

DEATH IN CUSTODY REPORTING ACT

The Death in Custody Reporting Act of 2013 requires states that receive allocations under specified provisions of the Omnibus Crime Control and Safe Streets Act of 1968 to report certain information regarding the death of any person in law enforcement custody. This may include individuals who are detained, arrested, en route to incarceration, or incarcerated in state or local facilities or a boot camp prison.

1. Was there at least one reportable death in your state during the reporting period? A reportable death refers to the death of an individual who was detained, arrested, en route to incarceration, or incarcerated in state or local facilities or a boot camp prison.
 - A. Yes
 - B. No (If No, this marks the conclusion of the module)
 - C. If yes, please provide the number of reportable deaths in your state during the reporting period _____

2. Please provide the following decedent information. If you have multiple deaths in custody, you will report one at a time.
 - A. Name: _____
 - B. Gender
 1. Male
 2. Female
 3. Other gender identity: _____
 - C. Race (Select all that apply)
 1. American Indian or Alaska Native
 2. Asian
 3. Black or African American
 4. Native Hawaiian or Other Pacific Islander
 5. White
 6. Unknown
 - D. Ethnicity
 1. Hispanic, Latino, or Spanish origin
 2. Not of Hispanic, Latino, or Spanish origin
 3. Unknown
 - E. Birth Year (YYYY). If unknown, please enter "9999": _____

3. Please list the following information regarding the decedent's death.
 - A. Date of Facility Admission/Arrest (MM-DD-YYYY): _____
 - B. Date of Death (MM-DD-YYYY): _____
 - C. Time of Death (24-hour clock): _____
 - D. Location of Death
 1. Location Name (if applicable). This could be the name of a facility, place of business, or other designation for the location of death: _____
 2. Street Address: _____
 3. City: _____
 4. State (postal abbreviation): _____
 5. Zip: _____

- E. If the event causing the death occurred in any of the following facilities, please indicate the appropriate facility below. If the event causing the death did not occur in one of the facilities listed below, please use the "None of the above" answer choice.
1. Municipal or county jail
 2. State prison
 3. State-run boot camp prison
 4. Contracted boot camp prison
 5. Any state or local contract facility
 6. Other local or state correctional facility (to include any juvenile facilities)
 7. None of the above
4. Please list the name of the department or agency that detained, arrested, or was in the process of arresting the deceased.
- A. Agency Name: _____
5. Please indicate the manner of death (Mark only one).
- A. Accident
 - B. Death attributed to use of force by a law enforcement or corrections officer
 - C. Homicide (e.g., an incident between two or more incarcerated individuals resulting in a death)
 - D. Natural causes
 - E. Suicide
 - F. Unavailable, investigation pending
 1. If yes, please report the agency conducting the investigation and an approximate end date. When the investigation has concluded, please contact the PMT Help Desk to update this report: _____
 - G. Other
 1. If other, please explain: _____
6. Please provide a brief description of the circumstances leading to the death (e.g., details surrounding an event that may have led to the death, the number and affiliation of any parties involved in an incident, the location and characteristics of an incident, other context related to the death, etc.). _____