



South Carolina Department of Public Safety
Death in Custody Reporting Form

Office of Highway Safety & Justice Programs
South Carolina Department of Public Safety
Post Office Box 1993
Blythewood, SC 29016
DCRA@scdps.gov

I. Please provide the following decedent information.

Last Name		First Name		Middle Name
Date of Birth		<input type="checkbox"/> Unknown		
MM / DD / YYYY				
Ethnicity		Decedent Race (Select all that apply)		
<input type="checkbox"/> Hispanic, Latino, or Spanish origin		<input type="checkbox"/> Asian		
<input type="checkbox"/> Not of Hispanic, Latino, or Spanish origin		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		
<input type="checkbox"/> Unknown		<input type="checkbox"/> White		
Gender		<input type="checkbox"/> American Indian/Alaska Native		
<input type="checkbox"/> Male		<input type="checkbox"/> Unknown		
<input type="checkbox"/> Female		<input type="checkbox"/> Black/African American		
<input type="checkbox"/> Other Gender Identity:				

II. Please list the following information regarding the decedent's death.

Name of Location of Death (if applicable). This could be the name of a facility, place of business, or other designation for the location of death.		Date of Death	
		MM / DD / YYYY	
Street Address		Time of Death (24-hour clock)	
City	State (postal abbreviation)	Zip	Cause of Death

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.

(Mark only one)

- | | | |
|---|---|--|
| <input type="checkbox"/> Municipal or county jail | <input type="checkbox"/> Any state or local contract facility | <input type="checkbox"/> Other local or state correctional facility (to include any juvenile facilities) |
| <input type="checkbox"/> State-run boot camp prison | <input type="checkbox"/> Contracted boot camp prison | |
| <input type="checkbox"/> State prison | <input type="checkbox"/> None of the above | |

III. Please list the name of the department or agency that incarcerated, detained, pursued, arrested, or was in the process of arresting the deceased.

Agency Name
Facility Name (if applicable)



South Carolina Department of Public Safety
Death in Custody Reporting Form

Office of Highway Safety & Justice Programs
South Carolina Department of Public Safety
Post Office Box 1993
Blythewood, SC 29016
DCRA@scdps.gov

IV. Please indicate the manner of death.

(Mark only one)

☐ Accident (e.g., traffic accident, non-suicidal drug toxicity, etc.)

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

☐ Natural causes

☐ Suicide

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

☐ Unavailable, investigation pending

Please report the agency conducting the investigation and an approximate end date:

☐ Other

Please explain:

V. Please provide the narrative of the circumstances leading to the death (i.e., 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.).

VI. Please provide the contact information of the individual who is submitting this form.

Name, Title

Phone Number

Agency

Email

Date