

RETURN TO: State Deaths in Custody reporting coordinator

FORM CJ-11A (11-9-2004)

DEATHS IN CUSTODY, 2005 — LAW ENFORCEMENT CUSTODIAL DEATH REPORT



(See form CJ-11 for a national listing, or call the Bureau of Justice Statistics at 202-307-0765.)

State _____

Reporting Period (Mark only one.)

- Quarter 1 (January 1 — March 31)
Quarter 2 (April 1 — June 30)
Quarter 3 (July 1 — September 30)
Quarter 4 (October 1 — December 31)

Death Number _____ out of period total of _____ as reported on form CJ-11

1. What was the name of the deceased?

Last First Middle Initial

2. What was the time and date of the death?

__ : __ AM PM Month Day, 2005

3. Where did the event causing the death occur?

Street address
City

4. What law enforcement agency was involved?

ORI Number
Name

5. What was the deceased's date of birth?

Month Day Year

6. What was the deceased's gender?

- 01 Male
02 Female

7. What was the deceased's race/ethnic origin?

- 01 White, not of Hispanic origin
02 Black or African American, not of Hispanic origin
03 Hispanic or Latino
04 American Indian/Alaska Native
05 Asian
06 Native Hawaiian or Other Pacific Islander
07 Additional racial category in your information system — Specify

8. Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

- 01 Yes, results are available
02 Yes, results pending
03 No, evaluation pending
04 No, evaluation not planned

9. What was the manner of death?

- 01 Justifiable homicide
02 Other homicide
03 Suicide
04 Accidental injury to self
05 Accidental injury caused by others
06 Alcohol/drug intoxication
07 Illness/natural causes — Specify illness/cause
08 Other — Specify

10. What was the medical cause of death?

11. Had charges been filed against the deceased at the time of death?

- 01 Yes
02 No — charges not filed, but intended
03 No — probation/parole revocation

12. What were the most serious offenses with which the deceased was being charged at the time of death?

- a.
b.
c.

Burden Statement

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 60 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, N.W., Washington, DC 20531.

Name of deceased _____

13. What were the circumstances surrounding the death?

- 01 Death, or actions causing the death, occurred prior to booking — *Complete Section A*
- 02 Death occurred at time of booking or later — *Complete Section B*

Section A: Deaths Prior to Booking

A1. Did the deceased die from a medical condition or from injuries sustained at the crime/arrest scene?

- 01 Medical condition only (e.g., heart attack)
- 02 Injuries only
- 03 Both medical condition and injuries
- 08 Don't know

A2. If injured at the crime/arrest scene, how were these injuries sustained? — Mark (x) all that apply

- 01 Inflicted by law enforcement officers present
- 02 Inflicted by others at crime/arrest scene
- 03 Self-inflicted — Accidental
- 04 Self-inflicted — Suicide
- 08 Don't know
- 09 Not applicable

A3. Was the deceased under restraint in the time leading up to the death or the events causing the death?

- 01 Yes — *Mark (x) if any restraint devices were used*
 - 01 Handcuffs
 - 02 Leg shackles
 - 03 Other device — *Specify*

- 02 No
- 08 Don't know

A4. At any time during the arrest/incident, did the deceased — Mark (x) all that apply

- 01 Appear intoxicated (either alcohol or drugs)?
- 02 Threaten the officer(s) involved?
- 03 Resist being handcuffed or arrested?
- 04 Try to escape/flee from custody?
- 05 Grab, hit or fight with the officer(s) involved?
- 06 Use a weapon to threaten or assault the officer(s)? — *Specify weapon used*

- 07 Other — *Specify*

- 08 None of the above

A5. What type of weapon(s) caused the death? — Mark (x) all that apply

- 01 Handgun
- 02 Rifle/shotgun
- 03 Nightstick or baton
- 04 Stun gun or tazer
- 05 Other weapon — *Specify*

- 06 None

A6. Where did the deceased die?

- 01 At the crime/arrest scene
- 02 At medical facility
- 03 En route to medical facility
- 04 En route to booking center/police lockup
- 05 Elsewhere — *Specify*

- 08 Don't know

Form complete.

Section B: Deaths After Booking

B1. What was the time and date of the deceased's entry into the law enforcement facility where the death occurred?

__ : __ AM PM Month ____ Day ____ , 2005

B2. At the time of entry into the facility, did the deceased — Mark (x) all that apply

- 01 Appear intoxicated (either alcohol or drugs)?
- 02 Exhibit any mental health problems?
- 03 Exhibit any medical problems?
- 04 None of the above

B3. If death was an accident or homicide, who caused the death?

- 01 Deceased
- 02 Other detainees
- 03 Law enforcement/correctional staff
- 04 Other persons — *Specify*

- 08 Don't know
- 09 Not applicable; cause of death was suicide, intoxication or illness/natural causes

B4. If death was an accident, homicide or suicide, what was the means of death?

- 01 Firearm
- 02 Blunt instrument
- 03 Knife, cutting instrument
- 04 Hanging, strangulation
- 05 Drug overdose
- 06 Other — *Specify*

- 08 Don't know
- 09 Not applicable; cause of death was intoxication or illness/natural causes

Form complete