U.S. DEPARTMENT OF JUSTICE BUREAU OF JUSTICE ASSISTANCE

ACTING AS COLLECTION AGENT:

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:	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: ☐ Law Enforcement Agency ☐ Correcti	onal 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		
		onal 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: ☐ Law Enforcement Agency ☐ Correcti	onal Agency			