

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

**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](mailto: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](mailto: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.



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.

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 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 committed by other inmate(s)
- 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 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:**