DEATHS IN CUSTODY – 2004
QUARTERLY REPORT ON INMATES
UNDER JAIL JURISDICTION

DATA SUPPLIED BY

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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

Number
City State ZIP Code

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)

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, and work farms); or on transfer to treatment facilities;
  UNDER YOUR JURISDICTION but out to court;
  WHILE 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 non-residential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs).
  UNDER YOUR JURISDICTION 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 local jail jurisdiction?

<table>
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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 LOCAL 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
  LOCAL 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 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.
**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
   - 2004

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?**
   - 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 a facility under your jail jurisdiction?**
   - 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?**
   - 01 Convicted
   - 02 Unconvicted
   - 03 Other – Specify
   - For persons with more than one status, report the status associated with the most serious offense.

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

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**INMATE DEATH #   OUT OF QUARTERLY TOTAL OF**

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**FORM CJ-9 (1-23-2004)**

Page 2
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

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

06 Suicide

07 Homicide committed by other inmate(s)

08 Other homicide – Describe

09 Other causes – Specify

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

03 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.

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<tr>
<td>Yes</td>
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   | 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