## DOJ DCRA Collection Program, FY 2016—Federal Agencies

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

<table>
<thead>
<tr>
<th>Decedent Name (Last, First, Middle Initial)</th>
<th>Date of Death</th>
<th>Time of Death</th>
</tr>
</thead>
</table>

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
  - Verbally threaten others?
  - Resist being restrained?
  - Attempt to physically assault facility personnel?
  - Injure facility personnel?
  - Injure others confined in the facility?
  - Make suicidal statements?
  - Exhibit any mental health problems?

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
  - Fight or struggle with decedent?
  - Physically restrain decedent (e.g., control hold, body compression)?
  - Restrain decedent with equipment (e.g., handcuffs, leg shackles)?
  - Place decedent in prone position?
  - Use a weapon, such as a baton/ blunt instrument?

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.
  - Evaluation by a physician/ medical staff
  - Diagnostic tests (e.g., X-rays, MRI)
  - Medications
  - Treatment/ care other than medications
  - Surgery
  - Confinement in a special medical unit
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: