DEATHS IN CUSTODY – 2005
QUARTERLY REPORT ON INMATES IN
PRIVATE AND MULTI-JURISDICTION JAILS

DATA SUPPLIED BY

Name

Title

OFFICIAL ADDRESS
Number and street or P.O. box/Route number
City State ZIP Code

TELEPHONE
Area code Number

FAX NUMBER
Area Code Number

E-MAIL ADDRESS

Reporting Quarter (Mark only one.)

☐ First (January 1 – March 31)
☐ Second (April 1 – June 30)
☐ Third (July 1 – September 30)
☐ Fourth (October 1 – December 31)

(Please correct any error in name, mailing address, and ZIP Code)

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.

During the reporting quarter marked above, how many persons died while under the supervision of your jail?

Male Female

Number of inmate deaths

Instructions:

- IF NO DEATHS, please disregard.

- IF A DEATH OCCURRED, complete a JAIL INMATE DEATH REPORT. Please complete items 1 through 15 for each inmate death.

- If more than 1 death reported above, make copies of pages 2 and 3 for each additional death.

- Return this quarterly report and each associated INMATE DEATH REPORT by FAX or MAIL within 30 days of the end of each quarter.

- If you need assistance, call Peggy Ferguson of the U.S. Census Bureau toll-free at 1-800-253-2078, or e-mail govs.jaildeaths@census.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 jails 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?

Last
First
MI

2. On what date did the inmate die?

Month
Day
Year
2 0 0 5

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

Month
Day
Year

4. What was the inmate’s gender?

01 Male
02 Female

5. What was the inmate’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
05 Asian
06 Native Hawaiian or Other Pacific Islander
07 Additional racial category in your information system – Specify

6. On what date had the inmate been admitted to your jail facility?

Month
Day
Year

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
02 Unconvicted
03 Other – Specify

9. 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 your jail
04 In medical facility outside your jail
05 While in transit
06 Elsewhere – Specify
10. 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 → 10a. Are results available?
02 ☐ No → 10b. Is an evaluation planned?

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<tr>
<td>01</td>
<td>☐ Yes – Complete items 11 through 15.</td>
<td>02</td>
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02 ☐ No → 10b. Is an evaluation planned?

01 ☐ Yes – Skip remaining items; you will be contacted later for these data.
02 ☐ No – Complete items 11 through 15.

11. What was the cause of death?

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<tbody>
<tr>
<td>01</td>
<td>☐ Illness/natural cause</td>
<td>02</td>
</tr>
<tr>
<td>03</td>
<td>☐ Alcohol/drug intoxication</td>
<td>04</td>
</tr>
<tr>
<td>05</td>
<td>☐ Accidental injury by other (e.g., positional asphyxiation during cell extraction) – Specify events</td>
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<tr>
<td>06</td>
<td>☐ Suicide</td>
<td>07</td>
</tr>
<tr>
<td>08</td>
<td>☐ Other homicide – Specify events</td>
<td></td>
</tr>
<tr>
<td>09</td>
<td>☐ Other causes – Specify causes</td>
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12. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission?

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<tr>
<td>01</td>
<td>☐ Pre-existing medical condition</td>
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<tr>
<td>03</td>
<td>☐ Could not be determined</td>
<td>04</td>
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13. Had the inmate been receiving treatment for the medical condition after admission to your correctional facilities?

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<tr>
<td>01</td>
<td>☐ Yes – Evaluated by physician/medical staff</td>
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<td>03</td>
<td>☐ Had diagnostic tests (e.g., X-rays, MRI)</td>
<td>04</td>
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<tr>
<td>05</td>
<td>☐ Received medications</td>
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<td>07</td>
<td>☐ Had surgery</td>
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14. When did the incident (e.g., accident, suicide or homicide) causing the inmate’s death occur?

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<tr>
<td>01</td>
<td>☐ Morning (6 a.m. to noon)</td>
<td>02</td>
</tr>
<tr>
<td>03</td>
<td>☐ Evening (6 p.m. to midnight)</td>
<td>04</td>
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<tr>
<td>05</td>
<td>☐ Not applicable – cause of death was illness/natural causes, intoxication, or AIDS-related</td>
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15. Where did the incident (e.g., accident, suicide or homicide) take place?

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<td>01</td>
<td>☐ In the inmate’s cell/room</td>
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<td>03</td>
<td>☐ In a common area within the facility (e.g., yard, library, cafeteria, day room, recreational area, or workshop)</td>
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<td>05</td>
<td>☐ Elsewhere – Specify</td>
<td>06</td>
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Notes