**Death in Custody Reporting Act**

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| The Death in Custody Reporting Act (DCRA) of 2013 requires states that receive allocations under specified provisions of the Omnibus Crime Control and Safe Streets Act of 1968 to report certain information regarding the death of any person in law enforcement custody. This may include individuals who are detained, arrested, en route to incarceration, or incarcerated in state or local facilities or a boot camp prison. |

**2. Please provide the following decedent information.**

*NOTE: Submit a form per incident if you have multiple deaths in custody to report.*

1. **Name:**

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| **Last Name:** |  |
| **First Name:** |  |
| **Middle Name:** |  |

1. **Gender:**

Male

Female

Other gender identity

1. **Race:** *(Select all that apply)*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Unknown

1. **Ethnicity:**

Hispanic, Latino, or Spanish origin

Not of Hispanic, Latino, or Spanish origin

Unknown

1. **Birth Year (YYYY):** *(If unknown, enter 9999.)*

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1. **Please list the following information regarding the decedent’s death.**
2. **Date of Death:** *(MM-DD-YYYY)*

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1. **Time of Death:** *(24-Hour Clock)*

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1. **Location of Death:**
2. **Location Name:** *(If applicable.) (This could be the name of a facility, place of business, or other designation for the location of death.)*

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1. **Street Address:**

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1. **City:**

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1. **State (postal abbreviation):**

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1. **Zip:**

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1. **If the event causing the death occurred in any of the following facilities, please indicate the appropriate facility below.****If the event causing the death did not occur in one of the facilities listed below, please use the “None of the above” answer choice.**

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

1. **Please list the name of the department or agency that detained, arrested, or was in the process of arresting the deceased.**
2. **Agency Name:**

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

Execution

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

Unavailable, investigation pending

If unavailable, investigation pending, please report the agency conducting the investigation and an approximate end date.

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| **Agency:** |  |
| **Approximate End Date:** |  |

*NOTE: When the investigation has concluded, an amended report identifying the manner of death must be submitted to the Missouri Department of Public Safety so the federal report can be amended.*

Other

1. **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***.)***.** *(maximum of 5000 characters)*

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