

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

FORM NPS-5A
 (11-30-2006)

DEATHS IN CUSTODY, 2007

— STATE JUVENILE RESIDENTIAL
 DEATH REPORT



State _____

Reporting Period (Mark only one.)

- 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-5

1. What was the name of the deceased?

Last _____ First _____ Middle initial _____

2. On what date did the deceased die?

Month _____ Day _____, 2007

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 deceased'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, not of Hispanic origin
- 05 Asian, not of Hispanic origin
- 06 Native Hawaiian or Other Pacific Islander, not of Hispanic origin
- 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/infirmiry 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 5 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.

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 those data.
- 02 Yes — **11b. is an evaluation planned?** 01 Yes — Skip remaining items; you will be contacted later for those 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
