

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