


FORM CJ-9A	 DEATHS IN CUSTODY — 2019 ANNUAL SUMMARY ON INMATES UNDER JAIL JURISDICTION		U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE STATISTICS AND ACTING AS COLLECTION AGENT RTI International	
DATA SUPPLIED BY				
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(Please correct any error in name, mailing address, and ZIP Code)

GENERAL INFORMATION

- If you need assistance, call Tim Flanigan of RTI toll-free at **1-800-334-8571, ext. 2-7743** or e-mail **bjsdcrp@rti.org**
- **Please return your completed questionnaire within 30 days of receipt.** Return all pages **ONLINE** or by **FAX**, or **MAIL**.
- **ONLINE:** <https://bjsdcrp.rti.org>
- **FAX (TOLL FREE):** (866) 800-9179
- **MAIL:** RTI International, Attn: Tim Flanigan, Project Number: 0212335.001.002.300 • 3040 Cornwallis Road, P.O. Box 12194, Research Triangle Park, NC 27709-2194

What facilities are included in this data collection?

Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles.

- **INCLUDE** 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 your facility.
- **INCLUDE** special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms).
- **EXCLUDE** facilities that are exclusively used as temporary holding or lockup facilities from which inmates are usually transferred within 72 hours and not held beyond arraignment.
- **EXCLUDE** privately-operated jails and facilities operated by two or more jurisdictions, i.e., multi-jurisdictional facilities. (These jails will be contacted directly for data on deaths in their custody.)
- **EXCLUDE** deaths of persons in the process of arrest by your agency if they have not yet been booked into your jail facility. Arrest-related deaths should be reported using a CJ-11A form. Please contact BJS staff for assistance at 202-307-0765 or "askbjs@usdoj.gov".

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.

INMATE COUNTS AND DEATHS

1. How many persons under the supervision of your jail jurisdiction were —

a. **CONFINED** in your jail facilities on December 31, 2019?

- INCLUDE persons on transfer to treatment facilities but who remain under your jurisdiction.
- INCLUDE persons out to court while under your jurisdiction.
- INCLUDE persons held for other jurisdictions.
- EXCLUDE persons housed in facilities operated by two or more jurisdictions or those held in privately operated jails.
- EXCLUDE inmates on AWOL, escape, or long-term transfer to other jurisdictions.
- EXCLUDE all persons in non-residential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs).
- When exact numeric answers are not available, provide estimates and mark (X) in the box beside each figure.

Inmates on December 31, 2019 Male 85 Female 14

b. **ADMITTED** to your jail facilities during 2019?

- INCLUDE new admissions only, i.e., persons officially booked into and housed in your facilities by formal legal document and by the authority of the courts or some other official agency.
- INCLUDE repeat offenders booked on new charges.
- EXCLUDE returns from escape, work release, medical appointments/treatment facilities, bail, and court appearances.
- If annual admission figures are not available, please provide a monthly or weekly admission estimates and mark (X) in the appropriate box.

New admissions during 2019 Male 481 Female 82

Annual Annual
 Monthly Monthly
 Weekly Weekly

2. Between January 1, 2019, and December 31, 2019, what was the average daily population of all jail confinement facilities operated by your jurisdiction?

- To calculate the average daily population, add the number of persons for each day during the period January 1, 2009, through December 31, 2009, 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 your jail confinement facilities each day.
- When exact numeric answers are not available, provide estimates and mark (X) in the box beside each figure.

Average daily population Male 46 Female 11

3. Between January 1, 2019, and December 31, 2019, how many persons died while under the supervision of your jail jurisdiction?

- INCLUDE deaths of ALL persons —
 CONFINED in your jail facilities; or
 UNDER YOUR JURISDICTION but out to court or in special facilities (e.g. Hospitals, halfway houses, work arms, and medical/treatment/release centers); or
 WHILE IN TRANSIT to or from your facilities while under your jurisdiction.

Number of inmate deaths Male 0 Female 0

INSTRUCTIONS

- **IF NO DEATHS ARE REPORTED** in item 3, return the completed form to RTI International.
- **IF A FORM CJ-9 "DEATHS IN CUSTODY, 2009 – ANNUAL DEATH REPORT ON INMATES UNDER JAIL JURISDICTION" HAS ALREADY BEEN SUBMITTED** for each death reported in item 3, then return this completed **FORM CJ-9A** to RTI International.
- **IF A FORM CJ-9 HAS NOT BEEN SUBMITTED** for any of the deaths reported in item 3, please complete and return a **FORM CJ-9** for each of these deaths with your completed **FORM CJ-9A**.

An additional FORM CJ-9 for 2009 has been included with this questionnaire. If a FORM CJ-9 has not been submitted for more than 1 death reported in item 3 above, make copies of page 2 and 3 of the enclosed FORM CJ-9 for each additional death.

Form CJ-9


DEATHS IN CUSTODY—2019
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:

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Title

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Instructions for Completion

If no deaths occurred in 2017:

- You do not need to report anything at this time.
- At the beginning of 2018, you will be asked to complete a summary form whether or not you had a death occurrence in 2017.

If you had more than one death in 2017:

- 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: 0215015.001.100.102.100
 5265 Capital Boulevard
 Raleigh, NC 27690-1652

If you need assistance, contact 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 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
 Please Specify:

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
 N/A

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
 Please Specify:

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/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: N/A

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] → N/A
- 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: N/A

- 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)
- Overtime (Midnight to 6 am)

N/A

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

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

N/A

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

N/A

Please add any additional notes regarding this death here: