

Reporting Suicides/Deaths

As outlined in NJAC 10A:34-4.4

Department _____
Name of the Police Department

Chief: _____
Name of Chief of Police

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 Chief of Police

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