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

WITHIN FIVE DAYS AFTER THE DEATH OF AN INMATE, THE ADMINISTRATOR SHALL SUBMIT THIS COMPLETED REPORT OF INMATE DEATH FORM TO THE LOCAL OR DISTRICT HEALTH DIRECTOR AND THE DHSR CONSTRUCTION SECTION. MAIL THE ORIGINAL COPY OF THE FORM TO THE LOCAL OR DISTRICT HEALTH DIRECTOR. MAIL, EMAIL, OR FAX THE SECOND COPY OF THIS FORM TO THE DHSR CONSTRUCTION SECTION AT:

DHSR CONSTRUCTION SECTION
2705 MAIL SERVICE CENTER
RALEIGH, NC 27699-2705
FAX: 919-715-6592
DHSR.Construction.Admin@dhhs.nc.gov

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

NAME OF LOCAL CONFINEMENT FACILITY: _____

ADDRESS OF LOCAL CONFINEMENT FACILITY: _____

CITY: _____ ZIP CODE: _____

COUNTY: _____

INMATE DATE OF BIRTH: _____ RACE: _____SEX: _____

INMATE COMMITTED TO THE JAIL: DATE: _____TIME: _____

WERE THE CHARGES RELATED: ALCOHOL: Y/N No
DRUG RELATED: Y/N No

TRIAL STATUS: UNTRIED: ☐ SENTENCED TO JAIL: ☐
AWAITING TRANSFER TO PRISON: ☐
OTHER: _____

WAS THE INMATE IN THE CUSTODY OF THE SHERIFF AT THE TIME OF DEATH?
Y/N: No IF NOT IN CUSTODY, LOCATION HOUSED: _____

DATE OF DEATH: _____ TIME OF DEATH: _____AM:☐ PM:☐

PLACE OF DEATH: JAIL: ☐ HOSPITAL: ☐ OTHER: _____

APPARENT MANNER OF DEATH: SUICIDE: ☐ NATURAL: ☐
OTHER (PLEASE SPECIFY):

(IF SUICIDE, WHAT APPARENT MEANS WERE USED TO COMMIT SUICIDE?)
(SHEET, SHIRT, BELT, ETC.) (BE SPECIFIC AS POSSIBLE):

TIME OF LAST DOCUMENTED SUPERVISION ROUND BEFORE THE INMATE WAS FOUND IN DISTRESS: (THIS TIME SHOULD MATCH YOUR DOCUMENTED SUPERVISION ROUNDS RECORD):

DATE: _____ TIME: _____AM: ☐ PM: ☐
OFFICER WHO CONDUCTED SUPERVISION ROUND: _____

TIME WHEN INMATE WAS FOUND IN DISTRESS OR DEAD:
DATE: _____ TIME: _____AM: ☐ PM: ☐

NAME OF OFFICER WHO DISCOVERED INMATE: _____

NAME OF MEDICAL EXAMINER OR CORONER: _____

WAS A MEDICAL PROFESSIONAL PRESENT AT THE TIME OF DEATH? Y/N No

NAME OF SHERIFF: _____

DATE OF REPORT: _____

SIGNATURE OF ADMINISTRATOR OR SUPERVISOR OF THE LOCAL CONFINEMENT

FACILITY: _____ DATE: _____