



**SPRINGFIELD TOWNSHIP POLICE DEPARTMENT**  
**Wyndmoor, Pennsylvania**

**Policy 4-13**

**Policy Title:** In-Custody Death Reporting Requirements

**Date of Issue:** December 1, 2022

**Rescinds:** None

**By Authority of:**

**Chief of Police**

**I. Purpose**

The purpose of this policy is to provide guidance to Springfield Township Police Department employees on the handling of in-custody deaths and the reporting of same.

**II. Policy**

It is the policy of the Springfield Township Police Department to comply with the Death in Custody Reporting Act (DCRA) of 2013, which requires state administering agencies (PCCD) to report the deaths of persons in the custody of state prisons, local jails, and during the process of arrest, to the Bureau of Justice Assistance (BJA).

**III. Definitions**

- A. Death in Custody - A reportable death is defined as "the death of any person who is detained, under arrest, or is in the process of being arrested, is in route to be incarcerated, or is incarcerated at a municipal or county jail, State prison, State-run boot camp prison, boot camp prison that is contracted out by the State, any State or local contract facility, or other local or State correctional facility (including any juvenile facility)." Public Law No: 113-242 (12/18/2014).

**IV. Scope of Requirement**

- A. For each reportable death, the Lieutenant should complete the BJA Death in Custody Reporting Form and submit it to PCCD.
- B. At a minimum, the following information shall be collected and reported:
1. The name, gender, race, ethnicity, and age of the deceased

2. The date, time, and location of death
  3. The law enforcement agency that detained, arrested, or was in the process of arresting the deceased
  4. A brief description of the circumstances surrounding the death
- C. Based on the legislation, the Springfield Township Police Department must report any death that occurs when a law enforcement officer (LEO) is responding to a call when a decedent's freedom to leave was restricted by a LEO prior to, during, or following an arrest, regardless of the cause of death.
- D. Report all deaths occurring in custody or during interaction with law enforcement personnel and deaths in detention centers, jails, and prisons to PCCD beginning October 1, 2019.
- E. The agency who has custody of the decedent at the time of death is responsible for reporting the death to the PCCD. For example, if the person was held in a state prison, the prison will report the death; if the person had been arrested and was in a police department vehicle at the time of death, the police department is responsible for submitting the report.
- F. A few examples of reportable deaths are:
1. Law enforcement is in pursuit of arresting or detaining an individual and the individual suffers a sudden death. (e.g., heart attack, hit by motor vehicle, drowns).
  2. An individual (including juveniles) is being held in a jail or detention facility and dies from any cause.
  3. Law enforcement responds to a medical or mental health call and the individual dies after the officer arrives, only if the officer had detained, or was attempting to detain the person. Simply responding to an emergency is not reportable.
  4. Use of force by law enforcement, which results in the death of the person who was subjected to the force, while still meeting the definition of Death in Custody, listed above.

**V. Procedure**

- A. The duty to report is vested in the command staff of the department, either the Lieutenant, or the Chief of Police.
- B. The submitting designee shall complete the Bureau of Justice Assistance Death in Custody Reporting Form (See Attachment A) and submit it to PCCD by email at [ra-dic@pa.gov](mailto:ra-dic@pa.gov). PCCD is responsible for collecting information on all deaths in custody for Pennsylvania and will submit all reports to BJA on a quarterly basis.

- C. If there were no reportable deaths during a quarter, no action is needed.
  
- D. Timely submission – The most desired submission scenario is for immediate submission as soon as practical at the end of the administrative investigation period. However, the submission must be completed by the deadlines established in the chart below, established by rule.

<b><u>Reportable Death Occurred:</u></b>	<b><u>Form Submitted to PCCD By:</u></b>
October 1 to December 31	January 15 <sup>th</sup>
January 1 to March 31	April 15 <sup>th</sup>
April 1 to June 30	July 15 <sup>th</sup>
July 1 to September 30	October 15 <sup>th</sup>

**ATTACHMENT A**

**DEATH IN CUSTODY REPORTING ACT**

The Death in Custody Reporting Act 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.

1. Please provide the following decedent information. If you have multiple deaths in custody, you will report one at a time.
  - A. Decedent Name: \_\_\_\_\_
  - B. Gender
    1. Male \_\_\_\_\_
    2. Female \_\_\_\_\_
    3. Other gender identity: \_\_\_\_\_
  - C. Race (Select all that apply)
    1. American Indian or Alaska Native \_\_\_\_\_
    2. Asian \_\_\_\_\_
    3. Black or African American \_\_\_\_\_
    4. Native Hawaiian or Other Pacific Islander \_\_\_\_\_
    5. White \_\_\_\_\_
    6. Unknown \_\_\_\_\_
  - D. Ethnicity
    1. Hispanic, Latino, or Spanish origin \_\_\_\_\_
    2. Not of Hispanic, Latino, or Spanish origin \_\_\_\_\_
    3. Unknown \_\_\_\_\_

Birth Year (YYYY). If unknown, please enter "9999": \_\_\_\_\_

2. Please list the following information regarding the decedent's death.
  - A. Date of Death (MM-DD-YYYY): \_\_\_\_\_
  - B. Time of Death (24-hour clock): \_\_\_\_\_
  - C. Location of Death
    1. Location Name (if applicable). This could be the name of a facility, place of business, or other designation for the location of death: \_\_\_\_\_
    2. Street Address: \_\_\_\_\_
    3. City: \_\_\_\_\_
    4. State (postal abbreviation): \_\_\_\_\_
    - Zip: \_\_\_\_\_

- D. 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.
1. Municipal or county jail \_\_\_\_
  2. State prison \_\_\_\_
  3. State-run boot camp prison \_\_\_\_
  4. Contracted boot camp prison \_\_\_\_
  5. Any state or local contract facility \_\_\_\_
  6. Other local or state correctional facility (to include any juvenile facilities) \_\_\_\_
  7. None of the above \_\_\_\_
3. Please list the name of the department or agency that detained, arrested, or was in the process of arresting the deceased.
- A. Agency Name: \_\_\_\_\_
4. Please indicate the manner of death (Mark only one).
- A. Execution (i.e., capital punishment) \_\_\_\_
  - B. Accident \_\_\_\_
  - C. Death attributed to use of force by a law enforcement or corrections officer \_\_\_\_
  - D. Homicide (e.g., an incident between two or more incarcerated individuals resulting in a death) \_\_\_\_
  - E. Natural causes \_\_\_\_
  - F. Suicide \_\_\_\_
  - G. Unavailable, investigation pending \_\_\_\_
    1. If yes, please report the agency conducting the investigation and an approximate end date.: \_\_\_\_\_
  - H. Other
    1. If other, please explain: \_\_\_\_\_
5. 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.).

