



Idaho State Police

Service Since 1939



Colonel Kedrick R. Wills
Director

Brad Little
Governor

DEATH IN CUSTODY REPORTING ACT

The Death in Custody Reporting Act of 2013 requires states to "report the death of any person occurring during interactions with law enforcement officers or while in custody." The Idaho State Police is the designated agency to report these deaths to the Bureau of Justice Assistance.

Fill out the following form for each reportable death

Complete one (1) form for each decedent

Agency Name

Today's Date

What deaths should be reported?

❖ Arrest-related deaths include deaths that occurred when:

- A. The death results from use of force by law enforcement, or
- B. The event causing the death (e.g., self-inflicted injury, cardiac arrest, fall from a height, or drowning) occurred while the freedom to leave of the person who subsequently died was restricted by law enforcement personnel. This includes all deaths that—
 - Occurred while the decedent's freedom to leave was restricted by law enforcement prior to, during, or following an arrest (includes traffic stops);
 - Resulted from any use of force by law enforcement personnel acting in an official capacity (e.g., officer-involved shootings or accidental deaths caused by non-lethal weapons);
 - Were due to medical conditions present during an arrest process that resulted in death (e.g., cardiac arrest);
 - Occurred during transport to or from a law enforcement agency or a detention, incarceration, or medical facility;
 - Occurred while the decedent was held in a lockup or booking center (i.e., a facility designed to hold detainees for 72 hours or less);
 - Occurred during an interaction with law enforcement personnel while they were responding to a medical or mental-health incident (e.g., response to suicidal persons).

❖ Deaths in custody at a Jail, Detention or Correctional Facility include all persons:

- Confined in your facilities, whether housed under your jurisdiction or that of another jurisdiction.
- Under your jurisdiction but housed in private facilities, whether located in or out of state.
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms).
- In transit to or from your facilities while under your supervision.

Was there at least one reportable death during the reporting period?

Yes

No (If No, skip the next page and submit this form).

If yes, please fill out the form on the next page for every reportable death.

1. Decedent's Initials

First Name Initial

Last Name Initial

2. Decedent's birth year (if unknown, enter 1900)

3. What was the decedent's gender?

Male

Female

Other gender identity: _____

4. What was the decedent's race? Please select one or more of the following racial categories:

Asian

American Indian or Alaska Native

Black or African American

Native Hawaiian or Pacific Islander

White

Unknown

5. Was the decedent of Hispanic, Latino, or Spanish origin?

Yes

No

Unknown

6. Date of Death (mm/dd/yyyy)
(if unknown enter 01/01/1900)

7. Time of Death

24-Hour Format

8. Location of Death

Name/Description

Street Address

City

State

Zip Code

9. What location category best describes where the event causing the death occurred? (e.g. if the decedent became ill at a jail facility and later died at the hospital, the location would be the jail the facility).

Residence/Home

Law enforcement facility

Correctional Facility

Business

Unknown

Other – please specify

Please Specify:

10. Please indicate the manner of death (Mark only one).

Accident

Death attributed to use of force by a law enforcement or corrections officer

Homicide (e.g., an incident between two or more incarcerated individuals resulting in a death)

Natural causes

Suicide

Other

If other, please explain:

Unavailable, investigation pending.

Investigating Agency:

Approximate End date: _____

*When the investigation has concluded, please update this report and resubmit.

11. Date of facility admission (mm/dd/yyyy)

12. Facility Type

Municipal or County Jail

State Prison

State-Run Boot Camp Prison

Contracted Boot Camp Prison

Any State or Local Contract Facility

Other Local or State Correctional Facility (to include any juvenile facilities)

None of the above

Please provide a brief description of the circumstances leading to the death (e.g., details surrounding an event that may have led to the death, the number and affiliation of any parties involved in an incident, the location and characteristics of an incident, other context related to the death, etc.).

Instructions for Submitting This Form

- Please complete one (1) form for each reportable death.
- Submit completed forms to Idaho State Police – Planning, Grants, and Research by e-mailing them to pgr@isp.idaho.gov.
- For deaths still under investigation, please complete as much information as possible. When the investigation is complete, update this form and resubmit.
- For questions about reporting, please contact:
Planning, Grants, and Research
pgr@isp.idaho.gov
(208) 884-7040