

FORM **CJ-9**  
(12-3-2004)



**DEATHS IN CUSTODY - 2005**  
**QUARTERLY REPORT ON INMATES**  
**UNDER JAIL JURISDICTION**

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT  
U.S. DEPT. OF COMMERCE  
Economics and Statistics Admin.  
U.S. CENSUS BUREAU

**DATA SUPPLIED BY**

Name		Title		
<b>OFFICIAL ADDRESS</b>	Number and street or P.O. box/Route number	City	State	ZIP Code
<b>TELEPHONE</b>	Area code	Number	<b>FAX NUMBER</b>	Area Code
<b>E-MAIL ADDRESS</b>				

**Reporting Quarter** (Mark only one.)

- First (January 1 – March 31)
- Second (April 1 – June 30)
- Third (July 1 – September 30)
- Fourth (October 1 – December 31)

(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 jurisdictions.

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

	Male	Female
Number of inmate deaths . . .	<input type="text"/>	<input type="text"/>

**Instructions:**

- **IF NO DEATHS**, please disregard.
- **IF A DEATH OCCURRED**, complete a **LOCAL JAIL INMATE DEATH REPORT**. Please complete items 1 through 15 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)** 1-888-891-2099.
- **MAIL:** U.S. Census Bureau, P.O. Box 5000, Jeffersonville, IN 47199-5000
- If you need assistance, call Peggy Ferguson of the U.S. Census Bureau toll-free at 1-800-253-2078, or e-mail [govs.jaildeaths@census.gov](mailto:govs.jaildeaths@census.gov).

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>

**2. On what date did the inmate die?**

Month	Day	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

Month	Day	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**4. What was the inmate's gender?**

01  Male  
02  Female

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

Mark (X) all that apply.

- 01  White, not of Hispanic origin
- 02  Black or African American, not of Hispanic origin
- 03  Hispanic or Latino
- 04  American Indian/Alaska Native
- 05  Asian
- 06  Native Hawaiian or Other Pacific Islander
- 07  Additional racial category in your information system – *Specify* ↴

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

Month	Day	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**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
- 02  Unconvicted
- 03  Other – *Specify* ↴

**9. 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 your jail
- 04  In medical facility outside your jail
- 05  While in transit
- 06  Elsewhere – *Specify* ↴

**10. Did a medical examiner or coroner conduct an evaluation (such as an autopsy, post-mortem exam, or review of medical records) in order to establish an official cause of death?**

- 01  Yes → **10a. Are results available?**      01  Yes – Complete items 11 through 15.  
 02  No – Skip remaining items; you will be contacted later for these data.  
 02  No → **10b. Is an evaluation planned?**      01  Yes – Skip remaining items; you will be contacted later for these data.  
 02  No – Complete items 11 through 15.

**11. What was the cause of death?**

- 01  Illness/natural cause  
 • Exclude AIDS-related and accidental deaths.  
*Specify illness/cause* ↴  
 \_\_\_\_\_  
 02  Acquired Immune Deficiency Syndrome (AIDS)  
 03  Alcohol/drug intoxication  
 04  Accidental injury to self – *Describe events* ↴  
 \_\_\_\_\_  
 05  Accidental injury by other (e.g., positional asphyxiation during cell extraction) – *Describe events* ↴  
 \_\_\_\_\_  
 06  Suicide  
 07  Homicide committed by other inmate(s)  
 08  Other homicide – *Describe events* ↴  
 \_\_\_\_\_  
 09  Other causes – *Specify causes* ↴  
 \_\_\_\_\_

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

- 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

**13. 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 <input type="checkbox"/>   | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Evaluated by physician/medical staff           |
| 02 <input type="checkbox"/>   | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Had diagnostic tests (e.g., X-rays, MRI)       |
| 03 <input type="checkbox"/>   | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Received medications                           |
| 04 <input type="checkbox"/>   | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Received treatment/care other than medications |
| 05 <input type="checkbox"/>   | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Had surgery                                    |
| 06 <input type="checkbox"/>   | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Confined in special medical unit               |
| 09 <input type="checkbox"/> Not applicable – cause of death was accidental injury, intoxication, suicide, or homicide |                             |                             |  |

**14. 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/natural causes, intoxication, or AIDS-related

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

- 01  In the inmate's cell/room  
 02  In a temporary holding area/lockup  
 03  In a common area within the facility (e.g., yard, library, cafeteria, day room, recreational area, or workshop)  
 04  Outside of the jail facility (e.g., while on work release or on work detail, under community supervision, or in transit)  
 05  Elsewhere – *Specify* ↴  
 \_\_\_\_\_  
 09  Not applicable – cause of death was illness/natural causes, intoxication, or AIDS-related

**Notes**

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