

REPORT OF INMATE DEATH
G.S. 153A-225 AND RULE .1102, 10A NCAC 14J

TO BE FILED WITHIN 5 DAYS OF THE DEATH OF AN INMATE IN A LOCAL CONFINEMENT FACILITY. MAIL THE ORIGINAL COPY TO THE LOCAL OR DISTRICT HEALTH DIRECTOR, SEND THE SECOND COPY TO:

NCDHHS/DHSR/JAIL AND DETENTION SECTION
2710 MAIL SERVICE CENTER
RALEIGH, NC 27699-2710

NAME OF INMATE _____
(LAST) (FIRST) (MIDDLE)

NAME OF LOCAL CONFINEMENT FACILITY _____

ADDRESS OF LOCAL CONFINEMENT FACILITY _____
(COUNTY) (CITY, STATE)

INMATE DATE OF BIRTH _____ RACE _____ SEX _____

DATE OF DEATH _____ PLACE OF DEATH-JAIL _____ HOSPITAL _____
OTHER _____

TIME OF DEATH _____ AM _____ PM
(PLEASE SPECIFY TIME IN REGULAR HOURS/MINUTES-NOT MILITARY TIME)

CAUSE OF DEATH- SUICIDE _____ NATURAL _____
OTHER (PLEASE SPECIFY) _____
(IF SUICIDE, WHAT MEANS WAS USED TO COMMIT SUICIDE? _____)
(SHEET, SHIRT, BELT, ETC.) (BE SPECIFIC AS POSSIBLE.)

INMATE COMMITTED TO THE JAIL—DATE _____ TIME _____

WERE THE CHARGES-ALCOHOL RELATED: YES _____ NO _____
DRUG RELATED _____

TRIAL STATUS- UNTRIED _____ SENTENCED TO JAIL _____
AWAITING TRANSFER TO PRISON _____
OTHER _____

TIME OF LAST SUPERVISION ROUND (INMATE ALIVE) (INDICATE REGULAR NOT MILITARY TIME)

_____ AM _____ PM DATE _____ JAILERS NAME _____

TIME OF LAST SUPERVISION ROUND (INMATE FOUND IN DISTRESS OR DEAD)

_____ AM _____ PM DATE _____ JAILERS NAME _____

NAME OF MEDICAL EXAMINER OR CORONER _____
WAS A MEDICAL PROFESSIONAL IN ATTENDANCE AT THE TIEM OF DEATH
YES _____ NO _____

DATE OF REPORT _____

SIGNATURE OF JAILER OR SUPERVISOR OF LOCAL CONFINEMENT FACILITY

REPORT SUBMITTED BY _____ DATE _____

DHHS DHSR 8001 (Rev. 10/08)