



**DEATHS IN CUSTODY — 2009  
STATE PRISON INMATE DEATH REPORT**

State \_\_\_\_\_

**DRAFT**

**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)

Death Number \_\_\_\_\_  
out of period total of \_\_\_\_\_  
as reported on form NPS-4

**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 name and location of the correctional facility involved?**

\_\_\_\_\_

**4. What was the inmate's date of birth?**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**5. What was the inmate's sex?**

- 01  Male
- 02  Female

**6. 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

**7. On what date had the inmate been admitted to one of your correctional facilities?**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

**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 in the facility or on prison grounds
- 02  In segregation unit
- 03  In special medical unit/infirmery within your facility
- 04  In special mental health services unit within your facility
- 05  In medical center outside your facility
- 06  In mental health center outside your facility
- 07  While in transit
- 08  Elsewhere — Specify

\_\_\_\_\_

**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 30 minutes per response, 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.

**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* ↗  
\_\_\_\_\_

**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  Inmate 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 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
- 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

**15. 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, intoxication, or AIDS-related

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

- 01  In the prison facility or on prison 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 special medical unit/infirmary
  - e.  In special mental health services unit
  - f.  In a segregation unit
  - g.  On death row, special unit awaiting capital punishment
  - h.  Elsewhere within prison facility — *Specify* ↗  
\_\_\_\_\_
- 02  Outside the prison (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

**Notes**