Reporting Period

☑ 2009 annual (January 1 — December 31)

What deaths should be reported?

- **INCLUDE** deaths of ALL persons —
  - CONFINED in your jail facilities, even if housed for another jurisdiction;
  - UNDER YOUR SUPERVISION but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms); or on transfer to treatment facilities;
  - UNDER YOUR SUPERVISION while out to court;
  - IN TRANSIT to or from your facilities while under your supervision.

- **EXCLUDE** deaths of ALL persons —
  - UNDER YOUR SUPERVISION but on AWOL, escape, or long-term transfer to other jurisdictions.
  - IN THE PROCESS OF ARREST by your agency, but not yet booked into your jail facility.

During 2009, how many persons died while under the supervision of your jail?

Number of deaths

Instructions:

- **IF A DEATH OCCURRED**, complete a LOCAL JAIL INMATE DEATH REPORT. Please complete items 1 through 16 for each inmate death.
- **IF NO DEATHS**, please indicate in the space above.
- If more than 1 death reported above, make copies of pages 2 and 3 for each additional death.
- Return this LOCAL INMATE DEATH REPORT ONLINE, or by FAX or MAIL within 30 days of receipt.
- **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
- If you need assistance, call Tim Flanigan of RTI International toll-free at 1-800-334-8571, ext. 2-7743 or e-mail bjsdcrp@rti.org.

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.
1. What was the inmate's name?

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Ml</th>
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2. On what date did the inmate die?

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>2009</td>
</tr>
</tbody>
</table>

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

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<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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<tbody>
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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 your jail facility?

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<th>Month</th>
<th>Day</th>
<th>Year</th>
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7. For what offense(s) was the inmate being held?

   a. 
   b. 
   c. 
   d. 
   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 outside jail facility
    06 ❑ In mental health center outside jail facility
    07 ❑ While in transit
    08 ❑ Elsewhere — Specify
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.
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/cause

02 ☐ Acquired Immune Deficiency Syndrome (AIDS)
03 ☐ 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

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.

01 ☐ Pre-existing medical condition
02 ☐ Inmate 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 inmate 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 inmate’s 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) 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 the 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

Notes