

Form CJ-9A/10A


**DEATHS IN CUSTODY—2013
ANNUAL SUMMARY ON INMATES
UNDER JAIL JURISDICTION**

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

Name	Shaniqueka Weary		Title	Sergeant	
Official Address	1200 Champange st		Telephone	985	276-1000
City	Covington		FAX	985	276-1009
State	LA	Zip	70434		
E-mail					

PLEASE COMPLETE A SEPARATE ANNUAL SUMMARY FORM FOR EACH FACILITY IN YOUR JURISDICTION THAT HAS A SEPARATE ADMINISTRATOR, A SEPARATE STAFF, AND A SEPARATE BUDGET.

Please provide:

Facility Name					
Facility Address					
Facility City		State		Zip	

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 figure that is estimated. For example 1,234

Please submit your completed form(s) within 30 days of receipt. You may submit information in one of these ways:

ONLINE: Complete this form online at: <https://bisdcprp.rti.org> **MAIL:** RTI International, Attn: Data Capture
Project Number: 0213149.001.200.207.400
5265 Capital Boulevard
Raleigh, NC 27690-1652

E-MAIL: bisdcprp@rti.org

FAX (TOLL-FREE): 1-866-800-9179

If you need assistance, contact Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or bisdcprp@rti.org.

What facilities are eligible to complete an Annual Summary Form?**ELIGIBLE..**

- Confinement facilities usually administered by a local or regional 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 the facility.
- Special jail facilities operated under the authority of local or regional correctional authorities, such as medical/treatment/release centers, halfway houses, and work farms.
- Private facilities operated under contract to local, regional, or federal correctional authorities.
- Facilities that hold inmates for other jurisdictions, including federal authorities, state prison authorities, and other local jail jurisdictions.

INELIGIBLE..

- 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.

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 1 hour and 20 minutes per facility, 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.

Section I — INMATE DEATHS

1. Between January 1, 2013, and December 31, 2013, how many persons died while under the supervision of this facility?

INCLUDE deaths of ALL persons:

- ✓ CONFINED in this facility
- ✓ UNDER THE SUPERVISION of this facility, but out to court or in a special facility not under the jurisdiction of a local or regional correctional authority (e.g., hospital, hospice, or nursing home; treatment facility; residential community center; residential work release or house arrest program; release center)
- ✓ WHILE IN TRANSIT to or from this facility while under its supervision

EXCLUDE:

- X Deaths of persons in the process of arrest by your agency if they have not yet been booked into this facility. Arrest-related deaths should be reported using a CJ-11A form.

Number of inmate deaths

a. Males b. Females

REMINDER: IF THIS FACILITY HAD ONE OR MORE DEATHS IN CALENDAR YEAR 2013: Please ensure that you have completed a 2013 CJ-9/CJ-10 (individual death report) form for each death reported. If you need additional CJ-9/CJ-10 forms, please go to the DCRP Web site (<https://bisdcrp.ri.org>), call 1-800-344-1387, or send an e-mail to bisdcrp@ri.org.

When exact numeric answers are not available, provide estimates and mark (X) in the checkbox beside each figure that is estimated. For example 1,234

Section II — SUPERVISED POPULATION

2. On December 31, 2013, how many persons under the supervision of this facility were —

a. CONFINED in this facility?

INCLUDE:

- ✓ Persons on transfer to treatment facilities but who remain under the jurisdiction of this facility
- ✓ Persons held for other jurisdictions
- ✓ Persons in community-based programs (e.g., work release, day release, drug/alcohol treatment) who return to jail at night
- ✓ Persons out to court while under the jurisdiction of this facility

EXCLUDE:

- X Persons under the jurisdiction of this facility who are boarded elsewhere
- X Inmates on AWOL, escape, or long-term transfer to other facilities or jurisdictions

1144

b. Under jail supervision, but NOT CONFINED?

INCLUDE:

- ✓ Persons in community-based programs run by this facility (e.g., electronic monitoring, house arrest, community service, day reporting, and work programs)

EXCLUDE:

- X Persons on pretrial release who are not in a community-based program run by this facility
- X Persons under the supervision of probation, parole, or other agencies
- X Inmates on weekend programs—weekend programs allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday)
- X Inmates participating in work release programs who return to the facility at night

37 c. TOTAL (Sum of items 2a and 2b)

3. On the weekend prior to December 31, 2013, did this facility have a weekend program?

Weekend programs allow offenders to serve their sentences of confinement only on weekends (e.g., Friday–Sunday).

1 Yes – How many inmates participated?

2 No

4. Of all the persons CONFINED in this facility (as reported in item 2a), how many were not U.S. citizens?

Not-U.S. citizens

Section III — INMATE COUNTS AND MOVEMENTS OF THE CONFINED POPULATION

5. On December 31, 2013, how many persons CONFINED in this facility were —

- a. Adult males (age 18 or older) 1033
- b. Adult females (age 18 or older) 97
- c. Males under age 18 11
- d. Females under age 18 3
- e. TOTAL (Sum of items 5a through 5d should equal item 2a) 1144

6. Of all the persons under the age of 18 CONFINED in this facility on December 31, 2013 (sum of 5c and 5d), how many were tried, or awaiting trial, in adult court?

Number of persons under age 18 held as adults 0

7. Of all persons CONFINED in this facility on December 31, 2013, how many were —

- For persons with more than one status, report the status associated with the most serious offense.
- For convicted inmates include probation and parole violators with no new sentence.

a. Convicted 624

Of these, how many were —

- 1. Unsentenced inmates or awaiting sentencing 0
- 2. Sentenced inmates 624

b. Unconvicted 520

Of these, how many were —

- 1. Awaiting trial/arraignment 410
- 2. Awaiting transfer/hold for other authorities 110
- 3. Other 0

c. TOTAL (Sum of items 7a and 7b should equal item 2a) 1144

8. On December 31, 2013, how many persons CONFINED in this facility, regardless of conviction status, had an offense type of —

For persons with more than one offense, report the most serious type of offense.

a. Felony 624

b. Misdemeanor 520

c. Other — Specify 0

d. TOTAL (Sum of items 8a to 8c should equal item 2a) 1144

When exact numeric answers are not available, provide estimates and mark (X) in the checkbox beside each figure that is estimated. For example 1,234

9. On December 31, 2013, how many persons CONFINED in this facility were —

- a. White, not of Hispanic origin 501
- b. Black or African American, not of Hispanic origin 592
- c. Hispanic or Latino 51
- d. American Indian/Alaska Native, not of Hispanic origin 0
- e. Asian, not of Hispanic origin 0
- f. Native Hawaiian or Other Pacific Islander, not of Hispanic origin 0
- g. Two or more races, not of Hispanic origin 0
- h. Additional categories in your information system — Specify 0
- i. Not known 0
- j. TOTAL (Sum of items 9a to 9i should equal item 2a) 1144

10. On December 31, 2013, how many persons CONFINED in this facility were held for —

For persons with multiple holds, count them only once with priority being federal, state, tribal, and local.

INCLUDE contractual, temporary, courtesy, or *ad hoc* holds for other agencies

a. Federal authorities

- 1. U.S. Marshals Service 10
- 2. Federal Bureau of Prisons 0
- 3. U.S. Immigration and Customs Enforcement (ICE) 1
- 4. Bureau of Indian Affairs (BIA) 0

X EXCLUDE inmates being housed for tribal governments in item 10c, below

5. Other — Specify 0

b. State prison authorities

- 1. For your state 0
- 2. For other states 0

c. American Indian/Alaska Native Tribal governments

X EXCLUDE inmates being housed for the BIA in item 10a4 0

d. Other local jail jurisdictions

X EXCLUDE inmates being housed for your own jurisdiction (i.e., your own county/city inmates)

X EXCLUDE inmates being housed for tribal governments in item 10c

- 1. Within your state 0
- 2. Outside your state 23

e. TOTAL (Sum of items 10a to 10d) 34

11. a. During the 31-DAY period from December 1 to December 31, 2013, on what day did this facility hold the greatest number of inmates?

Peak population should be equal to or greater than the confined inmate population reported in item 2a.

December , 2013

- b. How many persons were CONFINED on that day?

Number that day

12. Between January 1, 2013, and December 31, 2013, what was the average daily population of this facility?

- Include inmates who participated in weekend 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 number of persons for each day during the period January 1, 2013, through December 31, 2013, 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 this facility each day.

Average daily population

a. Males

b. Females

c. TOTAL (Sum of items 12a and 12b)

13. On December 31, 2013, what was the total rated capacity of this facility, excluding separate temporary holding areas?

- Rated capacity is the maximum number of beds or inmates assigned by a rating official to this facility.
- If rated capacity is not available, estimate by using the design capacity and mark the checkbox.

Rated capacity

14. Between January 1, 2013, and December 31, 2013, how many persons were -

- a. New admissions to this facility?

INCLUDE:

- ✓ Persons officially booked into and housed in this facility by formal legal document and by the authority of the courts or some other official agency
- ✓ Repeat offenders booked on new charges
- ✓ Those persons serving a weekend sentence coming into the facility for the first time

EXCLUDE:

- X Returns from escape, work release, medical appointments/treatment facilities, furloughs, bail/bond releases, and court appearances

New admissions

1. Males

2. Females

3. TOTAL (Sum of items 14a1 and 14a2)

- b. Final discharges from this facility?

INCLUDE:

- ✓ All persons released after a period of confinement (e.g., sentence completion, bail/bond releases, other pretrial releases, transfers to other jurisdictions, and deaths)
- ✓ Those persons completing their weekend sentence leaving the facility for the last time

EXCLUDE:

- X Temporary discharges (e.g., work releases, medical appointments/treatment, to courts, furloughs, day reporters, and transfers to other facilities within your jurisdiction)

Final discharges

1. Males

2. Females

3. TOTAL (Sum of items 14b1 and 14b2)

When exact numeric answers are not available, provide estimates and mark (X) in the checkbox beside each figure that is estimated. For example 1,234

Section IV — POPULATION SUPERVISED IN THE COMMUNITY

If item 2b equals 0 (zero), SKIP to item 16.

15. On December 31, 2013, how many persons under the supervision of this facility who were NOT CONFINED participated in –

- X EXCLUDE inmates on weekend programs
- a. Electronic monitoring 0
- b. Home detention without electronic monitoring 0
- c. Community service 0
- d. Day reporting 37
- e. Other pretrial supervision 0
- f. Other alternative work programs 0
 X EXCLUDE inmates participating in work release programs who return to the facility at night
- g. Alcohol/drug treatment programs 0
 X EXCLUDE inmates participating in alcohol/drug treatment programs who are confined in the facility
- h. Other programs outside of jail facilities – Specify 0
- i. TOTAL (Sum of items 15a to 15h should equal item 2b) 37

Section V — COST OF INCARCERATION AND STAFF

16. Between January 1, 2013, and December 31, 2013, what were the operating expenditures for this facility?

INCLUDE:

- ✓ Total salaries and wages, including employer contributions to employee benefits
- ✓ Other operating expenditures, such as the purchase of food, supplies, medical expenses, and utilities

EXCLUDE:

- X Capital expenditures such as total construction costs for new buildings, major repairs, and improvements; equipment, furnishings, vehicles, and installations; and purchase of land, rights-of-way, and title searches

Total operating expenditures 18456404

When exact numeric answers are not available, provide estimates and mark (X) in the checkbox beside each figure that is estimated. For example 1,234

17. On December 31, 2013, how many staff employed in this facility were –

Count each employee only once. Classify employees with multiple functions by the function performed most frequently.

✓ INCLUDE only payroll and non-payroll staff

X EXCLUDE staff paid through contractual agreements and community volunteers

- a. Correctional officers (Deputies, monitors, and other custody staff who spend more than 50% of their time with the incarcerated population) 136
 Of these, how many were –
1. Males 106
2. Females 30
- b. All other staff (Administrators, clerical and maintenance staff, educational staff, professional and technical staff, and other staff unspecified) 37
 Of these, how many were –
1. Males 15
2. Females 22
- c. TOTAL (Sum of items 17a and 17b) 173

18. Of all correctional officers reported in item 17a, how many were –

- a. White, not of Hispanic origin 122
- b. Black or African American, not of Hispanic origin 13
- c. Hispanic or Latino 1
- d. American Indian/Alaska Native, not of Hispanic origin 0
- e. Asian, not of Hispanic origin 0
- f. Native Hawaiian or Other Pacific Islander, not of Hispanic origin 0
- g. Two or more races, not of Hispanic origin 0
- h. Additional categories in your information system – Specify 0
- i. Not known 0
- j. TOTAL (Sum of items 18a to 18i should equal item 17a) 136

Form CJ-9


**DEATHS IN CUSTODY—2013
DEATH REPORT ON INMATES
UNDER JAIL JURISDICTION**

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

FORM COMPLETED BY:

Name	Shaniqueka Weary	Title	Sergeant
Official Address	1200 Champange st	Telephone	985 276-1000
City	Covington	FAX	985 276-1009
State	LA	Zip	70434
E-mail			

Instructions for Completion

If no deaths occurred in 2013:

- You do not need to report anything at this time.
- At the beginning of 2014, you will be asked to complete a summary form whether or not you had a death occurrence in 2013.

If you had more than one death in 2013:

- 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>
MAIL: RTI International, Attn: Data Capture
Project Number: 0213149.001.300.302.100
5265 Capital Boulevard
Raleigh, NC 27690-1652

E-MAIL: bjsdcrp@rti.org
FAX (TOLL-FREE): 1-866-800-9179

If you need assistance, contact Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or bjsdcrp@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 community-based 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 long-term 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.

LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST FIRST MI

2. On what date did the inmate die?

MONTH DAY YEAR

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

Facility Name:

Facility City:

Facility State:

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

MONTH DAY YEAR

5. What was the inmate's sex?

- Male
 Female

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

- Yes
 No

7. 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
 Native Hawaiian or Pacific Islander
 Some other race

8. On what date was the inmate admitted to a facility under your jurisdiction?

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
 YES NO KNOW

- a. U.S. Immigration and Customs Enforcement.....
- b. U.S. Marshals Service.....
- c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction.....

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

- a.
- b.
- c.
- d.
- e.

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
 Other

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an 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 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:

[Empty box for specifying location]

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

→ 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] → []

HANGING

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]

Please Specify:

[Empty box for specifying location]

- Outside the jail facility (e.g., while on work release or on work detail)
- Elsewhere

Please Specify:

[Empty box for specifying location]

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)
b. Diagnostic tests (e.g., X-rays, MRI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Treatment/care other than medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Confinement in special medical unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:

Form CJ-9


**DEATHS IN CUSTODY—2013
DEATH REPORT ON INMATES
UNDER JAIL JURISDICTION**

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

FORM COMPLETED BY:

Name	Shaniqueka Weary	Title	Sergeant
Official Address	1200 Champange st	Telephone	985 276-1000
City	Covington	FAX	985 276-1009
State	LA	Zip	70434
E-mail			

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- 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 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 community-based 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 long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

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LAST FIRST MI

2. On what date did the inmate die?

MONTH DAY YEAR

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

Facility Name:

Facility City:

Facility State:

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

MONTH DAY YEAR

5. What was the inmate's sex?

- Male
 Female

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

- Yes
 No

7. 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
 Native Hawaiian or Pacific Islander
 Some other race

8. On what date was the inmate admitted to a facility under your jurisdiction?

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)

- | | YES | NO | DONT KNOW |
|---|--------------------------|-------------------------------------|--------------------------|
| a. U.S. Immigration and Customs Enforcement..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. U.S. Marshals Service..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

- a.
- b.
- c.
- d.
- e.

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
 Other

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an 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 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

↳ 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] → ACUTE PULMONARY EMBOLISM
- 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]

↳ Please Specify:

- Outside the jail facility (e.g., while on work release or on work detail)
- Elsewhere

↳ 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic tests (e.g., X-rays, MRI)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Medications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Treatment/care other than medications	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Confinement in special medical unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**PLEASE PROVIDE A
RESPONSE FOR
EACH ITEM (a-f)**

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: