

FORM CJ-9A


**DEATHS IN CUSTODY — 2021**  
**ANNUAL SUMMARY ON INMATES**  
**UNDER JAIL JURISDICTION**

DATA SUPPLIED BY

NAME	Capt. Monica Reed			TITLE	Captain of Communications		
OFFICIAL ADDRESS	Number and street or address		City	State	ZIP Code		
TELEPHONE	Area Code	Number	FAX NUMBER	Area Code	Number		
E-MAIL ADDRESS	monica.devillierreed@leo.gov						

(Please correct any error in name, mailing address, and ZIP Code)

**GENERAL INFORMATION**

- If you need assistance, call Tim Flanigan of RTI toll-free at **1-800-334-8571, ext. 2-7743** or e-mail **bjsdcrp@rti.org**
- **Please return your completed questionnaire within 30 days of receipt.** Return all pages **ONLINE** or by **FAX**, or **MAIL**.
- **ONLINE:** <https://bjsdcrp.rti.org>
- **FAX (TOLL FREE):** (866) 800-9179
- **MAIL:** RTI International, Attn: Tim Flanigan, Project Number: 0212335.001.002.300 • 3040 Cornwallis Road, P.O. Box 12194, Research Triangle Park, NC 27709-2194

**What facilities are included in this data collection?**

Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles.

- **INCLUDE** 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 facility.
- **INCLUDE** special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- **EXCLUDE** facilities that are exclusively used as temporary holding or lockup facilities from which inmates are usually transferred within 72 hours and not held beyond arraignment.
- **EXCLUDE** privately-operated jails and facilities operated by two or more jurisdictions, i.e., multi-jurisdictional facilities. (These jails will be contacted directly for data on deaths in their custody.)
- **EXCLUDE** deaths of persons in the process of arrest by your agency if they have not yet been booked into your jail facility. Arrest-related deaths should be reported using a CJ-11A form. Please contact BJS staff for assistance at 202-307-0765 or "askbjs@usdoj.gov".

**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 5 minutes per response for jurisdictions reporting zero deaths and 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.

## INMATE COUNTS AND DEATHS

1. How many persons under the supervision of your jail jurisdiction were —

a. **CONFINED** in your jail facilities on December 31, 20<sup>21</sup>

- INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction.
- INCLUDE persons out to court while under your jurisdiction.
- INCLUDE persons held for other jurisdictions.
- EXCLUDE persons housed in facilities operated by two or more jurisdictions or those held in privately operated jails.
- EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions.
- EXCLUDE all persons in non-residential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs).
- When exact numeric answers are not available, provide estimates and mark (☒) in the box beside each figure.

	Male		Female
Inmates on December 31, 20 <sup>21</sup>	67	<input type="checkbox"/>	0

b. **ADMITTED** to your jail facilities during 20<sup>21</sup>

- INCLUDE new admissions only, i.e., persons officially booked into and housed in your facilities by formal legal document and by the authority of the courts or some other official agency.
- INCLUDE repeat offenders booked on new charges.
- EXCLUDE returns from escape, work release, medical appointments/treatment facilities, bail, and court appearances.
- If annual admission figures are not available, please provide a monthly or weekly admission estimates and mark (☒) in the appropriate box.

	Male		Female
New admissions during 20 <sup>21</sup>	1227	<input type="checkbox"/>	0
	<input type="checkbox"/> Annual		<input type="checkbox"/> Annual
	<input type="checkbox"/> Monthly		<input type="checkbox"/> Monthly
	<input type="checkbox"/> Weekly		<input type="checkbox"/> Weekly

2. Between January 1, 20<sup>22</sup> and December 31, 20<sup>21</sup>, what was the average daily population of all jail confinement facilities operated by your jurisdiction?

- To calculate the average daily population, add the number of persons for each day during the period January 1, 2009, through December 31, 2009, and divide the result by 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 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.
- When exact numeric answers are not available, provide estimates and mark (☒) in the box beside each figure.

	Male		Female
Average daily population	70	<input type="checkbox"/>	0

3. Between January 1, 20<sup>21</sup> and December 31, 20<sup>21</sup>, how many persons died while under the supervision of your jail jurisdiction?

- INCLUDE deaths of ALL persons —  
 CONFINED in your jail facilities; or  
 UNDER YOUR JURISDICTION but out to court or in special facilities (e.g. Hospitals, halfway houses, work arms, and medical/treatment/release centers); or  
 WHILE IN TRANSIT to or from your facilities while under your jurisdiction.

	Male		Female
Number of inmate deaths	1	<input type="checkbox"/>	0

### INSTRUCTIONS

- **IF NO DEATHS ARE REPORTED** in item 3, return the completed form to RTI International.
- **IF A FORM CJ-9 "DEATHS IN CUSTODY, 2009 – ANNUAL DEATH REPORT ON INMATES UNDER JAIL JURISDICTION" HAS ALREADY BEEN SUBMITTED** for each death reported in item 3, then return this completed **FORM CJ-9A** to RTI International.
- **IF A FORM CJ-9 HAS NOT BEEN SUBMITTED** for any of the deaths reported in item 3, please complete and return a **FORM CJ-9** for each of these deaths with your completed **FORM CJ-9A**.

*An additional FORM CJ-9 for 2009 has been included with this questionnaire. If a FORM CJ-9 has not been submitted for more than 1 death reported in item 3 above, make copies of page 2 and 3 of the enclosed FORM CJ-9 for each additional death.*

FORM CJ-9


**DEATHS IN CUSTODY — 20<sup>21</sup>**  
**ANNUAL DEATH REPORT ON INMATES**  
**UNDER JAIL JURISDICTION**

## DATA SUPPLIED BY

NAME	Capt. Monica Reed		TITLE	Captain of Communications		
OFFICIAL ADDRESS	Number and street address		City	State	ZIP Code	
TELEPHONE	Area Code	Number	FAX NUMBER	Area Code	Number	
E-MAIL ADDRESS						

200 Court St, Suite 100  
 Ville Platte LA 70586  
 337 363-2161  
 337 363-7390  
 monica.devillierreed@leo.gov

## Reporting Period

 20<sup>22</sup> Annual (January 1 — December 31)

(Please correct any error in name, mailing address, and ZIP Code)

## 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, and work farms); or on transfer to treatment facilities;
  - UNDER YOUR JURISDICTION but out to court;
  - WHILE 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 non-residential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs).
  - UNDER YOUR JURISDICTION but on AWOL, escape, or long-term transfer to other jurisdiction.
  - IN THE PROCESS OF ARREST by your agency, but not yet booked into your jail facility.

 During 20<sup>21</sup> how many persons died while under the supervision of your local jail jurisdiction?

Number of deaths

/

## Instructions:

- **IF A DEATH OCCURRED**, complete a **LOCAL JAIL INMATE DEATH REPORT**. Please complete items 1 through 16 for each inmate death.
- **IF NO DEATHS**, please indicate in the space above.
- If more than 1 death reported above, make copies of pages 2 and 3 for each additional death.
- Return this **LOCAL INMATE DEATH REPORT ONLINE**, or by **FAX** or **MAIL** within 30 days of receipt.
- **ONLINE**: <https://bjsdcrp.rti.org>
- **FAX (TOLL-FREE)**: (866) 800-9179
- **MAIL**: RTI International, Attn: Tim Flanigan  
Project Number: 0212335.001.002.300  
3040 Cornwallis Road, P.O. Box 12194  
Research Triangle Park, NC 27709-2194
- If you need assistance, call Tim Flanigan of RTI International toll-free at 1-800-334-8571, ext. 2-7743 or e-mail [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).

## 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 5 minutes per response for jurisdictions reporting zero deaths and 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.

Name of deceased inmate Eric Melton

**11. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, post-mortem exam, or review of medical records) available in order to establish an official cause of death?**

- 01  Yes — Complete items 12 through 16.
- 02  Evaluation complete, results are pending — Skip remaining items; you will be contacted later for those data.
- 03  No such evaluation is planned — Complete items 12 through 16.

**12. What was the cause of death?**

- 01  Illness
  - Exclude AIDS-related deaths.

Specify illness  $\neq$

Cardiac Arrest/Respiratory Arrest

- 02  Acquired Immune Deficiency Syndrome (AIDS)
- 03  Accidental alcohol/drug intoxication — Specific type  $\neq$

- 04  Accidental injury to self — Describe events  $\neq$

- 05  Accidental injury by other (e.g., vehicular accidents during transport) — Describe events  $\neq$

- 06  Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) — Describe events  $\neq$

- 07  Homicide committed by other inmate(s)
- 08  Homicide incidental to use of force by staff — Describe events  $\neq$

- 09  Other causes — Specify causes  $\neq$

**13. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission?**

- If multiple medical conditions caused the death, mark "01" if any of the conditions were pre-existing.

- 01  Pre-existing medical condition
- 02  Deceased developed condition after admission
- 08  Could not be determined
- 09  Not applicable — cause of death was accidental injury, intoxication, suicide, or homicide

**14. Had the deceased been receiving treatment for the medical condition after admission to your correctional facilities?**

- Exclude emergency care provided at time of death.

Yes  No  Don't know

- 01  07  08  Evaluated by physician/medical staff
- 02  07  08  Had diagnostic tests (e.g. X-rays, MRI)
- 03  07  08  Received medications
- 04  07  08  Received treatment/care other than medications
- 05  07  08  Had surgery
- 06  07  08  Confined in special medical unit
- 09  Not applicable — cause of death was accidental injury, intoxication, suicide, or homicide

**15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?**

- 01  Morning (6 a.m. to noon)
- 02  Afternoon (noon to 6 p.m.)
- 03  Evening (6 p.m. to midnight)
- 04  Overnight (midnight to 6 a.m.)
- 09  Not applicable — cause of death was illness, intoxication, or AIDS-related

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

- 01  In the jail facility or on jail grounds — Specify  $\neq$ 
  - a.  In the inmate's cell/room
  - b.  In a temporary holding area/lockup
  - c.  In a common area within the facility (e.g., yard, library, cafeteria, day room, recreational area, or workshop)
  - d.  In a segregation unit
  - e.  In special medical unit/infirmary
  - f.  In special mental health services unit
  - g.  Elsewhere within the jail facility — Specify  $\neq$

- 02  Outside the jail facility (e.g., while on work release or on work detail, under community supervision, or in transit)

- 03  Elsewhere — Specify  $\neq$

- 09  Not applicable — cause of death was illness, intoxication, or AIDS-related

Notes

I Have some medical records.

# LOCAL JAIL INMATE DEATH REPORT

INMATE DEATH #  OUT OF ANNUAL TOTAL OF

**1. What was the inmate's name?**

Last  First  MI   
Melton Eric

**2. On what date did the inmate die?**

Month  Day  Year   
01 04 2021

**3. What was the inmate's date of birth?**

Month  Day  Year   
11 05 1975

**4. What was the inmate's sex?**

01  Male  
02  Female

**5. What was the inmate's race/ethnic origin?**

- 01  White (not of Hispanic origin)
- 02  Black or African American (not of Hispanic origin)
- 03  Hispanic or Latino
- 04  American Indian/Alaska Native (not of Hispanic origin)
- 05  Asian (not of Hispanic origin)
- 06  Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
- 07  Two or more races (not of Hispanic origin)
- 08  Additional categories in your information system—  
Specify
- 09  Not known

**6. On what date had the inmate been admitted to a facility under your jail jurisdiction?**

Month  Day  Year   
01 02 2021

**7. For what offense(s) was the inmate being held?**

- a. Schedule II Prohibited Acts
- b.
- c.
- d.
- e.

**8. What was the inmate's legal status at time of death?**

- For persons with more than one status, report the status associated with the most serious offense.

- 01  Convicted — new court commitment
- 02  Convicted — returned probation/parole violator
- 03  Unconvicted
- 04  Other — Specify

**9. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?**

- 01  Yes
- 02  No
- 08  Don't know

**10. Where did the inmate die?**

- 01  In general housing within jail facility or on jail grounds
- 02  In segregation unit
- 03  In special medical unit/infirmery within jail facility
- 04  In special mental health services unit within jail facility
- 05  In medical center outside jail facility
- 06  In mental health center outside jail facility
- 07  While in transit
- 08  Elsewhere — Specify