Form CJ-9A



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 ANNUAL SUMMARY ON INMATES LINDER JAIL JURISDICTION

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

	FORM CO	MPLET	TED BY—	
Name	Johnny Scott	and a second sec	Title	Capt.
Official Address	2867 Brig. Gen. Isaac Smith Ave.		Telephone	225 358-4033
City	Baton Rouge		FAX	225 358-4104
State	LA zip 70807	Email	jscott@	ebrso.org

Instructions for completion and submission

FOR EACH ITEM-

- If the answer to a question is "none" or "zero," write "0" in the space provided.
- When exact numeric answers are not available, provide estimates and mark (X) in the checkbox beside each number that is estimated. For example 1,234 ⊠

You may submit your annual summary in one of these ways:

ONLINE: https://bismci.rti.org

EMAIL: bismci@rti.org

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

MAIL: RTI International, Attn: Data Capture

Project Number: 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 1-800-344-1387 or bismci@rti.org.

What to include and exclude in this data collection

INCLUDE-

- ✓ Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles.
- ✓ All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facilities.
- ✓ Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- ✓ Temporary holding or lockup facilities that are part of your combined function.
- ✓ Inmates held for other jurisdictions, including federal authorities, state prison authorities, and other local jail jurisdictions.

- X Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment.
- X Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities). These jails will be contacted directly for this data collection.

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 15 minutes per response, 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.

INMATE COUNTS AND DEATHS

On December 31, 2018, how many persons under the supervision of your jail jurisdiction were CONFINED in	 On December 31, 2018, how many persons CONFINED in your jail facilities were held for—
your jail facilities?	INCLUDE contractual, temporary, courtesy, or ad hoc
INCLUDE—	 holds for other agencies. Count persons with multiple holds only once with priority being federal, state, tribal, and local.
✓ Persons on transfer to treatment facilities but who remain under your jurisdiction	a. U.S. Immigration and
 ✓ Persons held for other jurisdictions ✓ Persons in community-based programs (e.g., work 	Customs Enforcement: 0 Estimate
release, day release, or drug/alcohol treatment) who return to jail at night	b. U.S. Marshals Service: 6 Estimate
✓ Persons out to court while under your jurisdiction.	c. All other holds (state and
EXCLUDE—	federal prison, Bureau of Indian Affairs, or any holds
 X Persons under your jurisdiction who are housed elsewhere 	for other jail jurisdictions): 68 Estimate
X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions	Between January 1, 2018, and December 31, 2018, what was the average daily population of your jail facilities?
X Persons in community-based programs run by your jails (e.g., electronic monitoring, house arrest,	INCLUDE inmates who participated in weekend
community service, day reporting, or work programs) who do NOT return to jail at night.	programs that allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).
	 To calculate the average daily population, add the
Inmates on Males: 1177 Estimate	number of persons for each day between January 1, 2018 and December 31, 2018, and divide the result by
December 31, 2018 Females: 163 Estimate	365.
	If daily counts are not available, estimate the average daily population by adding the number of persons held on the same day of each month and divide the result by
How many persons under the supervision of your jail jurisdiction were ADMITTED to your jail facilities during 2018?	12. If average daily population cannot be calculated as directed above, then estimate the typical number of persons held in your jail confinement facilities each day.
	Average daily Males: 1139 Estimate
INCLUDE—	population during 2018 Females: 173 Estimate
✓ Persons officially booked into and housed in your jail facilities by formal legal document and by the	remaies: [173
authority of the courts or some other official agency ✓ Repeat offenders booked on new charges ✓ Persons serving a weekend sentence coming into the	Between January 1, 2018, and December 31, 2018, how many persons died while under the supervision of your jail facilities?
facility for the <u>first</u> time.	INCLUDE deaths of ALL persons—
EXCLUDE—	✓ CONFINED in your jail facilities
X Returns from escape, work release, medical appointments/treatment facilities, furloughs, bail/bond releases, and court appearances.	UNDER THE SUPERVISION of your jail facilities, but out to court or in special facilities (e.g., hospital, hospice, or nursing home; treatment facility; residential community center; residential work release or facility-based house arrest program; or release
New ANNUAL Males: 11089 Estimate	center)
admissions during 2018 Females: 1212 Estimate	✓ WHILÉ IN TRANSIT to or from your jail facilities while under your supervision.
	EXCLUDE—
	Deaths of persons in the process of arrest by your agency if they have not yet been booked into your jail facilities.
	Number of Males: 5
	inmate deaths Females: 0



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 **DEATH REPORT ON INMATES UNDER JAIL JURISDICTION**

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

FORM	COMP	LETED	BY:
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Name	Johnn	y Scott	t			Title	Capt.	
Official	2867	Brig. G	en. Isaac Sı	mith Ave.		Telephone	225	358-4033
		Rouge				FAX	225	358-4104
State	ĪΑ	Zip	70807		E-mail	jscott@eb	rso.org	J

Instructions for Completion

If no deaths occurred in 2018:

You do not need to complete this form.

If you had more than one death in 2018:

- 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 jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential communitybased programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

BURDEN STATEMENT

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

1.	What was the inmate's name?	8. On what date was the inmate admitted to a facility
	Collins Michael	under your jurisdiction?
	LAST FIRST MI	1 2 2 2 2 0 1 7 MONTH DAY YEAR
	On what date did the inmate die?	
2.	0 6 2 5 2 0 1 8	9. Was the inmate being confined in your jail facility
	MONTH DAY YEAR	on behalf of any of the following?
		PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c) DON'T
3.	What was the name and location of the correctional	YES NO KNOW
	facility involved?	a. U.S. Immigration and Customs Enforcement
	Facility Name:	c. State or federal prison,
	East Baton Rouge Prison	Bureau of Indian Affairs, or any other jail jurisdiction
	Facility City: Facility State: Baton Rouge LA	
	Baton Rouge LA	10. For what offense(s) was the inmate being held?
		a. Second degree murder
4.	What was the inmate's date of birth?	b. III. use of a weapon
	0 1 1 7 1 9 7 6 MONTH DAY YEAR	
		c. Felon in poss. of a firearm
5.	What was the inmate's sex?	d.
	☑ Male ☐ Female	е.
	U Female	
6.	Was the inmate of Hispanic, Latino, or Spanish	11. What was the inmate's legal status at time of
	origin? ☐ Yes	death? (For inmates with more than one status, report the status associated with the most serious offense.)
	☐ No	☐ Convicted—new court commitment
		☐ Convicted—returned probation/parole violator ☐ Unconvicted
7.	In addition, what was the inmate's race? Please select one or more of the following racial	Other Please Specify:
	categories:	Trades spany.
	☐ White ☐ Black or African American	
	☐ American Indian or Alaska Native☐ Asian	12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an
	☐ Native Hawaiian or Pacific Islander ☐ Some other race	outside mental health facility?
	Please Specify:	☐ Yes
200000000000000000000000000000000000000		☑ No □ Don't Know

13. Where did the inmate die? ☐ In a general housing unit within the jail facility or ☐ In a segregation unit ☐ In a special medical unit/infirmary within the jail facility ☐ In a special mental health services unit within the ☐ In a medical center outside the jail facility ☐ In a mental health center outside the jail facility ☐ While in transit ☐ Elsewhere Please Specify:	acility
review of medical records) available to establish an	evaluation (such as an autopsy, postmortem exam, or official cause of death?
☐ YES ——> CONTINUE TO Q15 ☐ Evaluation complete—results are pending SKIP REMAINING QUESTIONS AND SUBTIME FOR THE CAUSE OF DEATH	BMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER
□ No evaluation is planned → CONTINUE TO Q	15
15. What was the cause of death? *** Please SPECIF	cause of death—it is critical information ***
☐ Illness—Exclude AIDS-related deaths [Specify] ■	
☐ Acquired Immune Deficiency Syndrome (AIDS)	
☑ Accidental alcohol/drug intoxication [Describe] —	Fentanyl intoxication w/hypertensive and atheros
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] ————————————————————————————————————	
16. Where did the incident (e.g., accident, suicide, or in the pail facility or on the pail grounds In the pail facility or on the pail grounds In the inmate's cell/room In a temporary holding area/lockup In a common area within the facility (e.g., while on work release please Specify: Outside the jail facility (e.g., while on work release please Specify:	intoxication, or AIDS-related .g., yard, library, cafeteria)

17. Wher	did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?
v	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)
18. 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?
回	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
	a. Evaluation by physician/medical staff PLEASE PROVIDE A b. Diagnostic tests (e.g., X-rays, MRI) PLEASE PROVIDE A c. Medications PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f) e. Surgery PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f) f. Confinement in special medical unit.
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.")
Ø	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
Please ac	id any additional notes regarding this death here:



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 DEATH REPORT ON INMATES UNDER JAIL JURISDICTION

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

FORM	COMPI	FTFD	RY.
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Name	Johnny	y Scott	t			Title	Capt.	
Official	2867 E	Brig. G	en. Isaac Sn	nith Ave.		Telephone	225	358-4033
	Baton					FAX	225	358-4104
State	ΠA	Zip	70807		E-mail	jscott@eb	rso.org	

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E-MAIL: bismci@rti.org

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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...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
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- Under your jurisdiction but out to court
- In transit to or from your facilities while under your iurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential communitybased programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
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	t was the inmate's na			On wha under y				ite ad	mitte	d to a fac	ility
Ricl	hard	Damien M		0 9 монтн	7	3	2 YEAR	0	1 8	3	
2. On w	what date did the inm 9 2 5 2 ITH DAY YEA	0 1 8		on beha	alf of a	ny of th	e foll	owing	3?	ur jail fac A <i>CH ITEM</i>	
Facil Eas Faci	at was the name and lity involved? lity Name: st Baton Rouge Pri lity City: ton Rouge	son Facility S	a. b. c. State:	State of Bureau or any	ns Enfo larshals or feder u of Indi other ja	orcemer s Servic al priso ian Affa ail juriso	nt e n, irs, liction			S NO K	NOW
0	at was the inmate's d	late of birth? 9 7 8		a. Fa	juring oss. S	o Ren witnes	ew re	egistr	ation	of Sex	
Ę.	at was the inmate's s ☑ Male ☑ Female	sex?		d. Po	oss. S	ch. IV	grug				
7. In a	gin? Yes No addition, what was thect one or more of the	anic, Latino, or Spanis ne inmate's race? Plea ne following racial		death? the sta	(For intus ass Conviction Conviction	nmates cociated cted—ne cted—re victed	with n with t www.cou	nore to the mo urt cou d prob	han c ost se mmitr	at time of ne status, rious offe nent /parole vio	report nse.)
	☐ White ☐ Black or African A ☐ American Indian of ☐ Asian ☐ Native Hawaiian of ☐ Some other race ☐ Please Special	or Alaska Native	12	outsic	ight in	a ment tal hea	al hea	alth o	bsen	er stay ration uni	t or an

	In a general housing unit within the jail facility or in a general housing unit on jail grounds In a segregation unit In a special medical unit/infirmary within the jail facility In a special mental health services unit within the jail facility In a medical center outside the jail facility In a mental health center outside the jail facility While in transit Elsewhere Please Specify:
14. 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?
Ø	YES ——> CONTINUE TO Q15 Evaluation complete—results are pending
L	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
П	No evaluation is planned → CONTINUE TO Q15
15. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information ***
回	Illness—Exclude AIDS-related deaths [Specify]
П	Acquired Immune Deficiency Syndrome (AIDS)
	Accidental alcohol/drug intoxication [Describe]
П	Accidental injury to self [Describe]
П	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]
16. When	In the jail facility or on the jail 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 segregation unit In a special medical unit/infirmary In a special mental health services unit Elsewhere within the jail facility Please Specify: Outside the jail facility (e.g., while on work release or on work detail)

17. 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)
18. 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. Evaluation 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.
19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")
☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
 ☑ Pre-existing medical condition ☐ Deceased developed condition after admission ☐ Could not be determined
Please add any additional notes regarding this death here:



MORTALITY IN CORRECTIONAL INSTITUTIONS 2018 DEATH REPORT ON INMATES UNDER JAIL JURISDICTION

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

FORM	COMI	PLE	TED	BY:

lame	Johnn	y Scott				Title	Capt.	
cial	2867	Brig. G	en. Isaac Sm	ith Ave.		Telephone	225	358-4033
	Baton					FAX	225	358-4104
State		Zip	70807		E-mail	jscott@eb	rso.org	

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What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, or work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
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- Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
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1.	What was the inmate's name? Green Leonard	On what date was the inmate admitted to a facility under your jurisdiction?
	LAST FIRST MI	0 7 1 8 2 0 1 8 MONTH DAY YEAR
2.	On what date did the inmate die? 1 1 7 2 0 1 8 MONTH DAY YEAR	9. Was the inmate being confined in your jail facility on behalf of any of the following? PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)
	What was the name and location of the correctional facility involved? Facility Name: East Baton Rouge Prison Facility City: Baton Rouge LA	a. U.S. Immigration and Customs Enforcement
4.	What was the inmate's date of birth? 1 2 1 9 1 9 6 3 MONTH DAY YEAR	a. Failure to notify of sex offender b. HOLD per Probation and Parole c.
5.	What was the inmate's sex? ☑ Male □ Female	d. e.
6.	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No	11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.) Convicted—new court commitment Convicted—returned probation/parole violator Unconvicted
7.	In addition, what was the inmate's race? Please select one or more of the following racial categories: White Black or African American	Other Please Specify:
	American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race	12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?
**************************************	Please Specify:	☐ Yes ☑ No ☐ Don't Know

13. Where	13. Where did the inmate die?		
	In a medical center outside the jail facility		
14. Are th	ne results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or y of medical records) available to establish an official cause of death?		
	YES ——→ CONTINUE TO Q15 Evaluation complete—results are pending		
U	SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH		
П	No evaluation is planned → CONTINUE TO Q15		
15. What	was the cause of death? *** Please SPECIFY cause of death—it is critical information ***		
Ø	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]		
16. Whel	In a special medical unit/infirmary In a special mental health services unit Elsewhere within the jail facility Please Specify: Outside the jail facility (e.g., while on work release or on work detail)		

17. 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)
18. 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. Evaluation 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.
19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")
□ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
 ☑ Pre-existing medical condition ☐ Deceased developed condition after admission ☐ Could not be determined
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U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT: RTI INTERNATIONAL

FORM	COMPL	ETED	BY:

Name	Johnny Scott		Title	Capt.	
Official	2867 Brig. Gen. Isaac Smith Ave.		Telephone	225	358-4033
	Baton Rouge		FAX	225	358-4104
State	I A zip 70807	E-mail	jscott@eb	rso.org	

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EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential communitybased programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on longterm transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

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.

Б	/hat was the inmate's name? Toups Michael	8. On what date was the inmate admitted to a facility under your jurisdiction?
	7 2707	MONTH DAY YEAR
	On what date did the inmate die? O 1 2 1 2 0 1 8 MONTH DAY YEAR	9. Was the inmate being confined in your jail facility on behalf of any of the following? PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c) DON'T
F F	What was the name and location of the correctional acility involved? Facility Name: East Baton Rouge Prison Facility City: Baton Rouge LA	YES NO KNOW a. U.S. Immigration and Customs Enforcement
	What was the inmate's date of birth? 1 1 2 1 1 9 5 6 MONTH DAY YEAR	a. Porography Involving Juveniles b. c.
5. 1	What was the inmate's sex? ☐ Male ☐ Female	d. e.
STATE OF THE STATE	Was the inmate of Hispanic, Latino, or Spanish origin? ☐ Yes ☑ No	11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.) ☐ Convicted—new court commitment ☐ Convicted—returned probation/parole violator ☐ Unconvicted
	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	Other Please Specify: 12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an
	☐ Native Hawaiian or Pacific Islander ☐ Some other race Please Specify:	outside mental health facility? ☐ Yes ☑ No ☐ Don't Know

13. Where did the inmate die?				
☐ In a general housing unit within the jail facility or in a general housing unit on jail grounds ☐ In a segregation unit ☐ In a special medical unit/infirmary within the jail facility ☐ In a special mental health services unit within the jail facility ☐ In a medical center outside the jail facility ☐ In a mental health center outside the jail facility ☐ While in transit ☐ Elsewhere ☐ Please Specify:				
14. 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 Q15 ☐ Evaluation complete—results are pending ☐ ATALATER ☐ CONTACTED				
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 Q15				
15. 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]				
16. 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 jail facility or on the jail 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 segregation unit In a special medical unit/infirmary In a special mental health services unit Elsewhere within the jail facility				
Please Specify: ☐ Outside the jail facility (e.g., while on work release or on work detail)				
Outside the jail facility (e.g., wrille off work release of off work data)				
Please Specify:				

17. 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) 			
18. 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. Evaluation by physician/medical staff			
19. 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:			