**DEATHS IN CUSTODY – 2008 QUARTERLY REPORT ON INMATES IN PRIVATE AND MULTI-JURISDICTION JAILS**

**DATA SUPPLIED BY**

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<th>Name</th>
<th>Title</th>
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<th>OFFICIAL ADDRESS</th>
<th>Number and street or P.O. box/Route number</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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<th>FAX NUMBER</th>
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**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?**

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<th>Male</th>
<th>Female</th>
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**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.

**FAX (TOLL-FREE):** 1-888-891-2099

**MAIL:** U.S. Census Bureau, P.O. Box 5000, Jeffersonville, IN 47199-5000

- 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 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?
   Last: [ ]
   First: [ ]
   MI: [ ]

2. On what date did the inmate die?
   Month: [ ]
   Day: [ ]
   Year: [2008]

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, 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

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

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?

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 (e.g., hanging, knife/cutting instrument, intentional drug overdose) – Describe events

07 Homicide committed by other inmate(s)
08 Other homicide – Describe events

09 Other causes – Specify causes

12. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission?

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

13. 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

14. 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/natural causes, intoxication, or AIDS-related

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

01 In the inmate’s cell/room
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 of the jail 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 illness/natural causes, intoxication, or AIDS-related

Notes