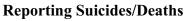


State of New Jersey DEPARTMENT OF CORRECTIONS

Form 34-101

Eff. 6/2022



As outlined in N.J.A.C. 10A:34-4.4

| Name of Police Department: | Chief of Police: |
|--|------------------|
| Name: Gende | er DOB: / / / |
| Age: Race: Marital Sta | tus: |
| Arrest Date: Booking Number or Social Security Number: | |
| Method of suicide/death and circumstances surrounding the suicide/death: (Please be specific; e.g., Hanging: from where, what tool Cutting: what tool, where on body. Attach pages, if necessary. Logbook entries are required and must include the time of each physical check and findings of the investigating officer.) | |
| Where did the death take place? | |
| In the inmate's cell/room In temporary holding area/lock up | |
| In the common area within the facility (e.g., yard, library, cafeteria, day room, recreational area, or workshop) | |
| 🗌 Outside of the jail facility (e.g., while on work release or on work detail, under community supervision, or in transit) | |
| Elsewhere- Specify - | |
| Not applicable- cause of death was illness/ natural causes. | |
| Placed in Cell (Date): | |
| Date & time of death: Time: | |
| Was inmate on Close Watch? CYES ONO | |
| | |
| | |
| Chief of Police's Signature | Date |
| For the Correctional Medical Director only: | |
| Is the probable cause of death suicide? | |
| Signature of Medical Director | Date |

Please complete this form within 3 working days anytime you have a suicide or death and email a signed copy to <u>Municipal.Inspections-Ops@doc.nj.gov</u>