

FORM CJ-9
(10-13-2009)**DEATHS IN CUSTODY — 2009**
QUARTERLY REPORT ON INMATES
UNDER JAIL JURISDICTIONU.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT
RTI International
Crime, Violence, and Justice
Research Program

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			Number		

Reporting Period (Mark only one.)

- Quarter 1 (January 1 — March 31)
- Quarter 2 (April 1 — June 30)
- Quarter 3 (July 1 — September 30)
- Quarter 4 (October 1 — December 31)

DRAFT

(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, whether housed under your own or another jurisdiction;
 UNDER YOUR JURISDICTION 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 JURISDICTION but out to court;
 WHILE IN TRANSIT to or from your facilities while under your jurisdiction.
- **EXCLUDE** deaths of ALL persons —
 CONFINED in facilities operated by two or more jurisdictions or those held in privately operated jails.
 UNDER YOUR JURISDICTION but in non-residential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs).
 UNDER YOUR JURISDICTION but on AWOL, escape, or long-term transfer to other jurisdiction
 IN THE PROCESS OF ARREST by your agency, but not yet booked into your jail facility.

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

Number of deaths

Instructions:

- **IF NO DEATHS**, please disregard.
- **IF A DEATH OCCURRED**, complete a **LOCAL JAIL INMATE DEATH REPORT**. Please complete items 1 through 16 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 **LOCAL INMATE DEATH REPORT** by **FAX** or **MAIL** within 30 days of the end of each quarter.
- **FAX (TOLL-FREE)**: 1-888-###-####.
- **MAIL**: RTI International, 3040 Cornwallis Road, P.O. Box 12194, Research Triangle Park, NC 27709-2194
- If you need assistance, call Chris Ellis of RTI International toll-free at 1-800-###-####, or e-mail jaildeaths@rti.com.

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 jurisdictions 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.

LOCAL 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 9**

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

Month Day Year

4. What was the inmate's sex?

01 Male
02 Female

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

01 White (not of Hispanic origin)
02 Black or African American (not of Hispanic origin)
03 Hispanic or Latino
04 American Indian/Alaska Native (not of Hispanic origin)
05 Asian (not of Hispanic origin)
06 Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
07 Two or more races (not of Hispanic origin)
08 Additional categories in your information system—
Specify

09 Not known

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

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 — new court commitment
02 Convicted — returned probation/parole violator
03 Unconvicted
04 Other — *Specify*

9. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

01 Yes
02 No
08 Don't know

10. 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 jail facility
04 In special mental health services unit within jail facility
05 In medical center outside jail facility
06 In mental health center outside jail facility
07 While in transit
08 Elsewhere — *Specify*

11. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, post-mortem exam, or review of medical records) available in order to establish an official cause of death?

- 01 Yes — Complete items 12 through 16.
- 02 Evaluation complete, results are pending — Skip remaining items; you will be contacted later for those data.
- 03 No such evaluation is planned — Complete items 12 through 16.

12. What was the cause of death?

- 01 Illness
 - Exclude AIDS-related deaths.
 - Specify illness _____
- 02 Acquired Immune Deficiency Syndrome (AIDS)
- 03 Accidental alcohol/drug intoxication — Specific type _____
- 04 Accidental injury to self — Describe events _____
- 05 Accidental injury by other (e.g., vehicular accidents during transport) — Describe events _____
- 06 Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) – Describe events _____
- 07 Homicide committed by other inmate(s)
- 08 Homicide incidental to use of force by staff — Describe events _____
- 09 Other causes — Specify causes _____

15. When did the incident (e.g., accident, suicide or homicide) causing the 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, intoxication, or AIDS-related

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

- 01 In the jail facility or on jail grounds — Specify
 - a. In the inmate's cell/room
 - b. In a temporary holding area/lockup
 - c. In a common area within the facility (e.g., yard, library, cafeteria, day room, recreational area, or workshop)
 - d. In a segregation unit
 - e. In special medical unit/infirmary
 - f. In special mental health services unit
 - g. Elsewhere within jail facility — Specify _____
- 02 Outside the jail facility (e.g., while on work release or on work detail, under community supervision, or in transit)
- 03 Elsewhere — Specify _____
- 09 Not applicable — cause of death was illness, intoxication, or AIDS-related

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

- If multiple medical conditions caused the death, mark "01" if any of the conditions were pre-existing.
- 01 Pre-existing medical condition
- 02 Deceased developed condition after admission
- 08 Could not be determined
- 09 Not applicable — cause of death was accidental injury, intoxication, suicide, or homicide

14. Had the deceased 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
- 01 07 08 Evaluated by physician/medical staff
- 02 07 08 Had diagnostic tests (e.g. x-rays, MRI)
- 03 07 08 Received medications
- 04 07 08 Received treatment/care other than medications
- 05 07 08 Had surgery
- 06 07 08 Confined in special medical unit
- 09 Not applicable — cause of death was accidental injury, intoxication, suicide, or homicide

Notes