



Death in Custody Questionnaire

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

Agency Reporting:

Reporting Period:

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.

I. DECEDENT INFORMATION

A. What was the name of the deceased?

Last Name:

First Name:

Middle Name:

B. What was the deceased's sex?

Male

Female

Unknown/Investigation Pending

C. What was the deceased's race? (Select all that apply)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Unknown/Investigation Pending

D. What was the deceased's ethnicity?

Hispanic, Latino, or Spanish origin

Not of Hispanic, Latino, or Spanish origin

Unknown/Investigation Pending

E. What was the deceased's birth year? (If unknown, please enter "9999")

II. DECEDENT DEATH INFORMATION

A. What was the deceased's date of death and time of death?

Date of Death (MM-DD-YYYY)

Time of Death (24-hour clock)

B. Where was the location of the deceased's death?

Location Name (if applicable). This could be the name of a facility, place of business, or other designation for the location of death:

Street Address:

City:

State (postal abbreviation): Zip:



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III. DECEDENT DEATH INFORMATION CONTINUED

C. What type of facility did the death occur in?

- Municipal or county jail
- State Prison
- State-run boot camp prison
- Contracted boot camp prison
- Any state or local contract facility
- Other local or state correctional facility (to include any juvenile facilities)
- None of the above

IV. DEPARTMENT OR AGENCY INFORMATION

A. Name of the department or agency that detained, arrested, or was in the process of arresting the deceased:

V. MANNER OF DEATH INFORMATION

A. Please indicate the manner of death (Mark only one).

- Execution
- 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 list an approximate end date.)

Other
(Please explain):

VI. CIRCUMSTANCE DESCRIPTION

A. Please provide a brief description of the circumstances leading to the death (e.g., details surrounding an event that may have led to the death, the number and affiliation of any parties involved in the incident, the location and characteristics of the incident, other contact related to the death, etc.). If unknown, state "Unknown."