### DEATHS IN CUSTODY – 2008
STATE PRISON INMATE DEATH REPORT

**Reporting Period (Mark only one)**

<table>
<thead>
<tr>
<th>State</th>
<th>Quarter 1 (January 1 – March 31)</th>
<th>Quarter 2 (April 1 – June 30)</th>
<th>Quarter 3 (July 1 – September 30)</th>
<th>Quarter 4 (October 1 – December 31)</th>
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**Death Number** out of period total of ____ as reported on form NPS-4

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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 name and location of the correctional facility involved?**

   [ ]

4. **What was the inmate’s date of birth?**

   Month [ ] Day [ ] Year [ ]

5. **What was the inmate’s gender?**

   01 [ ] Male
   02 [ ] Female

6. **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 [ ]

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

   Month [ ] Day [ ] Year [ ]

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

   a. [ ]
   b. [ ]
   c. [ ]
   d. [ ]
   e. [ ]

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 [ ]

10. **Where did the inmate die?**

    a. [ ] In general housing in the facility or on prison grounds
    b. [ ] In segregation unit
    c. [ ] In special medical unit/infirmary within your facility
    d. [ ] In medical facility outside your facility
    e. [ ] While in transit
    f. [ ] Elsewhere – Specify [ ]

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**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.
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 these data.

02 □ No → 11b. Is an evaluation planned?
   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 (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 □

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
06 □ 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)
   06 □ Elsewhere – Specify □
   09 □ Not applicable – cause of death was illness/natural causes, intoxication, or AIDS-related

Notes