



# DEATH IN CUSTODY REPORTING ACT Fiscal Year 20XX

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE ASSISTANCE

ACTING AS COLLECTION AGENT:  
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## FORM DCR-1: QUARTERLY SUMMARY

The Quarterly Summary is a list of reportable deaths that occurred in your State during the current reporting period. Please complete this form and include all requested information. For each death identified in the Quarterly Summary, you must complete a corresponding Incident Report (Form DCR-1A) which collects additional required information on the decedent's characteristics and circumstances surrounding the death. The information included on this form will automatically populate the same fields in the corresponding Incident Report form.

For directions on how to complete this form, please refer to the "Instructions for Completion."

### DATA SUPPLIED BY:

|         |                                 |
|---------|---------------------------------|
| Name:   | Email:                          |
| Title:  | Telephone: (____) _____ - _____ |
| Agency: | Fax: (____) _____ - _____       |
| State:  | Date:                           |

### SECTION A

Was there at least one (1) reportable death in your jurisdiction during this quarter?

- Yes [*Proceed to Section B below*]  
 No [*STOP. No other information is required*]

### SECTION B

|   |  |               |               |
|---|--|---------------|---------------|
| 1 | Decedent name (Last, First, Middle Initial)  | Date of Death | Time of Death |
|   | Location of Event Causing the Death (Street Address, City, State, Zip)                                       |               |               |
|   | Responsible State or Local Agency  | Agency ORI    |               |
|   | Type of Agency: <input type="checkbox"/> Law Enforcement Agency <input type="checkbox"/> Correctional Agency |               |               |
| 2 | Decedent name (Last, First, Middle Initial)  | Date of Death | Time of Death |
|   | Location of Event Causing the Death (Street Address, City, State, Zip)                                       |               |               |
|   | Responsible State or Local Agency  | Agency ORI    |               |
|   | Type of Agency: <input type="checkbox"/> Law Enforcement Agency <input type="checkbox"/> Correctional Agency |               |               |
| 3 | Decedent name (Last, First, Middle Initial)  | Date of Death | Time of Death |
|   | Location of Event Causing the Death (Street Address, City, State, Zip)                                       |               |               |
|   | Responsible State or Local Agency  | Agency ORI    |               |
|   | Type of Agency: <input type="checkbox"/> Law Enforcement Agency <input type="checkbox"/> Correctional Agency |               |               |