OHIO DEPARTMENT OF PUBLIC SAFETY
OFFICE OF CRIMINAL JUSTICE SERVICES

DEATHS IN CUSTODY REPORTING

PLEASE PROVIDE THE FOLLOWING DECEDENT INFORMATION

NAME OF DECEASED	DATE OF INCIDENT / FACILITY ADMISSION / ARREST	
DATE OF DEATH	LOCATION OF DEATH NAME	
LOCATION OF DEATH STREET ADDRESS	CITY	ZIP
AGENCY INVOLVED	CORONER / MEDICAL EXAMINER OFFICE INVOLVED	

PLEASE PROVIDE YOUR CONTACT INFORMATION

NAME	TITLE
NAME OF AGENCY	ADDRESS
CITY	ZIP

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE CIRCUMSTANCES LEADING TO THE DEATH

Mail, e-mail, or fax this completed form to:

Ohio Department of Public Safety
Office of Criminal Justice Services
P.O. Box 182632
1970 West Broad Street
Columbus, Ohio 43218-2632

Attention: Policy and Research

Fax: (614) 728-8330

ArrestRelatedDeaths@dps.ohio.gov