

# 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

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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	DON'T 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 in a general housing unit on jail grounds
- In a segregation unit
- In a special medical unit/infirmery 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] →
- 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/infirmery
  - 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)</b>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Medications .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Treatment/care other than medications .....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	

**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:*