

Report of Inmate Death to State Commission of Correction

Instructions: Call the on-call number to advise the Commission of the death within 6 hours of death.

Follow this up by sending a completed **Section I by facsimile within 6 hours of death.****Section II must** be completed and sent within 10 days of death (with a **copy of Part 1**).

Enter clinical summary on page 2, enter "DNA" if not applicable. Answer all questions, explain unavailable information.

Commission Use Only	Control #	RI#																			
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Section I- REPORTING FACILITY, INMATE INFORMATION, CIRCUMSTANCES OF DEATH

1. Name of Reporting Facility		1a Code	17. Name of Inmate		
2. Name of Chief Administrative Officer		18. Date of Birth		19. Height ' "	20. Weight
3. Name of Hospital		21. Race	22. Sex	23. Inmate #	
4. Name of Reporting Official		24. Date of Death		24a. Time of Death	
5. Telephone		25. Assigned Housing Unit		25 a. Housing Unit type	
6. Name of Ambulance/Rescue Squad		26. Location of Terminal Incident:			
7. Date and Time Admitted		27. Supervision Immediately Prior to Incident General () Active () Constant ()			
8. Date of Arrest	9. Arrest Charge(s)		28. History of substance abuse: (check all that apply) Drugs () Alcohol () None () Unknown ()		
10. Date Convicted	11. Conviction Charge(s)		29. What type of treatment was inmate under? <i>see page 2</i> Medical () Psychiatric () None ()		
12. Sentence	13. Date of Sentence		30. Date of last Contact: Medical Psychiatric		
14. Intake screening done? Yes () score _____ No ()		31. Officer Supervising Death Location:			
15. Date of Last Admission		32. Date of this report			
16. Witnesses		Staff/Inmate/Other?			
a _____		_____			
b _____		_____			
c _____		_____			
33a. Reported Immediate Cause of Death:					
33 b. Due To or As a Result Of:					
34 Facility Administrator's Report of Circumstances of Death					
35. Autopsy Performed? (MANDATORY) Yes () Date _____ Time _____ No ()					
36. Autopsy: Location					
Name of Medical Examiner or Coroner:					

Section II-MEDICAL DIRECTOR'S INMATE HISTORY AND CLINICAL SUMMARY

Instructions: include in Section IIA a description of the inmate's medical and mental health status during the 90-day period prior to the death, including problem list, medications, sick call visits, infirmary/hospital admissions, mental health evaluations, laboratory findings, and treatment rendered. Include in Section II B a description of the events preceding the death, including relevant history, when symptoms were first noted, treatment provided, inmate's response, circumstances of death and other relevant information. Include in Section II C the names and titles of all medical staff involved or present. Attach additional sheets if needed.

Section II A: MEDICAL AND MENTAL HEALTH HISTORY

Problem list

Dx:

Date:

Dx:

Date:

Dx:

Date:

Section II B- EVENTS PRECEDING DEATH

Section II C: MEDICAL STAFF INVOLVED IN TERMINAL EVENT

Medical Director's Signature _____ MD

Please Print Name _____