

Reporting Suicides/Deaths

As Outlined in NJAC 10A:31-13.31

Department

Name of Correctional Facility

Warden

Name of Warden

Name:

Name of the deceased

Arrest Date:

Gender

DOB: / /

Age:

Race:

Marital Status:

County 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 additional papers, if necessary. However, you must include **logbook entries** noting the time of each **physical check** and **findings of the investigating officer**.)

Where did the death take place?

- 01 In the inmate's cell/room
- 02 In temporary holding area/lock up
- 03 In the 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.

Day and Time Placed in Cell: Time:

Day and Time of Death: Time:

Was inmate on Close Watch? 01 YES 02 NO

Comments:

Signature of the Warden

Date

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For the Correctional Medical Director only:

Is the probable cause of death suicide? Yes No

Signature of the Medical Director

Date

Please complete this form within **72 hours of death** anytime you have a **suicide or death** and email a signed copy to County.Inspections@doc.nj.gov

Revised 1/24/19