DEATHS IN CUSTODY, 2007
— STATE JUVENILE RESIDENTIAL
DEATH REPORT

RETURN TO: Corrections Statistics Unit
Bureau of Justice Statistics
810 Seventh Street, NW
Washington DC 20531
FAX: (202) 514-1757

DEATHS IN CUSTODY, 2007
— STATE JUVENILE RESIDENTIAL
DEATH REPORT

State ______________________ Reporting Period (Mark only one.)

Death number __________ out of period total of _______ as reported on form NPS-5

1. What was the name of the deceased?
   Last _______ First _______ Middle initial _______

2. On what date did the deceased die?
   Month _______ Day _______ Year 2007

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

4. What was the date of birth of the deceased?
   Month _______ Day _______ Year _______

5. What was the gender of the deceased?
   01 ☐ Male
   02 ☐ Female

6. What was the deceased’s race/ethnic origin?
   Mark (x) all that apply.
   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 ☐ Additional racial category in your information system—Specify

7. On what date had the deceased been admitted to the custody of your juvenile correctional system?
   Month _______ Day _______ Year _______

8. For what offense(s) was the deceased being held?
   a. ___________________________
   b. ___________________________
   c. ___________________________
   d. ___________________________
   e. ___________________________

9. What was the legal status of the deceased at time of death?
   • For persons with more than one status, report the status associated with the most serious offense.
   01 ☐ Adjudicated
   02 ☐ Awaiting adjudication
   03 ☐ Other — Specify

10. Where did the deceased die?
    01 ☐ In general housing in the facility or on the facility grounds
    02 ☐ In segregation unit
    03 ☐ In special medical unit/infirmary within the facility
    04 ☐ In medical facility outside the facility
    05 ☐ While in transit
    06 ☐ Elsewhere — Specify

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, 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, N.W., Washington, DC 20531.
11. Did a medical examiner or coroner conduct an evaluation (such as an autopsy, post-mortem exam, or review of medical records) in order to establish an official cause of death?

01 Yes — 11a. Are results available? 01 Yes — Complete items 12 through 16
02 No — Skip remaining items; you will be contacted later for those data.

02 Yes — 11b. is an evaluation planned? 01 Yes — Skip remaining items; you will be contacted later for those data.
02 No — Complete items 12 through 16.

12. What was the cause of death?

01 Illness/natural cause
   • Exclude AIDS-related and accidental deaths.

   Specify illness/cause —

02 Acquired Immune Deficiency Syndrome (AIDS)
03 Alcohol/drug intoxication
04 Accidental injury to self — Describe events

05 Accidental injury by other (e.g., positional asphyxiation during cell extraction) — Describe events

06 Suicide
07 Homicide committed by other inmate(s)
08 Other homicide — Describe events

09 Other causes — Specify causes

13. Was the cause of death the result of a pre-existing medical condition or did the deceased 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 Deceased 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 deceased 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 death occur?

01 Morning (6 am to noon)
02 Afternoon (noon to 6 pm)
03 Evening (6 pm to midnight)
04 Overnight (midnight to 6 am)
09 Not applicable — cause of death was illness/natural causes, intoxication, or AIDS-related

16. Where did the incident (e.g., accident, suicide or homicide) causing the death take place?

01 In the cell/room of the deceased
02 In a temporary holding area/lockup
03 In a common area within the facility (e.g., yard, library, cafeteria, day room, recreational area, or workshop)
04 Outside the facility (e.g., while on work release or on work detail, under community supervision, or in transit)
05 Elsewhere — Specify
09 Not applicable — cause of death was accidental injury, intoxication, suicide, or homicide

Notes