

Reporting Suicides or Deaths

As outlined in NJAC 10A:34-4.4

Police Department: _____

County: _____ Arrest Date: _____

Name: _____

Sex: _____ Age: _____

Race: _____ Marital Status: _____

Charge: _____

Method of suicide/death and circumstances surrounding the suicide/death:

Please be specific. (e.g. **Hanging**: from where; with what material etc. **Cutting**: what tool/instrument was used; where on body; ingestion, etc.) **A copy of logbook entries noting the time of each physical check and findings of the Investigating Officer must be included.** Attach additional papers if necessary.

Day and Time Placed in Cell: Day: _____ Time: _____

Day and Time of Death: Day: _____ Time: _____

Was the detainee on Close Watch? _____

Comments: _____

Signature: _____ Date: _____

Please complete this form within 3 working days anytime you have a suicide or death and EMAIL A SIGNED copy to Municipal.Inspections@doc.nj.gov. REVISED 9.13.16