

DEATH IN CUSTODY REPORTING FORM

BCIA 713 (rev. 11/05)

DOJ USE ONLY
RECORD KEY
AGENCY TYPE
<input type="checkbox"/> Police
<input type="checkbox"/> Sheriff
<input type="checkbox"/> Probation
<input type="checkbox"/> State
<input type="checkbox"/> Other Local
AGENCY NCIC NUMBER
COUNTY

☒ ORIGINAL ☐ AMENDMENT

DATE OF DEATH

09 / 07 / 2009
MM DD YYYY

SUBJECT NAME

Last First Middle

CII NUMBER

DATE OF BIRTH

MM DD YYYY

GENDER

☒ Male
☐ Female

RACE/ETHNICITY (Check One)

<input type="checkbox"/> Other Asian	<input type="checkbox"/> Korean
<input checked="" type="checkbox"/> Black	<input type="checkbox"/> Laotian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Filipino	<input type="checkbox"/> Samoan
<input type="checkbox"/> Guamanian	<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> American Indian	<input type="checkbox"/> White
<input type="checkbox"/> Japanese	<input type="checkbox"/> Asian Indian

DOJ USE ONLY

CUSTODY OFFENSE

148(A)(1) 243(D) 69PC 3056 PC

CUSTODY STATUS

(Check One)

- ☐ Process of Arrest
☐ In Transit
☐ Awaiting Booking
☐ Booked - No Charges Filed
☐ Booked - Awaiting Trial
☐ Sentenced
☐ Out to Court
☒ Other

CUSTODIAL RESPONSIBILITY

AT TIME OF DEATH

(Check One)

- ☐ Process of Arrest
☐ City Jail
☒ County Jail
☐ Adult Camp or Ranch
☐ Local Juvenile Facility/Camp
☐ Adult Operations and Adult Programs (formerly CDC)
☐ Division of Juvenile Justice (formerly CYA)
☐ State Hospital
☐ Other

LOCATION WHERE CAUSE

OF DEATH OCCURRED

(Check One)

- ☐ Not Applicable (Natural)
☐ Crime/Arrest Scene
☐ Facility - Administrative
☐ Facility - Booking
☐ Facility - Living
☐ Facility - Common
☐ Facility - Holding
☐ Facility - Medical Treatment
☒ Other

FACILITY OF DEATH

(Check One)

- ☐ Crime/Arrest Scene
☐ Local Hospital
☐ City Jail
☒ County Jail
☐ Adult Camp or Ranch
☐ Local Juvenile Facility/Camp
☐ Adult Operations and Adult Programs (formerly CDC)
☐ Division of Juvenile Justice (formerly CYA)
☐ State Hospital
☐ Other

MANNER OF DEATH

(Check One)

- ☒ Pending Investigation
☐ Natural
☐ Accidental - Injury to Self
☐ Accidental - Injury by Other
☐ Suicide
☐ Homicide Willful (Law Enforcement Staff)
☐ Homicide Willful (Other Inmate)
☐ Homicide Justified (Law Enforcement Staff)
☐ Homicide Justified (Other Inmate)
☐ Execution
☐ Cannot Be Determined
☐ Other

MEANS OF DEATH

(Check One)

- ☒ Pending Investigation
☐ Not Applicable (Natural)
☐ Handgun
☐ Rifle/Shotgun
☐ Club, Blunt Instrument
☐ Hands, Feet, Fists
☐ Knife, Cutting Instrument
☐ Hanging, Strangulation
☐ Alcohol/Drug Overdose
☐ Execution: Lethal Gas/Injection
☐ Cannot Be Determined
☐ Other

DATA SUPPLIED BY (Please print the following information):

Name: SGT. JAMES QUANICO #1429

Title: SERGEANT/INVESTIGATOR

Agency: SFSD/ISU

Telephone: 415.554.2380

Address: 25 VAN NESS, SUITE 350, SAN FRANCISCO, CA 94102

Send completed form to: Department of Justice

Criminal Justice Statistics Center

P.O. Box 903427

Sacramento, CA 94203-4270

Facsimile: (916) 227-0427 or 227-3561

Telephone: (916) 227-3545