



State of New Jersey  
DEPARTMENT OF CORRECTIONS  
**Reporting Suicides/Deaths**  
As outlined in N.J.A.C. 10A:34-4.4

Form  
34-101  
Eff. 6/2022

Name of Police Department:  Chief of Police:

Name:  Gender  DOB:        /        /

Age:  Race:  Marital Status:

Arrest Date:  Booking Number or Social Security Number:

**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 pages, 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

Date & time of death:  Time:   AM  PM

Was inmate on Close Watch?     YES     NO

Comments:

\_\_\_\_\_  
Chief of Police's Signature

\_\_\_\_\_  
Date

*For the Correctional Medical Director only:*

Is the probable cause of death suicide?     YES     NO

\_\_\_\_\_  
Signature of Medical Director

\_\_\_\_\_  
Date

Please complete this form within 3 working days anytime you have a suicide or death and email a signed copy to [Municipal.Inspections-Ops@doc.nj.gov](mailto:Municipal.Inspections-Ops@doc.nj.gov)