

**BUREAU OF JUSTICE ASSISTANCE**  
Death in Custody Reporting Act  
**PERFORMANCE MEASURES QUESTIONNAIRE**

**DEATH IN CUSTODY REPORTING ACT ACTIVITY**

The Death in Custody Reporting Act of 2013 requires states receiving 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 a state or local facility or boot camp prison.

1. Was there at least one reportable death in your area during the reporting period? *A reportable death refers to the death of an individual who was detained, arrested, enroute to incarceration, or incarcerated in a state or local facility or boot camp prison.*

- Yes  
 No *(If No, this marks the conclusion of the module)*

If Yes, provide the number of reportable deaths during the reporting period:

\_\_\_\_\_

2. Provide the following decedent information. *If you have multiple deaths in custody, report them one at a time.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

❖ Gender

- Male  
 Female  
 Other gender identity: \_\_\_\_\_

❖ Race *(Select all that apply)*

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White  
 Unknown

❖ Ethnicity

- Hispanic, Latino, or Spanish origin  
 Not of Hispanic, Latino or Spanish origin  
 Unknown

❖ Birth year (YYYY) *(If unknown, enter "9999")*: \_\_\_\_\_

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3. List the following information regarding the decedent's death.

- A. Date of death (MM-DD-YYYY): \_\_\_\_\_
- B. Time of death (24-hour clock): \_\_\_\_\_
- C. 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 code: \_\_\_\_\_
- D. If the event causing the death occurred in any of the following facilities, indicate the appropriate facility. If the event causing the death did not occur in one of the following facilities, select "none of the above."
- Municipal or county jail
  - State prison
  - State run boot camp prison
  - Contracted boot camp prison
  - Any state or local contract facility
  - Other local or state correctional facility (to include any juvenile facility)
  - None of the above

4. List the name of the department or agency that detained, arrested, or was in the process of arresting the deceased.

- A. Agency name: \_\_\_\_\_

5. Indicate the manner of death. *Select only one.*

- Execution (i.e., capital punishment)
  - Accident
  - Death attributed to use of force by a law enforcement or corrections officer
  - Homicide (e.g., an incident between two or more incarcerated individuals resulting in death)
  - Natural causes
  - Suicide
  - Unavailable, investigation pending
1. If Yes, report the agency conducting the investigation and an approximate end date.

- Other
- 1. If Other, explain: \_\_\_\_\_

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6. 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 the incident, the location and characteristics of the incident, other context related to the death, etc.).

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This document is only to be used for planning and data collection purposes.  
Data must be entered into the Performance Measurement Tool at: <https://bjapmt.ojp.gov>.  
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