

# NPS-5A ADDENDUM

OMB No. 1121-0249 Approval Expires 9/30/2004

RETURN  
TO

Corrections Statistics Unit  
Bureau of Justice Statistics  
810 Seventh Street, NW  
Washington, DC 20531  
FAX: (202) 514-1757

FORM NPS-5A  
(1-7-2003)

## DEATHS IN CUSTODY, 2003 — STATE JUVENILE RESIDENTIAL DEATH REPORT



State \_\_\_\_\_

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)

Death Number \_\_\_\_\_  
out of quarterly total of \_\_\_\_\_  
as reported on form NPS-5

**1. What was the name of the deceased?**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

**2. On what date did the deceased die?**

Month \_\_\_\_\_ Day \_\_\_\_\_, 2003

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. What was the date of birth of the deceased?**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**5. What was the gender of the deceased?**

- 01  Male  
02  Female

**6. What was the race/ethnic origin of the deceased?**

- 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 deceased been admitted to the custody of your juvenile correctional system?**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_  
e. \_\_\_\_\_

**9. What was the legal status of the deceased at time of death?**

- For persons with more than one status, report the status associated with the most serious offense.

- 01  Adjudicated  
02  Awaiting adjudication  
03  Other — *Specify*

\_\_\_\_\_

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

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

Name of deceased \_\_\_\_\_

**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  
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 deceased 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  Deceased 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 deceased 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 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Evaluated by physician/medical staff           |
| 02 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Had diagnostic tests (e.g. x-rays, MRI)        |
| 03 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Received medications                           |
| 04 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Received treatment/care other than medications |
| 05 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Had surgery                                    |
| 06 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | 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 death occur?**

- 01  Morning (6 am to noon)  
02  Afternoon (noon to 6 pm)  
03  Evening (6 pm to midnight)  
04  Overnight (midnight to 6 am)
- 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) causing the death take place?**

- 01  In the cell/room of the deceased  
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 the 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**

\_\_\_\_\_