| Form NPS-4<br>(Addendum                      | HA . |     | RRECTIONA<br>TE PRISON II<br>DEATH REPC | MATE                            | <br>1121-0249 Approval Expires 06/30/<br>U.S. DEPARTMENT OF JUSTIC<br>BUREAU OF JUSTICE STATIST<br>AND ACTING AS COLLECTION AG<br>RTI INTERNATIONAL | CE |
|--|------|-----|---|---------------------------------|---|----|
|  |      | FOR | M COMPLET                               | ED BY:                          |   |    |
| Name<br>Official<br>Address<br>City<br>State | Zip  |     | E-mail                                  | Title [<br>Telephone [<br>FAX [ |   |    |

### **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: <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

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?

| 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     for sitting, whether leasted in an out of state                      | state  |  |  |
| facilities, whether located in or out of state  | <ul> <li>Under your jurisdiction but housed in a state-operated<br/>correctional facility in another state or in a federal facility</li> </ul> |  |  |
| <ul> <li>Under your jurisdiction but in special facilities (e.g.,<br/>medical/treatment/release centers, halfway houses,</li> </ul> |  |  |  |
| police/court lockups, or work farms)  | Under probation or parole supervision in your state  |  |  |
| <ul> <li>In transit to or from your facilities while under your<br/>supervision</li> </ul>  | <ul> <li>Under your jurisdiction but on AWOL or escape-status at<br/>the time of death</li> </ul>  |  |  |
|   |  |  |  |

#### BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

| 1. | What was the inmate's name?       Aucoin     Darrell       LAST     FIRST     MI   | <ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 3 3 0 1 9 9 3</li> <li>MONTH DAY YEAR</li> </ul>  |
|----|--|---|
| 2. | On what date did the inmate die?       0     2     2     2     0     1     9       MONTH     DAY     YEAR  | <ul> <li>9. For what offense(s) was the inmate being held?</li> <li>a. Second Degree Murder</li> <li>b.</li> </ul>  |
| 3. | What was the name and location of the correctional facility involved?         Facility Name:         LOUISIANA STATE PENITENTIARY         Facility City:       Facility State:         ANGOLA       LA   | c   |
| 4. | What was the inmate's date of birth?       1     2     4     1     9     5     7       MONTH     DAY     YEAR  | ☐ Yes<br>☐ No<br>☑ Don't Know   |
| 5. | What was the inmate's sex?<br>Male<br>Female   | <ul> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within</li> </ul> |
| 6. | Was the inmate of Hispanic, Latino, or Spanish<br>origin?<br>□ Yes<br>☑ No   | your facility<br>In a medical center outside your facility<br>In a mental health center outside your facility<br>While in transit<br>Elsewhere<br>Please Specify:   |
| 7. | In addition, what was the inmate's race? Please<br>select one or more of the following racial<br>categories:<br>White<br>Black or African American<br>American Indian or Alaska Native<br>Asian<br>Native Hawaiian or Pacific Islander<br>Some other race<br>Please Specify: |   |

12.

| 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  |
|   |
| 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   |
| <ul> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> </ul>   |
| [PLEASE ] In a special medical unit/infirmary   |
| SPECIFY   |
| <ul> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> </ul>   |
| Elsewhere within the prison facility  |
| Please Specify:   |
|   |
| Outside the prison facility (e.g., while on work release or on work detail)   |
| Elsewhere Please Specify:   |
|   |
| 2019년 1월 201<br>1월 2019년 1월 2 |

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)

V

- 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 the inmate receive any o<br>ces for the medical condition that caused his/her death after admission to your c   |  |
|-----|--------|---|--|
|     | O      | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or he   | omicide  |
|     |        | YES NO DON'T KNOW<br>a. Evaluated by physician/medical staff  | /<br>PLEASE PROVIDE A<br>RESPONSE FOR<br>EACH ITEM (a–f) |
|     |        |   |  |
| 17. | after  | the cause of death the result of a pre-existing medical condition or did the inmate<br>admission? (If multiple conditions caused the death and <u>any</u> of the conditions w<br>-existing medical condition.") |  |
| Υ.  | Ο      | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or he   | omicide  |
|     | 000    | Deceased developed condition after admission  |  |
|     |        |   |  |
| Ple | ase ad | Id any additional notes regarding this death here:  |  |

| Form NPS-4A<br>(Addendum)   | ۲   |  | CTIONAL INSTITUTI<br>RISON INMATE<br>TH REPORT | E  | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTIC<br>D ACTING AS COLLECTION AGE<br>RTI INTERNATIONAL |
|---|---|--|--|--|--|
|   | 190.01091   | FORM CO  | OMPLETED BY:                                   |  |  |
| Name  |   |  | Title  | 4.<br>1  |  |
| )fficial<br>Idress  |   |  | Telephone                                      |  |  |
| City  |   |  | FAX  |  |  |
|   |   |  |  |  |  |
| State   | Zip   | Instruction  | E-mail   | an a chairte a chairte an  |  |
| If no deaths occur  | rred in 2019:   |  | E-mail   | entre en contra en entre<br>En contra en entre<br>en entre en entre entre<br>entre en entre en entre   |  |
| If no deaths occur<br>• You do not no   | rred in 2019:<br>eed to comple  | te this form.  |  | and a second and a |  |
| If no deaths occur<br>• You do not no<br>If you had more th   | rred in 2019:<br>eed to comple  | te this form.  |  | A DE LE  |  |
| If no deaths occur<br>You do not no<br>If you had more the<br>Make copies<br>Complete the                         | rred in 2019:<br>eed to comple<br>nan one death<br>of this form fo<br>e entire form fo                    | te this form.<br>in 2019:  | s for Completion                               | th report:   |  |
| If no deaths occur<br>• You do not not<br>If you had more th<br>• Make copies<br>• Complete the<br>• Once your de | rred in 2019:<br>eed to comple<br>nan one death<br>of this form fo<br>e entire form fo<br>eath records a  | te this form.<br><u>in 2019:</u><br>r each additional death.<br>r each inmate death.                                 | s for Completion                               | RTI Internatio<br>Project #: 021   | nal, Attn: Data Capture<br>5015.001.300.117.102.100  |
| If no deaths occur<br>You do not not<br>If you had more the<br>Make copies<br>Complete the<br>Once your de        | rred in 2019:<br>eed to comple<br>of this form for<br>entire form for<br>eath records a<br>omplete the re | te this form.<br><u>in 2019:</u><br>r each additional death.<br>r each inmate death.<br>re complete, there are sever | s for Completion                               | RTI Internatio   | 5015.001.300.117.102.100<br>Boulevard  |

# 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.,                                   |                               | correctional facility in another state or in a federal facility           |
|                               | medical/treatment/release centers, halfway houses,<br>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

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

| we have a sutopsy postmortem exam, 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?   |
| YES CONTINUE TO Q13  |
| Evaluation complete—results are pending<br>SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT<br>LATER TIME FOR THE CAUSE OF DEATH   |
| LATER TIME FOR THE CAUSE OF DEATH  |
| □ No evaluation is planned $\rightarrow$ 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]  |
| Accidental injury to self [Describe]   |
| Accidental injury by other (e.g., vehicular accidents<br>during transport) [Describe]  |
| <ul> <li>Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]</li> <li>Respiratory Failure secondary to burn</li> </ul>   |
| Homicide [Describe]  |
| Other cause(s) [Specify]   |
| 14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?  |
| <b>14.</b> Where did the <u>incident</u> (e.g., accident, suicide, or instance of a standard of the stan |
| □ NOT APPLICABLE—Cause of dealth was interest  |
| <ul> <li>In the prison facility or on the prison grounds</li> <li>(D) In the inmate's cell/room</li> </ul>   |
| <ul> <li>In a temporary holding area/lockup</li> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> </ul>  |
| □ In a common area within the facility (eight) and the facility (eight) is a facility of the facility (eight) is a facility (eigh            |
| PLEASE In a special mental fleating services and   |
| SPECIFY] In a segregation unit<br>In a segregation unit<br>On death row, special unit awaiting capital punishment  |
| <ul> <li>On death row, special unit awaring corporation</li> <li>Elsewhere within the prison facility</li> </ul>   |
| 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?   |
| 15. When did the <u>incident</u> (e.g., accident, suicide, or nonneuco) entropy or AIDS-related  |

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

or or

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

| service | s for the medical condition that caused his/her d  | h, did the<br>leath aft | e inmate<br>er admis | receive any of t<br>sion to your co | the following medical<br>rrectional facilities?     |
|---------|--|-------------------------|----------------------|-------------------------------------|---|
| 1 🖸     | NOT APPLICABLE—Cause of death was accidental   | injury, in              | toxicatio            | n, suicide, or hon                  | nicide  |
|         | <ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>d. Surgery</li> <li>c. Confinement in special medical unit</li> </ul> | ····                    | ····                 | ·········                           | PLEASE PROVIDE A<br>RESPONSE FOR<br>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 APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

Pre-existing medical condition

Deceased developed condition after admission

Could not be determined

Please add any additional notes regarding this death here:

According to our Medical Department, offender doused himself in gasoline and set himself on fire. He succumbed to burns and injuries associated with this.

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

| Form<br>(Adde       | NPS-4A<br>Indum) | MORTALITY IN CORRECTION<br>STATE PRISON<br>DEATH REF | INMATE    | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGENT:<br>RTI INTERNATIONAL |
|---------------------|------------------|--|-----------|--|
|                     |                  | FORM COMPLE  | ETED BY:  |  |
| Name                |                  |  | Title     |  |
| Official<br>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.

NOS WARE WAR

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- · 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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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

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

## What deaths should be reported?

### **BURDEN STATEMENT**

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|    | STATE PRISON IN  | MATE DEATH REPORT  |
|----|--|--|
| 1. | What was the inmate's name?<br>Ballard John M  | <ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>1 2 1 0 2 0 0 9</li> </ul>   |
| 2. | On what date did the inmate die?   | 9. For what offense(s) was the inmate being held?  |
|    | MONTH DAY YEAR   | a. Aggravated Rape<br>b  |
| 3. | What was the name and location of the<br>correctional facility involved?<br>Facility Name:<br>LOUISIANA STATE PENITENTIARY   | d  |
|    | Facility City:     Facility State:       ANGOLA     LA   | 10. Since admission, did the inmate ever stay overnight in a mental health facility?   |
| 4. | What was the inmate's date of birth?         1       1       0       9       1       9       6       2         MONTH       DAY       YEAR  | ☐ Yes<br>☐ No<br>☑ Don't Know  |
|    |  | 11. Where did the inmate die?  |
| 5. | What was the inmate's sex?<br>Male<br>Female   | <ul> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within</li> </ul> |
| 6. | Was the inmate of Hispanic, Latino, or Spanish<br>origin?<br>☐ Yes<br>☑ 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<br>select one or more of the following racial<br>categories:   |  |
|    | <ul> <li>White</li> <li>Black or African American</li> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> <li>Some other race</li> <li>Please Specify:</li> </ul> |  |
|    |  |  |

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| [        | he results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or<br>w of medical records) available to establish an official cause of death?<br>YES> CONTINUE TO Q13<br>Evaluation complete—results are pending  |
|----------|---|
|          | SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT<br>LATER TIME FOR THE CAUSE OF DEATH<br>No evaluation is planned   |
|          |   |
|          | was the cause of death? *** Please SPECIFY cause of death—it is critical information*** Illness—Exclude AIDS-related deaths [Specify]> Respiratory Compromise   |
| -<br>-   | Acquired Immune Deficiency Syndrome (AIDS)  |
| -        | 에는 것은 것은 것은 것은 것은 것은 것은 것을 가지 않는 것은 것은 것은 것은 것은 것은 것은 것을 가지 않는 것은 것을 가지 않는 것을 수가요. 것을 가지 않는 것을 가지 않는 것을 가 있는 것을 수가요. 것을 가지 않는 것을 수가요. 것을 것을 수가요. 것을 것을 수가요. 것을 것을 것을 수가요. 것을 것을 것을 것을 것을 수가요. 것을 것을 것을 것을 것을 수가요. 것을 것을 것을 것을 것을 것을 수가요. 것을 |
|          | Accidental alcohol/drug intoxication [Describe]   |
| Ū<br>—   | Accidental injury to self [Describe]  |
| 1        | Accidental injury by other (e.g., vehicular accidents during transport) [Describe]  |
| Ŀ        | Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]   |
| Ģ        | Homicide [Describe]   |
|          | Other cause(s) [Specify]  |
| 14. Wher | <ul> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> <li>Please Specify:</li> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> </ul>   |
| 15. When | did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?   |

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|     |  |  | • • • • • • • • • • • • • • • • • • •               |  |
|-----|--|--|---|--|
| 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 hon   | nicide  |  |
|     |  | YES NO DON'T KNOW  |   |  |
|     |  | <ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> <li>f. Confinement in special medical unit</li> </ul> | PLEASE PROVIDE A<br>RESPONSE FOR<br>EACH ITEM (a–f) |  |
|     |  |  |   |  |
| 17. | after  | he cause of death the result of a pre-existing medical condition or did the inmate<br>admission? (If multiple conditions caused the death and <u>any</u> of the conditions we<br>existing medical condition.")   | develop the condition<br>re pre-existing, mark      |  |
|     | D  | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hom   | nicide  |  |
|     | C I  | 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<br>(Addendum)  | RTALITY IN CORRECTIONA<br>STATE PRISON<br>DEATH REP  | NMATE            | U.S. DEPARTMENT OF<br>BUREAU OF JUSTICE ST<br>AND ACTING AS COLLECT<br>RTI INTERNATION   | ATISTICS  |
|--|--|------------------|--|-----------|
| Name   | FORM COMPLE  | TED BY:          |  |           |
| Official<br>ddress   |  | Title            |  |           |
| City   |  | Telephone        |  | 3         |
| State Zip  |  | FAX              |  | The Local |
|  | E-mail   |                  |  |           |
|  |  |                  |  |           |
| If no deaths occurred in 2019:<br>• You do not need to complete the  | Instructions for C   | ompletion        |  |           |
| <ul> <li>If you had more than one death in 2</li> <li>Make copies of this form for ea</li> <li>Complete the entire form of the second s</li></ul> | Instructions for C<br>his form.<br>019:<br>ch additional death.  |                  |  |           |
| <ul> <li>If you had more than one death in 2</li> <li>Make copies of this form for ea</li> <li>Complete the entire form for ea</li> <li>Once your death records are completed to the entire form for ea</li> </ul>   | Instructions for C<br>is form.<br>019:<br>ch additional death.<br>ch inmate death.<br>omplete, there are several ways  | to submit a deat |  |           |
| <ul> <li>If you had more than one death in 2</li> <li>Make copies of this form for ea</li> <li>Complete the entire form for ea</li> </ul>  | Instructions for C<br>his form.<br>019:<br>ch additional death.<br>ch inmate death.<br>omplete, there are several ways<br>online at: <u>https://bjsmci.rti.org</u> | to submit a deat | h report:<br>RTI International, Attn: Data Capture<br>Project #: 0215015.001.300.117.102<br>5265 Capital Boulevard<br>Raleigh, NC 27690-1652 | 2.100     |

# What deaths should be reported?

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

### BURDEN STATEMENT

BURDEN STATEMENT Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this

|    | STATE PRISON INM   | ATE DEATH REPORT  |
|----|--|---|
| 1. | What was the inmate's name?         Barnes       Gerald         LAST       FIRST       MI  | <ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 9 0 8 2 0 0 9</li> <li>MONTH DAY YEAR</li> </ul>  |
| 2. | On what date did the inmate die?       0     5     2     3     2     0     1     9       MONTH     DAY     YEAR  | <ul> <li>9. For what offense(s) was the inmate being held?</li> <li>a. Aggravated Incest</li> <li>b.</li> </ul>   |
| 3. | What was the name and location of the correctional facility involved?         Facility Name:         LOUISIANA STATE PENITENTIARY         Facility City:       Facility State:         ANGOLA       LA   | c. d. 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     0       1     6       1     9       3     7       MONTH     DAY       YEAR  | ☐ Yes<br>☐ No<br>☑ Don't Know   |
| 5. | What was the inmate's sex?<br>Male<br>Female   | <ul> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within</li> </ul> |
| 6. | Was the inmate of Hispanic, Latino, or Spanish<br>origin?<br>Yes<br>No   | <ul> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>   |
| 7. | In addition, what was the inmate's race? Please<br>select one or more of the following racial<br>categories:<br>White<br>Black or African American<br>American Indian or Alaska Native<br>Asian<br>Native Hawaiian or Pacific Islander<br>Some other race<br>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

3

d to one of

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

| 13. What | was the cause of death? *** Please SPECIFY cause of death—it is critical information*** |
|----------|---|
| Ø        | 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]   |
|          | 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 SPECIFY] In a segregation unit On death row, special unit awaiting capital punishment L 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. | lid the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?<br>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related |  |
|-----|---|--|
|     | Morning (6 am to Noon)  |  |
|     | Afternoon (Noon to 6 pm)<br>Evening (6 pm to Midnight)  |  |
|     | Overnight (Midnight to 6 am)  |  |

|     |   |  |                       |                       |  | - 65 - 16 - 16 - 16 - 16 - 16 - 16 - 16             |
|-----|---|--|-----------------------|-----------------------|--|---|
| 16. | Exclu<br>servic   | ding emergency care provided at the time of death<br>es for the medical condition that caused his/her d  | n, did th<br>leath af | e inmate<br>ter admis | e receive any of<br>ssion to your co   | the following medical rrectional facilities?        |
|     | Ο   | NOT APPLICABLE—Cause of death was accidental   | injury, i             | ntoxicatio            | n, suicide, or hor                     | nicide  |
|     |   | <ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> <li>f. Confinement in special medical unit</li> </ul> | ·····Q·····           | ·····                 | ······································ | PLEASE PROVIDE A<br>RESPONSE FOR<br>EACH ITEM (a–f) |
| 17. | <ul> <li>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.")</li> <li>NOT APPLICABLE—Cause of death was accidental injury intervication, suicide, or homicide.</li> </ul> |  |                       |                       |  |   |
|     | _   | NOT APPLICABLE—Cause of death was accidenta<br>Pre-existing medical condition<br>Deceased developed condition after admission<br>Could not be determined   | n nijury,             | IIIIOXICALI           | on, suicide, of hor                    | niciue  |

Please add any additional notes regarding this death here:

.

|                     |                  |  |           | OMB No.    | 1121-0249 Approval Expires 06/30/2021.   |  |
|---------------------|------------------|--|-----------|------------|--|--|
| Form<br>(Adde       | NPS-4A<br>endum) | MORTALITY IN CORRECTION<br>STATE PRISO<br>DEATH RE | INMATE    | TIONS 2019 | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGENT:<br>RTI INTERNATIONAL |  |
|                     |                  | FORM COMPL   | ETED BY:  |            |  |  |
|                     |                  |  |           |            |  |  |
| Name                |                  |  | Title     |            |  |  |
| Official<br>Address |                  |  | Telephone |            |  |  |
| City                |                  | 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.             | 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

| NCLUDE deaths of ALL persons   | EXCLUDE deaths of ALL persons   |  |  |
|--|---|--|--|
| Confined in your correctional facilities, whether housed   | Executed in your state  |  |  |
| <ul> <li>under your jurisdiction or that of another state</li> <li>Under your jurisdiction but housed in private correctional</li> </ul> | <ul> <li>Confined in local jail facilities, whether located in or out of state</li> </ul> |  |  |
| 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                                       |  |  |
| <ul> <li>In transit to or from your facilities while under your<br/>supervision</li> </ul>   | Under your jurisdiction but on AWOL or escape-status at the time of death                 |  |  |

# What deaths should be reported?

### BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

| 1.          | What was the inmate's name?                     | 8. On what date was the inmate admitted to one of your correctional facilities?                                  |
|-------------|---|--|
| 2           | Barnes  |  |
|             | LAST FIRST MI                                   | 0 4 1 6 1 9 9 1  |
| 1           |   | MONTH DAY YEAR   |
|             |   |  |
| 2.          | On what date did the inmate die?                |  |
| 1           |   |  |
|             | 0 7 1 9 2 0 1 9                                 | 9. For what offense(s) was the inmate being held?  |
|             | MONTH DAY YEAR                                  | <sup>a.</sup> Second Degree Murder   |
|             |   |  |
|             |   | b.   |
| 3.          | What was the name and location of the           | C.   |
|             | correctional facility involved?                 |  |
|             | Facility Manager                                | d.   |
| 2           |   |  |
| See         | LOUISIANA STATE PENITENTIARY                    | e.   |
|             | Facility City: Facility State:                  | 이 것 이 가장에 가락 것 가장한 그것 것 같아. 바람이 것  |
|             | ANGOLA LA                                       |  |
| à.<br>Airtí |   | 10 Since adminsion did the immete ever stay  |
| 1.2         |   | 10. Since admission, did the inmate ever stay overnight in a mental health facility?                             |
|             |   |  |
|             |   |  |
| 4.          | What was the inmate's date of birth?            | │ No<br>☑ Don't Know   |
|             | 0 8 0 3 1 9 5 0                                 |  |
|             | 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  | your facility  |
|             | origin?   | In a medical center outside your facility  |
|             | ☐ Yes   | In a mental health center outside your facility  |
|             |   | While in transit   |
| l u         |   |  |
| 3           |   | Please Specify:  |
| 7.          | In addition, what was the inmate's race? Please |  |
|             | select one or more of the following racial      |  |
|             | categories:                                     |  |
|             | ☐ White   |  |
|             | <ul> <li>Black or African American</li> </ul>   |  |
| į.,         | American Indian or Alaska Native                |  |
|             | 🗍 Asian   |  |
| с<br>Бул    | Native Hawaiian or Pacific Islander             |  |
| 67          | Some other race                                 |  |
|             | Please Specify:                                 |  |
| 1           |   |  |
| ξ.,         |   | And the second |

| the results of   | a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or |
|------------------|---|
| eview 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*** |
|-----------------|----------------------------|---|
|                 | $\mathbf{\mathbf{\nabla}}$ | Illness—Exclude AIDS-related deaths [Specify] Cardiac Pulmonary Arrest                  |
|                 |                            | Acquired Immune Deficiency Syndrome (AIDS)  |
|                 |                            | Accidental alcohol/drug intoxication [Describe]   |
|                 | Ū                          | Accidental injury to self [Describe]  |
|                 |                            | Accidental injury by other (e.g., vehicular accidents during transport) [Describe]      |
|                 |                            | Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] |
|                 |                            | Homicide [Describe]   |
| n.<br>Bartana a |                            | 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 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)

| 16.           | Exclu<br>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?  |
|---------------|----------------|--|
|               | Q              | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide  |
|               |                | YES NO DON'T KNOW a. Evaluated by physician/medical staff  |
|               |                | b. Diagnostic tests (e.g., X-rays, MRI)       Image: Construction of the sector of the s |
| *<br>2<br>* * |                | f. Confinement in special medical unit   |
| 17.           | after          | the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")   |
|               | Ο              | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide  |
|               |                | Pre-existing medical condition<br>Deceased developed condition after admission<br>Could not be determined  |
|               |                |  |

Please add any additional notes regarding this death here:

| Form NPS-4A<br>(Addendum)   | TALITY IN CORRECTIONAL INST<br>STATE PRISON INMAT<br>DEATH REPORT                                  |                      | NS 2019<br>U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGEN<br>RTI INTERNATIONAL |
|---|--|----------------------|---|
|   | FORM COMPLETED BY  | Y:                   |   |
| Name  |  | Title                |   |
| Official ddress   | Telep  | hone                 |   |
| City  |  | FAX                  |   |
| State Zip   | E-mail   |                      |   |
|   | Instructions for Compl   | etion                |   |
| If no deaths occurred in 2019:<br>• You do not need to complete this  |  | etion                |   |
| • You do not need to complete this<br>If you had more than one death in 201   | form.<br>19:   | etion                |   |
| You do not need to complete this  | form.<br><u>9:</u><br>additional death.  | etion                |   |
| <ul> <li>You do not need to complete this</li> <li>If you had more than one death in 201</li> <li>Make copies of this form for each</li> <li>Complete the entire form for each</li> </ul>   | form.<br><u>9:</u><br>additional death.  |                      | n report:   |
| <ul> <li>You do not need to complete this</li> <li>If you had more than one death in 201</li> <li>Make copies of this form for each</li> <li>Complete the entire form for each</li> </ul>   | form.<br><u>9:</u><br>additional death.<br>inmate death.<br>iplete, there are several ways to subm | iit a death<br>MAIL: | RTI International, Attn: Data Capture<br>Project #: 0215015.001.300.117.102.100   |
| <ul> <li>You do not need to complete this</li> <li>If you had more than one death in 201</li> <li>Make copies of this form for each</li> <li>Complete the entire form for each</li> <li>Once your death records are completed to the complete the entire form for each</li> </ul> | form.<br><u>9:</u><br>additional death.<br>inmate death.<br>iplete, there are several ways to subm | iit a death<br>MAIL: | RTI International, Attn: Data Capture   |

# 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.,                                |                               | 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                                  | •                             | Under your jurisdiction but on AWOL or escape-status at         |  |
|  | supervision   |                               | the time of death   |  |

#### BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

| 1.                   | What was the inmate's name?  | 8. On what date was the inmate admitted to one of   |
|----------------------|--|---|
|                      | Bassett Winfred  | your correctional facilities?   |
|                      | LAST FIRST MI  |   |
|                      |  | MONTH DAY YEAR  |
| 2.                   | On what date did the inmate die?   |   |
| 2.                   |  |   |
|                      |  | 9. For what offense(s) was the inmate being held?   |
| s<br>ge              | MONTH DAY YEAR   | <sup>a.</sup> First Degree Murder   |
|                      |  | b.  |
| 3.                   | What was the name and location of the  | c.  |
|                      | correctional facility involved?  |   |
|                      | Facility Name:   | d.  |
|                      | LOUISIANA STATE PENITENTIARY   | e.  |
|                      | Facility City: Facility State:   |   |
|                      | ANGOLA   |   |
|                      |  | 10. Since admission, did the inmate ever stay   |
|                      |  | overnight in a mental health facility?  |
| 1                    |  | □ Yes   |
| 4.                   | What was the inmate's date of birth?   | <ul> <li>□ No</li> <li>☑ Don't Know</li> </ul>  |
|                      | 1 1 0 2 1 9 6 0  | DONTRINOW   |
|                      | MONTH DAY YEAR   |   |
|                      |  | 11. Where did the inmate die?   |
| 5.                   | What was the inmate's sex?   |   |
| 5.                   |  | In a general housing unit in the facility or in a general housing unit on prison grounds      |
|                      | <ul> <li>☑ Male</li> <li>☑ Female</li> </ul>                                     | In a segregation unit   |
| č.                   |  | 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<br>☑ No  | <ul> <li>In a mental health center outside your facility</li> <li>While in transit</li> </ul> |
| , <sup>e</sup> r - 2 |  | □ Elsewhere   |
|                      |  | Please Specify:   |
| 7.                   | In addition, what was the inmate's race? Please                                  |   |
|                      | select one or more of the following racial                                       |   |
|                      | categories:  |   |
|                      | <ul> <li>White</li> <li>Black or African American</li> </ul>                     |   |
|                      | Black or African American American Indian or Alaska Native                       |   |
|                      | Asian  |   |
|                      | <ul> <li>Native Hawaiian or Pacific Islander</li> <li>Some other race</li> </ul> |   |
|                      | Please Specify:  |   |
|                      | r louse opeony.  |   |
|                      |  |   |



| <ul> <li>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?</li> <li>YES → CONTINUE TO Q13</li> <li>Evaluation complete—results are pending</li> <li>SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH</li> <li>No evaluation is planned → CONTINUE TO Q13</li> </ul> |
|--|
| 13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***   |
| ☑ Illness—Exclude AIDS-related deaths [Specify] → Respiratory Failure  |
| Acquired Immune Deficiency Syndrome (AIDS)   |
| Accidental alcohol/drug intoxication [Describe]  |
| Accidental injury to self [Describe]   |
| Accidental injury by other (e.g., vehicular accidents  |
| during transport) [Describe]   |
| □ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →  |
| Homicide [Describe]  |
| Other cause(s) [Specify]   |
|  |
| 14. Where did the 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  |
| <ul> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> </ul>  |
| 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:  |
|  |
| <ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>   |
| Please Specify:  |
|  |
| 45 When did the incident (or accident quicide or hereiside) and the bath second  |
| <ul> <li>15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> </ul>   |
| Morning (6 am to Noon)   |
| <ul> <li>Afternoon (Noon to 6 pm)</li> <li>Evening (6 pm to Midnight)</li> </ul>   |
| Overnight (Midnight to 6 am)   |

|         | ding emergency care provided at the time of deat<br>ces for the medical condition that caused his/her  |                     |                 |                                  |   |
|---------|--|---------------------|-----------------|----------------------------------|---|
| Ο       | NOT APPLICABLE—Cause of death was accidenta  | l injury, in<br>YES | toxicatio<br>NO | n, suicide, or hor<br>DON'T KNOW | nicide  |
|         | <ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> <li>f. Confinement in special medical unit</li> </ul> |                     |                 |                                  | PLEASE PROVIDE A<br>RESPONSE FOR<br>EACH ITEM (a-f) |
| after a | he cause of death the result of a pre-existing med<br>admission? (If multiple conditions caused the dea<br>existing medical condition.")   |                     |                 |                                  |   |
|         | NOT APPLICABLE—Cause of death was accidental   | l injury, in        | toxicatio       | n, suicide, or hon               | nicide  |
|         | Pre-existing medical condition<br>Deceased developed condition after admission<br>Could not be determined  |                     |                 |                                  |   |

Please add any additional notes regarding this death here:

| Form  | NPS-4A |
|-------|--------|
| (Adde | ndum)  |

### 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** 

|                     | Approximation .    |           |  |  |
|---------------------|--------------------|-----------|--|--|
|                     | FORM COMPLETED BY: |           |  |  |
| Name                |                    | Title     |  |  |
| Official<br>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

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

### What deaths should be reported?

#### BURDEN STATEMENT

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| 1.   | What was the inmate's name?                       |  |
|------|---|--|
| 2 .  | Billiot   | 8. On what date was the inmate admitted to one of  |
|      | Kobert  | your correctional facilities?  |
|      | LAST FIRST MI                                     |  |
|      |   | MONTH DAY YEAR   |
| 2.   | On where a  |  |
| - ·  | on what date did the inmate die?                  |  |
|      |   |  |
| 1.30 | MONTH DAY YEAR                                    | 9. For what offense(s) was the inmate being held?  |
|      |   | <sup>a.</sup> First Degree Murder  |
|      |   |  |
| 3    | was the name                                      | b.   |
|      | correctional facility involved?                   | C.   |
|      | Facility Name:                                    |  |
|      |   | d.   |
|      | LOUISIANA STATE PENITENTIARY                      | e.   |
|      | Facility City:                                    |  |
|      | ANGOLA Facility State:                            |  |
|      | LA  |  |
|      |   | 10. Since admission, did the inmate ever stay  |
|      |   | overnight in a mental health facility?   |
| 4    | . What was the inmate's date of birth?            | C Yes  |
|      |   |  |
|      |   | Don't Know   |
|      | 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 in the facility or in a |
|      |   | goneral housing unit on prison groups  |
|      |   |  |
|      |   | In a special medical unit/infirmary within your facility                                       |
| 6    | . Was the inmate of Hispanic, Latino, or Spanish  | In a special mental health services unit within your facility                                  |
|      | origin?   |  |
|      |   | In a medical center outside your facility  |
|      | ☑ Tes<br>☑ No                                     | <ul> <li>In a mental health center outside your facility</li> <li>While in transit</li> </ul>  |
|      |   |  |
|      |   | Please Specify:  |
| 7    | . In addition, what was the inmate's race? Please |  |
| 1    | select one or more of the following racial        |  |
|      | categories:                                       |  |
|      | ☑ White   |  |
|      | Black or African American                         |  |
| ÷    | American Indian or Alaska Native                  |  |
|      | Asian   |  |
|      | Native Hawaiian or Pacific Islander               |  |
|      | Some other race                                   |  |
|      | Please Specify:                                   |  |
|      |   |  |
| 1    |   |  |

12. Are revi 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]   |
|                     | Acquired Immune Deficiency Syndrome (AIDS)  |
| Ø                   | Accidental alcohol/drug intoxication [Describe] Cardiopulmonary Arrest  |
| 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<br>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 <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)

| serv | ices for the medical condition that caused his/her death after admission to your co | rrectional facilities?                              |
|------|---|---|
| Ø    | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hon  | nicide  |
|      | YES NO DON'T KNOW a. Evaluated by physician/medical staff                           | PLEASE PROVIDE A<br>RESPONSE FOR<br>EACH ITEM (a–f) |
|      | 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 <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")

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

Pre-existing medical condition

Deceased developed condition after admission

Could not be determined

Please add any additional notes regarding this death here:

Offender was found in his room unresponsive. The found narcotics in his room and it was ruled as an accidental overdose.

RTI JB- Recode Q13 from Accidental Injury to Self to Accidental Intox.

| Form  | NPS-4A |
|-------|--------|
| (Adde | ndum)  |

### 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<br>Address |     |        | Telephone |  |
| City                |     |        | FAX       |  |
| State               | Zip | E-mail |           |  |

### Instructions for Completion

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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.
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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                                   |
| <ul> <li>Under your jurisdiction but housed in private correctional</li> </ul>             | state   |
| facilities, whether located in or out of state   | Under your jurisdiction but housed in a state-operated  |
| <ul> <li>Under your jurisdiction but in special facilities (e.g.,</li> </ul>               | correctional facility in another state or in a federal facility                                   |
| medical/treatment/release centers, halfway houses,<br>police/court lockups, or work farms) | Under probation or parole supervision in your state   |
| <ul> <li>In transit to or from your facilities while under your<br/>supervision</li> </ul> | <ul> <li>Under your jurisdiction but on AWOL or escape-status at<br/>the time of death</li> </ul> |
|  |   |

BURDEN STATEMENT

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|    | STATE PRISON INM   | ATE DEATH REPORT  |
|----|--|---|
| 1. | What was the inmate's name?         Bryant       Frank         LAST       FIRST       MI   | <ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0</li> <li>8</li> <li>1</li> <li>9</li> <li>1</li> <li>9</li> <li>9</li> <li>6</li> <li>MONTH DAY YEAR</li> </ul>   |
| 2. | On what date did the inmate die?       1     1       0     5       2     0       1     9       MONTH     DAY   | 9. For what offense(s) was the inmate being held?<br>a. Second Degree Murder<br>b.  |
| 3. | What was the name and location of the correctional facility involved?         Facility Name:         LOUISIANA STATE PENITENTIARY         Facility City:       Facility State:         ANGOLA       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?       0     7       3     1       9     5       MONTH     DAY   | ☐ Yes<br>☐ No<br>☑ Don't Know   |
| 5. | <ul> <li>What was the inmate's sex?</li> <li>△ Male</li> <li>□ Female</li> </ul> Was the inmate of Hispanic, Latino, or Spanish origin? <ul> <li>□ Yes</li> <li>○ No</li> </ul>  | <ul> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul> |
| 7. | In addition, what was the inmate's race? Please<br>select one or more of the following racial<br>categories:<br>White<br>Black or African American<br>American Indian or Alaska Native<br>Asian<br>Native Hawaiian or Pacific Islander<br>Some other race<br>Please Specify: |   |

|          | Evaluation complete—results are pending<br>SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT<br>LATER TIME FOR THE CAUSE OF DEATH |
|----------|--|
| 13. What | was the cause of death? *** Please SPECIFY cause of death—it is critical information***  |
|          | Illness—Exclude AIDS-related deaths [Specify] ——— Cardiopulmonary 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]   |
|          |  |

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

| 16.   | Exclu<br>servic | ling emergency care provided at the time of death, did the inmate receive any of the following medions for the medical condition that caused his/her death after admission to your correctional facilities | cal<br>? |  |
|---|-----------------|--|----------|--|
|   | D               | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide  |          |  |
|   |                 | YES       NO       DON'T KNOW         a. Evaluated by physician/medical staff  | ΞA       |  |
| 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.") |                 |  |          |  |
|   | 0               | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide<br>Pre-existing medical condition<br>Deceased developed condition after admission                                  |          |  |
|   | C               | Could not be determined  | je.      |  |

| Form  | NPS-4A |
|-------|--------|
| (Adde | ndum)  |

### 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** 

|                     | Sum - |        |           |  |  |
|---------------------|-------|--------|-----------|--|--|
| FORM COMPLETED BY:  |       |        |           |  |  |
| Name                |       |        | Title     |  |  |
| Official<br>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 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          |
| <ul> <li>Under your jurisdiction but in special facilities (e.g.,</li> </ul>               | correctional facility in another state or in a federal facility |
| medical/treatment/release centers, halfway houses,<br>police/court lockups, or work farms) | Under probation or parole supervision in your state             |
| In transit to or from your facilities while under your                                     | Under your jurisdiction but on AWOL or escape-status at         |
| supervision  | the time of death   |
|  |   |

#### BURDEN STATEMENT

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| 1.  | What was the inmate's name?  | 8. On what date was the inmate admitted to one of   |
|-----|--|---|
|     | Cumbroro   | 8. On what date was the initial your correctional facilities?                                   |
|     |  |   |
|     | LAST FIRST MI  |   |
|     |  | MONTH DAY YEAR  |
| 2   | On what it is a set  |   |
| 2.  | on what date did the inmate die?   |   |
|     | 0 3 0 7 2 0 1 9  | 9. For what offense(s) was the inmate being held?   |
|     | MONTH DAY YEAR   |   |
|     |  | <sup>a.</sup> Second Degree Murder  |
|     |  | b.  |
| 3   | that was the name and location of the  |   |
|     | correctional facility involved?  | C.  |
|     | Facility Name:   | d.  |
|     |  |   |
|     | LOUISIANA STATE PENITENTIARY   | e.  |
|     | Facility City: Facility State:   |   |
|     | ANGOLA   |   |
| Ĩ., |  | 10 Since edmination with the state  |
|     |  | 10. Since admission, did the inmate ever stay<br>overnight in a mental health facility?         |
|     |  |   |
| 4   | What was the inmate's date of birth?   | Ves<br>No   |
|     |  | Don't Know  |
| 1.  |  |   |
|     | MONTH DAY YEAR   |   |
|     |  |   |
|     | 5. What was the inmate's sex?  | 11. Where did the inmate die?   |
|     |  | In a general housing unit in the facility or in a general housing unit are set.                 |
|     | ☑ Male<br>□ Female   | general nousing unit on prison groups   |
|     |  |   |
|     |  | In a special medical unit/infirmary within your facility  |
|     | 6. Was the inmate of Hispanic, Latino, or Spanish  | In a special mental health services unit within your facility                                   |
| 1   | 6. Was the inmate of Hispanic, Latino, or Spanish origin?  | your facility   |
|     |  | <ul> <li>In a medical center outside your facility</li> <li>In a mental health conts</li> </ul> |
|     | ☐ Yes<br>☑ No  | <ul> <li>In a mental health center outside your facility</li> <li>While in transit</li> </ul>   |
|     |  |   |
|     |  | Please Specify:   |
| .   |  |   |
|     | <ol><li>In addition, what was the inmate's race? Please select one or more of the following racial</li></ol> |   |
|     | categories:  |   |
|     |  |   |
|     | <ul> <li>White</li> <li>Black or African American</li> </ul>   |   |
|     | <ul> <li>Black or African American</li> <li>American Indian or Alaska Native</li> </ul>                      |   |
|     | Aniencan Indian of Alaska Native   |   |
|     | Native Hawaiian or Pacific Islander  |   |
|     | Some_other_race  |   |
|     | Please Specify:  |   |
|     |  |   |
|     |  |   |

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? |
|--|
| $\rightarrow$ TES $\rightarrow$ CONTINUE TO 040  |
| Staluation complete manufi   |
| SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A<br>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?   |
|  |
| 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 special mental health services unit   |
| In a segregation unit  |
| <ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul>   |
| Please Specify:  |
|  |
| Outside the prison facility (e.g., while on work release or on work detail)  |
| □ Elsewhere  |
|  |
|  |
| 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

2

1

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

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

Please add any additional notes regarding this death here:

-
| Form<br>(Adde       | NPS-4A<br>ndum) MC      | ORTALITY IN CORRECTION<br>STATE PRISON<br>DEATH REP | INMATE                               | 019 U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGENT:<br>RTI INTERNATIONAL |
|---------------------|-------------------------|---|--------------------------------------|--|
|                     |                         | FORM COMPLE   | TED BY:                              |  |
| Name                |                         |   | Title                                |  |
| Official<br>Address |                         |   | Telephone                            |  |
| City                |                         |   | FAX                                  |  |
| State               | Zip                     | E-mail  | 1                                    |  |
|                     |                         |   |                                      |  |
|                     | 15. <sup>26</sup>       | Instructions for C                                  | ompletion                            |  |
| lf no d             | eaths occurred in 2019: | s Karl Hand Mazzarl and Sach Sach Sach              | en en la servici de pour la carro da |  |

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? 7 1

| INCLU    | <u>JDE</u> deaths of ALL persons  | EXCI | LUDE 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  | •    | Under your jurisdiction but on AWOL or escape-status at         |
|          | supervision   | 1    | the time of death   |
| A second | (1) Contraction (1) A Design (1) Contraction (1) Contractio | 4    |   |
|          |   |      |   |

#### BURDEN STATEMENT

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

A C

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 | $\rightarrow$ | CONTINUE TO Q13 |  |
|---|-----|---------------|-----------------|--|
|   |     |               |                 |  |

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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*** |
|-----|--------------|---|
|     | $\checkmark$ | 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]  |

| 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:   |
| <ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>   |
|   |

| 15. | When d                                       | lid the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? |
|-----|--|---|
|     | $\boldsymbol{\boldsymbol{\bigtriangledown}}$ | 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<br>servic | ding emergency care provided at the time of death<br>ses for the medical condition that caused his/her de  | , did th<br>eath af | e inmate<br>ter admi | e receive any of<br>ssion to your co   | the following medical rrectional facilities?        |
|-----|-----------------|--|---------------------|----------------------|--|---|
|     | O               | NOT APPLICABLE—Cause of death was accidental i   | njury, ii           | ntoxicatio           | n, suicide, or hor                     | nicide  |
|     |                 | <ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> <li>f. Confinement in special medical unit</li> </ul> |                     |                      | ······································ | PLEASE PROVIDE A<br>RESPONSE FOR<br>EACH ITEM (a–f) |
| 17. | after           | the cause of death the result of a pre-existing medi<br>admission? (If multiple conditions caused the deat<br>existing medical condition.")  |                     |                      |  |   |
| 8   | Ο               | NOT APPLICABLE—Cause of death was accidental   | injury, i           | ntoxicatio           | on, suicide, or hon                    | nicide  |
|     | 000             | Pre-existing medical condition<br>Deceased developed condition after admission<br>Could not be determined  |                     |                      |  |   |

Please add any additional notes regarding this death here:

| Form NF<br>Addend  |  |   | ORRECTIONAL<br>ATE PRISON IN<br>DEATH REPO | MATE           | ONS 2019                             | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTIC:<br>AND ACTING AS COLLECTION AGE<br>RTI INTERNATIONAL |
|--|--|---|--|----------------|--------------------------------------|---|
|  |  | FOI   |  | ED BY:         |                                      |   |
| Name   |  |   |  | Title          |                                      |   |
| fficial<br>dress   |  |   |  | Telephone      |                                      |   |
| City   |  |   |  | FAX            |                                      |   |
| State  | Zip  |   | E-mail                                     |                |                                      |   |
|  |  | Instruc   | ctions for Co                              | ompletion      | 2× ,                                 |   |
|  | ths occurred in 2019   | <u>):</u>   | ctions for Co                              | ompletion      |                                      |   |
| • You  | do not need to com   | <u>):</u><br>plete this form.   | ctions for Co                              | ompletion      |                                      | d in Aluer Aluer Handback and a second s  |
| <ul> <li>You</li> <li>If you had</li> <li>Make</li> </ul>  | do not need to com<br>d more than one de<br>e copies of this form  | 9 <u>:</u><br>plete this form.<br>ath in 2019:<br>i for each additional dea   | ith.                                       | ompletion      |                                      | d   |
| <ul> <li>You</li> <li>If you had</li> <li>Make</li> <li>Con</li> </ul>                                     | do not need to com<br>d more than one de<br>e copies of this form<br>aplete the entire form  | <u>):</u><br>plete this form.<br>ath in 2019:   | ith.                                       |                | th report:                           |   |
| You <u>If you ha</u> Mak     Con     Onc     ON  | do not need to com<br>d more than one de<br>e copies of this form<br>aplete the entire form<br>e your death record<br>LINE: Complete the | <u>9:</u><br>plete this form.<br>ath in 2019:<br>n for each additional dea<br>n for each inmate death.<br>s are complete, there an<br>report online at: <u>https://</u>         | ith.<br>e several ways to                  | o submit a dea | RTI Intern<br>Project #:             | ational, Attn: Data Capture<br>0215015.001.300.117.102.100<br>ital Boulevard                                    |
| <ul> <li>You</li> <li>If you ha</li> <li>Mak</li> <li>Con</li> <li>Onc</li> <li>ON</li> <li>E-N</li> </ul> | do not need to com<br>d more than one de<br>e copies of this form<br>pplete the entire form<br>e your death record                       | <u>9:</u><br>plete this form.<br>a <u>th in 2019:</u><br>n for each additional dea<br>n for each inmate death.<br>s are complete, there an<br>report online at: <u>https://</u> | ith.<br>e several ways to                  | o submit a dea | RTI Intern<br>Project #:<br>5265 Cap |   |

# 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<br>facilities, whether located in or out of state   |                               | 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.,<br>medical/treatment/release centers, halfway houses,<br>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 DDISON INMATE DEATH DEDODT

|    | STATE PRISON INM   | IATE DEATH REPORT  |
|----|--|--|
| 1. | What was the inmate's name?  | 8. On what date was the inmate admitted to one of  |
|    | DO QUANG   | your correctional facilities?  |
|    | LAST FIRST MI  | 0 1 1 5 2 0 1 3<br>MONTH DAY YEAR  |
| 2. | On what date did the inmate die?   |  |
|    | 1     1     4     2     0     1     9       MONTH     DAY     YEAR                                     | 9. For what offense(s) was the inmate being held?<br>a. Agg Incest   |
|    |  | b. Sexual Battery  |
| 3. | What was the name and location of the  | c.   |
|    | correctional facility involved?  | d.   |
|    | Facility Name:<br>LOUISIANA STATE PENITENTIARY   | e.   |
|    | Facility City: Facility State:   |  |
|    | ANGOLA   | 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   |
|    | 0     4     1     5     1     9     6     6       MONTH     DAY     YEAR                               | Don't Know   |
|    |  | 11. Where did the inmate die?  |
| 5. |  | In a general housing unit in the facility or in a general housing unit on prison grounds                               |
|    | <ul> <li>☑ Male</li> <li>□ Female</li> </ul>   | □ In a segregation unit<br>□ In a special medical unit/infirmary within your   |
|    |  | facility   |
| 6. | Was the inmate of Hispanic, Latino, or Spanish   | In a special mental health services unit within your facility  |
|    | origin?  | <ul> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> </ul> |
|    | □ Yes<br>☑ No  | <ul> <li>While in transit</li> <li>Elsewhere</li> </ul>  |
|    |  | Please Specify:  |
| 7. | In addition, what was the inmate's race? Please select one or more of the following racial categories: |  |
|    | White  |  |
|    | <ul> <li>Black or African American</li> <li>American Indian or Alaska Native</li> </ul>                |  |
|    | <ul> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> </ul>                                 |  |
|    | Some other race  |  |
|    | Please Specify:  |  |
|    |  |  |

| 2. 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  |
| $\square$ No evaluation is planned $\rightarrow$ 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- related to 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 I ( In the inmate's cell/room   |
| In a temporary holding area/lockup  |
| <ul> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> </ul>  |
| <i>[PLEASE ]</i> In a special metal health services unit  |
| In a segregation unit   |
| <ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul>  |
| 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?   |
| <ul> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> </ul>  |
| Morning (6 am to Noon)  |

0,

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

| 16.   | Exclu<br>servio | ding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?  |
|-------|-----------------|--|
|       | <b>P</b>        | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide  |
| -<br> | 2               | 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.")   |
|       | ٦               | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide  |
|       | 000             | Pre-existing medical condition<br>Deceased developed condition after admission<br>Could not be determined  |
| Plea  | se ad           | d any additional notes regarding this death here:  |

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|             |                         |     |           |  |           | OMB No.   | 1121-0249 Approval Expires 06/30/2021.   |
|-------------|-------------------------|-----|-----------|--|-----------|-----------|--|
| F.<br>(A    | orm NPS-4A<br>Addendum) |     | MORTALITY | IN CORRECTION<br>STATE PRISON<br>DEATH REP | INMATE    | IONS 2019 | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGENT:<br>RTI INTERNATIONAL |
| 1           |                         |     |           | FORM COMPLE                                | TED BY:   |           |  |
|             |                         |     |           |  |           |           |  |
| Na          | ame                     |     |           |  | Title     |           |  |
| Off<br>Addi | icial<br>ress           |     |           |  | Telephone |           |  |
|             | City                    |     |           |  | FAX       |           | 1999) (1997) - 1999)<br>1999) - 1999<br>1997   |
| s           | itate                   | 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

|      |  | A     |   |
|------|--|-------|---|
| INCL | UDE deaths of ALL persons  | EXCLU | DE 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   |       | tate  |
|      | facilities, whether located in or out of state   | • · · | Inder your jurisdiction but housed in a state-operated                      |
| •    | Under your jurisdiction but in special facilities (e.g.,<br>medical/treatment/release centers, halfway houses,<br>police/court lockups, or work farms) | с     | orrectional facility in another state or in a federal facility              |
|      |  | • u   | 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<br>he time of death |
|      | Supervision  |       |   |

# What deaths should be reported?

#### BURDEN STATEMENT

| 1. | What was the inmate's name?         Ducote       Robert       S         LAST       FIRST       MI  | <ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0</li> <li>8. 1</li> <li>1</li> <li>9</li> <li>9</li> <li>2</li> <li>MONTH</li> <li>DAY</li> <li>YEAR</li> </ul>   |
|----|--|--|
| 2. | On what date did the inmate die?<br>0  4 $2  5$ $2  0  1  9MONTH DAY YEARWhat was the name and location of the$  | <ul> <li>9. For what offense(s) was the inmate being held?</li> <li><sup>a.</sup> Second Degree Murder</li> <li>b.</li> </ul>  |
| 0. | correctional facility involved?  | C.   |
|    | Facility Name:         LOUISIANA STATE PENITENTIARY         Facility City:       Facility State:         ANGOLA       LA   | d  |
|    |  | 10. Since admission, did the inmate ever stay<br>overnight in a mental health facility?  |
| 4. | What was the inmate's date of birth?         0       8       0       7       1       9       5       1         MONTH       DAY       YEAR  | ☐ Yes<br>☐ No<br>☑ Don't Know  |
|    |  | 11. Where did the inmate die?  |
| 5. | What was the inmate's sex?<br>☑ Male<br>□ Female   | <ul> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within</li> </ul> |
| 6. | Was the inmate of Hispanic, Latino, or Spanish<br>origin?<br>Yes<br>No   | <ul> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul>    |
| 7. | In addition, what was the inmate's race? Please<br>select one or more of the following racial<br>categories:<br>White<br>Black or African American<br>American Indian or Alaska Native<br>Asian<br>Native Hawaiian or Pacific Islander<br>Some other race<br>Please Specify: |  |
|    |  |  |

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| 9    |          |   |
|------|----------|---|
| 12.  | Are the  | 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?<br>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<br>No evaluation is planned → CONTINUE TO Q13   |
|      |          |   |
| 13.  | What w   | vas the cause of death? *** Please SPECIFY cause of death—it is critical information***   |
|      | 2        | 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   | _        | 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   |
|      |          | <ul> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> </ul> |
|      | IPLEASE  | In a special medical unit/infirmary   |
|      | SPECIFY] | <ul> <li>In a special mental health services unit</li> <li>In a segregation unit</li> </ul>   |
|      |          | On death row, special unit awaiting capital punishment  |
|      |          | Elsewhere within the prison facility  |
|      |          | Please Specify:   |
| , A. |          |   |
|      | Ľ        | Elsewhere Please Specify:   |
|      |          |   |
|      |          |   |

| 15. | When d | 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)<br>Evening (6 pm to Midnight)                                  |  |
|     |        | Overnight (Midnight to 6 am)  |  |

| 16.  | Exclu<br>servi | ding emergency care provided at the time of death, did the inmate receive any of the following medica es for the medical condition that caused his/her death after admission to your correctional facilities?   | 1 |
|------|----------------|---|---|
|      | O              | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide   |   |
|      |                | YES NO DON'T KNOW  a. Evaluated by physician/medical staff  | 4 |
|      |                |   | _ |
| 17.  | after          | he cause of death the result of a pre-existing medical condition or did the inmate develop the condition<br>admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark<br>existing medical condition.") | n |
|      | Ο              | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide   |   |
|      | 000            | Pre-existing medical condition<br>Deceased developed condition after admission<br>Could not be determined   |   |
| Plac |                |   |   |
| riea | se ad          | 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** 

|                     | 4.7         |           |  |
|---------------------|-------------|-----------|--|
|                     | FORM COMPLE | TED BY:   |  |
| Name                |             | Title     |  |
| Official<br>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 bismci@rti.org

# What deaths should be reported?

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

#### BURDEN STATEMENT

|    |  | Are the  |
|----|--|--|
|    | STATE PRISON INM   | ATE DEATH REPORT   |
| 1. | What was the inmate's name?         Edwards       Kenneth         LAST       FIRST       MI  | <ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 7 1 5 1 9 9 6</li> <li>MONTH DAY YEAR</li> </ul>   |
| 2. | On what date did the inmate die?       0     9     2     2     0     1     9       MONTH     DAY     YEAR  | <ul> <li>9. For what offense(s) was the inmate being held?</li> <li>a. Second Degree Battery</li> <li>b.</li> </ul>  |
| 3. | What was the name and location of the correctional facility involved?         Facility Name:         LOUISIANA STATE PENITENTIARY         Facility City:       Facility State:         ANGOLA       LA   | c  |
| 4. | What was the inmate's date of birth?         0       8       2       6       1       9       5       8         MONTH       DAY       YEAR  | ☐ Yes<br>☐ No<br>☑ Don't Know  |
| 5. | What was the inmate's sex?<br>☑ Male<br>□ Female   | <ul> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> </ul> |
| 6. | Was the inmate of Hispanic, Latino, or Spanish<br>origin?<br>□ Yes<br>☑ No   | <ul> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> </ul>           |
| 7. | In addition, what was the inmate's race? Please<br>select one or more of the following racial<br>categories:<br>White<br>Black or African American<br>American Indian or Alaska Native<br>Asian<br>Native Hawaiian or Pacific Islander<br>Some other race<br>Please Specify: |  |
| 5  |  |  |

|              | land and a second  |  |
|--------------|--------------------|--|
|              |                    |  |
| +            | 15                 |  |
| .2.          |                    | results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or<br>of medical records) available to establish an official cause of death? |
|              | _                  | YES> CONTINUE TO Q13<br>Evaluation complete—results are pending  |
|              | Ļ                  |  |
|              |                    | SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH   |
|              |                    | No evaluation is planned   |
| -            |                    |  |
| 1:           | 3. What w          | was the cause of death? *** Please SPECIFY cause of death—it is critical information***  |
|              | $\Box$             | Illness—Exclude AIDS-related deaths [Specify] Cardiopulmonary Arrest   |
|              |                    | Acquired Immune Deficiency Syndrome (AIDS)   |
|              |                    | Accidental alcohol/drug intoxication [Describe]  |
| a strate and |                    | Accidental injury to self [Describe]   |
|              | 32                 | 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]   |
| Г            |                    |  |
| 9            | _                  | 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   |
|              | C                  | In the prison facility or on the prison grounds  |
|              |                    | <ul> <li>In a temporary holding area/lockup</li> </ul>   |
|              |                    | <ul> <li>In a common area within the facility (e.g., yard, library, cafeteria)</li> <li>In a special medical unit/infirmary</li> </ul>                                     |
|              | [PLEASE<br>SPECIFY |  |
|              |                    | <ul> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> </ul>  |
|              |                    | Elsewhere within the prison facility   |
|              |                    | Please Specify:  |
|              |                    |  |
|              |                    | <ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>   |
|              |                    | Please Specify:  |
| L            |                    |  |

| 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)  |

| servi   | uding emergency care provided at the time of d<br>ces for the medical condition that caused his/h  | leath, did the<br>her death after      | inmate reco<br>r admissior | eive any of the following r<br>n to your correctional faci | nedical<br>lities? |
|---|--|--|----------------------------|--|--------------------|
|   | NOT APPLICABLE—Cause of death was accide   |  |                            |  |                    |
|   | <ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> <li>f. Confinement in special medical unit</li> </ul> | ······································ |                            | <b>RESPONSE F</b><br><b>EACH ITEM (</b><br>                | OR                 |
| 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.") |  |  |                            |  |                    |
| 0   | NOT APPLICABLE—Cause of death was accide<br>Pre-existing medical condition<br>Deceased developed condition after admission   | antal injury, into                     | oxication, su              | uicide, or homicide  |                    |

ase and any additional notes regarding this death here:

| E.   | OMB No.  | 1121-0249 Approval Expires 06/30/2021.   |
|--|--|--|
| Form NPS-4A<br>(Addendum) MORTAL   | ITY IN CORRECTIONAL INSTITUTIONS 2019<br>STATE PRISON INMATE<br>DEATH REPORT | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGENT:<br>RTI INTERNATIONAL |
| Name   | FORM COMPLETED BY:   |  |
| Official<br>Address  | Title  |  |
| City   | Telephone  |  |
| State Zip  | FAX FAX  |  |
|  | E-mail   |  |
| <ul> <li>If no deaths occurred in 2019:</li> <li>You do not need to complete this for</li> <li>If you had more than one death in 2019:</li> <li>Make copies of this form for each at</li> <li>Complete the entire form for each in</li> <li>Once your death records are one of the provided of</li></ul> | lditional death.   |  |
| ONLINE: Complete the report and  | mate death.<br>ete, there are several ways to submit a death report:         |  |
| ONLINE: Complete the report onlin<br>E-MAIL: <u>bjsmci@rti.org</u>   | Project #  | national, Attn: Data Capture<br>: 0215015.001.300.117.102.100<br>pital Boulevard                                   |
| FAX (TOLL-FREE): (866) 800-9179  | 0200 Oal   | NC 27690-1652  |
| If you need assistance, contact the da   | ta collection team at RTI International toll-free at (800                    | ) 344-1387 or <u>bismci@rti.org</u>  |

# What deaths should be reported?

| <u>INCLU</u><br>•<br>• | JDE deaths of ALL persons<br>Confined in your correctional facilities, whether housed<br>under your jurisdiction or that of another state<br>Under your jurisdiction but housed in private correctional<br>facilities, whether located in or out of state<br>Under your jurisdiction but in special facilities (e.g.,<br>medical/treatment/release centers, halfway houses, | • | <u>UDE</u> deaths of ALL persons<br>Executed in your state<br>Confined in local jail facilities, whether located in or out of<br>state<br>Under your jurisdiction but housed in a state-operated<br>correctional facility in another state or in a federal facility |
|------------------------|---|---|---|
| •                      | Under your jurisdiction but in special facilities (e.g.,<br>medical/treatment/release centers, halfway houses,<br>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?<br>Forest  | 8. On what date was the inmate admitted to one of your correctional facilities?                    |
|----|--|--|
|    |  |  |
|    | LAST FIRST MI  |  |
|    |  | MONTH DAY YEAR   |
| 2  | On what data did the inmeter dia 2   |  |
| 2. | On what date did the inmate die?   |  |
|    | 0 5 0 9 2 0 1 9  | 9. For what offense(s) was the inmate being held?  |
|    | MONTH DAY YEAR   | a. Second Degree Murder  |
|    |  |  |
|    |  | b.   |
| 3. | What was the name and location of the  | C.   |
|    | correctional facility involved?  |  |
|    | Facility Name:   | d.   |
|    | LOUISIANA STATE PENITENTIARY   | e.   |
|    |  |  |
|    | Facility City: Facility State:   |  |
|    | ANGOLA   |  |
|    |  | 10. Since admission, did the inmate ever stay  |
|    |  | overnight in a mental health facility?   |
|    |  |  |
| 4. | What was the inmate's date of birth?   | │  |
|    | 0 6 1 9 1 9 5 3  |  |
|    | MONTH DAY YEAR   |  |
|    |  |  |
|    |  | 11. Where did the inmate die?  |
| 5. | What was the inmate's sex?   | In a general housing unit in the facility or in a  |
|    | ☑ Male   | general housing unit on prison grounds   |
|    | Female   | <ul> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your</li> </ul> |
|    |  | 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  | <ul> <li>In a mental health center outside your facility</li> <li>While in transit</li> </ul>      |
|    | ☑ No   |  |
|    |  |  |
|    |  | Please Specify:  |
| 7. | In addition, what was the inmate's race? Please  |  |
|    | select one or more of the following racial   |  |
|    | categories:  |  |
|    | White  |  |
|    | Black or African American  |  |
|    |  |  |
|    | American Indian or Alaska Native Asian   |  |
|    | <ul> <li>American Indian or Alaska Native</li> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> </ul> |  |
| 4  | 🗋 Asian  |  |
|    | <ul> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> </ul>   |  |
|    | <ul> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> <li>Some other race</li> </ul>                  |  |

N.

8

| <ul> <li>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?</li> <li>YES → CONTINUE TO 244</li> </ul> |
|---|
| Evaluation complete   |
|   |
| LATER TIME FOR THE CAUSE OF DEATH   |
| CONTINUE TO Q13   |
| 13. What was the cause of death2  |
| 13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***  |
| <ul> <li>Illness—Exclude AIDS-related deaths [Specify]</li> <li>Acquired Immune Deficiency Syndrome (AIDS)</li> </ul>   |
| 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 Miles - Miles  |
| 14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?<br>☑ NOT APPLICABLE—Cause of death are in  |
| Cause of death was illness, intoxication, or AIDS-related   |
| In the inmate's cell/room   |
| L In a temporary holding area/lookur  |
| [PLEASE In a common area within the facility (e.g., yard, library, cafeteria)   |
| SPECIFY] In a special mental health services unit   |
| <ul> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> </ul>  |
| Please Specify:   |
|   |
| <ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>  |
| Please Specify:   |
|   |
|   |
| <ul> <li>15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> </ul>                          |

2

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

| 16.  |   | iding emergency care provided at the time of dea<br>ces for the medical condition that caused his/her  |  |            |  |   |
|------|---|--|--|------------|--|---|
|      | O   | NOT APPLICABLE—Cause of death was accidenta  | al injury, i                           | ntoxicatio | on, suicide, or hor                    | nicide  |
|      |   | <ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> <li>f. Confinement in special medical unit</li> </ul> | ······································ | ·····      | ······································ | PLEASE PROVIDE A<br>RESPONSE FOR<br>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.") |  |  |            |  |   |
|      | Ο   | NOT APPLICABLE—Cause of death was accidenta  | al injury, i                           | ntoxicatio | on, suicide, or hon                    | nicide  |
|      | 000   | Pre-existing medical condition<br>Deceased developed condition after admission<br>Could not be determined  |  |            |  |   |
| Pla  |   |  |  |            |  |   |
| riea | ase add   | d any additional notes regarding this death here:  |  |            |  |   |

this death here: ۱g

|                        | In NPS-4A<br>lendum) MORTALITY IN CORRECTIONA<br>STATE PRISON I<br>DEATH REPO  | NMATE BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGENT:   |
|------------------------|--|---|
|                        | FORM COMPLET   | ED BY:  |
| Name                   | ,  | Title   |
| Officia<br>Address     |  | Telephone   |
| City                   |  | FAX   |
| State                  | E-mail   |   |
|                        | Instructions for C   | ompletion   |
| lf no                  | <u>deaths occurred in 2019:</u><br>You do not need to complete this form.  |   |
| <u>lf γc</u><br>•<br>• | u had more than one death in 2019:<br>Make copies of this form for each additional death.<br>Complete the entire form for each inmate death.<br>Once your death records are complete, there are several ways | o submit a death report:  |
|                        | ONLINE: Complete the report online at: <u>https://bjsmci.rti.org</u><br>E-MAIL: <u>bjsmci@rti.org</u>  | MAIL: RTI International, Attn: Data Capture<br>Project #: 0215015.001.300.117.102.100<br>5265 Capital Boulevard<br>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?

|              | What deallis should be reported.   |   |      |  |  |
|--------------|--|---|------|--|--|
| NCL          | UDE deaths of ALL persons  | EX                                      | (CLI | UDE deaths of ALL persons  |  |
| •            | Confined in your correctional facilities, whether housed under your jurisdiction or that of another state  |   | :    | Executed in your state<br>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  | na na harar shiya adi                   |      | state<br>Under your jurisdiction but housed in a state-operated  |  |
| •            | Under your jurisdiction but in special facilities (e.g.,<br>medical/treatment/release centers, halfway houses,<br>police/court lockups, or work farms) | Anna Anna Anna Anna Anna Anna Anna Anna | •    | correctional facility in another state or in a federal facility<br>Under probation or parole supervision in your state |  |
| <b>•••</b> • | 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?FuselierJohnnyLASTFIRSTMI  | <ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>0 4 1 6 2 0 0 3</li> <li>MONTH DAY YEAR</li> </ul>   |
| 2.<br>3. | On what date did the inmate die?         0       7       0       3       2       0       1       9         MONTH       DAY       YEAR         What was the name and location of the correctional facility involved?         Facility Name:         LOUISIANA STATE PENITENTIARY         Facility City:       Facility State:         ANGOLA       LA         What was the inmate's date of birth? | 9. For what offense(s) was the inmate being held?         a. Armed Robbery         b.         c.         d.         e.         10. Since admission, did the inmate ever stay overnight in a mental health facility?         Yes         No   |
| 5.       | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$   | <ul> <li>Don't Know</li> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> </ul>  |
| 6.       | <ul> <li>Female</li> <li>Was the inmate of Hispanic, Latino, or Spanish origin?</li> <li>Yes</li> <li>No</li> </ul>   | <ul> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your facility</li> <li>In a special mental health services unit within your facility</li> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> <li>While in transit</li> <li>Elsewhere</li> <li>Please Specify:</li> </ul> |
| 7.       | In addition, what was the inmate's race? Please<br>select one or more of the following racial<br>categories:<br>White<br>Black or African American<br>American Indian or Alaska Native<br>Asian<br>Native Hawaiian or Pacific Islander<br>Some other race<br>Please Specify:  |  |

| 2. Are the r | 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?<br>YES → CONTINUE TO Q13<br>Evaluation complete—results are pending<br>SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A<br>LATER TIME FOR THE CAUSE OF DEATH  |
| Ŭ            | No evaluation is planned   CONTINUE TO Q13   |
| 13. What wa  | as the cause of death? *** Please SPECIFY cause of death—it is critical information***   |
|              | Iness—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  |
|              | Suicide (e.g., hanging, knife/cutting instrument, ntentional drug overdose) [Describe]   |
| Он           | lomicide [Describe]  |
| D o          | Dther cause(s) [Specify]   |
| ΟN           | 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         n 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         V         Please Specify:         Outside the prison facility (e.g., while on work release or on work detail)         Elsewhere         V |
| 15 When d    | lid 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

ne of

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

| 16. | Exclu<br>servic   | ding emergency care provided at the time of death<br>ces for the medical condition that caused his/her d   | , did the<br>eath aft | e inmate<br>er admis | receive any of t<br>sion to your co | the following medical rectional facilities?         |
|-----|---|--|-----------------------|----------------------|-------------------------------------|---|
|     | Ø   | NOT APPLICABLE—Cause of death was accidental   | injury, in            | toxicatio            | n, suicide, or hon                  | nicide  |
|     |   | <ul> <li>a. Evaluated by physician/medical staff</li> <li>b. Diagnostic tests (e.g., X-rays, MRI)</li> <li>c. Medications</li> <li>d. Treatment/care other than medications</li> <li>e. Surgery</li> <li>f. Confinement in special medical unit</li> </ul> | ·····                 | ····                 | ·······                             | PLEASE PROVIDE A<br>RESPONSE FOR<br>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.") |  |                       |                      |                                     |   |
|     | 0   | NOT APPLICABLE—Cause of death was accidental   | injury, ir            | ntoxicatio           | n, suicide, or hon                  | nicide  |
|     |   | Pre-existing medical condition<br>Deceased developed condition after admission<br>Could not be determined  |                       |                      |                                     |   |

Please add any additional notes regarding this death here:

0

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

| <ul> <li>Form NI<br/>(Addend</li> </ul> |  | STATE PRISON INMA<br>DEATH REPORT | NTE BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGEN<br>RTI INTERNATIONAL |
|---|--|-----------------------------------|--|
|   |  | FORM COMPLETED                    | BY:  |
| Name                                    | <u>.</u>   |                                   | Title  |
| Official<br>Address                     | Annotation (* 1997) (* 1997)<br>Annotation (* 1997)<br>Annotation (* 1997) | Tele                              | ephone   |
| 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

| INCLUDE deaths of ALL persons  | EXCLUDE deaths of ALL persons   |
|--|---|
| <ul> <li>Confined in your correctional facilities, whether housed under your jurisdiction or that of another state</li> <li>Under your jurisdiction but housed in private correction facilities, whether located in or out of state</li> <li>Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)</li> <li>In transit to or from your facilities while under your supervision</li> </ul> | <ul> <li>Executed in your state</li> <li>Confined in local jail facilities, whether located in or out of</li> </ul> |
|  | have a service of the second of the second    |

## What deaths should be reported?

#### BURDEN STATEMENT

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

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| Are               | the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or<br>ew of medical records) available to establish an official cause of death?                                      |
|-------------------|--|
|                   | <ul> <li>YES → CONTINUE TO Q13</li> <li>Evaluation complete—results are pending</li> </ul>   |
|                   | SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM YOU WILL BE CONTACTED AT A   |
|                   | LATER TIME FOR THE CAUSE OF DEATH<br>$\square$ No evaluation is planned $\rightarrow$ CONTINUE TO Q13  |
|                   |  |
| 13. Wha           | It was the cause of death? *** Please SPECIFY cause of death—it is critical information***   |
| L                 | Illness—Exclude AIDS-related deaths [Specify] Cardiopulmonary Arrest   |
|                   | Acquired Immune Deficiency Syndrome (AIDS)   |
|                   | Accidental alcohol/drug intoxication [Describe]  |
| Ę                 | 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]  |
| C                 | Homicide [Describe]  |
| C                 | Other cause(s) [Specify]   |
| [PLEASI<br>SPECIF | 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 |

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

| 16. | Exclu<br>servio | ccluding emergency care provided at the time of death, did the inmate receive any of<br>rvices for the medical condition that caused his/her death after admission to your co  | the following medical<br>prrectional facilities?    |
|-----|-----------------|--|---|
|     |                 | _  |   |
|     |                 | YES NO DON'T KNOW a. Evaluated by physician/medical staff  | PLEASE PROVIDE A<br>RESPONSE FOR<br>EACH ITEM (a-f) |
| 17. | aπer            | as the cause of death the result of a pre-existing medical condition or did the inmate o<br>ter admission? ( <i>If multiple conditions caused the death and <u>any</u> of the conditions wer<br/>Pre-existing medical condition.")</i> |   |
|     |                 | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hom   | licide  |
|     |                 | Deceased developed condition after admission   |   |

Please add any additional notes regarding this death here:

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

#### BURDEN STATEMENT

|                | and Marine and Anna a | 8. On what date was the inmate admitted to one of  |
|----------------|---|--|
| 1.             | What was the inmate's name?   | your correctional lacinities   |
|                | George Charles  |  |
| 1              | LAST FIRST MI   | MONTH DAY YEAR   |
|                |   | MONTH  |
|                |   |  |
| 2.             | On what date did the inmate die?  | 9. For what offense(s) was the inmate being held?  |
| i.,            | 0 1 0 5 2 0 1 9   | <ul> <li>9. For what offense(s) was</li> <li><sup>a.</sup> Aggravated Kidnapping</li> </ul>  |
|                | MONTH DAY YEAR  |  |
|                |   | b. Simple Burglary   |
|                | What was the name and location of the   | C.   |
| 3.             | correctional facility involved?   |  |
|                |   | d.   |
|                |   | е.   |
| 10<br>2 - 1948 | LOUISIANA STATE PENITENTIARY  |  |
| ÷              | Facility City: Facility State:  |  |
|                | ANGOLA  | 10. Since admission, did the inmate ever stay  |
|                |   | 10. Since admission, did the the facility?<br>overnight in a mental health facility?   |
|                |   |  |
|                | What was the inmate's date of birth?  | □ No<br>☑ Don't Know   |
| 4.             | What was the initiate s dute of $a$   |  |
|                |   |  |
|                | MONTH DAY YEAR  | 11. Where did the inmate die?  |
|                |   | not a second bousing unit in the facility or in a  |
| F              | What was the inmate's sex?  | general housing unit on prison grounds   |
| 5.             | Male  | <ul> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your</li> </ul>   |
|                | Female  | facility<br>In a special mental health services unit within  |
|                |   | the second se  |
|                | Was the inmate of Hispanic, Latino, or Spanish  | <ul> <li>In a medical center outside your facility</li> <li>In a mental health center outside your facility</li> </ul>   |
| 6.             | Was the inmate of more  | <ul> <li>In a mental health center outside y</li> <li>While in transit</li> </ul>  |
|                | origin?   | Elsewhere  |
|                | □ Yes<br>☑ No   | Please Specify:  |
|                |   |  |
|                | In addition, what was the inmate's race? Please   |  |
| 7.             | In addition, what was the inmate's function<br>select one or more of the following racial                       |  |
|                | categories:   |  |
|                |   |  |
|                | Black or African Analaska Native  |  |
|                | <ul> <li>American me</li> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> <li>wher race</li> </ul>  |  |
|                |   |  |
|                | Some Other Please Specify:  |  |
|                |   | المعالية المركبة المعالية المعالية المعالمين المعالية المعالية المعالية المعالية المعالية المعالية المعالية الم<br>المعالية المحالية المعالية الم |

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| 12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or  |
|---|
| <ul> <li>review of medical records) available to establish an official cause of death?</li> <li>YES → CONTINUE TO Q13</li> <li>Evaluation complete—results are pending</li> <li>SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A</li> </ul> |
| 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] ——— Cardiopulmonary arrest as a result of prost   |
| 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]  |
|   |
| <ul> <li>14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?</li> <li>D NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> </ul>  |
| <ul> <li>In the prison facility or on the prison grounds</li> </ul>   |
| <ul> <li>In the inmate's cell/room</li> <li>In a temporary holding area/lockup</li> </ul>   |
| In a common area within the facility (e.g., yard, library, cafeteria)   |
| [PLEASE SPECIFY] In a special medical unit/infirmary  |
| <ul> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> </ul>   |
| Elsewhere within the prison facility  |
| Please Specify:   |
| <ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> </ul>   |
|   |
| 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)

and a la fil side

| 16. | 361 11 | uding emergency care provided at the time of death, did the inmate receive any of the following 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         b. Diagnostic tests (e.g., X-rays, MRI)         c. Medications         d. Treatment/care other than medications         e. Surgery         e. Surgery |
|-----|--------|--|
| 17. | Was    | 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   |
|     | allei  | aviiting medical condition ")  |
|     | Ο      | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide  |
|     | 00     | Pre-existing medical condition<br>Deceased developed condition after admission<br>Could not be determined  |
|     |        |  |

Please add any additional notes regarding this death here:

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| Form<br>(Adde    | NPS-4A<br>ndum) |         | MORTALITY | N CORRECTION<br>STATE PRISON<br>DEATH REP | INMATE    | IONS 2019 | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGENT:<br>RTI INTERNATIONAL |
|------------------|-----------------|---------|-----------|---|-----------|-----------|--|
| ÷                |                 |         |           | FORM COMPLE                               | TED BY:   |           |  |
| Name<br>Official |                 |         |           |   | Title     |           |  |
| Address          |                 | 1. 1. y |           | к. 2                                      | Telephone |           | 1  |
| City             |                 |         |           |   | FAX       |           |  |
| State            |                 | Zip     |           | E-mail                                    |           |           |  |

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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

## 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                  |  |  |
| <ul> <li>Under your jurisdiction but in special facilities (e.g.,</li> </ul>               | correctional facility in another state or in a federal facility         |  |  |
| medical/treatment/release centers, halfway houses,<br>police/court lockups, or work farms) | <ul> <li>Under probation or parole supervision in your state</li> </ul> |  |  |
| <ul> <li>In transit to or from your facilities while under your</li> </ul>                 | Under your jurisdiction but on AWOL or escape-status at                 |  |  |
| supervision  | the time of death   |  |  |
|  |   |  |  |

#### BURDEN STATEMENT

|    |   | ATE DEATH REPORT  |
|----|---|---|
|    | STATE PRISON INM  | ATE DEATH REPORT  |
| 1. | What was the inmate's name?         Hill         William         LAST   | <ul> <li>8. On what date was the inmate admitted to one of your correctional facilities?</li> <li>1 1 2 0 1 9 7 5</li> <li>MONTH DAY YEAR</li> </ul>  |
| 2. | On what date did the inmate die?       0     5     0     8     2     0     1     9       MONTH     DAY     YEAR   | <ul> <li>9. For what offense(s) was the inmate being held?</li> <li><sup>a.</sup> Second Degree Murder</li> <li>b.</li> </ul>   |
| 3. | What was the name and location of the correctional facility involved?         Facility Name:         LOUISIANA STATE PENITENTIARY         Facility City:       Facility State:         ANGOLA       LA         What was the inmate's date of birth?         0       2       2       4         1       9       5       0 | c.  |
| 5. | MONTH DAY YEAR<br>What was the inmate's sex?<br>Male<br>Female  | <ul> <li>11. Where did the inmate die?</li> <li>In a general housing unit in the facility or in a general housing unit on prison grounds</li> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your</li> </ul> |
| 6. | Was the inmate of Hispanic, Latino, or Spanish<br>origin?<br>□ Yes<br>☑ No  | facility<br>In a special mental health services unit within<br>your facility<br>In a medical center outside your facility<br>In a mental health center outside your facility<br>While in transit<br>Elsewhere<br>↓ Please Specify:          |
| 7. | In addition, what was the inmate's race? Please<br>select one or more of the following racial<br>categories:<br>White<br>Black or African American<br>American Indian or Alaska Native<br>Asian<br>Native Hawaiian or Pacific Islander<br>Some other race<br>Please Specify:  |   |

| ed to C   |   |
|-----------|---|
| ed to one | Se 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 GOINT OF TO |
|           | ✓ YES> CONTINUE TO Q13 Evaluation complete rogulta  |
|           | SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH  |
|           |   |
|           | 13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***  |
|           | <ul> <li>Illness—Exclude AIDS-related deaths [Specify] Cardiopulmonary Arrest</li> <li>Acquired Immune Deficiency Syndrome (AIDS)</li> </ul>  |
|           | Accidental alcohol/drug intoxication [Describe]   |
|           | Accidental injury to self [Describe]  |
|           | Accidental injury by other (e.g., vehicular accidents<br>during transport) [Describe]   |
|           | Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]   |
|           | Homicide [Describe]   |
|           | Other cause(s) [Specify]  |
|           | <ul> <li>14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?</li> <li>☑ NOT APPLICABLE—Cause of death was illumentations.</li> </ul>   |
|           | added of dealth was liness, intoxication, or AIDS related   |
|           | □ In the inmate's cell/room   |
|           | <ul> <li>In a temporary holding area/lockup</li> <li>In a common area within the facility (and the facility)</li> </ul>   |
|           | SPECIFY] In a special mental health services unit   |
|           | <ul> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital purchase</li> </ul>   |
|           | Elsewhere within the prison facility  Please Specify:   |
|           |   |
|           | <ul> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> <li>Elsewhere</li> </ul>  |
|           | Please Specify:   |
|           |   |
|           | <ul> <li>15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?</li> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> </ul>  |
|           | <ul> <li>Morning (6 am to Noon)</li> <li>Afternoon (Noon to 6 pm)</li> <li>Evening (6 pm to Midnight)</li> <li>Overnight (Midnight to 6 am)</li> </ul>  |
|           |   |

 $\mathbf{x} = \mathcal{F}$ 

| 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                            |   |
|     |                              | a. Evaluated by physician/medical staff       YES       NO       DON'T KNOW         b. Diagnostic tests (e.g., X-rays, MRI)       Image: Constraint of the system |
| 17. | Was<br>after<br><i>"Pr</i> e | 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  |
|     |                              | I NOT APPLICABLE—Cause of death was accidental injury intervice time suicide as the state   |
|     | 500                          | Deceased developed condition  |
| 01  |                              |   |
| Ple | ase ac                       | dd any additional notes regarding this death here:  |
|     |                              |   |

|              | 1 - mainte   |
|--------------|--|
|              | FORM COMPLETED BY:   |
| Name         | Title  |
| ficial       | Telephone  |
| City         | FAX FAX  |
| State        | Zip E-mail   |
| l            |  |
| • Ma<br>• Co | had more than one death in 2019:<br>lake copies of this form for each additional death.<br>omplete the entire form for each inmate death.<br>nce your death records are complete, there are several ways to submit a death report:   |
|              |  |
|              | DNLINE: Complete the report online at: <a href="https://bjsmci.rti.org">https://bjsmci.rti.org</a> MAIL: RTI International, Attn: Data Capture         Project #: 0215015.001.300.117.102.100       5265 Capital Boulevard         C-MAIL: <a href="bjsmci@rti.org">bjsmci@rti.org</a> |
| <b>C</b>     | AX (TOLL-FREE): (866) 800-9179   |
|              |  |

| 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   |
| <ul> <li>Under your jurisdiction but housed in private correctional</li> </ul>             | state   |
| facilities, whether located in or out of state   | Under your jurisdiction but housed in a state-operated  |
| <ul> <li>Under your jurisdiction but in special facilities (e.g.,</li> </ul>               | correctional facility in another state or in a federal facility   |
| medical/treatment/release centers, halfway houses,<br>police/court lockups, or work farms) | Under probation or parole supervision in your state   |
| <ul> <li>In transit to or from your facilities while under your</li> </ul>                 | <ul> <li>Under your jurisdiction but on AWOL or escape-status at</li> </ul>   |
| supervision  | the time of death   |
|  | A series of the |

### BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

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

| 1.     |  |     |           |   |
|--------|--|-----|-----------|---|
| •.     | What was the inmate's name?                    | 8.  | On wha    | at date was the inmate admitted to one of                       |
|        | Hunter Erin A                                  |     |           | prrectional facilities?   |
|        |  |     |           |   |
|        | FIRST MI                                       |     | 0 9       |   |
|        |  |     | MONTH     | DAY YEAR  |
| 2.     |  |     |           |   |
| Ζ.     | On what date did the inmate die?               |     |           |   |
|        |  |     |           |   |
|        | MONTH  | 9.  | For what  | at offense(s) was the inmate being held?                        |
|        | MONTH DAY YEAR                                 |     | a.        | Second Degree Murder  |
|        |  |     |           | Second Degree Murder  |
|        |  |     | b.        |   |
| 3.     | What was the name and location of the          |     | l         |   |
|        | correctional facility involved?                |     | C.        | 2   |
|        |  |     |           |   |
|        | Facility Name:                                 |     | d.        |   |
|        | LOUISIANA STATE PENITENTIARY                   |     | e.        |   |
|        |  |     | С.        |   |
|        | Facility City: Facility State:                 |     |           |   |
|        |  |     |           |   |
|        | LA   | 11  |           |   |
|        |  | 10  | . Since a | admission, did the inmate ever stay                             |
|        |  |     | overniç   | ght in a mental health facility?                                |
|        |  |     |           | Yes   |
| 4.     | What was the inmate's date of birth?           |     | õ         | No  |
|        |  |     | 0         | Don't Know  |
|        |  |     | _         |   |
|        | MONTH DAY YEAR                                 |     |           |   |
|        |  |     |           |   |
|        |  | 11  | . Where   | did the inmate die?   |
| 5.     | What was the inmate's sex?                     |     |           |   |
|        | ☑ Male   |     |           | In a general housing unit in the facility or in a               |
|        | Female   |     |           | general housing unit on prison grounds<br>In a segregation unit |
|        |  |     | 2         | In a special medical writtle for                                |
|        |  |     | _         | In a special medical unit/infirmary within your facility        |
|        |  |     |           |   |
| 6.     | Was the inmate of Hispanic, Latino, or Spanish |     |           | your facility   |
|        | origin?  |     |           |   |
|        | Yes  |     |           | In a mental health center outside your facility                 |
|        | ☑ No   |     |           | While in transit  |
| 0      | <u></u>  |     | -         | Elsewhere   |
|        |  |     |           |   |
| -      |  |     |           | Please Specify:   |
| 7.     | and the matter of the minute of tace i riedse  |     |           |   |
|        | 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:                                |     |           |   |
|        | and appendix                                   |     |           |   |
|        |  | -11 |           |   |
| lawae. |  | 11  |           |   |

| 12. Are t<br>revie | he results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or<br>w of medical records) available to establish an official cause of death?   |
|--------------------|---|
| (<br>(             | YES CONTINUE TO Q13 Evaluation complete—results are pending   |
|                    | SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A<br>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***   |
| V                  | 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]  |
| 8                  | Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]   |
|                    | Homicide [Describe]   |
| ٦                  | Other cause(s) [Specify]  |
| 14. When           | <ul> <li>In a segregation unit</li> <li>On death row, special unit awaiting capital punishment</li> <li>Elsewhere within the prison facility</li> <li>Please Specify:</li> <li>Outside the prison facility (e.g., while on work release or on work detail)</li> </ul> |

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

| service     | ing emergency care provided at the time of death, did the inmate receive any of t<br>s for the medical condition that caused his/her death after admission to your co                                       | the following medical<br>rrectional facilities?     |  |  |  |  |  |
|-------------|---|---|--|--|--|--|--|
|             | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide   |   |  |  |  |  |  |
| b<br>c<br>d | YES NO DON'T KNOW   | PLEASE PROVIDE A<br>RESPONSE FOR<br>EACH ITEM (a–f) |  |  |  |  |  |
| after ad    | e cause of death the result of a pre-existing medical condition or did the inmate<br>Imission? (If multiple conditions caused the death and <u>any</u> of the conditions we<br>kisting medical condition.") |   |  |  |  |  |  |
|             | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or hor  | nicide  |  |  |  |  |  |
|             | Pre-existing medical condition<br>Deceased developed condition after admission<br>Could not be determined   |   |  |  |  |  |  |

Please add any additional notes regarding this death here:

-

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

| Form N<br>(Adden                                      |  |   | 1 is  |  | IN CORRE<br>STATE F<br>DEA |          | NMATE  |         |                     | BU  | ACTING A | JUSTICE S<br>S COLLECT       | TION AGEN      |
|---|--|---|---|--|----------------------------|----------|--------|---------|---------------------|---|----------|------------------------------|----------------|
|   |  |   |   |  | FORM C                     | OMPLE    | FED BY | :       |                     |   |          |                              |                |
| Name  |  |   |   |  |                            |          | 1      | Title   |                     |   |          |                              |                |
| Official Address                                      |  |   |   |  |                            |          | Teleph | one     |                     |   |          | 1917 <sup>- 2</sup> 27 - 101 | an a sa parasa |
| City  |  |   |   |  | ]                          |          | . 1    |         |                     |   |          | 1 (A (BAR))                  | 1              |
|   |  |   |   |  | -                          |          |        | _       |                     |   |          |                              |                |
| State   |  | Zip   |   |  | ]                          | E-mail   |        |         | -                   |   |          |                              |                |
|   | eaths occ  |   | 2019  | In   | ]<br>structior             |          | comple | tion    |                     | 1933 - La Contra da C |          |                              |                |
|   | eaths occu   | urred in 2  |   |  | ]<br>structior             |          | omple  | tion    |                     |   |          |                              |                |
| If no de<br>• You<br>If you have<br>• Ma<br>• Co      | u do not<br>ad more<br>ike copie:<br>mplete th               | urred in 2<br>need to 6<br>than one<br>s of this<br>e entire              | complete<br>e death in<br>form for e<br>form for e              | this form.<br><u>2019:</u><br>ach additio                                | nal death.                 | ns for C |        |         | th report:          |   |          |                              |                |
| lf no de<br>• You<br>If you h<br>• Ma<br>• Co<br>• On | u do not<br>ad more<br>ike copies<br>mplete th<br>ice your c | urred in 2<br>heed to o<br>than one<br>s of this<br>e entire<br>leath rec | complete<br>e death in<br>form for e<br>form for e<br>cords are | this form.<br><u>2019:</u><br>ach additio<br>each inmate<br>complete, tl | nal death.                 | ns for C |        | t a dea | RTI Inte<br>Project | ernation<br>#: 0215   |          | Data Cap<br>1.300.117        |                |

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.,  | 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             |
| <ul> <li>In transit to or from your facilities while under your</li> </ul>  | Under your jurisdiction but on AWOL or escape-status at         |
| supervision   | the time of death   |
| , 바라에 가려가 있다. 그는 것은 가려가 가려가 가려가 가려가 있는 것은 것은 것은 것은 것은 것은 것이 있다. 가려가 가려가 가려가 있는 것이 있는 것이 있는 것이 있다. 것이 있는 것이 있는 것<br>같이 같이 있는 것이 같이 있는 것이 있<br>같이 있는 것이 같이 있는 것이 있는 것 |   |
|   |   |

## BURDEN STATEMENT

|    |  | Y I I I I I I I I I I I I I I I I I I I  |
|----|--|--|
| 1. | What was the inmate's name?  | 8. On what date was the inmate admitted to one of your correctional facilities?                        |
|    | Lucas Daniel H   |  |
|    | 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   | <sup>a.</sup> Second Degree Murder   |
|    |  | b.   |
| 3. | What was the name and leasting of the  |  |
| 3. | What was the name and location of the<br>correctional facility involved?                   | C.   |
|    |  | d.   |
|    | Facility Name:   | e.   |
|    |  |  |
|    | Facility City:     Facility State:       ANGOLA     LA                                     |  |
|    | ANGOLA   | 10. Since admission, did the inmate ever stay  |
|    |  | overnight in a mental health facility?   |
| 1  |  | 🖸 Yes  |
| 4. | What was the inmate's date of birth?   | □ No<br>☑ Don't Know   |
|    | 1 1 1 7 1 9 6 4  |  |
|    | 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   |
| 2  |  | <ul> <li>☐ In a segregation unit</li> <li>☑ In a special medical unit/infirmary within your</li> </ul> |
|    |  | facility   |
| •  | Was the inmate of Hispanic, Latino, or Spanish   | In a special mental health services unit within your facility  |
| 6. | origin?  | In a medical center outside your facility  |
|    | ☐ Yes  | <ul> <li>In a mental health center outside your facility</li> <li>While in transit</li> </ul>          |
|    | 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  |  |
|    | <ul> <li>American Indian or Alaska Native</li> <li>Asian</li> </ul>                        |  |
|    | <ul> <li>Asian</li> <li>Native Hawaiian or Pacific Islander</li> </ul>                     |  |
|    | Some other race  |  |
|    | Please Specify:  |  |
|    |  |  |

Tevis t

|        | <ul> <li>YES&gt; CONTINUE TO Q13</li> <li>Evaluation complete—results are pending</li> <li>SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED A<br/>LATER TIME FOR THE CAUSE OF DEATH</li> </ul>   |
|--------|---|
|        | □ No evaluation is planned → CONTINUE TO Q13  |
| 13. WI | /hat 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]   |
|        | □ Other cause(s) [Specify]  |
| [PLEA  | 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 (e.g., while on work release or on work detail)         Elsewhere         Image: Please Specify: |
|        |   |

- 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?   |   |   |  |
|---|---|---|--|
|   | Ο | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide |  |
|   | s | YES       NO       DON'T KNOW         a. Evaluated by physician/medical staff           |  |
| 17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.") |   |   |  |
|   |   | NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide |  |
|   |   | Pre-existing medical condition  |  |

- Deceased developed condition after admission
   Could not be determined

Please add any additional notes regarding this death here:

0