LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

Last	First	MI
Scott SR.	Linzie	R

2. On what date did the inmate die?

Month	Day	Year
10	23	2019

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

Month	Day	Year
08	17	1954

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
08	09	2019

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

a. 3 Counts Distribution Sch. I
b. 3 Counts Distribution Sch. II
c. Drug Free Zone - Violation of CDS
d. Parole Hold
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/infirmary within jail facility
04 ☐ In special mental health services unit within jail facility
05 ☐ In medical center outsice jail facility
06 ☐ In mental health center outside jail facility
07 ☐ While in transit
08 ☐ Elsewhere — *Specify* ➢

Name of deceased inmate Linzie R. Scott SR.

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.* UNKNOWN
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

02 ☐ Acquired Immune Deficiency Syndrome (AIDS)
03 ☐ Accidental alcohol/drug intoxication — *Specific type*
04 ☐ Accidental injury to self — *Describe events*
05 ☐ Accidental injury by other (e.g., vehicular accidents during transport) — *Describe events*
06 ☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) – Describe events
07 ☐ Homicide committed by other inmate(s)
08 ☐ Homicide incidental to use of force by staff — *Describe events*
UNKNOWN
09 ☐ Other causes — *Specify causes*

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. UNKNOWN

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
- 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 jail facility — *Specify*

02 ☐ Outside the jail facility (e.g., while on work release or on work detail, under community supervision, or in transit)
03 ☐ Elsewhere — *Specify*

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