State of California

Department of Justice

DEATH IN CUSTODY REPORTING FORM

BCIA 713 (rev. 11/05)

DOJ USE ONLY

RECORD KEY

AGENCY TYPE
- ☐ Police
- ☐ Sheriff
- ☐ Probation
- ☐ State
- ☐ Other Local

AGENCY NCIC NUMBER

COUNTY

☑ **ORIGINAL** ☐ **AMENDMENT**

DATE OF DEATH
7 / 29 / 2022
MM DD YYYY

SUBJECT NAME
Pelaez Chavez, David
Last First Middle

CII NUMBER [redacted]

DATE OF BIRTH [redacted]
MM DD YYYY

GENDER
- ☑ Male
- ☐ Female

RACE/ETHNICITY *(Check One)*
- ☐ Other Asian
- ☐ Black
- ☐ Chinese
- ☐ Cambodian
- ☐ Filipino
- ☐ Guamanian
- ☑ Hispanic
- ☐ American Indian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Other
- ☐ Pacific Islander
- ☐ Samoan
- ☐ Hawaiian
- ☐ Vietnamese
- ☐ White
- ☐ Asian Indian

DOJ USE ONLY

CUSTODY OFFENSE
On-view 594pc, 10851

CUSTODY STATUS *(Check One)*
- ☑ Process of Arrest
- ☐ In Transit
- ☐ Awaiting Booking
- ☐ Booked - No Charges Filed
- ☐ Booked - Awaiting Trial
- ☐ Sentenced
- ☐ Out to Court
- ☐ Other

CUSTODIAL RESPONSIBILITY AT TIME OF DEATH *(Check One)*
- ☑ Process of Arrest
- ☐ City Jail
- ☐ County Jail
- ☐ Adult Camp or Ranch
- ☐ Local Juvenile Facility/Camp
- ☐ Adult Operations and Adult Programs (formerly CDC)
- ☐ Division of Juvenile Justice (formerly CYA)
- ☐ State Hospital
- ☐ Other

LOCATION WHERE CAUSE OF DEATH OCCURRED *(Check One)*
- ☐ Not Applicable (Natural)
- ☑ Crime/Arrest Scene
- ☐ Facility -- Administrative
- ☐ Facility -- Booking
- ☐ Facility -- Living
- ☐ Facility -- Common
- ☐ Facility -- Holding
- ☐ Facility -- Medical Treatment
- ☐ Other

FACILITY OF DEATH *(Check One)*
- ☑ Crime/Arrest Scene
- ☐ Local Hospital
- ☐ City Jail
- ☐ County Jail
- ☐ Adult Camp or Ranch
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- ☐ State Hospital
- ☐ Other

MANNER OF DEATH *(Check One)*
- ☑ Pending Investigation
- ☐ Natural
- ☐ Accidental -- Injury to Self
- ☐ Accidental -- Injury by Other
- ☐ Suicide
- ☐ Homicide Willful (Law Enforcement Staff)
- ☐ Homicide Willful (Other Inmate)
- ☐ Homicide Justified (Law Enforcement Staff)
- ☐ Homicide Justified (Other Inmate)
- ☐ Execution
- ☐ Cannot Be Determined
- ☐ Other

MEANS OF DEATH *(Check One)*
- ☑ Pending Investigation
- ☐ Not Applicable (Natural)
- ☐ Handgun
- ☐ Rifle/Shotgun
- ☐ Club, Blunt Instrument
- ☐ Hands, Feet, Fists
- ☐ Knife, Cutting Instrument
- ☐ Hanging, Strangulation
- ☐ Alcohol/Drug Overdose
- ☐ Execution: Lethal Gas/Injection
- ☐ Cannot Be Determined
- ☐ Other

DATA SUPPLIED BY *(Please print the following information):*

Name: Sergeant Justin Haugen **Email:** jhaugen@sonoma-county.org

Agency: Sonoma County Sheriff's Office **Telephone:** (707) 565-2650

Address: 2796 Ventura Avenue Santa Rosa, Ca 95403

Send completed form to: Department of Justice
Criminal Justice Statistics Center
P.O. Box 903427
Sacramento, CA 94203-4270
Facsimile: (916) 227-0427 or 227-3561
Telephone: (916) 227-3545

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