



State of New Jersey
DEPARTMENT OF CORRECTIONS

Form 31-101 Eff. 6/2022

Reporting Suicides/Deaths
As set forth at N.J.A.C. 10A:31-13.31

Name of Correctional Facility [] Warden []
Name of the deceased: [] Gender [] Age: [] Race: []
Marital Status: []
County Booking Number or Social Security Number: [] Arrest Date: []

Method of suicide/death and circumstances surrounding the suicide/death:
(Please be specific; e.g., Hanging: from where, what tool Cutting: what tool, where on body. Attach additional papers, if necessary.
Logbook entries are required and must include the time of each physical check and findings of the investigating officer.)

[]

Where did the death take place?

- [] In the inmate's cell/room
[] In temporary holding area/lock up
[] In the common area within the facility (e.g., yard, library, cafeteria, day room, recreational area, or workshop)
[] Outside of the jail facility (e.g., while on work release or on work detail, under community supervision, or in transit)
[] Elsewhere- Specify - []
[] Not applicable- cause of death was illness/ natural causes.

Placed in Cell (Date): [] Time: [] AM PM

Day and Time of Death: [] Time: []

Was inmate on Close Watch? YES NO

Comments: []

Warden's Signature _____ Date _____

For the Correctional Medical Director only:

Is the probable cause of death suicide? Yes No

Signature of the Medical Director _____ Date _____