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

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

Decedent Name (Last, First, Middle Initial)			Г	Date of Death Time of Death				
					5. 2 544.			
1.	What was the decedent's sex?  ☐ Male		For what offenses or violations was the decedent					
			being held?					
	☐ Female							
2.	What was the decedent's date of birth (DOB)?							
	or approx. age at death if DOB unknown							
_			05_					
3.	What was the decedent's ethnic origin? (Mark only one)			What was the decedent's legal status at the time of				
	Hispanic or Latino				e following)? For decedents with report the status associated			
	□ Not Hispanic or Latino			h the most serious				
	☐ Unknown			Convicted—new co	ommitment			
4.	What was the decedent's race? (Mark all that apply)  ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American			Convicted—returne	Convicted—returned probation/ parole violator			
				Unconvicted, pend responding agency	nding criminal case resolution under cy jurisdiction			
				Unconvicted, pend jurisdiction	convicted, pending extradition to another sdiction			
	☐ Native Hawaiian or Other Pacific Islander							
	☐ White	10	Sin.		e current facility, did the			
	☐ Other	10.			e current facility, did the ernight in a mental health			
	☐ Unknown				outside mental health facility?			
5.	On what date was the decedent committed to his/her current period of detention or incarceration?			Yes				
				No				
			Ц	Unknown				
6.	On what date was the decedent admitted to the facility	11.	Where did the decedent die?					
7.	where the death occurred?		Ш	general housing ur	ng unit within the facility or in a iit on facility grounds			
				In a segregation ur				
	OR				al unit/ infirmary within the facility			
	Same as current period of detention or incarceration admission date		_	facility	health services unit within the			
			_		outside of the facility			
	What is the name of the facility where the death occurred?				center outside of the facility			
	Facility Name:			While in transit	,,			
	Facility City: Facility State:		Ч	Lisewiiele [specily	<u>r:]</u>			
	·,,,							

12.	eva exa	evaluation (such as an autopsy, postmortem or homicide), did the decedent:  examination, or review of medical records) available to establish an official cause of death?  The results of a medical examiner's or coroner's or homicide), did the decedent:  NOT APPLICABLE – cause of death was illne along the incident (e.g., accident, so or homicide), did the decedent:  NOT APPLICABLE – cause of death was illne along the incident (e.g., accident, so or homicide), did the decedent:  NOT APPLICABLE – cause of death was illne along the incident (e.g., accident, so or homicide), did the decedent:						
		Yes		Albortated			Un-	
		Evaluation complete – results are pending			Yes	No	known	
		No evaluation is planned		A. Verbally threaten others?				
13.	Wh	at was the cause of death?		B. Resist being restrained?				
		Illness (exclude AIDS-related deaths) [Specify:]		C. Attempt to physically assault facility personnel?				
		Acquired Immune Deficiency Syndrome (AIDS)		D. Injure facility personnel?				
		Accidental alcohol/ drug intoxication  [Describe:]		E. Injure others confined in the facility?				
		Accidental injury to self		F. Make suicidal statements?				
		[Describe:]		G. Exhibit any mental health	П			
		Accidental injury by other (e.g., vehicular accidents during transport)	16.	problems?  At any time during the incident (e.		ident.	suicide	
	_	[Describe:]		or homicide), did facility personne		,		
	Ц	Suicide (e.g., by hanging, knife/ cutting instrument, intentional drug overdose)  [Describe: ]		NOT APPLICABLE – cause of d AIDS-related	eath wa	as illne		
		Homicide			Yes	No	Un- known	
		If homicide was the cause of death, was the homicide caused by		A. Fight or struggle with decedent?				
		<ul><li>☐ Facility personnel</li><li>☐ Other inmate</li></ul>		B. Physically restrain decedent (e.g., control hold, body compression)?				
		Other [Specify:] Other cause(s) [Specify:]		C. Restrain decedent with equipment (e.g., handcuffs, leg				
		Unknown		shackles)?				
		Unavailable, investigation pending		D. Place decedent in prone position?				
14.		ere did the incident (e.g., accident, suicide or micide) causing the death occur?		E. Use a weapon, such as a baton/ blunt instrument?				
	_	NOT APPLICABLE – cause of death was illness or AIDS-related	17.	If the death was caused by a medical condition, did				
	Ш	In the facility or on facility grounds		the inmate receive any of the followarvices for the medical condition				
		☐ In the inmate's cell/ room		death after admission to your facil				
		<ul><li>☐ In a temporary holding area/ lockup</li><li>☐ In a common area within the facility (e.g., yard,</li></ul>		<ul><li>emergency care provided at the tir</li><li>NOT APPLICABLE – cause of d</li></ul>			37	
		library, cafeteria)  In a segregation unit		intoxication, suicide or homicide		as irijui	y, Un-	
		☐ In a special medical unit/ infirmary			Yes	No	known	
		☐ In a special mental health services unit		Evaluation by a physician/ medical staff				
	_	☐ Elsewhere in the facility [Specify:]		B. Diagnostic tests (e.g., X-rays, MRI)				
	П	Outside the facility (e.g., while on work release)		C. Medications				
		[Specify:]  Elsewhere [Specify:]		D. Treatment/ care other than medications				
	П	[Specify:] Unknown		E. Surgery				
	_			F. Confinement in a special medical unit				

me co ca	as the cause of death the result of a pre-existing edical condition or did the inmate develop the ndition after admission (If multiple conditions used the death and <u>any</u> of the conditions were pre-isting, 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	: