

Form NPS-4A
(Addendum)
**DEATHS IN CUSTODY— 2012
STATE PRISON INMATE
DEATH REPORT**

 U.S. DEPARTMENT OF JUSTICE
 BUREAU OF JUSTICE STATISTICS
 AND ACTING AS COLLECTION AGENT:
 RTI INTERNATIONAL

DATA SUPPLIED BY:

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/> <input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/> <input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

Please correct any error in name or mailing address

Instructions for Completion

- If no deaths occurred, you will not need to report anything at this time. At the beginning of the next calendar year, you will be asked to complete a summary form whether you had a death occurrence or not.
- If you had more than 1 death, make copies of pages 2 and 3 for each additional death.
- Complete questions 1 through 16 for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsdcrp.rti.org E-MAIL: bjsdcrp@rti.org FAX (TOLL-FREE): 1-866-800-9179	MAIL: RTI International, Attn: Kim Aspinwall Project Number: 0213149.001.102 3040 Cornwallis Road, PO Box 12194 Research Triangle Park, NC 27709-2194
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- If you need assistance, call Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or bjsdcrp@rti.org

What deaths should be reported?
INCLUDE deaths of ALL Persons

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state;
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state;
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, and work farms);
- In transit to or from your facilities while under your supervision.

EXCLUDE deaths of ALL Persons

- Deaths by execution that were carried out in your state;
- Confined in local jail facilities, whether located in or out of state;
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility;
- Under probation or parole supervision in your state.

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.

STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

LAST	FIRST	MI

2. On what date did the inmate die?

2	0	1	2
MONTH	DAY	YEAR	

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

Please Specify:

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

MONTH	DAY	YEAR					

5. What was the inmate's sex?

- Male
- Female

6. What was the inmate's race/ethnic origin?

- White (*not of Hispanic origin*)
- Black or African American (*not of Hispanic origin*)
- Hispanic or Latino
- American Indian/Alaska Native (*not of Hispanic origin*)
- Asian (*not of Hispanic origin*)
- Native Hawaiian or Other Pacific Islander (*not of Hispanic origin*)
- Two or more races
- Additional categories in your information system

Please Specify:

Race/Ethnicity Not Known

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

MONTH	DAY	YEAR					

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

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

9. Since admission, did the inmate ever stay overnight in a mental health facility?

- Yes
- No
- Don't Know

10. Where did the inmate die?

- In a general housing in the facility or on prison grounds
- In a segregation unit
- In a special medical unit/infirmary within your facility
- In a special mental health services unit within your facility
- In a medical center outside your facility
- In a mental health center outside your facility
- While in transit
- Elsewhere →

Please Specify:

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

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- In the prison facility or on the prison grounds
 - In the inmate's cell/room
 - In a temporary holding area/lockup
 - In a common area within the facility (e.g., yard, library, cafeteria, etc.)
 - In a special medical unit/infirmary
 - In a special mental health services unit
 - In a segregation unit
 - On death row, special unit awaiting capital punishment
 - Elsewhere within the prison facility

↳ [SPECIFY]

Please Specify:

Outside the prison facility (e.g., while on work release or on work detail, etc.)

Elsewhere

12. Had the inmate been receiving treatment for the medical condition after admission to your correctional facilities? Exclude emergency care provided at time of death.

NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

YES NO DON'T KNOW

- a. Evaluated by physician/medical staff
- b. Had diagnostic tests (e.g., X-rays, MRI)
- c. Received medications
- d. Received treatment/care other than medications
- e. Had surgery
- f. Confined in special medical unit

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a – f).

13. When did the incident (e.g., accident, suicide, or homicide) causing the inmate's death occur?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, post-mortem exam, or review of medical records) available in order to establish an official cause of death?

YES → **CONTINUE TO Q15**

Evaluation complete—results are pending

↳ **SKIP REMAINING QUESTIONS—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

No evaluation is planned → **CONTINUE TO Q15**

15. What was the cause of death? *** **Please SPECIFY cause of death as it is critical information** ***

- Illness—Exclude AIDS-related deaths [*Specify*] →
- Acquired Immune Deficiency Syndrome (AIDS)
- Accidental alcohol/drug intoxication [*Specify*] →
- Accidental injury to self [*Describe*] →
- Accidental injury by other (e.g., vehicular accidents during transport) [*Describe*] →
- Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [*Describe*] →
- Homicide [*Please provide description*] →
- Other cause(s) [*Specify*] →

16. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? If multiple conditions caused the death, select "Pre-existing medical condition."

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

Please add any additional notes here:

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