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# CHAIRMAN'S MEMORANDUM

## NO. 4-2002

## January 29, 2002

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**TO:** SHERIFFS, CHIEF ADMINISTRATIVE OFFICERS, COMMISSIONERS OF CORRECTION, NEW YORK CITY WARDENS, SUPERINTENDENTS OF STATE FACILITIES, NURSE ADMINISTRATORS, CHIEFS OF POLICE

**RE:** M1-87 Report of Inmate Death to State Commission of Correction

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The State Commission of Correction has become aware of some confusion over proper completion of certain segments of the above referenced inmate death report. The specific questions are numbered 25, 26, and 33a on the form (copy attached).

Question 25 (Assigned Housing Unit) relates to where the inmate was housed while in the facility. Please enter either the cell number, block, floor, tier, gallery, dormitory, special housing, etc. Please do not enter the words "outside hospital." We need to know exactly where the inmate was housed while an inmate in your facility.

Question 26 (Location of Terminal Incident) relates to where the terminal incident occurred, e.g., the location of where the inmate became ill, location of suicide/hanging, location where the accident occurred, location where the stabbing occurred, etc. This is not to be filled out with outside hospital. An outside hospital is the location where the pronouncement of death took place.

Question 33a (Reported Immediate Cause of Death) relates to that event, however remote from pronouncement of death, that resulted in death. "Cardiac arrest" is NOT a cause of death. "Suicidal hanging," "gunshot wound," "asthma," are examples of properly reported causes of death.

Thank you for your cooperation in this matter. Should you have any questions on the above, please call our Medical Unit at 518-485-2346.

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ALAN J. CROCE  
CHAIRMAN/COMMISSIONER

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