

State of New Jersey
DEPARTMENT OF CORRECTIONS

Reporting Suicides/Deaths

As set forth at N.J.A.C. 10A:31-13.31

Name of Correctional Facility Warden

Name of the deceased: Gender Age: Race:

Marital Status:

County Booking Number or Social Security Number: Arrest Date:

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.)

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): Time: AM PM

Day and Time of Death: Time:

Was inmate on Close Watch? YES NO

Comments:

Warden's Signature

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