

Form CJ-13B Detention/ Incarceration Death Incident Report

Decedent Name (Last, First, Middle Initial)	Date of Death	Time of Death

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

	Yes	No	Un-known
A. Verbally threaten others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Resist being restrained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Attempt to physically assault facility personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Injure facility personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Injure others confined in the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Make suicidal statements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Exhibit any mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No	Un-known
A. Fight or struggle with decedent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Physically restrain decedent (e.g., control hold, body compression)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Restrain decedent with equipment (e.g., handcuffs, leg shackles)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Place decedent in prone position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Use a weapon, such as a baton/ blunt instrument?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

	Yes	No	Un-known
A. Evaluation by a physician/ medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Diagnostic tests (e.g., X-rays, MRI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Treatment/ care other than medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Confinement in a special medical unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: