



State of New Jersey
DEPARTMENT OF CORRECTIONS
Reporting Suicides/Deaths
As outlined in N.J.A.C. 10A:34-4.4

Form
34-101
Eff. 6/2022

Name of Police Department: Chief of Police:

Name: Gender DOB: / /

Age: Race: Marital Status:

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): Time: AM PM

Date & time of death: Time: AM PM

Was inmate on Close Watch? YES NO

Comments:

Chief of Police's Signature

Date

For the Correctional Medical Director only:

Is the probable cause of death suicide? YES NO

Signature of Medical Director

Date