

**Form CJ-13B Detention/ Incarceration Death Incident Report**

Decedent Name (Last, First, Middle Initial)	Date of Death	Time of Death

1. **What was the decedent's sex?**  
 Male  
 Female
2. **What was the decedent's date of birth (DOB)?**  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 or approx. age at death if DOB unknown \_\_\_\_\_
3. **What was the decedent's ethnic origin? (Mark only one)**  
 Hispanic or Latino  
 Not Hispanic or Latino  
 Unknown
4. **What was the decedent's race? (Mark all that apply)**  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other  
 Unknown
5. **On what date was the decedent committed to his/her current period of detention or incarceration?**  
 \_\_\_\_/\_\_\_\_/\_\_\_\_
6. **On what date was the decedent admitted to the facility where the death occurred?**  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  
  
 OR  
 Same as current period of detention or incarceration admission date
7. **What is the name of the facility where the death occurred?**  
 Facility Name: \_\_\_\_\_  
 Facility City: \_\_\_\_\_ Facility State: \_\_\_\_\_
8. **For what offenses or violations was the decedent being held?**  
 01 \_\_\_\_\_  
 02 \_\_\_\_\_  
 03 \_\_\_\_\_  
 04 \_\_\_\_\_  
 05 \_\_\_\_\_
9. **What was the decedent's legal status at the time of death (mark one of the following)? For decedents with more than one status, report the status associated with the most serious offense.**  
 Convicted—new commitment  
 Convicted—returned probation/ parole violator  
 Unconvicted, pending criminal case resolution under responding agency jurisdiction  
 Unconvicted, pending extradition to another jurisdiction  
 Other, specify: \_\_\_\_\_
10. **Since admission to the current facility, did the decedent ever stay overnight in a mental health observation unit or an outside mental health facility?**  
 Yes  
 No  
 Unknown
11. **Where did the decedent die?**  
 In a general housing unit within the facility or in a general housing unit on facility grounds  
 In a segregation unit  
 In a special medical unit/ infirmary within the facility  
 In a special mental health services unit within the facility  
 In a medical center outside of the facility  
 In a mental health center outside of the facility  
 While in transit  
 Elsewhere [*Specify:* \_\_\_\_\_]

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem examination, or review of medical records) available to establish an official cause of death?

- Yes
- Evaluation complete – results are pending
- No evaluation is planned

13. What was the cause of death?

- Illness (exclude AIDS-related deaths)  
[Specify: \_\_\_\_\_]
- Acquired Immune Deficiency Syndrome (AIDS)
- Accidental alcohol/ drug intoxication  
[Describe: \_\_\_\_\_]
- Accidental injury to self  
[Describe: \_\_\_\_\_]
- Accidental injury by other (e.g., vehicular accidents during transport)  
[Describe: \_\_\_\_\_]
- Suicide (e.g., by hanging, knife/ cutting instrument, intentional drug overdose)  
[Describe: \_\_\_\_\_]
- Homicide  
If homicide was the cause of death, was the homicide caused by
  - Facility personnel
  - Other inmate
  - Other [Specify: \_\_\_\_\_]
- Other cause(s) [Specify: \_\_\_\_\_]
- Unknown
- Unavailable, investigation pending

14. Where did the incident (e.g., accident, suicide or homicide) causing the death occur?

- NOT APPLICABLE – cause of death was illness or AIDS-related
- In the facility or on facility 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)
  - In a segregation unit
  - In a special medical unit/ infirmary
  - In a special mental health services unit
  - Elsewhere in the facility  
[Specify: \_\_\_\_\_]
- Outside the facility (e.g., while on work release)  
[Specify: \_\_\_\_\_]
- Elsewhere  
[Specify: \_\_\_\_\_]
- Unknown

15. At any time during the incident (e.g., accident, suicide or homicide), did the decedent:

- NOT APPLICABLE – cause of death was illness or AIDS-related

	Yes	No	Un-known
A. Verbally threaten others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Resist being restrained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Attempt to physically assault facility personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Injure facility personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Injure others confined in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Make suicidal statements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Exhibit any mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. At any time during the incident (e.g., accident, suicide or homicide), did facility personnel:

- NOT APPLICABLE – cause of death was illness or AIDS-related

	Yes	No	Un-known
A. Fight or struggle with decedent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Physically restrain decedent (e.g., control hold, body compression)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Restrain decedent with equipment (e.g., handcuffs, leg shackles)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Place decedent in prone position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Use a weapon, such as a baton/ blunt instrument?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. If the death was caused by a medical condition, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your facility? Exclude emergency care provided at the time of death.

- NOT APPLICABLE – cause of death was injury, intoxication, suicide or homicide.

	Yes	No	Un-known
A. Evaluation by a physician/ medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Diagnostic tests (e.g., X-rays, MRI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Treatment/ care other than medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Confinement in a special medical unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18. 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 and any of the conditions were pre-existing, mark "Pre-existing medical condition")?**

- NOT APPLICABLE – cause of death was injury, intoxication, suicide or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined
- Unknown
- Unavailable, investigation pending

Notes: