

MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 STATE PRISON INMATE DEATH REPORT

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

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

Instructions for Completion

If no deaths occurred in 2019:

You do not need to complete this form.

If you had more than one death in 2019:

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

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

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

5265 Capital Boulevard

Raleigh, NC 27690-1652

E-MAIL: bjsmci@rti.org

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

aview	of medical records) available to establish an official cause of death?
	YES CONTINUE TO Q13
/ 0	- Paramag
1	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***
V	Illness—Exclude AIDS-related deaths [Specify] ——— Cardiopulmonary 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]
	re 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 SPECIF)	
0, 20,, ,	☐ 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. Whe	n 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 service	iding emergency care provided at the time of death ces for the medical condition that caused his/her de	, did the eath afte	e inmate er admis	receive any of t sion to your co	he following medical rrectional facilities?
	()	NOT APPLICABLE—Cause of death was accidental in	injury, in	toxicatio	n, suicide, or hom	nicide
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after	the cause of death the result of a pre-existing medical admission? (If multiple conditions caused the death existing medical condition.") NOT APPLICABLE—Cause of death was accidental	th and <u>a</u>	nny of the	e conditions wer	re pre-existing, mark
	_	Pre-existing medical condition	injury, ii	noxicatio	n, suicide, of from	noide
Ple	ase add	d any additional notes regarding this death here:		1 10 10 10 10 10 10 10 10 10 10 10 10 10		
		a any additional notes regulating this death here.				
-						



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

	FORM COMPLETED BY:						
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Official Address	Express Management of	CONTRACTOR A POLI	Telephone		A960.0		
City			FAX		V		
State	Zip	E-mail					

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

BURDEN STATEMENT

1.	What was 41	
	What was the inmate's name?	8. On what date was the inmate admitted to one of
	McKiney Joseph V	your correctional facilities?
1	LAST FIRST MI	0 5 1 6 1 9 9 5
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	10 2 1 5	
	MONTH DAY	9. For what offense(s) was the inmate being held?
	YEAR	
		a. Second Degree Murder
3.	What was the name and location of the	b. Aggravated Kidnapping
	correctional facility involved?	C.
	Facility Name:	d.
	LOUISIANA STATE PENITENTIARY	
	Facility City·	e.
	ANGOLA Facility State:	
	LA	
		10. Since admission, did the inmate ever stay
4.	What was the i	overnight in a mental health facility?
"	What was the inmate's date of birth?	No No
	0 2 0 7 1 9 5 5 MONTH DAY V513	☐ Don't Know
	MONTH DAY YEAR	
		11 14/15
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
	☐ Female	In a segregation unit
		In a special medical unit/infirmary within your
6.	Was the inmate of Hispanic, Latino, or Spanish	In a special mental health son in a
	origin?	your facility In a medical contact and the services unit within
	Yes	☐ In a medical center outside your facility ☐ In a mental health center outside your facility ☐ While in transit
	☑ No	While in transit Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please	The specific
	select one or more of the following racial	
	categories:	
	☑ White☐ Black or African American	
	 American Indian or Alaska Native 	
	AsianNative Hawaiian or Pacific Islander	
	☐ Native Hawaiian or Pacific Islander☐ Some other race	1
	Please Specify:	

12. Are the results of an arrival to the second sec
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 SURMIT 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] ——— 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 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:
The second of th
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. Ex	6. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?					
		NOT APPLICABLE—Cause of death was accidental in	jury, ir	ntoxication	n, suicide, or hon	nicide
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
af	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 in	jury, ir	ntoxication	n, suicide, or hom	nicide
						3
Plassa	200	dd any additional notes regarding this death here:				
riease	aut	id any additional notes regarding this death here.				
						0.0

Name Official Address

City

State



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- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

1.	What was the inmate's name?		0	nat date was the inmate admitted to one of
	Moser William	8.	vour o	correctional facilities.
	LAST			9 0 9 1 9 9 0
	FIRST MI		MONTH	VEAR
2.	On what date did the inmate die?			
	1 1 2 2 0 1 9	9.	Forwi	nat offense(s) was the inmate being held?
	MONTH DAY YEAR		a.	Aggravated Rape
			b.	33
3.	What was the name and location of the			
	correctional facility involved?		C.	
	Facility Name:		d.	
	LOUISIANA STATE PENITENTIARY		e.	
	-			
	ANGOLA Facility State:			
	Lix	10.	Since a	admission, did the inmate ever stay
			overni	ght in a mental health facility?
	What was the formatals date of 11 d 2			Yes No
4.	What was the inmate's date of birth?		Ø	Don't Know
	0 2 1 0 1 9 5 2 MONTH DAY YEAR			
-	MONTH DAT TEAN			
		11.	Where	did the inmate die?
5.	What was the inmate's sex?			In a general housing unit in the facility or in a general housing unit on prison grounds
	☑ Male □ Female			In a segregation unit
	La Terriale		*	In a special medical unit/infirmary within your facility
			*	In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?			your facility In a medical center outside your facility
	☐ Yes		Ser.	In a mental health center outside your facility
	□ No	į.		While in transit Elsewhere
	y de e			Please Specify:
_	In addition, what was the inmate's race? Please			
<i>,</i> 7.	select one or more of the following racial			
	categories:			
	☑ White☐ Black or African American			
	☐ American Indian or Alaska Native			
	☐ Asian☐ Native Hawaiian or Pacific Islander			
	□ Native Hawaiian or Pacific Islander□ Some other race			
	→ Please Specify:			

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?
review	VES CONTINUE TO CASE
	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
٠	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
13. What v	was the cause of death? *** Please SPECIFY cause of death. ***
	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]
	title as homicide) causing the death take place?
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
	NOT APPLICABLE—Cause of death was lifted, interviewed
[PLEASE SPECIFY]	☐ In a segregation drift ☐ On death row, special unit awaiting capital punishment ☐ Elsewhere within the prison facility
	Please Specify:
	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
	(Al to C nm)

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						
	a. Evaluated by physician/medical staff		RESPONSE FOR EACH ITEM (a-f)				
after <i>"Pr</i> e-	Pre-existing medical condition	death and <u>any</u> of the condi	tions were pre-existing, mark				
Please add	ld any additional notes regarding this death here:						

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	FORM COMPLETED BY:					
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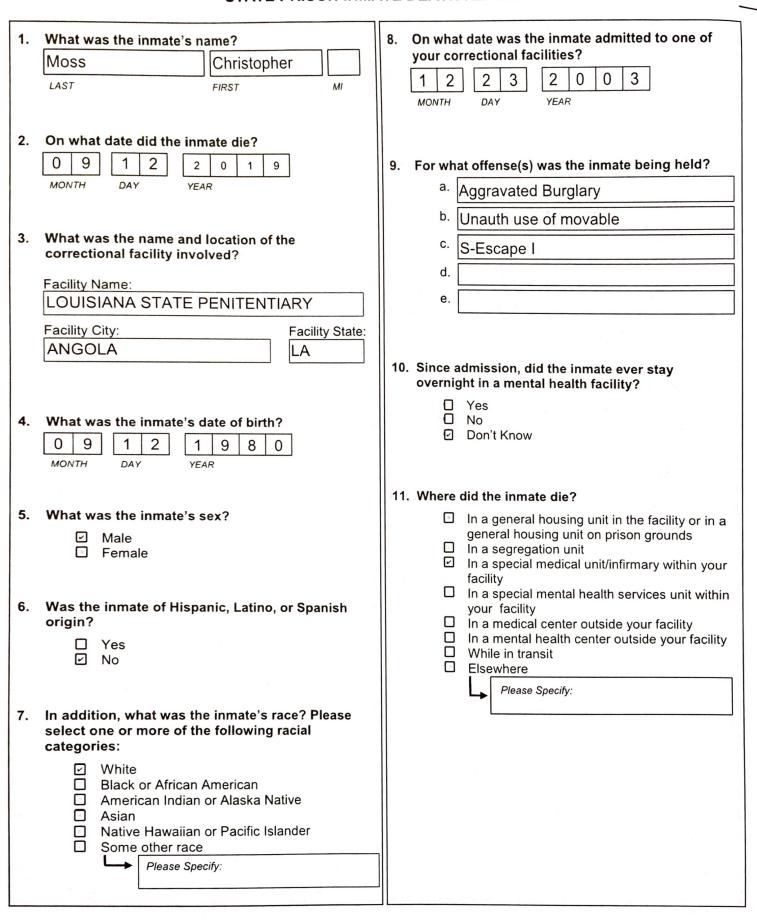
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- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT



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] — 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?
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SPECIFY]
☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
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16.	Exclu servi	cluding emergency care provided at the time of death, did the inmate receive ar rvices for the medical condition that caused his/her death after admission to yo	ny of the following medical ur correctional facilities?
	•	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or	or homicide
		YES NO DON'T KN a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit	NOW PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
	after : <i>"Pr</i> e- ☐	as the cause of death the result of a pre-existing medical condition or did the inter admission? (If multiple conditions caused the death and any of the condition re-existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or Pre-existing medical condition Deceased developed condition after admission	s were pre-existing, mark
	ö		
Plan	so ode	add any additional notes regarding this death here:	
riea	se aut	add any additional notes regarding this death here:	



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BURDEN STATEMENT

12

What was the inmate's name? Mulberry Herbert	8. On what date was the inmate admitted to one of your correctional facilities?
LAST FIRST MI	0 7 1 1 2 0 1 6 MONTH DAY YEAR
On what date did the inmate die? 1 0 2 4 2 0 1 9 MONTH DAY YEAR	9. For what offense(s) was the inmate being held? a. Simple Robbery b.
What was the name and location of the correctional facility involved?	c
Facility Name: LOUISIANA STATE PENITENTIARY	e
ANGOLA Facility State:	10. Since admission, did the inmate ever stay overnight in a mental health facility?
What was the inmate's date of birth? 0 8 0 4 1 9 5 7 MONTH DAY YEAR	☐ Yes ☐ No ☑ Don't Know
	11. Where did the inmate die?
What was the inmate's sex?	☐ In a general housing unit in the facility or in a general housing unit on prison grounds
What was the inmate's sex? ☑ Male ☐ Female	general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility
☑ Male	general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility
☑ Male☐ FemaleWas the inmate of Hispanic, Latino, or Spanish	general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit
✓ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes	general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility
✓ Male ☐ Female Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes	general housing unit on prison grounds In a segregation unit In a special medical unit/infirmary within your facility In a special mental health services unit within your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere
	On what date did the inmate die? 1 0 2 4 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 What was the inmate's date of birth? 0 8 0 4 1 9 5 7 MI MI MI MI MI MA What was the inmate die? I 9 1 9 YEAR

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] ——— Cerebrovascular accident (stroke)
☐ 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
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 service	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				
	a. Evaluated by physician/medical staff			PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)	
after "Pre-	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the deal existing medical condition.") NOT APPLICABLE—Cause of death was accidental Pre-existing medical condition Deceased developed condition after admission Could not be determined	th and <u>any</u> of th	e conditions we	re pre-existing, mark	
Diagon ad	d any additional nates regarding this death here:				
riease add	d any additional notes regarding this death here:				

6	SECTION AND ADDRESS OF THE PARTY OF THE PART	12F	TITLE OF	D.
1	9.1	15	-	33
9	19	勁	-	547
A.	1		Tro	
4	Die.	311	3	97

MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 STATE PRISON INMATE DEATH REPORT

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

	100 July 100 House	DEATH REPORT	RITINIERNATIONAL			
	FORM COMPLETED BY:					
Name		Title				
Official Address		Telephone				
City		FAX				
State	Zip	E-mail				

Instructions for Completion

If no deaths occurred in 2019:

You do not need to complete this form.

If you had more than one death in 2019:

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

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

E-MAIL: bjsmci@rti.org

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

MAIL: RTI International, Attn: Data Capture

Project #: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

_		
1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Murray	your correctional facilities?
	LAST	0 2 2 2 1 9 9 9
	riksi Mi	MONTH DAY YEAR
2		
2.	On what date did the inmate die?	
	0 3 2 4 2 0 1 9	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	
		a. Attempt First Degree Murder
3.	What	b
Э.	What was the name and location of the correctional facility involved?	С.
	Facility Name:	d
-	LOUISIANA STATE PENITENTIARY	e. [
	Facility City:	
	ANGOLA Facility State:	
	LA	10. Since admission, did the inches
		10. Since admission, did the inmate ever stay overnight in a mental health facility?
١.		Yes
4.	What was the inmate's date of birth?	□ No
	1 1 1 6 1 9 4 4	☐ Don't Know
	MONTH DAY YEAR	
5.	What was the inmate's sex?	11. Where did the inmate die?
٥.	<u></u>	☐ In a general housing unit in the facility or in a
	☑ Male □ Female	general housing unit on prison grounds In a segregation unit
	_ Tentale	In a special medical unit/infirmary within your
		11 TACILLY
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 factor
	☐ Yes	Il a mental health center outside vour fairle
	☑ No	While in transit Elsewhere
		Please Specify:
-	In addition what was the inmetals are 2 Places	i rease 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	
	AsianNative Hawaiian or Pacific Islander	
	Some other race	
2	Please Specify:	
		_

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
YES — CONTINUE TO Q13 Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A
LATER TIME FOR THE CAUSE OF DEATH
☑ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☑ Illness—Exclude AIDS-related deaths [Specify] ——— severe COPD
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
□ Homicide [Describe] — →
Other cause(s) [Specify]
14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify:
Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? □ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related □ Morning (6 am to Noon) □ Afternoon (Noon to 6 pm) □ Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

16.	Exclu servi	iding emergency care provided at the time of dear ces for the medical condition that caused his/her	th, did th death af	ie inmate ter admis	receive any of t ssion to your co	the following medical rrectional facilities?
	•	NOT APPLICABLE—Cause of death was accidenta	al injury, i	ntoxicatio	n, suicide, or hon	nicide
		a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17.	after	the cause of death the result of a pre-existing me admission? (If multiple conditions caused the deexisting medical condition.")	dical co	ndition o any of th	r did the inmate e e conditions wei	develop the condition re pre-existing, mark
		NOT APPLICABLE—Cause of death was accidented	al injury,	intoxicatio	on, suicide, or hon	nicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined				
Plea	se ad	d any additional notes regarding this death here:	9			
-						



MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 STATE PRISON INMATE

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

	307727	DEATH REPORT		RTI INTERNATIONAL
		FORM COMPLETED	BY:	
Name			Title	
Official Address		Т	elephone	900000
City			FAX	(F)
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:

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

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsmci@rti.org

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

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What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

	3 3 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1.	What was the inmate's name? Nunnery Darold	8.	On what date was the inmate admitted to one of your correctional facilities?
			0 6 2 2 1 9 8 7
	LAST FIRST MI		MONTH DAY YEAR
			WONTH DATE TO SELECT
2.	On what date did the inmate die?		
	0 5 1 6 2 0 1 9	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		a. Aggravated Rape
	3		
_	W		b.
3.	What was the name and location of the correctional facility involved?		c.
			d.
	Facility Name: LOUISIANA STATE PENITENTIARY		е.
	a to the first of		
	Facility City: Facility State:		
	ANGOLA	10	Since admission, did the inmate ever stay
		'0.	overnight in a mental health facility?
			☐ Yes
4.	What was the inmate's date of birth?		☐ No ☑ Don't Know
	0 2 0 1 1 9 5 4		Don't Know
	MONTH DAY YEAR		
		11.	Where did the inmate die?
5.	What was the inmate's sex?		☐ In a general housing unit in the facility or in a
	☑ Male		general housing unit on prison grounds
	☐ Female		☐ In a segregation unit☐ In a special medical unit/infirmary within you
			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
	☐ Yes		In a mental health center outside your facilityWhile in transit
	☑ No		Elsewhere
			Please Specify:
7.	In addition, what was the inmate's race? Please		
	select one or more of the following racial categories:		
	☐ White		
	☐ Black or African American		
	American Indian or Alaska Native Asian		
	☐ Native Hawaiian or Pacific Islander		
	Some other race		
	Please Specify:		

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

	luding emergency care provided at the time of death, did the inmate receive any of the following medical vices for the medical condition that caused his/her death after admission to your correctional facilities?
Œ	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	YES NO DON'T KNOW a. Evaluated by physician/medical staff
afte	s the cause of death the result of a pre-existing medical condition or did the inmate develop the condition er admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark re-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:
Please a	add any additional notes regarding this death here:



MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 STATE PRISON INMATE DEATH REPORT

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

*	and he	DEATTINETS		RTIINTERNATIONAL
		FORM COMPLET	ED BY:	
Name			Title	
Official Address			Telephone	
City			FAX	1
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

l

MAIL: RTI International, Attn: Data Capture

Project #: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsmci@rti.org

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

		<u>e</u>			41			_			1
1.	What was the inmate's name?	8. On v	what	date v	was ti nal fa	ne inr	nate a	adm	itted	to one	of V
	Overton	حت اا		1	7	1	9	8	0		,
	LAST FIRST MI	0	4			ب ا		0	9		
		MON	TH	DAY		YEA	Α,				
2.	On what date did the inmate die?										
	0 6 2 4 2 0 1 9	9. For	wha	t offen	se(s)	was	the in	mat	e bei	ing held	1?
	MONTH DAY YEAR) - A	a. /	Armed	Rob	bery					-
			b. [\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		- 16			
3.	What was the name and location of the correctional facility involved?		c. [-	,
	Facility		d. [* 3				2	
	Facility Name: LOUISIANA STATE PENITENTIARY		e. [
	Facility City: Facility State:										
	ANGOLA										
		10. Sind								tay	
-		over		nt in a	menta	al hea	ilth fa	CIIII	y?		
	What was the immedate date of high 2			Yes No							
4.	What was the inmate's date of birth?	1 10 2		Don't k	Snow						
	0 7 0 1 1 9 5 0	- 100 h									
	MONTH DAY YEAR										
		11. Whe	re d	id the	inmat	e die	?				
5.	What was the inmate's sex?			In a ge	neral	housi	ng uni	it in	the fa	acility or	in a
	☑ Male	718		genera				prise	on gr	ounds	
	☐ Female			In a se In a sp				/infi	mary	within	your
		3.,		facility							
6.	Was the inmate of Hispanic, Latino, or Spanish			In a sp your fa		menta	l heal	th se	ervice	es unit w	/ithin
٥.	origin?		7	In a me	edical						
	☐ Yes	11		In a me While i			cente	r ou	tside	your fa	cility
	☑ No	}		Elsewh		Sit					
				F	Please S	Specify:		8.1	2.5%		
7.	In addition, what was the inmate's race? Please			48.4							
	select one or more of the following racial categories:										
1	☐ White										
	☑ Black or African American										
	American Indian or Alaska NativeAsian										
(Native Hawaiian or Pacific Islander 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
7	Some other race										
1	Please Specify:										
		1									

	a results of a madical management of the found as an autopsy, postmortem exam, or
reviev	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
,	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
e	No evaluation is planned → CONTINUE TO Q13
	" " " " " " " " " " " " " " " " " " "
13. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
Ø	was the cause of death? *** Please SPECIFY cause of death—It is extended to organ system [Specify] ——— Cardiac Arrest secondary to organ system]
	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]
Q.	Homicide [Describe]
	Other cause(s) [Specify] ————————————————————————————————————
14. When	☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment ☐ Elsewhere within the prison facility ☐ Elsewhere within the prison facility ☐ Please Specify: ☐ Outside the prison facility (e.g., while on work release or on work detail)
	Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight)

16.	Excluding emergency care provided at the time of death, did the inmate receive any of the following medical
	services for the medical condition that caused his/her death after admission to your correctional facilities?
	■ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	A Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit
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
1.	 □ Pre-existing medical condition □ Deceased developed condition after admission □ Could not be determined
Plea	ase add any additional notes regarding this death here:



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 COMPLE	TED BY:	
Name			Title	 :
Official Address			Telephone	
City	e produced in the second secon		FAX	
State	Zip	E-mail	н	

Instructions for Completion

If no deaths occurred in 2019:

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E-MAIL: bjsmci@rti.org

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

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Project #: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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

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] ——— Cardiac Arrest
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] —————
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment
Elsewhere within the prison facility
Please Specify:
Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
Please Specify:
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight) ☐ Overnight (Midnight to 6 am)

16.	Exclu	iding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?	
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide	
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit	4
17	after	Deceased developed condition after admission	
PI	ease ad	ld any additional notes regarding this death here:	



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

	C. M. COMMUNICAL				
		FORM COMPLE	TED BY:		
				-	
Name	9		Title		
Official Address			Telephone		,
City]	FAX		
State	Zip	E-mail			

Instructions for Completion

If no deaths occurred in 2019:

You do not need to complete this form.

If you had more than one death in 2019:

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

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

E-MAIL: bjsmci@rti.org

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

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

Raleigh, NC 27690-1652

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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1.	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Robinson Sammie	your correctional facilities?
	LAST FIRST MI	0 9 2 6 1 9 5 3
		MONTH DAY YEAR
2.	On what date did the inmate die?	
	1 2 2 0 2 0 1 9	9. For what offense(s) was the inmate being held?
	MONTH DAY YEAR	a. Aggravated Battery
		b. Second Degree Murder
3.	What was the name and location of the	c.
	correctional facility involved?	d.
	Facility Name:	u.
	LOUISIANA STATE PENITENTIARY	е.
	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 1 0 6 1 9 3 6	☑ Don't Know
	MONTH DAY YEAR	
		11. Where did the inmate die?
5.	What was the inmate's sex?	In a general housing unit in the facility or in a
٠.	☑ Male	general housing unit on prison grounds
	Female	☐ In a segregation unit☐ In a special medical unit/infirmary within your
	and the second s	facility
•	Mar the investor of Historia Letina on Chanish	In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin?	your facility In a medical center outside your facility
	Yes	In a mental health center outside your facility
	☑ No	☐ While in transit ☐ Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please	
۲.	select one or more of the following racial categories:	
	White	
	Black or African American	
	American Indian or Alaska NativeAsian	
	Native Hawaiian or Pacific Islander	
	Some other race	
	Please Specify:	
		I a reaction from the first term of the second seco

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] ——— CVA with herniation
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
Homicide [Describe]
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ Morning (6 am to Noon) ☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight) ☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of deat services for the medical condition that caused his/her	h, did th death af	e inmate ter admis	receive any of sission to your co	the following medical rrectional facilities?
■ NOT APPLICABLE—Cause of death was accidenta	l injury, ir	ntoxicatio	n, suicide, or hon	nicide
a. Evaluated by physician/medical staff				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
47 W- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		-1141		
17. Was the cause of death the result of a pre-existing med after admission? (If multiple conditions caused the dea "Pre-existing medical condition.")	ith and <u>a</u>	aition or any of the	did the inmate e conditions we	develop the condition re pre-existing, mark
 NOT APPLICABLE—Cause of death was accidenta 	l injury, ir	ntoxicatio	n, suicide, or hon	nicide
 □ Pre-existing medical condition □ Deceased developed condition after admission □ Could not be determined 				
Please add any additional notes regarding this death here:				
Trease and any additional notes regulating this death here.				



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 COMPLE	TED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip E-mail		

Instructions for Completion

If no deaths occurred in 2019:

You do not need to complete this form.

If you had more than one death in 2019:

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

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

E-MAIL: bjsmci@rti.org

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

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

5265 Capital Boulevard Raleigh, NC 27690-1652

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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Project

1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of
	Sampier Farrell		your correctional facilities?
	LAST FIRST MI		0 5 0 7 2 0 1 3
			MONTH DAY YEAR
		2	
2.	On what date did the inmate die?		
	0 3 2 5 2 0 1 9	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR		^{a.} Manslaugter
			b.
3.	What was the name and location of the	8 1	c.
	correctional facility involved?	į	d.
	Facility Name:		e.
	LOUISIANA STATE PENITENTIARY		е.
	Facility City: Facility State:		
	ANGOLA	10	Since admission, did the inmate ever stay
		10.	overnight in a mental health facility?
			☐ Yes
4.	What was the inmate's date of birth?		☐ No ☑ Don't Know
	1 1 0 7 1 9 6 7		a bontinow
	MONTH DAY YEAR		
		11.	Where did the inmate die?
5.	What was the inmate's sex?		☐ In a general housing unit in the facility or in a
	☑ Male		general housing unit on prison grounds In a segregation unit
	☐ Female		In a special medical unit/infirmary within your
			facility ☐ In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish		your facility
	origin?		In a medical center outside your facilityIn a mental health center outside your facility
	☐ Yes ☑ No		☐ While in transit ☐ Elsewhere
			Please Specify:
	In addition what was the immete's recold Places		· · · · · · · · · · · · · · · · · · ·
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories:		
	 □ White □ Black or African American □ American Indian or Alaska Native □ Asian □ Native Hawaiian or Pacific Islander 	200	
	Some other race		
	Please Specify:		

\	Are the	Tesults of a
\mathcal{N}	review	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?
	P	vec
1		YES — CONTINUE TO Q13
	-	
	,	LATER TIME FOR THE CAUSE OF THE
1	5	No evaluation is planned → CONTINUE TO Q13
13	3. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
		*** Please SPECIFY cause of death—it is critical information ***
	U	Illness—Exclude AIDS-related deaths (Specific
		Illness—Exclude AIDS-related deaths [Specify] ————————————————————————————————————
		Accidental alcohol/drug intoxication [Describe]
		Accidental injury to self [Describe]
4	5	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
		Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
		Homicide [Describe]
		Other cause(s) [Specify]
_		
1	4. When	re did the incident
		re did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
		NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
		In the prison facility or on the prison grounds
		In the inmate's cell/room
		☐ In a temporary holding area/lockup
		☐ In a common area within the facility (e.g. yard library of the common area within the facility (e.g. yard library of the common area within the facility (e.g. yard library of the common area within the facility (e.g. yard library of the common area within the facility (e.g. yard library of the common area within the facility (e.g. yard library of the common area within the facility (e.g. yard library of the common area within the facility (e.g. yard library of the common area within the facility (e.g. yard library of the common area within the facility (e.g. yard library of the common area within the facility (e.g. yard library of the common area within t
	[PLEASE SPECIFY	The a special medical univinitrmary
	or Lon 1	In a segregation unit
		On death row, special unit awaiting capital punishment
		Elsewhere within the prison facility
		Please Specify:
	1	Outside the prison facility (e.g., while on work release or on work detail)
		□ Elsewhere
		→ Please Specify:
		The state of the s
Γ	(5 \A/I	a did the incident (e.g. accident suicide or homicide) causing the death
		n did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
		☐ Morning (6 am to Noon)
		Afternoon (Noon to 6 pm)
		□ Evening (6 pm to Midnight)
		Overnight (Midnight to 6 am)

16.	Exclu servi	ding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		A. Evaluated by physician/medical staff
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 any of the conditions were pre-existing, mark existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined
Ple	ase ad	d any additional notes regarding this death here:



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

	7.575.3		
		FORM COMPLETED BY:	
Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip	E-mail	

Instructions for Completion

If no deaths occurred in 2019:

You do not need to complete this form.

If you had more than one death in 2019:

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

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

E-MAIL: bjsmci@rti.org

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

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

5265 Capital Boulevard Raleigh, NC 27690-1652

What deaths should be reported?

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...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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2. Are the

1.	What was the	
	What was the inmate's name?	8. On what date was the inmate admitted to one of
	LAST Alvin M	your correctional facilities?
	FIRST	
	MI .	
2.	On what data is a	MONTH DAY YEAR
	On what date did the inmate die?	
	MONTH DAY 2 0 1 9	
	DAY YEAR	9. For what offense(s) was the inmate being held?
		^{a.} Second Degree Murder
3.	What was the name	b.
	What was the name and location of the correctional facility involved?	
	Facility No.	C.
-	Facility Name:	d.
	LOUISIANA STATE PENITENTIARY	e.
	acility City:	G.
	ANGOLA Facility State:	
	LA	
100		10. Since admission, did the inmate ever stay
4.	What was 41	a mental flealth facility?
	What was the inmate's date of birth?	Yes
	1 2 1 9 1 9 4 0	□ No □ Don't Know
	MONTH DAY YEAR	
5.	What was the inmate's sex?	11. Where did the inmate die?
	✓ Male	
	Female	general housing unit in the facility or in a
	- Communication of the Communi	In a segregation with prison grounds
		facility facility special medical unit/infirmary within your
6.	and militate of Hispatilic, Lating or Spanish	☐ In a special mental health as = :
	origin?	your facility In a medical control
	☐ Yes	
	☑ No	While in transit
		Elsewhere
_		Please Specify:
7.	In addition, what was the inmate's race? Please	
	select one or more of the following racial categories:	
	☑ White	
	☐ Black or African American	
	 American Indian or Alaska Native 	
3 14 1	Asian	
2	Native Hawaiian or Pacific IslanderSome other race	
	Please Specify:	

		e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
		YES — → CONTINUE TO Q13
		Evaluation complete—results are pending
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	Ø	No evaluation is planned → CONTINUE TO Q13
13.		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)
2		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	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
		NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
		In the prison facility or on the prison grounds
	_	In the inmate's cell/room
		 ☐ In a temporary holding area/lockup ☐ In a common area within the facility (e.g., yard, library, cafeteria)
ſPL	EASE	In a special medical unit/infirmary
SP	ECIFY]	☐ 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)
		Please Specify:
15.	When	did the incident (e.g., accident, suicide, or homicide) causing the death occur?
		10 10 10 10 10 10 10 10 10 10 10 10 10 1

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

MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 STATE PRISON INMATE

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

-	None of the last o	DEATH REPOR	.1	RTI INTERNATIONAL
		FORM COMPLETE	D BY:	
Name			Title	
Official Address		-	Telephone	
City			FAX	
State	Zip	E-mail		

Instructions for Completion

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

Raleigh, NC 27690-1652

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What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

12. Are 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] ——— Cardiac Arrest
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
☐ Accidental injury to self [Describe] →
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] ————
Other cause(s) [Specify]
 14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ In the prison facility or on the prison grounds
In the inmate's cell/room In a temporary holding area/lockup
In a common area within the facility (e.g., yard, library, cafeteria)
[PLEASE SPECIFY] ☐ In a special medical unit/minmary ☐ 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:
Tricase openity.
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
Morning (6 am to Noon)
☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)
☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of deat services for the medical condition that caused his/her			
☐ NOT APPLICABLE—Cause of death was accidenta	l injury, intoxi	cation, suicide, or ho	micide
a. Evaluated by physician/medical staff		2 2	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
17. Was the cause of death the result of a pre-existing med after admission? (If multiple conditions caused the dea "Pre-existing medical condition.")			
NOT APPLICABLE—Cause of death was accidenta	l injury, intoxi	cation, suicide, or ho	micide
 ☐ Pre-existing medical condition ☐ Deceased developed condition after admission ☑ Could not be determined 			
Please add any additional notes regarding this death here:			



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

	ANTICOLO.			
		FORM COMPLET	ED BY:	
Name			Title	
Official Address	September 1		Telephone	
City	process of the second s		FAX	
State	Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2019:

· You do not need to complete this form.

If you had more than one death in 2019:

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

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

MAIL: RTI International, Attn: Data Capture

Project #: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsmci@rti.org

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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1.	What was the inmate's name?		On what date was the inmate admitted to one of
	Smith Terry L	8.	your correctional facilities?
	LAST FIRST MI		0 6 1 6 2 0 1 1
	MI		MONTH DAY YEAR
2.	On what data did the		
	On what date did the inmate die?		the immete being held?
	MONTH	9.	For what offense(s) was the inmate being held?
	MONTH DAY YEAR	1	a. Second Degree Murder
			b.
3.	What was the name and location of the		С.
	correctional facility involved?		d.
	Facility Name:		
	LOUISIANA STATE PENITENTIARY		e.
	Facility City: Facility State:	*	
	ANGOLA	10	Since admission, did the inmate ever stay
	• /	10.	overnight in a mental health facility?
			☐ Yes
4.	What was the inmate's date of birth?		☐ No ☑ Don't Know
	0 3 2 9 1 9 7 9		_ Bontinon
	MONTH DAY YEAR		
		11.	Where did the inmate die?
5.	What was the inmate's sex?	2	☐ In a general housing unit in the facility or in a
	☑ Male		general housing unit on prison grounds ☐ In a segregation unit
	☐ Female	i	☐ 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 In a medical center outside your facility
	origin?		In a mental health center outside your facility
	☐ Yes ☑ No		☐ While in transit☐ Elsewhere
			Please Specify:
	the transfellar record Plages		
7.	In addition, what was the inmate's race? Please select one or more of the following racial		
	categories:		
	White		
	☑ Black or African American☑ American Indian or Alaska Native		
	Asian		
	□ Native Hawaiian or Pacific Islander□ Some other race	9	
	Please Specify:		
	200 000 000 000 000 000 000 000 000 000		

review	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
	YES CONTINUE TO Q13
	Evaluation complete—results are pending
	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	No evaluation is planned → CONTINUE TO Q13
13. What v	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	Illness—Exclude AIDS-related deaths [Specify] ———
	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe] ———— Acute- Fentanoyl Intoxication/Atherososcle
	Accidental injury to self [Describe]
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
	Homicide [Describe]
	Other cause(s) [Specify]
~	
_	e did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?
	NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
[PLEASE SPECIFY]	In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify:
0	, , , , ,
	Elsewhere Please Specify:
	Trease Specify.
_	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. E	Excluservio	iding emergency care provided at the time of dear ces for the medical condition that caused his/her	th, did th death aft	e inmate er admis	receive any of s ssion to your co	the following medical rrectional facilities?
	Ø	NOT APPLICABLE—Cause of death was accidenta	al injury, ir	ntoxicatio	n, suicide, or hon	nicide
		a. Evaluated by physician/medical staffb. Diagnostic tests (e.g., X-rays, MRI)d. Treatment/care other than medications e. Surgeryf. Confinement in special medical unit				PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
a	after	the cause of death the result of a pre-existing med admission? (If multiple conditions caused the dea existing medical condition.")	dical con ath and <u>a</u>	dition or ny of the	did the inmate conditions we	develop the condition re pre-existing, mark
	•	NOT APPLICABLE—Cause of death was accidenta	al injury, ir	ntoxicatio	n, suicide, or hon	nicide
<i>₩</i>	000	Pre-existing medical condition Deceased developed condition after admission Could not be determined			.1	
Pleas	se ado	d any additional notes regarding this death here:				
7 7643	,c uu	any additional notes regarding this death here.				
,						



MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 STATE PRISON INMATE DEATH REPORT

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

	The same and the s		ĸ	ITINTERNATIONAL
		FORM COMPLETED E	SY:	
Name		· · · · · · · · · · · · · · · · · · ·	Title	
Official Address		Tele	phone	
City			FAX	Modulating areas of Constitution
State	Zip	E-mail		

Instructions for Completion

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- 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?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

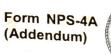
Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, 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.

Are

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

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] ——— Cardiac Arrest
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
□ Homicide [Describe] →
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
☐ In the prison facility or on the prison grounds
In the inmate's cell/room
☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)
IPLEASE In a special medical unit/infirmary
SPECIFY]
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:
The data specific
15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
Morning (6 am to Noon)
☐ Afternoon (Noon to 6 pm) ☐ Evening (6 pm to Midnight)
Overnight (Midnight to 6 am)

16.	Exclu service	ding emergency care provided at the time of death, did the inmate receive any of the following medical ses for the medical condition that caused his/her death after admission to your correctional facilities?
i.	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit
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.")
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	000	Pre-existing medical condition Deceased developed condition after admission Could not be determined
Ple	ase add	d any additional notes regarding this death here:
H		





MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 STATE PRISON INMATE DEATH REPORT

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

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

Instructions for Completion

If no deaths occurred in 2019:

You do not need to complete this form.

If you had more than one death in 2019:

E-MAIL: bjsmci@rti.org

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

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

Project #: 0215015.001.300.117.1

5265 Capital Boulevard Raleigh, NC 27690-1652

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1.	What was the inmate's name?	8.	On what date was the inmate admitted to one of
	Stevens		your correctional facilities?
	LAST		1 2 0 1 1 9 8 7
	riko I MI		1 2 0 1 1 9 8 7 MONTH DAY YEAR
2.	On what date did the inmate die?		
	MONTH DAY YEAR	9.	For what offense(s) was the inmate being held?
•			^{a.} Agg Kidnapping
3.	What was the name and location of the		^{b.} Agg Rape
	and minolined is		c. Armed Robbery
	Facility Name:		d.
	LOUISIANA STATE PENITENTIARY		
	Facility City:		e.
	ANGOLA Facility State:		
	LA		
		10	Since admission, did the inmate ever stay
4.	What		mental nealth facility?
₹.	What was the inmate's date of birth?		☐ Yes ☐ No
	0 6 0 3 1 9 6 1		☐ Don't Know
	MONTH DAY YEAR		- Craiow
5.	What was the inmate's sex?	11	. Where did the inmate die?
	☑ Male		In a general housing
	☐ Female		general housing unit in the facility or in a In a segregation unit
			In a special medical unit/infirmary within your
_			facility
6.	Was the inmate of Hispanic, Latino, or Spanish origin?		In a special mental health services unit within your facility
			☐ In a medical center autor
	☐ Yes ☑ No		☐ In a mental health center outside your facility ☐ While in transit
		1	□ Elsewhere
			Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial		
	categories:		
	☐ White☑ Black or African American		
	☐ American Indian or Alaska Native		
	☐ Asian		
	Native Hawaiian or Pacific IslanderSome other race		
	Please Specify:		
3		Ш	
		11.	The state of the s

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmo review of medical records) available to establish an official cause of death?	rtem exam, or
☑ YES ——→ CONTINUE TO Q13	
Evaluation complete—results are pending	
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE COLLATER TIME FOR THE CAUSE OF DEATH	ONIACIED AL A
☐ No evaluation is planned → CONTINUE TO Q13	
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information	***
Illness—Exclude AIDS-related deaths [Specify] ——— Cardiac Arrest	
Acquired Immune Deficiency Syndrome (AIDS)	
Accidental alcohol/drug intoxication [Describe]	
Accidental injury to self [Describe]	
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
Homicide [Describe]	
Other cause(s) [Specify]	
14. Where did the incident (e.g., e.g.)	
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	and the second s
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/infirmant.	
[PLEASE SPECIFY] In a special medical unit/infirmary SPECIFY] In a special mental health services unit	
In a segregation unit	
On death row, special unit awaiting capital punishment Elsewhere within the prison facility	
Please Specify:	
Outside the prison facility (e.g., while on work release or on work detail)	
☐ Elsewhere	
Please Specify:	
	• 7
rident quieide er homiside) es rein u	
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 a Midnight)	
a amidhi (iviiding)	
Overnight (
	"VGEVIUN IU"

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



MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 STATE PRISON INMATE DEATH REPORT

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

	VITTO IN			KI IKI 2.
		FORM COMPLETED	BY:	
Nome			T:41	
Name			Title	
Official Address	The state of the s	Telo	ephone	The state of the s
City			FAX	
State	Zip	E-mail		

Instructions for Completion

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2

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

	the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exa- iew of medical records) available to establish an official cause of death?	m, or
	☐ YES → CONTINUE TO Q13 ☐ Evaluation complete—results are pending	
	Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED.	ED AT A
	LATER TIME FOR THE CAUSE OF DEATH	
ė.	✓ No evaluation is planned → CONTINUE TO Q13	
13.	nat was the cause of death? *** Please SPECIFY cause of death—it is critical information***	
	Illness—Exclude AIDS-related deaths [Specify] — Liver Disease	
	Acquired Immune Deficiency Syndrome (AIDS)	V .
	☐ Accidental alcohol/drug intoxication [Describe] ————	
	Accidental injury to self [Describe]	
	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]	2
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
	□ Homicide [Describe] →	
	Other cause(s) [Specify]	
14	here 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	
[P	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.	nen did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight) Overnight (Midnight to 6 am)	

16.	Exclu servi	ding emergency care provided at the time of dea ces for the medical condition that caused his/her	ath, did the inmate death after admi	e receive any of ssion to your co	the following medical prectional facilities?
	0	NOT APPLICABLE—Cause of death was accident	al injury, intoxication	on, suicide, or hor	nicide
į.			YES NO	DON'T KNOW	
		a. Evaluated by physician/medical staffb. Diagnostic tests (e.g., X-rays, MRI)	_		PLEASE PROVIDE A RESPONSE FOR
		c. Medicationsd. Treatment/care other than medications		<u>-</u>	EACH ITEM (a-f)
		e. Surgery			
		f. Confinement in special medical unit	ビ		
17.	after	the cause of death the result of a pre-existing me admission? (If multiple conditions caused the de existing medical condition.")			
		NOT APPLICABLE—Cause of death was accident	al injury, intoxication	on, suicide, or hon	nicide
		Pre-existing medical condition Deceased developed condition after admission Could not be determined	n na na na na		
Ple	ase ad	d any additional notes regarding this death here:			
7					
	204	· · · · · · · · · · · · · · · · · · ·			

Name Official Address

City

State



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 COMPLE	TED BY:			7	
	Title				
	Talambana	-	100 Port 100 Page 100	The state of the s	-
	Telephone	V - 474-5		AFORE CONTRACTOR OF THE PERSON	Compression
	FAX				

Instructions for Completion

E-mail

If no deaths occurred in 2019:

You do not need to complete this form.

Zip

If you had more than one death in 2019:

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

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

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

> 5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsmci@rti.org

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

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

BURDEN STATEMENT

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1.	What	
	What was the inmate's name?	8. On what date was the inmate admitted to one of
	Walagamotte Frank	your correctional facilities?
	LAST	0 6 1 0 1 9 7 4
	MI MI	
2.	Ď	MONTH DAY YEAR
۷.	On what date did the inmate die?	
	0 4 1 1 9 2 2	
	MONTH DAY	9. For what offense(s) was the inmate being held?
	YEAR	a. Second Degree Murder
3.	What was the name and location of the	b.
	correctional facility involved?	c.
	Facility Name:	
	OUISIANA STATE	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?	☐ Yes
	$\begin{bmatrix} 0 & 7 & 0 & 4 \end{bmatrix}$	□ No □ Don't Know
	MONTH 3111	☑ Don't Know
	MONTH DAY YEAR	
		44
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
	☐ Female	general housing unit in the facility or in a In a segregation unit
	_ romale	In a segregation unit
		In a special medical unit/infirmary within your
6.	Was the inmate of Hispanic, Latino, or Spanish	In a special mental health services unit within
•	origin?	your facility In a medical center outside
	☐ Yes	In a medical center outside your facility
	☑ No	In a mental health center outside your facility While in transit
	2 110	☐ Elsewhere
		Please Specify:
7.	In addition, what was the inmate's race? Please	
••	select one or more of the following racial	
	categories:	
	☑ White	
	☐ Black or African American	
	American Indian or Alaska Native	
	Asian	
	Native Hawaiian or Pacific Islander	
	☐ Some other race	1
	Please Specify:	
		1

12.	Are th	e results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or of medical records) available to establish an official cause of death?
	-	YES CONTINUE TO Q13
	-	- Table and the process of the same and personal and pers
		SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
	E	No evaluation is planned → CONTINUE TO Q13
F		
13.	_	was the cause of death? *** Please SPECIFY cause of death—it is critical information***
	V	Illness—Exclude AIDS-related deaths [Specify] ——— Cancer
		Acquired Immune Deficiency Syndrome (AIDS)
		Accidental alcohol/drug intoxication [Describe]
		Accidental injury to self [Describe]
		Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
		Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
		Homicide [Describe]
		Other cause(s) [Specify]
14.	_	re 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 I
-		☐ In a temporary holding area/lockup
		☐ In a common area within the facility (e.g., yard, library, cafeteria) ☐ In a special medical unit/infirmary
	PLEASE SPECIFY	In a special mental health services unit
		☐ In a segregation unit ☐ On death row, special unit awaiting capital punishment
		Elsewhere within the prison facility
		Please Specify:
		Outside the prison facility (e.g., while on work release or on work detail)
	,	Elsewhere Please Specify:
15.		n did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
3	_	Morning (6 am to Noon)
	_	☐ Afternoon (Noon to 6 pm)☐ Evening (6 pm to Midnight)
	_	Overnight (Midnight to 6 am)

16.	Exclu	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?
		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) RESPONSE FOR c. Medications EACH ITEM (a-f)
		d. Treatment/care other than medications
		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 any of the conditions were pre-existing, mark existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	00	Pre-existing medical condition Deceased developed condition after admission Could not be determined
Ple	ase ad	d any additional notes regarding this death here:
		and the second s
I		

Form NPS-4A (Addendum)



MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 STATE PRISON INMATE

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

(Adde	andum)	DEATH REPORT		RTI INTERNATIONAL
		FORM COMPLETED	BY:	
Name			Title	
Official Address		Te	lephone	
City			FAX	
State	Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2019:

You do not need to complete this form.

If you had more than one death in 2019:

- Make copies of this form for each additional death.
- · Complete the entire form for each inmate death.
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ONLINE: Complete the report online at: https://bjsmci.rti.org

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

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsmci@rti.org

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

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

EXCLUDE deaths of ALL persons...

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

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STATE PRISON INMATE DEATH REPORT

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

/	The state of the s	am, or
/12	Are the result	em exam
1	Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmort review of medical records) available to establish an official cause of death? YES —— CONTINUE TO 9 to 100.	
	review of medical records) available to establish an official cause of death? YES —— CONTINUE TO 0.15	
	YES — CONTINUE TO Q13 Evaluation complete—results are pending SKIP REMAINING TO Q13	TACTED AT A
	SKIP REMAINING OUT	NTACI
	Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE COLLATER TIME FOR THE CAUSE OF DEATH No evaluation is all.	
5	□ No evaluation is planned → CONTINUE TO Q13	
1		
13	What was the cause of death? *** Please SPECIFY cause of death—it is critical information**	*
	Illness—Exclude AIDS and the second death—It is critical in	
	Illness—Exclude AIDS-related deaths [Specify] ———— Brain Cancer	
	Acquired Immune Deficiency Syndrome (AIDS)	
	☐ Accidental alcohol/drug intoxication [Describe] →	
	Accidental injury to self [Describe]	
	Accidental injury by other (e.g., vehicular accidents	
	during transport) [Describe]	
	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]	
	Homicide [Describe]	
	Other cause(s) [Specify]	
No.		3V = - 3
14	Where did the incident /s as a set of the second se	
	Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?	
	- TOTALLEGABLE—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)	
	EASE In a special medical unit/infirmary	
١	ECIFY] In a special mental health services unit In a segregation unit	
	On death row, special unit awaiting capital punishment	
1	Elsewhere within the prison facility	
	Please Specify:	
	Outside the prison facility (e.g., while on work release or on work detail)	
	Outside the prison facility (e.g., write on work release or on work detail) Elsewhere	
	Please Specify:	
i.		
15	When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?	- 9
15.	✓ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related	
1	The state (Compto Noon)	
	Afternoon (Noon to 6 pm)	
1	☐ Evening (6 pm to Midnight)	
	Overnight (Midnight to 6 am)	

16. Excl serv	uding emergency care provided at the time of death, did the inmate receive any of the following medical ices for the medical condition that caused his/her death after admission to your correctional facilities?
o	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	A. Evaluated by physician/medical staff
after	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark existing medical condition.")
	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
0	Pre-existing medical condition Deceased developed condition after admission Could not be determined
Please add	d any additional notes regarding this death here:
riease auc	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

F	OR	M	CO	M	PI	FI	(ED	R	٧٠

	100			
Name			Title	
Official Address		. 1	Telephone	1 10 10 10 10 10 10 10 10 10 10 10 10 10
City			FAX	
State	Zip	E-mail		

Instructions for Completion

If no deaths occurred in 2019:

You do not need to complete this form.

If you had more than one death in 2019:

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

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

MAIL: RTI International, Attn: Data Capture

Project #: 0215015.001.300.117.102.100

5265 Capital Boulevard Raleigh, NC 27690-1652

E-MAIL: bjsmci@rti.org

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

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

What deaths should be reported?

INCLUDE deaths of ALL persons...

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

EXCLUDE deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
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STATE PRISON INMATE DEATH REPORT

1.	What was the inmate's name? Williams Anthony FIRST MI	[On what date was the inmate admitted to one of your correctional facilities? 0 5 0 1 1 9 9 5 MONTH DAY YEAR
2.	On what date did the inmate die? 1 0 2 4 2 0 1 9 MONTH DAY YEAR	9. F	for what offense(s) was the inmate being held? a. S-Escape typel b.
3 .	What was the name and location of the correctional facility involved? Facility Name: LOUISIANA STATE PENITENTIARY Facility City: ANGOLA What was the inmate's date of birth?		c. d. e. since admission, did the inmate ever stay vernight in a mental health facility? Yes No
	0 5 1 3 1 9 6 6 MONTH DAY YEAR	11. V	☑ Don't Know Where did the inmate die?
5.	What was the inmate's sex? ☑ Male ☐ Female		 □ In a general housing unit in the facility or in a general housing unit on prison grounds □ In a segregation unit □ In a special medical unit/infirmary within your facility □ In a special mental health services unit within
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No		your facility In a medical center outside your facility In a mental health center outside your facility While in transit Elsewhere Please Specify:
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American		
	 American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race Please Specify: 		

☑ 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] ——— Heart Attack
Acquired Immune Deficiency Syndrome (AIDS)
☐ Accidental alcohol/drug intoxication [Describe] →
Accidental injury to self [Describe]
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] —————
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?
NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
In the prison facility or on the prison grounds
In the inmate's cell/room
☐ In the inmate's cell/room☐ In a temporary holding area/lockup☐ In a common area within the facility (e.g., yard, library, cafeteria)
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 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
[PLEASE SPECIFY] 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
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: 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:
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)
In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere
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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:
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16.	Exclu service	dding emergency care provided at the time of death, did the inmate receive any of the following medical ces for the medical condition that caused his/her death after admission to your correctional facilities?
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
		A. Evaluated by physician/medical staff
17.	after a	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark existing medical condition.") NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide Pre-existing medical condition Deceased developed condition after admission Could not be determined
Plea	ise add	d any additional notes regarding this death here:
-		
,		

Form NPS-4A (Addendum)



MORTALITY IN CORRECTIONAL INSTITUTIONS 2019 STATE PRISON INMATE DEATH REPORT

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

	101.103 A	DEATH REPORT	RTIINTERNATIONAL
		FORM COMPLETED BY:	:
Name			
Official Address			Title
City		Teleph	none
State			FAX
State	Zip	E-mail	

Instructions for Completion

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5265 Capital Boulevard Raleigh, NC 27690-1652

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STATE PRISON INMATE DEATH REPORT

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

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?
YES CONTINUE TO Q13
Evaluation complete—results are pending
SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT LATER TIME FOR THE CAUSE OF DEATH
☐ No evaluation is planned → CONTINUE TO Q13
13. What was the cause of death? *** Please SPECIFY cause of death—it is critical information***
☐ Illness—Exclude AIDS-related deaths [Specify] ————
Acquired Immune Deficiency Syndrome (AIDS)
□ Accidental alcohol/drug intoxication [Describe] →
Accidental injury to self [Describe] ————————————————————————————————————
Accidental injury by other (e.g., vehicular accidents during transport) [Describe]
Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]
☐ Homicide [Describe] —————
Other cause(s) [Specify]
14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the prison facility or on the prison grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria) In a special medical unit/infirmary In a special mental health services unit In a segregation unit On death row, special unit awaiting capital punishment Elsewhere within the prison facility Please Specify: Outside the prison facility (e.g., while on work release or on work detail) Elsewhere Please Specify:
15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
 Morning (6 am to Noon) Afternoon (Noon to 6 pm) Evening (6 pm to Midnight) ✓ Overnight (Midnight to 6 am)

16. 1	16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?		
		NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide	
		a. Evaluated by physician/medical staff b. Diagnostic tests (e.g., X-rays, MRI) c. Medications d. Treatment/care other than medications e. Surgery f. Confinement in special medical unit	
17.	Ø	the cause of death the result of a pre-existing medical condition or did the inmate develop the condition admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark	
Ple	ase ac		
re	Aviou	dd any additional notes regarding this death here:	
		of security footage showed this offender smoking something just prior to him being found in his dorm. His toxicology was positive for fentanyl. Accidental in that he was trying to get high	