.2	

re 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
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] ——— Cardioresiratory arrest due to end stage de
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]
44 Miles did the incident (e.g. posident eviside en hemicide) consing the deeth take place?
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)
[PLEASE] In a special medical unit/infirmary
SPECIFYI 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:
riease Specify.
 Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
Please Specify:
45. When did the incident (or a colidary evicide on homicide) couries the death or and
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.	6. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?					
	0	NOT APPLICABLE—Cause of death was accidental	l injury, i	ntoxicatio	n, suicide, or hor	nicide
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after : "Pre-	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the deal existing medical condition.") NOT APPLICABLE—Cause of death was accidental Pre-existing medical condition Deceased developed condition after admission Could not be determined	th and <u>a</u>	nny of the	conditions wer	re pre-existing, mark
Plea	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

	A meeting								
	FORM COMPLETED BY:								
Name		* * * * * * * * * * * * * * * * * * *	Title						
Official Address			Telephone						
City			FAX						
City	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	_	FAX						
State	Zip	E-mail							

Instructions for Completion

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- Complete the entire form for each inmate death.
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ONLINE: Complete the report online at: https://bjsmci.rti.org

s.//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

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- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
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- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

		ATE DEATH REPORT
	STATE PRISON INMA	ATE DEATH REPORT
1.	What was the inmate's name? Harmanson Willie LAST FIRST MI	8. On what date was the inmate admitted to one of your correctional facilities? O 4 1 2 2 0 1 9 MONTH DAY YEAR
2.	On what date did the inmate die? O 8 2 0 2 0 1 9 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Sex Offender Register Violation b.
3.	What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: SAINT GABRIEL LA	c. d. e. 10. Since admission, did the inmate ever stay
4.	What was the inmate's date of birth? 0 3 0 4 1 9 6 7 MONTH DAY YEAR	overnight in a mental health facility? ☐ 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	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:	

to one of Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death? YES — → CONTINUE TO Q13 Evaluation complete—results are pending → SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH ☑ No evaluation is planned → CONTINUE TO Q13 13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information*** ☑ Illness—Exclude AIDS-related deaths [Specify] ——— Cancer Acquired Immune Deficiency Syndrome (AIDS) Accidental alcohol/drug intoxication [Describe] —— Accidental injury to self [Describe] -Accidental injury by other (e.g., vehicular accidents during transport) [Describe] _____ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] -Homicide [Describe] Other cause(s) [Specify] ———— 14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds ☐ In the inmate's cell/room ☐ In a temporary holding area/lockup ☐ In a common area within the facility (e.g., yard, library, cafeteria) ☐ In a special medical unit/infirmary [PLEASE ☐ In a special mental health services unit SPECIFYI ☐ 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.	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 accide	ental injury, in	itoxication	, suicide, or hon	nicide
		b. Diagnostic tests (e. c. Medicationsd. Treatment/care oth e. Surgery	cian/medical staffg., X-rays, MRI)er than medications				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after "Pre-	admission? (If multiplexisting medical cond NOT APPLICABLE—(Pre-existing medical c	Cause of death was accide ondition condition after admission	death and <u>a</u>	ny of the	conditions wer	re pre-existing, mark
Plea	se adi	d any additional notes re	garding this death here:				
		any additional motes re	garanig uns deaur nere.				

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

	All Maries							
	FORM COMPLETED BY:							
Name		Title						
Official Address		Telephone						
City		FAX						
State	Zip E-m	nail						

Instructions for Completion

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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

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- 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
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

					1		
1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of your correctional facilities?				
	Henry Cornell R						
	LAST FIRST MI			6	1 3 2 0 1 6		
			MONT	Н	DAY YEAR		
	4						
2.	On what date did the inmate die?						
	0 7 0 2 2 0 1 9	9.	For w	hat o	ffense(s) was the inmate being held?		
	MONTH DAY YEAR		a	· Atte	empted First Degree Murder		
			b.				
•	W/L-A		D.				
3.	What was the name and location of the correctional facility involved?		C.				
	correctional facility involved:		d.	. \vdash			
	Facility Name:						
	ELAYN HUNT CORRECTIONAL CENTER		e.				
	Facility City: Facility State:						
	SAINT GABRIEL LA	1					
		10.	Since	admi	ssion, did the inmate ever stay		
					n a mental health facility?		
			C				
4.	What was the inmate's date of birth?		(
	1 2 2 8 1 9 6 5		2	סט ני	n't Know		
	MONTH DAY YEAR						
			1471				
_		11.	_	,	the inmate die?		
5.	What was the inmate's sex?		L		a general housing unit in the facility or in a neral housing unit on prison grounds		
	☑ Male □ Female				a segregation unit		
	☐ Female] In a	a special medical unit/infirmary within your		
				fac	ility a special mental health services unit within		
6.	Was the inmate of Hispanic, Latino, or Spanish		_		ir facility		
	origin?			In a	a medical center outside your facility		
	☐ Yes		[a mental health center outside your facility ile in transit		
	☑ No				ewhere		
				L	Please Specify:		
_	In addition what was the immetals rece? Place				2 4:		
7.	In addition, what was the inmate's race? Please select one or more of the following racial						
	categories:						
	White	3					
	☑ Black or African American	2					
	American Indian or Alaska NativeAsian						
	☐ Asian☐ Native Hawaiian or Pacific Islander						
	Some other race						
	Please Specify:	1					

of the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or YES CONTINUE TO Q13 Evaluation complete
the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or YES CONTINUE TO Q13 Evaluation complete—results are pending SKIP REMAINING OUTS
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A No evaluation is planned CONTINUE TO Q13 13. What was at
13. What was the
13. What was the cause of death? *** Please SPECIEV
Illness—Exclude AIDS-related deaths [Specify]
Liver Disease
a siderital 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 suicident suicident)
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
[PLEASE SPECIFY] In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit
On death row, special unit awaiting capital punishment Elsewhere within the prison facility
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									
		a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)				
a	fter a	the cause of death the result of a pre-existing medic admission? (If multiple conditions caused the death existing medical condition.")								
2		NOT APPLICABLE—Cause of death was accidental in	njury, ii	ntoxication	, suicide, or hom	nicide				
		Pre-existing medical condition Deceased developed condition after admission Could not be determined								
	-		AND THE							
Please	e add	d any additional notes regarding this death here:								
				-						