



DEATHS IN CUSTODY – 2004 STATE PRISON INMATE DEATH REPORT

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT
U.S. DEPT. OF COMMERCE
Economics and Statistics Admin.
U.S. CENSUS BUREAU

Reporting Period (Mark only one)

State _____

- Quarter 1 (January 1 – March 31)
- Quarter 2 (April 1 – June 30)
- Quarter 3 (July 1 – September 30)
- Quarter 4 (October 1 – December 31)

Death Number _____
out of period total of _____
as reported on form NPS-4

1. What was the inmate's name?

Last	First	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. On what date had the inmate been admitted to one of your correctional facilities?

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. On what date did the inmate die?

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/>

8. For what offense(s) was the inmate being held?

- a.
- b.
- c.
- d.
- e.

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

9. 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* ↴

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

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. What was the inmate's gender?

- 01 Male
- 02 Female

6. 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* ↴

10. Where did the inmate die?

- 01 In general housing in the facility or on prison grounds
- 02 In segregation unit
- 03 In special medical unit/infirmary within your facility
- 04 In medical facility outside your 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 30 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, NW, Washington, DC 20531.

Name of deceased inmate _____

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 → **11b. Is an evaluation planned?** 02 No – Skip remaining items; you will be contacted later for these data.
- 01 Yes – Skip remaining items; you will be contacted later for these 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 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/natural causes, intoxication, or AIDS-related

16. 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 prison (e.g., while on work release or on work detail, under community supervision, or in transit)
05 Elsewhere – Specify ↘
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- 09 Not applicable – cause of death was illness/natural causes, intoxication, or AIDS-related

Notes