Form NPS-4A (Addendum)



### DEATHS IN CUSTODY— 2012 STATE PRISON INMATE DEATH REPORT

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

The state of the s			RITINTERNATIONAL			
		DATA SUPPLII	ED BY:			
Name			Title			
Official Address			Telephone			
City			FAX			
State	Zip	E-mail				$\Box$ /

Please correct any error in name or mailing address

### **Instructions for Completion**

- If no deaths occurred, you will not need to report anything at this time. At the beginning of the next calendar year, you will be asked to complete a summary form whether you had a death occurrence or not.
- If you had more than 1 death, make copies of pages 2 and 3 for each additional death.
- Complete questions 1 through 16 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): 1-866-800-9179

MAIL: RTI International, Attn: Kim Aspinwall

Project Number: 0213149.001.102 3040 Cornwallis Road, PO Box 12194

Research Triangle Park, NC 27709-2194

If you need assistance, call Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or bisdcrp@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, and work farms);
- In transit to or from your facilities while under your supervision.

## **EXCLUDE** deaths of ALL Persons

- Deaths by execution that were carried out 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.

#### **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.

# STATE PRISON INMATE DEATH REPORT

1.	What was the inmate's name?	8. For what offense(s) was the inmate being held?
		a.
	LAST FIRST MI	b.
2.	On what date did the inmate die?	C.
	2012	d.
	MONTH DAY YEAR	e.
3.	What was the name and location of the correctional facility involved?	9. Since admission, did the inmate ever stay overnight in
	Please Specify:	a mental health facility?  O Yes
		O No O Don't Know
4.	What was the inmate's date of birth?	10. Where did the inmate die?
		<ul> <li>In a general housing in the facility or on prison grounds</li> </ul>
	MONTH DAY YEAR	<ul><li>In a segregation unit</li><li>In a special medical unit/infirmary within your</li></ul>
5.	What was the inmate's sex?	facility  In a special mental health services unit within your
	<ul><li>Male</li><li>Female</li></ul>	facility  In a medical center outside your facility  In a mental health center outside your facility
6.	What was the inmate's race/ethnic origin?	<ul> <li>○ While in transit</li> <li>○ Elsewhere → Please Specify:</li> </ul>
0.	White (not of Hispanic origin)	
	O Black or African American (not of Hispanic origin) O Hispanic or Latino	11. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) take place?
	<ul> <li>American Indian/Alaska Native (not of Hispanic origin)</li> <li>Asian (not of Hispanic origin)</li> </ul>	<ul> <li>NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related</li> </ul>
	Native Hawaiian or Other Pacific Islander (not of Hispanic origin)	<ul><li>In the prison facility or on the prison grounds</li><li>In the inmate's cell/room</li></ul>
	<ul><li>Two or more races</li><li>Additional categories in your information system</li></ul>	[SPECIFY] O In a temporary holding area/lockup In a common area within the facility (e.g., yard, library, cafeteria, etc.)
	Please Specify:	<ul> <li>In a special medical unit/infirmary</li> <li>In a special mental health services unit</li> </ul>
	O Race/Ethnicity Not Known	<ul><li>In a segregation unit</li><li>On death row, special unit awaiting capital</li></ul>
7.	On what date had the inmate been admitted to one of your correctional facilities?	punishment      Elsewhere within the prison facility
		Please Specify:
	MONTH DAY YEAR	Outside the prison facility (e.g., while on work release or on work detail, etc.)
		Elsewhere    Please Specify:
<<	AGENCY ID >>	

	12. Had the inmate been receiving treatment for the medical condition after admission to your correctional facilities? Exclude emergency care provided at time of death.					
(	0	NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide				
1	a. b. c. d. e. f.	Evaluated by physician/medical staff	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a – f).			
(	hor	nen did the incident (e.g., accident, suicide, or micide) causing the inmate's 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)	<ul> <li>14. 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?</li> <li>○ YES → CONTINUE TO Q15</li> <li>○ Evaluation complete—results are pending</li> <li>SKIP REMAINING QUESTIONS—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH</li> <li>○ No evaluation is planned → CONTINUE TO Q15</li> </ul>			
15.	Wh	nat was the cause of death? *** Please SPECIFY ca	ause of death as it is critical information ***			
(	0	Illness—Exclude AIDS-related deaths [Specify]→				
(	0	Acquired Immune Deficiency Syndrome (AIDS)				
(	0	Accidental alcohol/drug intoxication [Specify]				
(	0	Accidental injury to self [Describe]				
(	0	Accidental injury by other (e.g., vehicular accidents during transport) [Describe]				
(	0	Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe]				
(	0	Homicide [Please provide description]				
	0	Other cause(s) [Specify]				
		Carior oddoo(o) [opoony]				
	me cor cau	as the cause of death the result of a pre-existing edical condition or did the inmate develop the ndition after admission? If multiple conditions used the death, select "Pre-existing medical ndition."  NOT APPLICABLE—Cause of death was	Please add any additional notes here:			
	000	accidental injury, intoxication, suicide, or homicide  Pre-existing medical condition Deceased developed condition after admission Could not be determined	< <agency id="">&gt;</agency>			
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