Form CJ-10



DEATHS IN CUSTODY—2010 ANNUAL DEATH REPORT ON INMATES IN PRIVATE AND MULTI-JURISDICTIONAL JAILS

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

	The State of the S						<u> </u>	
DATA SUPPLIED BY:								
Name			Title					
Official Address			Telephone					
City			FAX					
State	Zip	E-mail						

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: Tim Flanigan

Project Number: 0212335.001.202.100 3040 Cornwallis Road, PO Box 12194

Research Triangle Park, NC 27709-2194

If you need assistance, call Tim Flanigan 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 jail facilities, even if housed for another jurisdiction;

Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms); or on transfer to treatment facilities;

Under your jurisdiction but out to court;

In transit to or from your facilities while under your supervision.

EXCLUDE deaths of ALL Persons

Under your jurisdiction but on AWOL, escape, or long-term transfer to other jurisdictions;

In the process of arrest by your agency, but not yet booked into your jail facility.

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.

JAIL INMATE DEATH REPORT

1. What was the inmate's name? LAST FIRST MI 2. On what date did the inmate die? MONTH DAY YEAR	8. 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). Convicted—new court commitment Convicted—returned probation/parole violator Unconvicted Other Please Specify:				
3. What was the inmate's date of birth?	9. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?				
4. What was the inmate's sex?O MaleO Female	YesNoDon't Know 10. Where did the inmate die?				
 5. 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 	In a general housing within the jail facility or on jail grounds In a segregation unit In a special medical unit/infirmary within jail facility In a special mental health services unit within jail facility In a medical center outside jail 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) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related In the jail facility or on the jail 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 segregation unit In a special medical unit/infirmary In a special mental health services unit				
 6. On what date had the inmate been admitted to your jail facility? 					
b.	Elsewhere within jail facility Please Specify: Outside the jail facility (e.g., while on work release or on work detail, etc.) Elsewhere Please Specify:				
	<< AGENCY ID >>				

12. Had the deceased been receiving treatment for the medical condition after admission to your correctional facilities? Exclude emergency care provided at time of death.							
O NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide							
a. Evaluated by physician/medical staff	PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a – f).						
 13. When did the incident (e.g., accident, suicide, or homicide) causing the 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] →							
O 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] 							
O Homicide committed by other inmate(s)	Homicide committed by other inmate(s)						
O Homicide incidental to use of force by staff [Describe]							
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	Please add any additional notes here:						
accidental injury, intoxication, suicide, or homicide							
 Pre-existing medical condition Deceased developed condition after admission Could not be determined 	< <agency id="">></agency>						