


HAVERFORD TOWNSHIP POLICE DEPARTMENT OPERATIONS MANUAL		
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Accreditation Index: 4.16.1		Rescinds: none
Chapter: Four – Legal Mandates		Section:
Chief of Police: <i>John F. Viola</i>		

SUBJECT: DEATH IN CUSTODY REPORTING ACT (DCRA)

I. PURPOSE

The purpose of this policy is to provide sworn officers the procedure for reporting the death of a subject in police custody.

II. POLICY

It is the policy of the Haverford Township Police Department for members to comply with the federal Death in Custody Reporting Act (DCRA) of 2013. 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 en 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).

(PLEAC 4.16.1)

III. PROCEDURES

1. In the event of the death of a prisoner in custody, the on duty sergeant shall notify the Duty Lieutenant.
 - a) The circumstances include any of the following involving any person in the custody of Haverford Police Department who

1. is detained
 2. is under arrest
 3. is in the process of being arrested
 4. is enroute to be incarcerated at a correctional facility,
including any juvenile facility
2. The sergeant shall record the following information
 - a) the name, gender, race, ethnicity and age of the deceased
 - b) the date, time, and location of death
 - c) a brief description of the circumstances surrounding the death
 3. The Duty Lieutenant will ensure the Death in Custody Reporting Act Form is completed (see appendix 1)
 4. The Duty Lieutenant will ensure the form is emailed to ra-dic@pa.gov. within 15 days after the end of the quarter.
 - a) A reportable death occurring between October 1st to December 31st shall be submitted by January 15th
 - b) A reportable death occurring between January 1st to March 31st shall be submitted by April 15th
 - c) A reportable death occurring between April 1st and June 30th shall be submitted by July 15th
 - d) A reportable death occurring between July 1st to September 30th shall be reported by October 15th
 5. If needed, additional guidance in completing the form can be found on the PCCD website at the following address:
<https://www.pccd.pa.gov/criminaljustice/Pages/Death-in-Custody-Reporting.aspx>

BY ORDER OF THE CHIEF OF POLICE

Appendix 1

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.).