

Federal Deaths in Custody Reporting Program (FDCRP)

CJ-13B Detention or Incarceration Death Incident Report

The Death in Custody Reporting Act (DCRA) of 2013 (P.L. 113-242) requires the head of each Federal law enforcement agency to report annually to the Attorney General “information regarding the death of any person who is—

“(1) detained, under arrest, or is in the process of being arrested by any officer of such Federal law enforcement agency (or by any State or local law enforcement officer while participating in and for purposes of a Federal law enforcement operation, task force, or any other Federal law enforcement capacity carried out by such Federal law enforcement agency); or

“(2) en route to be incarcerated or detained, or is incarcerated or detained at—

(A) any facility (including any immigration or juvenile facility) pursuant to a contract with such Federal law enforcement agency;

(B) any State or local government facility used by such Federal law enforcement agency; or

(C) any Federal correctional facility or Federal pre-trial detention facility located within the United States.”

In response to the DCRA of 2013 reporting requirements, the Bureau of Justice Statistics (BJS) is conducting a survey of federal agencies with law enforcement, detention, and/or incarceration functions. The survey is designed to identify deaths that occur during the course of official federal law enforcement, detention and incarceration agency functions and to collect additional information about the decedent and the circumstances surrounding the incident.

For the purposes of this survey, please identify all deaths that occur in detention or incarceration facilities. The DCRA defines a detention or incarceration death as “the death of any person who is en route to be incarcerated or detained, or is incarcerated or detained at— (A) any facility (including any immigration or juvenile facility) pursuant to a contract with such Federal law enforcement agency; (B) any State or local government facility used by such Federal law enforcement agency; or (C) any Federal correctional facility or Federal pretrial detention facility located within the United States.”

Please complete one **CJ-13B Detention or Incarceration Death Incident Report** for each **detention or incarceration** death identified in CJ-13 FDCRP Annual Summary. Indicate the decedent’s name, the time and date of the death, the decedent’s demographic characteristics, the circumstances surrounding and leading up to the death and actions taken by the decedent and law enforcement during the incident that led to the death.

If you have any questions about this form, or the FDCRP survey, please contact:

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Decedent Information

*[If you indicated on **CJ-13 FDCRP Annual Summary** that your agency would report detention or incarceration deaths on behalf of any other Federal agency(ies)],*

Which agency are you reporting this death on behalf of?

Decedent Name

Last Name First Name Middle Initial

Date of Death

Time of Death (12-hour format)

Month (MM) Day (DD) Year (YYYY) Hour (HH) Minute (MM) AM / PM Estimated

Decedent characteristics and time in the facility

1. What was the decedent’s sex?

- Male
- Female

2. What was the decedent’s date of birth (DOB)?

Month (MM) Day (DD) Year (YYYY)

Or approx. age at death if DOB unknown: _____

3. Was the decedent Spanish, Hispanic or Latino?

- Yes
- No
- Unknown

4. What was the decedent's race? (Mark all that apply)

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Some other race, specify: _____
- Unknown

5. On what date was the decedent committed to his/her current period of detention or incarceration?

 Month (MM) Day (DD) Year (YYYY)

6. On what date was the decedent admitted to the facility where the death occurred?

 Month (MM) Day (DD) Year (YYYY)
 OR

- Same date as admission to current period of detention or incarceration

7. What is the name of the correctional facility where the death occurred? If the death occurred in a medical center outside the correctional facility, please list the correctional facility where the decedent was most recently housed.

Correctional facility name _____
 Correctional facility city _____
 Correctional facility state _____
 Correctional facility ZIP code _____

8. For what offenses or violations was the decedent being held?

1. _____
2. _____
3. _____
4. _____
5. _____

9. What was the decedent's legal status at the time of death?

- 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. 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: _____

11. What was the manner of death?

- Illness/ natural (exclude AIDS-related deaths) - Specify _____

Acquired Immune Deficiency Syndrome (AIDS)
 Accidental

Was the death caused by –
 Alcohol/ drug intoxication, describe: _____

Injury to self, describe: _____

Injury by other (e.g., vehicular accident during transport), describe: _____

Suicide (e.g., by hanging, knife/ cutting instrument, intentional drug overdose), describe: _____

Homicide

Was the death caused by –
 Facility personnel
 Other inmate
 Other – Specify _____

Other cause(s) - Specify _____

Unknown

Unavailable, investigation pending

12. Was the death attributable to COVID-19 (Coronavirus)?

- Confirmed COVID-19 death
- Suspected COVID-19 death
- No
- Unknown
- Unavailable, investigation pending

Is there any additional information you would like to provide about the decedent or incident?