

# Federal Deaths in Custody Reporting Program (FDCRP)

## CJ-13B Detention or Incarceration Death Incident Report – FY 2025

The Death in Custody Reporting Act (DCRA) of 2013 (Pub. Law 113-242) requires the head of each Federal law enforcement agency to report annually to the Attorney General “information regarding the death of any person who is—

- “(1) detained, under arrest, or is in the process of being arrested by any officer of such Federal law enforcement agency (or by any State or local law enforcement officer while participating in and for purposes of a Federal law enforcement operation, task force, or any other Federal law enforcement capacity carried out by such Federal law enforcement agency); or
- “(2) en route to be incarcerated or detained, or is incarcerated or detained at—
  - (A) any facility (including any immigration or juvenile facility) pursuant to a contract with such Federal law enforcement agency;
  - (B) any State or local government facility used by such Federal law enforcement agency; or
  - (C) any Federal correctional facility or Federal pre-trial detention facility located within the United States.”

In response to the DCRA reporting requirements, the Bureau of Justice Statistics (BJS) is conducting a survey of federal agencies with law enforcement, detention, and/or incarceration functions. BJS is conducting this data collection under Title 34 U.S.C. § 10132 and the Death in Custody Reporting Act of 2013 (Pub. Law 113-242). BJS will use the data for DCRA reporting purposes. By law, BJS will only use the information for statistical purposes and is required to ensure confidentiality (Title 34 U.S.C. § 10134 and 44 U.S.C. § 3563). BJS will not disclose personally identifiable information without a court order requiring disclosure.

The survey is designed to identify deaths that occur during the course of official federal law enforcement, detention and incarceration agency functions and to collect additional information about the decedent and the circumstances surrounding the incident.

For the purposes of this survey, please identify all deaths that occur in detention or incarceration facilities. The DCRA defines a detention or incarceration death as “the death of any person who is en route to be incarcerated or detained, or is incarcerated or detained at— (A) any facility (including any immigration or juvenile facility) pursuant to a contract with such Federal law enforcement agency; (B) any State or local government facility used by such Federal law enforcement agency; or (C) any Federal correctional facility or Federal pretrial detention facility located within the United States.”

Please complete one **CJ-13B Detention or Incarceration Death Incident Report** for each detention or incarceration death identified in CJ-13 FDCRP Annual Summary for fiscal year 2025. Indicate the decedent’s name, the time and date of the death, the decedent’s demographic characteristics, the circumstances surrounding and leading up to the death and actions taken by the decedent and law enforcement during the incident that led to the death.

If you have any questions about this form, or the FDCRP survey, please contact:

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OR

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### Agency Information

Please provide the contact information for the person filling out this form.

Agency: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone number: \_\_\_\_\_

[If you indicated on **CJ-13 FDCRP Annual Summary** that your agency would report arrest-related deaths on behalf of any other Federal agency(ies)],

Which agency are you reporting this death on behalf of? \_\_\_\_\_

## Decedent Characteristics and Time in the Facility

### Decedent Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

### Date of Death

### Time of Death (12-hour format)

\_\_\_\_\_  
Month (MM) Day (DD) Year (YYYY)

\_\_\_\_\_  
Hour (HH) Minute (MM) AM / PM Estimated?

#### 1. What was the decedent's sex?

Male  
Female

#### 7. What is the name of the correctional facility where the death occurred? If the death occurred in a medical center outside the correctional facility, please list the correctional facility where the decedent was most recently housed.

Facility name: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
ZIP code: \_\_\_\_\_

#### 2. What was the decedent's date of birth (DOB)?

\_\_\_\_\_  
Month (MM) Day (DD) Year (YYYY)

Or approx. age at death if DOB unknown: \_\_\_\_\_

#### 3. Was the decedent Spanish, Hispanic or Latino?

Yes  
No  
Unknown

#### 8. For what offenses or violations was the decedent being held (choose from drop down list or write-in)?

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

#### 4. What was the decedent's race? (Mark all that apply)

White  
Black or African American  
American Indian or Alaska Native  
Asian  
Native Hawaiian or Other Pacific Islander  
Some other race, specify: \_\_\_\_\_  
Unknown

#### 9. What was the decedent's legal status at time of death?

Convicted - new commitment  
Convicted - returned probation/parole violator  
Unconvicted, pending criminal case resolution under responding agency jurisdiction  
Unconvicted, pending extradition to another jurisdiction  
Other, specify: \_\_\_\_\_

#### 5. On what date was the decedent committed to his/her current period of detention or incarceration?

\_\_\_\_\_  
Month (MM) Day (DD) Year (YYYY)

#### 10. Where did the decedent die?

In a general housing unit within the facility or in a general housing unit on facility grounds  
In a segregation unit  
In a special medical unit/ infirmary within the facility  
In a special mental health services unit within the facility  
In a medical center outside of the facility  
In a mental health center outside of the facility  
In transit  
Elsewhere, specify: \_\_\_\_\_

#### 6. On what date was the decedent admitted to the facility where the death occurred?

\_\_\_\_\_  
Month (MM) Day (DD) Year (YYYY)

Or same date as admission to current period of detention or incarceration: \_\_\_\_\_

**11. What was the manner of death?**

Illness/natural (exclude AIDS-related deaths)

Specify: \_\_\_\_\_

Acquired Immune Deficiency Syndrome (AIDS)

Accidental

*Was the death caused by:*

Alcohol/drug intoxication, describe: \_\_\_\_\_

Injury to self, describe: \_\_\_\_\_

Injury by other (e.g., vehicular accident during transport), describe: \_\_\_\_\_

Suicide (e.g., by hanging, knife/cutting instrument, intentional drug overdose), describe: \_\_\_\_\_

Homicide

*Was the death caused by:*

Facility Personnel

Other Inmate

Other - Specify: \_\_\_\_\_

Other cause(s) – Specify: \_\_\_\_\_

Unknown

Unavailable, investigation pending

**Is there any additional information you would like to provide about the decedent or incident?**