



Death in Custody Questionnaire

Upon completion, email a copy of this
form to:
criminaljustice@fdle.state.fl.us

Agency Reporting:

Reporting Period (Select only one):

☐ Quarter 1 (October 1-December 31) ☐ Quarter 2 (January 1-March 31) ☐ Quarter 3 (April 1- June 30) ☐ Quarter 4 (July 1- September 30)

OVERVIEW

Pursuant to the Death in Custody Act (DCRA), state and local law enforcement or correctional agencies must identify all reportable in-custody deaths that occurred in their jurisdictions during the reporting period. Please complete this form for each reportable death.

1. What was the name of the deceased? Last: _____ First: _____ Middle: _____
2. What was the deceased's sex? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other gender identity: _____
3. What was the deceased's race? <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown
4. What was the deceased's ethnicity? <input type="checkbox"/> Hispanic, Latino or Spanish origin <input type="checkbox"/> Not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Unknown
5. What was the deceased's birth year (YYYY)? _____
6. What was the date of facility admission/arrest (MM-DD-YYYY)? _____
7. What was the time and date of the death? Time (24-hour clock): _____ Date (MM-DD-YYYY): _____
8. Where did the event causing death occur? Name of facility: _____ Street address: _____ City, State, Zip: _____
9. What type of facility did the death occur in? <input type="checkbox"/> Municipal or county jail <input type="checkbox"/> State prison <input type="checkbox"/> State-run boot camp prison <input type="checkbox"/> Contracted boot-camp prison <input type="checkbox"/> Any state or local contract facility <input type="checkbox"/> Other local or state correctional facility (to include any juvenile facilities) <input type="checkbox"/> None of the above

10. What was the name of the department or agency that detained, arrested, or was in the process of arresting the deceased?

11. What was the manner of death?

- ☐ 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 a death)
 - ☐ Natural causes
 - ☐ Suicide
 - ☐ Unavailable, investigation pending (please report the agency conducting the investigation and an approximate end date)
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- ☐ Other (please explain): _____