Exhibit 6455d, INMATE INFORMATION (6400)

(June 2000)

INMATE INFORMATION:

Inmate Name: _____ Date of Death: _____

Inmate Number: _____ CII Number: _____ Sex: ____

Race (Check One): __ Other Asian __ Black __ Chinese __ Cambodian __ Filipino

__ Guamanian __ Hispanic __ Indian __ Japanese __ Korean __ Laotian __ Other __Pac Is

__ Samoan __ Hawaiian __ Vietnamese __ White __ Asian Indian __ Unknown

Date of Birth: _____ Your Case Number: _____

Commitment Offense: _____
(Enter most serious offense. Use code section and subsection)

INCIDENT INFORMATION:

Facility of Injury/Onset of Illness: _____
(CDC, county jail, city jail, other, etc.)

Location of Injury/Onset of Illness: _____
(living cell, holding cell, dining hall, etc

Facility of Death: _____
(CDC, county jail, city jail, hospital, etc.

Location of Death: _____
(inmate's cell, medical treatment, etc.)

Cause of Death: _____
(natural, accidental, homicide, suicide)

Means of Death: _____
(knife, handgun, drug overdoes, hanging, etc.

Note: If this form is used to provide information to the Department of Justice, a copy of incident report describing the events surrounding the death must be attached. A coroner report or death certificate must also be submitted when it becomes available.

SUBMITTED BY: (please print) _____

Title: _____

Agency: _____

Address: _____

_____

Telephone: _____

Send completed form to Bureau of Criminal Statistics, Attn: Death in Custody Program, P.O. Box 1227, Sacramento, California 94203-4270. If you have any questions, contact the Research Analyst.

(see Table of Contents)