OMB No. 1121-0249 Approval Expires 03/31/2019

Form NPS-4A (Addendum)

DEATHS IN CUSTODY—2015 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 2015:

- You will not need to report anything at this time.
- At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence in 2015.

If you had more than one death in 2015:

- 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://bjsdcrp.rti.org
E-MAIL: bjsdcrp@rti.org
FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture
Project Number: 0213149.001.400.402.100
5265 Capital Boulevard
Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bjsdcrp@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

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.

"AGENCY ID"

STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

LAST	FIRST	MI
Winch	Kenneth	D

2. On what date did the inmate die?

MONTH	DAY	YEAR
12	13	2015

3. What was the name and location of the correctional facility involved?

Facility Name: Terrebonne Work Release

Facility City: Houma

Facility State: LA

4. What was the inmate's date of birth?

MONTH	DAY	YEAR
07	18	1979

5. What was the inmate's sex?

- [x] Male
- [ ] Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- [ ] Yes
- [x] No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- [x] White
- [ ] Black or African American
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Native Hawaiian or Pacific Islander
- [ ] Some other race

↳ *Please Specify:*

8. On what date was the inmate admitted to one of your correctional facilities?

MONTH	DAY	YEAR
12	01	2015

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

a. P-Firearm-CCQ-CNV CRT FLN

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- [ ] Yes
- [ ] No
- [x] Don't Know

11. Where did the inmate die?

- [x] In a general housing unit in the facility or 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

↳ *Please Specify:*

"AGENCY ID"

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

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

13. What was the cause of death? ******* Please SPECIFY cause of death—it is critical information******

- ☐ Illness—Exclude AIDS-related deaths *[Specify]* →
- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Accidental alcohol/drug intoxication *[Describe]* →
- ☑ Accidental injury to self *[Describe]* → na
- ☐ 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

[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)
- ☐ 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 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	☐	☐	☐
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. 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:

NewsBank inc.

June 7, 2016 | Courier, The (Houma, LA) | Staff Writer | Page 3

Authorities have ruled that the cause of the sudden Dec. 13 death of a 36-year-old inmate in the Terrebonne Parish work release program was an accidental fentanyl overdose.

According to an initial report, deputies responded to a medical emergency at the inmate work release center on Savanne Road in Houma. Upon their arrival, deputies found Opelousas resident **Kenneth Winch** non-responsive on his bunk. Blood mixed in with an unidentified substance was also running from his mouth and nose, according to the narrative.

When paramedics removed Winch's socks after trying to revive him, a small, clear plastic bag with cut-off corners fell out of a sock, the report said. A trusty later told deputies that Winch had found a "ball of heroin" on the ground near the fence sometime before he overdosed.

While Winch still had a slight pulse, he was transported to a local hospital where he later died, authorities said. He had been in the work release program since the start of December.

An autopsy report shows that Winch had fentanyl, a fentanyl analog and fentanyl byproducts in his system.

Fentanyl is a strong and fast-acting painkiller typically prescribed for severe post-surgical pain. It is similar to morphine, but it is 50 to 100 times more potent.

High doses of fentanyl can cause breathing to stop completely and can result in death, particularly when the drug user is unaware that a powder or pill contains fentanyl, according to the National Institute on Drug Abuse.

Illegal fentanyl can be sold as a powder, mixed with or substituted for heroin, spiked on blotter paper or be in the form of tablets that mimic less potent painkillers, the agency said.

— Staff Writer Maki Somosot can be reached at 857-2208 or maki.somosot@houmatoday.com. Follow Maki on Twitter at @mdlbsomosot.

CITATION (AGLC STYLE)

Staff Writer, 'Jail Death', *Courier, The* (online), 7 Jun 2016 3 ‹https://infoweb-newsbank-com.loyno.idm.oclc.org/apps/news/document-view?p=AWNB&docref=news/15D5E116F36FC538›

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