

# Reporting Suicides/Deaths

As Outlined in NJAC 10A:31-13.31

Department \_\_\_\_\_ Warden \_\_\_\_\_  
Name of Correctional Facility \_\_\_\_\_ Name of Warden \_\_\_\_\_

Name: \_\_\_\_\_ Arrest Date: \_\_\_\_\_  
Name of the deceased \_\_\_\_\_

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

.....  
*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 **3 working days** anytime you have a **suicide or death** and email a signed copy to [County.Inspections@doc.nj.gov](mailto:County.Inspections@doc.nj.gov)

Revised 1/24/19