			RRECTIONAL INSTI TE PRISON INMATE DEATH REPORT	
		FOR	M COMPLETED BY:	
	Name		т	itle
	Official Address		Telepho	one
	City		F	
1	State	Zip	E-mail	

Instructions for Completion

If no deaths occurred in 2019:

You do not need to complete this form.

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

E-MAIL: bjsmci@rti.org

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

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

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

What deaths should be reported?

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

BURDEN STATEMENT

1.	What was the inmate's name?HoustonReginaldLASTFIRSTMI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 2 1 3 2 0 8 MONTH DAY YEAR
2.	On what date did the inmate die? 0 8 0 5 2 0 1 9 MONTH DAY YEAR	 9. For what offense(s) was the inmate being held? ^{a.} Forcible Rape b.
3.	What was the name and location of the correctional facility involved?	c.
	Facility Name: ELAYN HUNT CORRECTIONAL CENTER	d e
	Facility City: Facility State: SAINT GABRIEL LA	10. Since admission, did the inmate ever stay
4.	What was the inmate's date of birth? 1 0 1 1 9 6 2 MONTH DAY YEAR	overnight in a mental health facility? ☐ Yes ☐ No ☑ Don't Know
		11. Where did the immeter dia 2
5.	What was the inmate's sex? ☑ Male □ Female	 11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin? □ Yes ☑ No	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:	

Volge-

- ----

No.

ļ					
^{12.} Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?					
 ✓ YES → CONTINUE TO Q13 ✓ Evaluation complete—results are pending 					
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A					
LATER TIME FOR THE CAUSE OF DEATH					
U No evaluation is planned → CONTINUE TO Q13					
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***					
☑ Illness—Exclude AIDS-related deaths [Specify] → Cardiac Arrest					
Acquired Immune Deficiency Syndrome (AIDS)					
□ Accidental alcohol/drug intoxication [Describe]					
Accidental injury to self [Describe]					
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]					
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]					
Homicide [Describe]					
Other cause(s) [Specify]					
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?					
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related					
In the prison facility or on the prison grounds					
 In the inmate's cell/room In a temporary holding area/lockup 					
In a common area within the facility (e.g., yard, library, cafeteria)					
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
 Rease Specific

→ 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)

"AGENOV ID.

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?					
	O NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or how	micide				
	YES NO DON'T KNOW a. Evaluated by physician/medical staff	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 <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")					
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or how	micide				
- 7 8 2 4	 Pre-existing medical condition Deceased developed condition after admission Could not be determined 					
Plea	Please add any additional notes regarding this death here:					

1 end

OMB No. 1121-0249 Approval Expires 06/30/2021.

	NPS-4A ndum)	MORTALITY IN CORRECTIONAL INSTITUTIONS 2 STATE PRISON INMATE DEATH REPORT	019 U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
-		FORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip	E-mail	

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	In transit to or from your facilities while under your supervision		Under your jurisdiction but on AWOL or escape-status at the time of death		

BURDEN STATEMENT

	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name? Johnson Charles LAST FIRST	 8. On what date was the inmate admitted to one of your correctional facilities? 1 2 0 6 1 9 9 6 MONTH DAY YEAR
2.	On what date did the inmate die?	 9. For what offense(s) was the inmate being held? ^{a.} Agg Rape ^{b.} Agg Crime Against Nature
3.	What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER	c
4.	Facility City: Facility State: SAINT GABRIEL LA What was the inmate's date of birth?	 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes No
F	$\begin{bmatrix} 0 & 1 \\ MONTH \end{bmatrix} \begin{bmatrix} 2 & 9 \\ DAY \end{bmatrix} \begin{bmatrix} 1 & 9 & 5 & 0 \\ YEAR \end{bmatrix}$	 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:	

1						
12.	Are the review	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?				
		YES> CONTINUE TO Q13 Evaluation complete—results are pending				
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A				
		LATER TIME FOR THE CAUSE OF DEATH				
	Ľ	No evaluation is planned - CONTINUE TO Q13				
13. \	What v	was the cause of death? *** Please SPECIFY cause of death—it is critical information***				
		Illness—Exclude AIDS-related deaths [Specify] Cardiopulmonary Arrest				
		Acquired Immune Deficiency Syndrome (AIDS)				
		Accidental alcohol/drug intoxication [Describe]				
		Accidental injury to self [Describe]				
		Accidental injury by other (e.g., vehicular accidents during transport) [Describe]				
		Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]				
		Homicide [Describe]				
9-1-		Other cause(s) [Specify]				
14.	Where	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?				
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related						
		In the prison facility or on the prison grounds				
In a temporary holding area/lockup						
[PLEASE] In a common area within the facility (e.g., yard, library, cafeteria)						
SP	SPECIFY] In a special mental health services 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		did the incident (e.g. accident quicide or homicide) coucing the death endury?				
15.	wnen	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						

2

- 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					
	 b. Diagnostic c. Medications d. Treatment/o e. Surgery 	by physician/medical staff ests (e.g., X-rays, MRI) care other than medications nt in special medical unit	······································	····· ····· ····· ····· ····· ····· ····	······································	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)
17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition						
	after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")					
	NOT APPLICA	BLE—Cause of death was accide	ntal injury, ir	ntoxicatio	on, suicide, or hor	nicide
	 Pre-existing m Deceased dev Could not be d 	eloped condition after admission				
	1		viti i Seconderizado a tito viti a com	n n an an Arran an Arran an Arran an Ar	en de la comencia de La comencia de la come	an ann an tar ann an tar an tar

Please add any additional notes regarding this death here:

Form NPS-4A (Addendum)

MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 STATE PRISON INMATE DEATH REPORT

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

RTI INTERNATIONAL

	FORM	COMP	LETED	BY:
--	------	------	-------	-----

Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip	E-mail	

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

BURDEN STATEMENT

1.	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
	Knight Michael A	
	LAST FIRST MI	
		MONTH DAY YEAR
2.	On what date did the inmate die?	
		9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	
		^{a.} ATT Aggravated Rape
		b. Aggravated Incest
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	
i.		10. Since admission, did the inmate ever stay
		overnight in a mental health facility?
4.	What was the inmate's date of birth?	│
	0 1 1 8 1 9 6 4	
	MONTH DAY YEAR	
1		11. Where did the inmate die?
5.	What was the inmate's sex?	In a general housing unit in the facility or in a
	☑ Male	general housing unit on prison grounds
		 In a segregation unit In a special medical unit/infirmary within your
		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
		□ In a mental health center outside your facility
	□ Yes ☑ No	While in transit
		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 three the revie

C	Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED A LATER TIME FOR THE CAUSE OF DEATH
3. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify]
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]
	 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) In a special medical unit/infirmary In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility (e.g., while on work release or on work detail)

- Morning (6 am to Noon)
 Afternoon (Noon to 6 pm)
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 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?				
	C	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide			
		YES NO DON'T KNOW a. Evaluated by physician/medical staff Image: Construction of the state			
17.	17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")				
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide			
	000	Pre-existing medical condition Deceased developed condition after admission Could not be determined			

Please add any additional notes regarding this death here:

Form NPS-4A (Addendum)

MORTALITY IN CORRECTIONAL INSTITUTIONS 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			Telephone		
City			FAX		
State	Zip	E-mail		/	

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

		ž
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of your correctional facilities?
	MccastleJewelSLASTFIRSTMI	1 1 0 9 2 0 1 0 MONTH DAY YEAR
2.	On what date did the inmate die? $ \begin{array}{c c} 0 & 1 \\ MONTH \end{array} \begin{array}{c} 1 & 9 \\ DAY \end{array} \begin{array}{c} 2 & 0 & 1 \\ YEAR \end{array} $ What was the name and location of the	 9. For what offense(s) was the inmate being held? a. Operating a vehicle while intoxicated 4t b. c.
	correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: Facility State: SAINT GABRIEL LA	d
4.	What was the inmate's date of birth? 1 2 0 9 1 9 7 4 MONTH DAY YEAR	overnight in a mental health facility? ☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex? Male Female	 11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/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:	
2		and the second

Are revi

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 LATER TIME FOR THE CAUSE OF DEATH	A
\square No evaluation is planned \rightarrow CONTINUE TO Q13	
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***	1
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	
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In a common area within the facility (e.g., yard, library, cafeteria)	
[PLEASE] 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:	
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	O	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide			
		YES NO DON'T KNOW a. Evaluated by physician/medical staff Image: Construction of the state			
	17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")				
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		Pre-existing medical condition Deceased developed condition after admission Could not be determined			
Pleas	se ado	any additional notes regarding this death here:			

(Adder	ndum) STATE PRISON INMATE AND ACTING AS COLLECTION AGEN DEATH REPORT RTI INTERNATIONAL
	FORM COMPLETED BY:
Name	Title
Official Idress	Telephone
City	FAX FAX
State	Zip E-mail
<u>lf no d</u>	Instructions for Completion
lf no d • Ye	
• Yo	eaths occurred in 2019: ou do not need to complete this form. had more than one death in 2019:
 Ye If you M C 	eaths occurred in 2019: ou do not need to complete this form. had more than one death in 2019: ake copies of this form for each additional death. omplete the entire form for each inmate death.
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- In transit to or from your facilities while under your supervision

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- 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? Mosley Daniel J	8. On what date was the inmate admitted to one of your correctional facilities?
	LAST FIRST MI	0 3 0 7 2 0 1 9 MONTH DAY YEAR
2.	On what date did the inmate die? 0 8 1 3 2 0 1 9 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Sex Offender Register Violation
3.	What was the name and location of the correctional facility involved?	b
	Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: Facility State: SAINT GABRIEL LA	de
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 8 1 7 1 9 7 2 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 you 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: 	

r YEL

f

the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or wiew of medical records) available to establish an official cause of death?
\sim V \Box YES
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) In a special medical unit/infirmary 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)
 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?
	C	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		YES NO DON'T KNOW a. Evaluated by physician/medical staff Image: Construction of the state
17.	after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
	Ο	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined
Plea	se ado	any additional notes regarding this death here:

	NPS-4A ndum) MORTALITY IN CORRECTION STATE PRISON DEATH REL	INMATE		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
	FORM COMPL	ETED BY:		
Name		Title		
Official Address		Telephone		
City		FAX		
State	Zip E-mail			
	Instructions for	Completio	n	
• Yo	eaths occurred in 2019: bu 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?

	A DE LA PERSONA A LA REAL AND A DE LA PERSONA A			
INCLUDE deaths of ALL persons		EXCLUDE deaths of ALL persons		
•	Confined in your correctional facilities, whether housed	•	Executed in your state	
	under your jurisdiction or that of another state	•	Confined in local jail facilities, whether located in or out of	
•	Under your jurisdiction but housed in private correctional		state	
	facilities, whether located in or out of state	•	Under your jurisdiction but housed in a state-operated	
•	Under your jurisdiction but in special facilities (e.g.,		correctional facility in another state or in a federal facility	
	medical/treatment/release centers, halfway houses, police/court lockups, or work farms)	•	Under probation or parole supervision in your state	
•	In transit to or from your facilities while under your supervision	•	Under your jurisdiction but on AWOL or escape-status at the time of death	
		1.00		

BURDEN STATEMENT

1.	What was the inmate's name? Murphy Shawn LAST FIRST MI	8.	On what date was the inmate admitted to one of your correctional facilities?
2.	On what date did the inmate die? 0 7 2 7 2 0 1 9 MONTH DAY YEAR What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER	9.	MONTH DAY YEAR For what offense(s) was the inmate being held? a. A. HAB Poss Cocaine b. Dist Cocaine c.
	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 3 0 2 1 9 7 5 MONTH DAY YEAR		 ☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex?	11.	Where did the inmate die?
	☑ Male☑ Female		 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:		

Nº.

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
✓ YES → CONTINUE TO Q13 Evaluation complete—results are pending
↓ Evaluation complete—results are pending ↓ SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEATH □ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] ——— Cardiac Arrest
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
 14. Where did the <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)
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:
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)

		2				
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?					
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide					
		YES NO DON'T KNOW a. Evaluated by physician/medical staff Image: Construction of the state				
17.	17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")					
	۵	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide				
		Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Plea	Please add any additional notes regarding this death here:					

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

1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
FORM COMPLETED BY:					
	Title				
	Telephone Telephone				
	FAX				
Zip E-r	nail				
	FORM COM				

Instructions for Completion

If no deaths occurred in 2019:

You do not need to complete this form.

If you had more than one death in 2019:

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

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

E-MAIL: bjsmci@rti.org

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

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

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

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

What deaths should be reported?

BURDEN STATEMENT

STATE PRISON INM	IATE DEATH REPORT
I. What was the inmate's name? Netter Alton LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 4 1 7 2 0 1 8 MONTH DAY YEAR
2. On what date did the inmate die? $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	 9. For what offense(s) was the inmate being held? a. Sell/Dist/Poss of Drugs b.
 What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: Facility City: Facility State: LA 	c
What was the inmate's date of birth? 0 7 2 4 1 9 9 1 MONTH DAY YEAR	overnight in a mental health facility? ☐ Yes ☐ No ☑ Don't Know
 What was the inmate's sex? Male Female Was the inmate of Hispanic, Latino, or Spanish origin? Yes 	 11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit
 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 Please Specify: 	Elsewhere Please Specify:

e ot	Are the review	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
1		YES> CONTINUE TO Q13 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	Ø	No evaluation is planned -> CONTINUE TO Q13
		vas the cause of death? *** Please SPECIFY cause of death—it is critical information***
		Illness—Exclude AIDS-related deaths [Specify] — Acute hypoxemic respiratory failure Acquired Immune Deficiency Syndrome (AIDS)
		Accidental alcohol/drug intoxication [Describe]

Accidental injury to self [Describe] -

during transport) [Describe]

Homicide [Describe] —

[PLEASE

SPECIFY]

Elsewhere

Other cause(s) [Specify] —

Accidental injury by other (e.g., vehicular accidents

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

In the prison facility or on the prison grounds
 In the inmate's cell/room

In a segregation unit

Please Specify:

Please Specify:

In a temporary holding area/lockup

□ In a special medical unit/infirmary

Elsewhere within the prison facility

In a special mental health services unit

Jue

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	
	moning (c and c con)	
🖸	Evening (6 pm to Midnight)	
	Overnight (Midnight to 6 am)	

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

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

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

On death row, special unit awaiting capital punishment

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

	U	NOT APPLICABLE—Cause of death was accidental injury, into	xication, suicide, or	homicide
		YES a. Evaluated by physician/medical staff		OW PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	Wast	the cause of death the result of a pre-existing medical condi	tion or did the inm	ate develop the condition
	after	admission? (If multiple conditions caused the death and any		ware pro existing mark
	after	r admission? (If multiple conditions caused the death and <u>any</u> existing medical condition.")	of the conditions	were pre-existing, mark
	after		_	
	after	e-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, into	_	

	endum) MORTALITY IN CORRECTION STATE PRISON DEATH REI	INMATE	ONS 2019 U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL			
FORM COMPLETED BY:						
Name] Title				
Official Address		Telephone				
City		FAX				
State	Zip E-mail					
	Instructions for deaths occurred in 2019: You do not need to complete this form.	Completion				
	<u>u had more than one death in 2019:</u> Make copies of this form for each additional death. Complete the entire form for each inmate death. Once your death records are complete, there are several ways	s to submit a dea	th report:			
	ONLINE: Complete the report online at: <u>https://bjsmci.rti.org</u>	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 bjsmci@rti.org						

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

What deaths should be reported?

BURDEN STATEMENT

		es l
	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name? Paulk Roy LAST FIRST	 8. On what date was the inmate admitted to one of your correctional facilities? 0 9 1 0 1 9 7 1 MONTH DAY YEAR
2.	On what date did the inmate die? 0 9 2 6 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 LA	9. For what offense(s) was the inmate being held? a. Simple Burglary b. c. d. e.
4.	What was the inmate's date of birth? 0 1 0 8 1 9 4 0 MONTH DAY YEAR	 10. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex? Male Female	 11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/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:	

X	reviev	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or v of medical records) available to establish an official cause of death?] YES→ CONTINUE TO Q13
	ą	Evaluation complete—results are pending
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
	Ľ	
40		
13.	what	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	_	Illness—Exclude AIDS-related deaths [Specify] Negative rod Sepsis; Carcinogenic shock
		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.		e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
		NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
		In the prison facility or on the prison grounds I (I) In the inmate's cell/room
		In a temporary holding area/lockup
ſ₽I	FASE	 In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary
[PL SP	EASE ECIFY]	 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
[PL SP	EASE ECIFY]	 In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary
[PL SP	EASE ECIFY]	 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
[PL SP	.EASE ECIFY]	 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
[PL SP	EASE ECIFYJ	 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:
[PL SP	LEASE ECIFYJ	 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)

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

Please add any additional notes regarding this death here:

			OMB No.	1121-0249 Approval Expires 06/30/2021.
Form (Adder	NPS-4A ndum) MORTALITY IN CORRECTIONA STATE PRISON DEATH REP	INMATE	ONS 2019	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
	FORM COMPLE	TED BY:		
	[]	Г		
Name		Title		
Official Address		Telephone		
City		FAX		
-		L	The second second	
State	Zip E-mail			
	leaths occurred in 2019: ou do not need to complete this form.			 Constraint Constraint Constrain
	had more than one death in 2019: lake copies of this form for each additional death.			
	complete the entire form for each inmate death.			
• 0	nce your death records are complete, there are several ways	to submit a dea	ath report:	
C	DNLINE: Complete the report online at: <u>https://bjsmci.rti.org</u>	MAIL		national, Attn: Data Capture 0215015.001.300.117.102.100
E	E-MAIL: bjsmci@rti.org		5265 Cap	ital Boulevard NC 27690-1652
F	AX (TOLL-FREE): (866) 800-9179			
lf y	ou need assistance, contact the data collection team at RTI Ir	nternational toll-i	free at (800,) 344-1387 or bjsmci@rti.org

What deaths should be reported?

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

BURDEN STATEMENT

			On what date was the inmate admitted to one of
1.	What was the inmate's name?	8.	On what date was the provide the providence of t
	Peake Dane		
	LAST FIRST MI		
			MONTH DAY YEAR
3			
2.	On what date did the inmate die?		() was the inmate being held?
	0 5 2 2 2 0 1 9	9.	
1.1	MONTH DAY YEAR		^{a.} Theft of \$500 or more
1			b.
			0.
3.	What was the name and location of the		C.
	correctional facility involved?		d.
	Facility Name:		
	ELAYN HUNT CORRECTIONAL CENTER		е.
	Facility City: Facility State:		
	SAINT GABRIEL		
		10.	. Since admission, did the inmate ever stay
			overnight in a mental health facility?
	2		C Yes
4.	What was the inmate's date of birth?		
	0 4 2 6 1 9 6 4		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
			general housing unit on prison grounds In a segregation unit
	Female		 In a special medical unit/infirmary within your
			lacility
6.	Was the inmate of Hispanic, Latino, or Spanish		In a special mental health services unit within your facility.
	origin?		your facility ☑ In a medical center outside your facility □ In a medical center outside your facility
	□ Yes		In a mental health center outside your facility
	☑ No		 While in transit Elsewhere
_			Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial		
	categories:		
	☑ White		
	 Black or African American 		
	American Indian or Alaska Native		
	 Asian Native Hawaiian or Pacific Islander 		
	 Native Hawaiian or Pacific Islander Some other race 		
	Please Specify:		

J.
 12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death? □ YES → CONTINUE TO Q13 □ Evaluation complete—results are pending → SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
$\square \text{ No evaluation is planned } \rightarrow \text{ CONTINUE TO Q13}$
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) In a special medical unit/infirmary In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
 15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
Morning (6 am to Noon)

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

16.		uding emergency care provided at the time of death, did ices for the medical condition that caused his/her death			
	0	NOT APPLICABLE—Cause of death was accidental injury	, intoxica	tion, suicide, or hor	micide
		YES a. Evaluated by physician/medical staff			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)
	after	the cause of death the result of a pre-existing medical c admission? (If multiple conditions caused the death and existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury	any of a	the conditions we	re pre-existing, mark
		Pre-existing medical condition Deceased developed condition after admission Could not be determined	2		

Please add any additional notes regarding this death here:

Form	JIT J-HA	CORRECTIONAL STATE PRISON IN DEATH REPOR	MATE	ONS 2019	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLETE	D BY:		
Name			Title	-	
Official Address			Telephone		
City			FAX		no transmissional de la construcción de la construc
State	Zip	E-mail			

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:

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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

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

What deaths should be reported?

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

BURDEN STATEMENT

	STATE PRISON INMA	TE	The sults of a second s
1.	What was the inmate's name? Perkins Joseph D LAST FIRST MI	8.	On what date was the inmate $\operatorname{admitted}_{VOT} \square$ your correctional facilities? 0 1 2 3 2 0 1 2 MONTH DAY YEAR
2.	On what date did the inmate die? $ \begin{array}{c c} \hline 0 & 7 \\ \hline MONTH \\ \hline DAY \\ \hline YEAR \end{array} $ What was the name and location of the correctional facility involvements	9.	For what offense(s) was the inmate being held? a. Second Degree Battery b. Poss Firearm or CCW by Conv Felon
	Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: Facility City:	10	c. Att First Degree Murder d
4.	What was the inmate's date of birth? 0 1 2 5 1 9 7 8 MONTH DAY YEAR		overnight in a mental health facility? ☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex? ☑ Male □ Female	11	 Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special modication unit
6.	Was the inmate of Hispanic, Latino, or Spanish origin? □ Yes ☑ No		 In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify:		Please Specify:

ξ,	tted	
/	d to o	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
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	E	
	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]
	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 <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
	[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:

15. When a	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
	Morning (6 am to Noon) Afternoon (Noon to 6 pm)
	Evening (6 pm to Midnight) Overnight (Midnight to 6 am)

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

Form Adde	NPS-4A ndum) MORTAL	ITY IN CORRECTIONA STATE PRISON I DEATH REPO	NMATE	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS ND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		FORM COMPLE	TED BY:	
Name			Title	
Official Address			Telephone	
City			FAX	
State	Zip	E-mail		

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.
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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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What deaths should be reported?

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

BURDEN STATEMENT

	STATE PRISON INM	IATE DEATH REPORT
1.	What was the inmate's name? Rising Thomas LAST FIRST	 8. On what date was the inmate admitted to one of your correctional facilities? 0 3 0 5 1 9 9 1 MONTH DAY YEAR
2.	On what date did the inmate die? 0 4 2 3 2 0 1 9 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Second Degree Murder
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	b. 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? 0 2 0 4 1 9 4 9 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
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:	

Titted to one of	SKIP REMAINING QUESTIONS AND SUBILATER TIME FOR THE CAUSE OF DEATH	uation (such as an autopsy, postmortem exam, or ial cause of death? MIT THIS FORM—YOU WILL BE CONTACTED AT A
	☑ No evaluation is planned → CONTINUE TO Q13	· · · · · · · · · · · · · · · · · · ·
13. WI	nat was the cause of death? *** Please SPECIFY caus	se of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify]	→ COPD
	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]	→
		d, library, cafeteria)

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)

"ACENOV ID.

16. Excluding emergency care provided at the time of death, did the in services for the medical condition that caused his/her death after a	admission to your correctional facilities?
NOT APPLICABLE—Cause of death was accidental injury, intox	ication, suicide, or homicide
YES N a. Evaluated by physician/medical staff	□ RESPONSE FOR □ □ EACH ITEM (a−f) □□
 17. Was the cause of death the result of a pre-existing medical conditi after admission? (If multiple conditions caused the death and any "Pre-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intox	of the conditions were pre-existing, mark

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

	NPS-4A ndum) S	CORRECTIONAL INS STATE PRISON INMA DEATH REPORT	STITUTI(TE	ONS 2019	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
		ORM COMPLETED	BY:		
Name			Title		
Official Address		Tel	ephone		
City			FAX	2	
State	Zip	E-mail			

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:

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

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

What deaths should be reported?

BURDEN STATEMENT

1.	What was the t		
	What was the inmate's name?	8.	On what date was the inmate admitted to one of
	LAST Johnny E		your correctional facilities?
	FIRST MI		1 0 1 3 2 0 1 7
			MONTH DAY YEAR
2.	On what date did the inmate die?		
	0 5 2 2 2 0 1 9		
	MONTH DAY YEAR	9.	For what offense(s) was the inmate being held?
			^{a.} Agg Crime Against Nature
3.	What was th		b.
	What was the name and location of the correctional facility involved?		C.
	Facility Name:		d.
	ELAYN HUNT CORRECTIONAL CENTER		e
	Facility City: Facility State:		
	SAINT GABRIEL		
		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
	1 1 2 7 1 9 4 7		Don't Know
2	MONTH DAY YEAR		
5.	What was the inmate's sex?	11.	Where did the inmate die?
	☑ Male		In a general housing unit in the facility or in a general housing unit.
	Female		general housing unit on prison grounds
			In a special medical unit/infirmary within your
6.	Was the inmate of Hispania Lati		
1	Was the inmate of Hispanic, Latino, or Spanish origin?		In a special mental health services unit within your facility
	Yes		 In a medical center outside your facility In a mental health contract of the
	☑ No		While in transit
			Elsewhere
7.			Please Specify:
	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:		
		 11 	

*

12. Are the

k.

12. Are the	results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or
review	of medical records) available to establish an official cause of death?
	YES → CONTINUE TO Q13 Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
Ø	No evaluation is planned \rightarrow CONTINUE TO Q13
[
13. What w	vas the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Ilness—Exclude AIDS-related deaths [Specify] ——— Cancer
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
Ģ	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]
[
_	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
[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:
	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.	Excludi services	ng emergency care provide for the medical condition	ed at the time of deat that caused his/her o	h, did tl death af	he inmate fter admis	receive any of t ssion to your co	he following medical rrectional facilities?
	O N	OT APPLICABLE—Cause o	f death was accidenta	l injury, i	intoxicatio	n, suicide, or hon	nicide
	b c d e	Evaluated by physician/me Diagnostic tests (e.g., X-ra Medications Treatment/care other than Surgery Confinement in special me	ys, MRI)	····マ···· ····マ···· ····マ···		······································	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)
47		anne of death the requit					

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

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

Pre-existing medical condition

Deceased developed condition after admission

Could not be determined

(Adde	NPS-4A endum)	ALITY IN CORRECTION STATE PRISON DEATH REF	INMATE	ONS 2019	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL	
F		FORM COMPLE	ETED BY:			
Name			Title			
Official Address	2		Telephone			
City			FAX			
State	Zip	E-mail		10 10 - 2011 -		/

If no deaths occurred in 2019:

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What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name? Scott Arthur LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 0 7 3 0 2 0 1 4 MONTH DAY YEAR
2.	On what date did the inmate die? 1 0 1 9 2 0 1 9 AY YEAR	 9. For what offense(s) was the inmate being held? a. Simple Burglary b.
3.	What was the name and location of the correctional facility involved? Facility Name: ELAYN HUNT CORRECTIONAL CENTER Facility City: Facility State:	c
4.	SAINT GABRIEL LA What was the inmate's date of birth? 0 4 2 6 1 9 ONTH DAY	 10. Since admission, did the inmate ever stay overnight in a mental health facility? ☐ Yes ☐ No ☑ Don't Know
5.	What was the inmate's sex? ☑ Male ▣ Female	 11. Where did the inmate die? In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/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:	

re the review	- manager
_	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
L	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]
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]
	 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)

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

C

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

Please add any additional notes regarding this death here:

1

					OMB No.	1121-0249 Approval Expires 06/30/2021.
	n NPS-4A endum)		N CORRECTION STATE PRISON DEATH REP	INMATE	IONS 2019	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
			FORM COMPLE	TED BY:		
Name				Title		
Officia Address				Telephone		
City	/			FAX		
State	•	Zip	E-mail			

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What deaths should be reported?

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

BURDEN STATEMENT

		a de la companya de
	STATE PRISON INM	ATE DEATH REPORT
1.	What was the inmate's name? Tulllier Ronald LAST FIRST MI	 8. On what date was the inmate admitted to one of your correctional facilities? 1 0 2 1 2 0 1 9 MONTH DAY YEAR
2.	On what date did the inmate die? 1 2 6 2 0 1 9 MONTH DAY YEAR	 9. For what offense(s) was the inmate being held? ^{a.} Oral Sexual 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 LA	c.
4.	What was the inmate's date of birth? 0 1 2 6 1 9 4 2 MONTH DAY YEAR	 □ No □ Don't Know 11. Where did the inmate die?
5.	What was the inmate's sex? Male Female	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin? Yes No	 In a special mental neutrine votes duit 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:	

³⁶
12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
 YES → CONTINUE TO Q13 Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
☑ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Illness—Exclude AIDS-related deaths [Specify] Liver Failure
Acquired Immune Deficiency Syndrome (AIDS)
Accidental alcohol/drug intoxication [Describe]
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
 14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
 In the prison facility or on the prison grounds
 In the inmate's cell/room In a temporary holding area/lockup
[PLEASE] In a common area within the facility (e.g., yard, library, cafeteria)
SPECIFY] In a special mental health services unit
 On death row, special unit awaiting capital punishment Elsewhere within the prison facility
Please Specify:
 Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
Please Specify:
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?

D 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? Inot 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 	····· [] ····· ····· [] ·····		······································	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 accidental injury, intoxication, suicide, or homicide

Pre-existing medical condition
 Deceased developed condition after admission

Could not be determined

Form NPS-4, (Addendum)		N INMATE	1	U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL
	FORM COMP	ETED BY:		
Name Official Address City State	Zip E-ma	Title Telephone FAX		

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: <u>https://bjsmci.rti.org</u>

E-MAIL: bjsmci@rti.org

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

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

OMB No. 1121-0249 Approval Expires 06/20/2021

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

What deaths should be reported?

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

BURDEN STATEMENT

1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of
1.	Valverde Lefty		your correctional facilities?
	LAST FIRST MI		0 6 0 6 2 0 1 7
			MONTH DAY YEAR
С. 1.			
2.	On what date did the inmate die?		
	0 4 2 8 2 0 1 9	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		^{a.} Simple Escape
		3	b. Armed Robbery
3.	What was the name and location of the		c.
	correctional facility involved?		
	Facility Name:		d.
	ELAYN HUNT CORRECTIONAL CENTER		e.
		1	
5	Facility City: Facility State: SAINT GABRIEL LA		
			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
2 2	0 1 3 1 1 9 5 0		
ç	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 In a mental health center outside your facility
	□ Yes		While in transit
	☑ No		
			Please Specify:
7.	In addition, what was the inmate's race? Please		
	select one or more of the following racial		
	categories:		
	 White Black or African American 		
2	American Indian or Alaska Native		
	 Asian Native Hawaiian or Pacific Islander 		
	Some other race		
1. 1.	Please Specify:		
		5 8	

Are revie

Are the results of
 Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or medical records) available to establish an official cause of death? YES CONTINUE TO 013
YES CONTINUE TO Q13
ATED
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 <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)
IPLEASE In a special medical unit/infirmary
SPECIFY] In a special mental health services 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
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)

10						
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 homi	icide			
		b. Diagnostic tests (e.g. X-rays MRI)	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)			
17.	"Pre-	the cause of death the result of a pre-existing medical condition or did the inmate de admission? (If multiple conditions caused the death and <u>any</u> of the conditions were existing medical condition.")	pre-exieting, man			
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homic	cide			
		Pre-existing medical condition Deceased developed condition after admission Could not be determined				

Form	NPS-4A
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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	COMPL	ETED	BY:
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Name			Title	[
Official Address		Te	elephone		Contract Contractor
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 bismci@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons	EXCLUDE deaths of ALL persons		
 Confined in your correctional facilities, whether housed under your jurisdiction or that of another state Under your jurisdiction but housed in private correctional facilities, whether located in or out of state 	 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 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 	 Under probation or parole supervision in your state Under your jurisdiction but on AWOL or escape-status at the time of death 		
supervision			

BURDEN STATEMENT

	STATE PRISON INM	
1.	What was the inmate's name? Vasquez Oscar LAST FIRST MI	8. On what date was the inmate admitted to one your correctional facilities? 0 3 0 1 2 0 1 8
2.	On what date did the inmate die? 1 0 4 2 0 1 9 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Agg Crime Against Nature
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	b
4.	What was the inmate's date of birth? 0 9 0 7 1 9 6 6 MONTH DAY YEAR	 10. Since admission, did the inmate ever stay overnight in a mental health facility? Yes No Don't Know
	MONTH DAT TEAN	11. Where did the inmate die?
5.	What was the inmate's sex? Male Female	 In a general housing unit in the facility or in a general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	 In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:	
	 White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify: 	

admi		
admitted to		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?
2		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. W	hat	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Ø	Illness—Exclude AIDS-related deaths [Specify] Septic Shock
		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]
n de la companya de l		Other cause(s) [Specify]
14. W	☑ □ ASE	 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)
15. W	Ŀ	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

8

- 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 Excluding emergency care provided at the time of death, did the management of your correctional facilities? NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide NO DON'T KNOW YES PLEASE PROVIDE A a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) **RESPONSE FOR** c. Medications EACH ITEM (a-f) d. Treatment/care other than medications e. Surgery..... f. Confinement in special medical unit 17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission

Could not be determined