

FORM **CJ-10**
(11-10-2005)



**DEATHS IN CUSTODY – 2006
QUARTERLY REPORT ON INMATES IN
PRIVATE AND MULTI-JURISDICTION JAILS**

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT
U.S. DEPT. OF COMMERCE
Economics and Statistics Admin.
U.S. CENSUS BUREAU

DATA SUPPLIED BY

Name		Title		
OFFICIAL ADDRESS	Number and street or P.O. box/Route number	City	State	ZIP Code
TELEPHONE	Area code	Number	FAX NUMBER	Area Code
E-MAIL ADDRESS				

Reporting Quarter (Mark only one.)

- First (January 1 – March 31)
- Second (April 1 – June 30)
- Third (July 1 – September 30)
- Fourth (October 1 – December 31)

(Please correct any error in name, mailing address, and ZIP Code)

What deaths should be reported?

- Include deaths of ALL persons –
 CONFINED in your jail facilities, even if housed for another jurisdiction;
 UNDER YOUR SUPERVISION 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 SUPERVISION while out to court;
 IN TRANSIT to or from your facilities while under your supervision.
- Exclude deaths of ALL persons –
 UNDER YOUR SUPERVISION but on AWOL, escape, or long-term transfer to other jurisdictions.

During the reporting quarter marked above, how many persons died while under the supervision of your jail?

	Male	Female
Number of inmate deaths . . .	<input type="text"/>	<input type="text"/>

Instructions:

- **IF NO DEATHS**, please disregard.
- **IF A DEATH OCCURRED**, complete a **JAIL INMATE DEATH REPORT**. Please complete items 1 through 15 for each inmate death.
- If more than 1 death reported above, make copies of pages 2 and 3 for each additional death.
- Return this quarterly report and each associated **INMATE DEATH REPORT** by **FAX** or **MAIL** within 30 days of the end of each quarter.
FAX (TOLL-FREE) 1-888-891-2099
MAIL: U.S. Census Bureau, P.O. Box 5000, Jeffersonville, IN 47199-5000
- If you need assistance, call Peggy Ferguson of the U.S. Census Bureau toll-free at 1-800-253-2078, or e-mail **govs.jaildeaths@census.gov**.

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 jails 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

INMATE DEATH # OUT OF QUARTERLY TOTAL OF

1. What was the inmate's name?

Last First MI

2. On what date did the inmate die?

Month Day Year
 2 0 0 6

3. What was the inmate's date of birth?

Month Day Year

4. What was the inmate's gender?

01 Male
02 Female

5. What was the inmate's race/ethnic origin?

Mark (X) all that apply.

01 White, not of Hispanic origin
02 Black or African American, not of Hispanic origin
03 Hispanic or Latino
04 American Indian/Alaska Native
05 Asian
06 Native Hawaiian or Other Pacific Islander
07 Additional racial category in your information system - Specify ↴

6. On what date had the inmate been admitted to your jail facility?

Month Day Year

7. For what offense(s) was the inmate being held?

a.
b.
c.
d.
e.

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.

01 Convicted
02 Unconvicted
03 Other - Specify ↴

9. Where did the inmate die?

01 In general housing within jail facility or on jail grounds
02 In segregation unit
03 In special medical unit/infirmary within your jail
04 In medical facility outside your jail
05 While in transit
06 Elsewhere - Specify ↴

10. Did a medical examiner or coroner conduct an evaluation (such as an autopsy, post-mortem exam, or review of medical records) in order to establish an official cause of death?

- 01 Yes → **10a. Are results available?** 01 Yes – Complete items 11 through 15.
 02 No – Skip remaining items; you will be contacted later for these data.
 02 No → **10b. Is an evaluation planned?** 01 Yes – Skip remaining items; you will be contacted later for these data.
 02 No – Complete items 11 through 15.

11. What was the cause of death?

- 01 Illness/natural cause
 • Exclude AIDS-related and accidental deaths.

Specify illness/cause ↴

- 02 Acquired Immune Deficiency Syndrome (AIDS)
 03 Alcohol/drug intoxication
 04 Accidental injury to self – Describe events ↴

- 05 Accidental injury by other (e.g., positional asphyxiation during cell extraction) – Describe events ↴

- 06 Suicide
 07 Homicide committed by other inmate(s)
 08 Other homicide – Describe events ↴

- 09 Other causes – Specify causes ↴

12. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission?

- 01 Pre-existing medical condition
 02 Inmate developed condition after admission
 08 Could not be determined
 09 Not applicable – cause of death was accidental injury, intoxication, suicide, or homicide

13. Had the inmate been receiving treatment for the medical condition after admission to your correctional facilities?

- EXCLUDE emergency care provided at time of death.

	Yes	No	Don't know
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- | | | | |
|---|-----------------------------|-----------------------------|--|
| 01 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Evaluated by physician/medical staff |
| 02 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Had diagnostic tests (e.g., X-rays, MRI) |
| 03 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Received medications |
| 04 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Received treatment/care other than medications |
| 05 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Had surgery |
| 06 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Confined in special medical unit |
| 09 <input type="checkbox"/> Not applicable – cause of death was accidental injury, intoxication, suicide, or homicide | | | |

14. When did the incident (e.g., accident, suicide or homicide) causing the inmate's death occur?

- 01 Morning (6 a.m. to noon)
 02 Afternoon (noon to 6 p.m.)
 03 Evening (6 p.m. to midnight)
 04 Overnight (midnight to 6 a.m.)
 09 Not applicable – cause of death was illness/natural causes, intoxication, or AIDS-related

15. Where did the incident (e.g., accident, suicide or homicide) take place?

- 01 In the inmate's cell/room
 02 In a temporary holding area/lockup
 03 In a common area within the facility (e.g., yard, library, cafeteria, day room, recreational area, or workshop)
 04 Outside of the jail facility (e.g., while on work release or on work detail, under community supervision, or in transit)
 05 Elsewhere – Specify ↴

 09 Not applicable – cause of death was illness/natural causes, intoxication, or AIDS-related

Notes