

# 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:

**Dr. Kevin Scott**  
 FDCRP Program Manager  
 U.S. Department of Justice  
 (202) 616-3615  
[kevin.m.scott@usdoj.gov](mailto:kevin.m.scott@usdoj.gov)

OR

**Dr. Duren Banks**  
 FDCRP Project Manager  
 RTI International  
 (877) 457-7039  
[doj-dcra@rti.org](mailto:doj-dcra@rti.org)

### 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 facility where the death occurred?

Facility name \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 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. Is a death certificate available to identify an official manner of death?

- Yes
- No

12. Which source was used to establish the manner of death on the death certificate? (Mark all that apply)

- Autopsy
- Postmortem examination
- Review of medical records by medical examiner, coroner or attending physician
- Other, specify: \_\_\_\_\_

13. What was the manner of death?

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

14. If the manner of death was suicide, did the decedent ever stay overnight in a mental health observation unit or an outside mental health facility since admission to the current facility?

- Yes
- No
- Unknown
- NOT APPLICABLE; manner of death was Illness/ natural, AIDS, Accidental, or Homicide

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

- 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
- NOT APPLICABLE; manner of death was Illness/ natural or AIDS

16. According to facility personnel's observations, at any time during the incident, (e.g., accident, suicide or homicide), did the decedent:

NOT APPLICABLE; manner of death was Illness/ natural or AIDS

	Yes	No	Un-known	Unavailable, investigation pending
a. Appear to have any mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Make suicidal statements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

NOT APPLICABLE; manner of death was Illness/ natural or AIDS

	Yes	No	Un-known	Unavailable, investigation pending
a. Inflict or cause a fatal injury to facility personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Inflict or cause a fatal injury to others confined in the facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Inflict or cause a non-fatal injury to facility personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Inflict or cause a non-fatal injury to other confined in the facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Attempt to cause or inflict an injury to facility personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Resist being restrained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Verbally threaten other(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

NOT APPLICABLE; manner of death was Illness/ natural or AIDS

	Yes	No	Un-known	Unavailable, investigation pending
a. Fight or struggle with decedent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Physically restrain decedent (e.g., control hold, body compression)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Restrain decedent with equipment (e.g., handcuffs, leg shackles)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Place decedent in prone position?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Use a weapon, such as a baton/ blunt instrument?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. 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; manner of death was Accident, Suicide, or Homicide

	Yes	No	Unknown
a. Evaluation by a physician/ medical staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Diagnostic tests (e.g., X-rays, MRI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Treatment/ care other than medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Confinement in a special medical unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. 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 preexisting, mark "Pre-existing medical condition"*

- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined
- Unknown
- Unavailable, investigation pending

NOT APPLICABLE; manner of death was Accident, Suicide, or Homicide

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