



### DEATHS IN CUSTODY REPORTING

**PLEASE PROVIDE YOUR CONTACT INFORMATION**

|                      |         |     |
|----------------------|---------|-----|
| NAME                 | TITLE   |     |
| NAME OF ORGANIZATION | ADDRESS |     |
| CITY                 | STATE   | ZIP |

**PLEASE PROVIDE INFORMATION ON THE DEATH IN CUSTODY (You may leave un-known questions blank)**

|  |                                 |               |
|--|---------------------------------|---------------|
| NAME OF DECEASED   | DATE OF DEATH                   | TIME OF DEATH |
| CITY / COUNTY WHERE DEATH OCCURRED                       | LAW ENFORCEMENT AGENCY INVOLVED |               |
| INCLUDE THE TITLE / DATE OF ANY LOCAL NEWSPAPER ARTICLES |                                 |               |

**PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MAY BE HELPFUL FOR REPORTING PURPOSES**

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Mail or fax this completed form to:

Ohio Department of Public Safety  
 Office of Criminal Justice Services  
 1970 W. Broad Street., P.O. Box 182632  
 Columbus, Ohio 43218  
 Fax: (614) 728-8330  
 Attention: Policy and Research