

**2008 POLICE PUBLIC CONTACT SURVEY:
SUPPLEMENT TO THE NATIONAL CRIME
VICTIMIZATION SURVEY**

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U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENCY FOR THE
BUREAU OF JUSTICE STATISTICS
U.S. DEPARTMENT OF JUSTICE

NOTICE - We are conducting this survey under the authority of Title 13, United States Code, Section 8. Section 9 of this law requires us to keep all information about you and your household strictly **confidential**. We may use this information only for statistical purposes. Also, Title 42, Section 3732, United States Code, authorizes the Bureau of Justice Statistics, Department of Justice, to collect information using this survey. Title 42, Sections 3789g and 3735, United States Code, also requires us to keep all information about you and your household strictly confidential.

PRA Burden Statement - We estimate that it will take between 2 to 10 minutes to complete this interview. If you have any comments regarding these estimates or any other aspect of this survey, send them to the Special Analysis and Methodology Unit, Bureau of Justice Statistics, Washington, DC 20531. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number.

A. CONTACT SCREEN QUESTIONS

FIELD REPRESENTATIVE - *Read introduction*

INTRO 1- I would like to ask some questions about any contacts you may have had with the police. Exclude telephone contacts, contacts with private security guards, police officers you see socially or through employment or volunteer work, or relatives who are police officers.

1. Before I get to the questions about contacts you may have had with the police, I would like to find out how often you usually drive. Is it ...

(Read answer categories.)

- 1 Almost every day?
- 2 A few days a week?
- 3 A few days a month?
- 4 A few times a year?
- 5 Never?

2. During the last 12 months, that is, any time since _____1, 2007, did you have any face-to-face contact with a police officer?

- 1 Yes
- 2 No -**SKIP** to Check Item G

3. How many face-to-face contacts did you have with police during the last 12 months?

_____ Number of contacts

CHECK ITEM A Did the respondent have more than one face-to-face contact in the last 12 months?

Is 2 or more times entered in item 3?

- 1 Yes -**READ INTRO 2**
- 2 No - **SKIP** to item 4

B. USE OF FORCE DURING CONTACT

FIELD REPRESENTATIVE- *Read introduction.*

INTRO 2 - For the rest of the interview, please tell me **ONLY** about the **MOST RECENT** face-to-face contact you had with the police.

4. About what time did this contact occur?

During day

- 1 After 6 a.m. - 12 noon
- 2 After 12 noon - 6 p.m.
- 3 Don't know what time of day

At night

- 4 After 6 a.m. - 12 noon
- 5 After 12 midnight - 6 a.m.
- 6 Don't know what time of night

OR

- 7 Don't know whether day or night

5. During this contact, did the police USE or THREATEN TO USE force against you for any reason?

- 1 Yes - Ask Item 6
- 2 No - **SKIP** to Item 9
- 3 Don't know -**SKIP** to Item 9

6. Did the police do any of the following:

(Read answer categories.)

Mark all that apply.

- 01 Shout at you?
- 02 Curse at you?
- 03 Threaten to use force against you?
- 04 Actually push or grab you?
- 05 Actually kick or hit you?
- 06 Actually spray you with chemical or pepper spray?
- 07 Actually use an electroshock weapon against you, such as a stun gun?
- 08 Actually point a gun at you?
- 09 Use any other type of force?

Please specify -

↳ _____

7. Do you feel any of the force used or threatened to use force against you was excessive?

- 1 Yes
- 2 No

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|---|---|
| 8. Were you injured as a result of the force used? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| 9. During this contact were you arrested? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
| 10. During this contact were you handcuffed? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
| 11. At any time during this contact, did you argue with, curse at, insult, or verbally threaten the police? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
| 12. At any time during this contact, did you ... (Read answer categories.) Mark all that apply. | 1 <input type="checkbox"/> Disobey or interfere with the officer(s)? 2 <input type="checkbox"/> Try to get away? 3 <input type="checkbox"/> Push, grab, or hit the police officer(s)? 4 <input type="checkbox"/> Resist being handcuffed, arrested, or searched? 5 <input type="checkbox"/> Physically do anything else? Please specify _____ _____ 6 <input type="checkbox"/> None of the above |
| C. REASON FOR CONTACT | |
| 13. Did this contact occur because you were involved in or witnessed a traffic ACCIDENT? | 1 <input type="checkbox"/> Yes - SKIP to item 45 2 <input type="checkbox"/> No |
| 14a. Did this contact occur during a traffic STOP? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to item 15 |
| 14b. Were you the driver or the passenger of the vehicle that was stopped? | 1 <input type="checkbox"/> Driver - SKIP to item 20 2 <input type="checkbox"/> Passenger - SKIP to Item 45 |
| 15. Did this contact occur because you reported a crime or some other problem to the police? | 1 <input type="checkbox"/> Yes - SKIP to Item 45 2 <input type="checkbox"/> No |
| 16. Did this contact occur because the police were providing some sort of service or assistance to you? | 1 <input type="checkbox"/> Yes - SKIP to Item 45 2 <input type="checkbox"/> No |
| 17. Did this contact occur because the police were investigating a crime? | 1 <input type="checkbox"/> Yes - SKIP to Item 45 2 <input type="checkbox"/> No |
| 18. Did this contact occur because the police suspected you of something? | 1 <input type="checkbox"/> Yes - SKIP to Item 45 2 <input type="checkbox"/> No |
| 19. What was the reason for this contact? | Describe briefly - ↘ - _____ - _____ SKIP to Item 45 |
| D. REASON FOR TRAFFIC STOP | |
| 20. Did the police officer(s) give a reason for stopping the vehicle? | 1 <input type="checkbox"/> Yes - ASK item 21a 2 <input type="checkbox"/> No - SKIP to item 23 3 <input type="checkbox"/> Don't know - SKIP to item 23 |
| 21a. Was the reason speeding? | 1 <input type="checkbox"/> Yes - SKIP to item 22 2 <input type="checkbox"/> No |
| 21b. A vehicle defect? | 1 <input type="checkbox"/> Yes - SKIP to item 22 2 <input type="checkbox"/> No |
| 21c. A record check? | 1 <input type="checkbox"/> Yes - SKIP to item 22 2 <input type="checkbox"/> No |
| 21d. A roadside check for drunk drivers? | 1 <input type="checkbox"/> Yes - SKIP to item 22 2 <input type="checkbox"/> No |
| 21e. A seatbelt violation? | 1 <input type="checkbox"/> Yes - SKIP to item 22 2 <input type="checkbox"/> No |
| 21f. An illegal turn or illegal lane change? | 1 <input type="checkbox"/> Yes - SKIP to item 22 2 <input type="checkbox"/> No |
| 21g. A stop sign or stop light violation? | 1 <input type="checkbox"/> Yes - SKIP to item 22 2 <input type="checkbox"/> No |
| 21h. Was there some other reason? | 1 <input type="checkbox"/> Yes - Please specify ↘ _____ |
| | 2 <input type="checkbox"/> No |
| 22. Would you say that the police officer(s) had a legitimate reason for stopping you? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
| E. CHARACTERISTICS OF TRAFFIC STOP | |
| 23. In your initial contact with police, was there one or more than one officer present? | 1 <input type="checkbox"/> One officer - ASK item 24a 2 <input type="checkbox"/> More than one officer - SKIP to item 24b |

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| | |
| 24a. Was the race of the police officer White, Black, or some other race? | 1 <input type="checkbox"/> White - SKIP to Item 25 2 <input type="checkbox"/> Black - SKIP to Item 25 3 <input type="checkbox"/> Some other race - SKIP to Item 25 4 <input type="checkbox"/> Don't know - SKIP to Item 25 |
| 24b. Were the police officers: <i>(Read answer categories 1-7.)</i> | 1 <input type="checkbox"/> All White? 2 <input type="checkbox"/> All Black? 3 <input type="checkbox"/> All of some other race? 4 <input type="checkbox"/> Mostly White? 5 <input type="checkbox"/> Mostly Black? 6 <input type="checkbox"/> Mostly some other race? 7 <input type="checkbox"/> Equally mixed? 8 <input type="checkbox"/> Don't know race of any/some |
| 25. Were there any other persons in the vehicle with you at the time of the traffic stop? | 1 <input type="checkbox"/> Yes – ASK item 26 2 <input type="checkbox"/> No – SKIP to item 27 |
| 26. How many other persons were in the vehicle with you at the time of the traffic stop? | _____ Number of persons |
| 27. In what city/town/village did this traffic stop occur? | 1 <input type="checkbox"/> Not inside a city/town/village 2 <input type="checkbox"/> SAME city/town/village as present residence 3 <input type="checkbox"/> DIFFERENT city/town/village from present residence |
| 28. How many minutes would you say the traffic stop lasted? | _____ Number of minutes |
| F. TRAFFIC STOP - VEHICLE/PERSONAL SEARCH | |
| 29. At any time during this traffic stop,... | |
| a. Did the police officer(s) ASK PERMISSION to conduct a vehicle search? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
| b. <input type="checkbox"/> Did you give the police officer(s) PERMISSION to conduct a vehicle search? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
| c. Did the police officer(s) ASK PERMISSION to search you, frisk you, or pat you down? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
| d. Did you give the police officer(s) PERMISSION to search you, frisk you, or pat you down? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
| 30. At any time during this traffic stop, did the police officer(s) actually conduct a vehicle search? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to item 32 3 <input type="checkbox"/> Don't know - SKIP to item 32 |
| 31. Do you think the police officer(s) had a legitimate reason to search the vehicle? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
| 32. At any time during this traffic stop, did the police officer(s) actually search you, frisk you, or pat you down? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item B 3 <input type="checkbox"/> Don't know - SKIP to Check Item B |
| 33. Do you think the police officer(s) had a legitimate reason to search you, frisk you, or pat you down? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
| CHECK ITEM B Did the police officer(s) search the vehicle OR the respondent? Is box 1 marked in item 30 or item 32? | 1 <input type="checkbox"/> Yes - Ask item 34 2 <input type="checkbox"/> No - SKIP to item 36 |
| 34. During the search, did the police officer(s) find any illegal items, such as a weapon, drugs, or an open container of alcohol? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
| CHECK ITEM C Was the respondent arrested? Is box 1 marked in item 9? | 1 <input type="checkbox"/> Yes - ASK item 35 2 <input type="checkbox"/> No - SKIP to item 36 |
| 35. Earlier you said that you were arrested and searched. Did the search occur before you were arrested? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
| G. OUTCOME OF TRAFFIC STOP | |
| 36. During this contact were you given a traffic ticket? | 1 <input type="checkbox"/> Yes - ASK item 37 2 <input type="checkbox"/> No - SKIP to item 39 |

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| | 3 <input type="checkbox"/> Don't know - SKIP to item 39 |
| 37. Earlier you said that the police stopped you for <i>Import from item 21</i> , was this what you were ticketed for? | 1 <input type="checkbox"/> Yes – SKIP to item 41 2 <input type="checkbox"/> No - ASK item 38 3 <input type="checkbox"/> Don't know - ASK item 38 |
| 38. What were you ticketed for? | Please specify <input type="checkbox"/> _____ - SKIP to item 41 |
| 39. During this contact were you given a warning? | 1 <input type="checkbox"/> Yes - ASK item 40 2 <input type="checkbox"/> No - SKIP to item 41 3 <input type="checkbox"/> Don't know - SKIP to item 41 |
| 40. Were you given a written warning or a verbal warning? | 1 <input type="checkbox"/> Verbal 2 <input type="checkbox"/> Written 3 <input type="checkbox"/> Don't know |
| 41. Did you get out of the vehicle at any time because the police asked or told you to? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
| 42. Looking back on this contact, do you feel the police behaved properly or improperly? | 1 <input type="checkbox"/> Properly - SKIP to Item 44 2 <input type="checkbox"/> Improperly - ASK item 43 3 <input type="checkbox"/> Don't know - SKIP to Item 44 |
| 43. Did you file a complaint against the police? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| 44. Looking back on this contact, do you feel the police treated you respectfully or disrespectfully? | 1 <input type="checkbox"/> Respectfully - SKIP to Check Item D 2 <input type="checkbox"/> Disrespectfully - SKIP to Check Item D 3 <input type="checkbox"/> Don't know - SKIP to Check Item D |
| H. OTHER CONTACT - PERSONAL SEARCH | |
| 45. Where did this contact occur? | 1 <input type="checkbox"/> At or near your own home? 2 <input type="checkbox"/> Some other location - Please specify _____ 3 <input type="checkbox"/> Don't know |
| 46. At any time during this contact, did the police officer(s) ASK PERMISSION to search you, frisk you, or pat you down? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
| 47. Whether or not the police officer(s) asked for PERMISSION, at any time during this contact did you GIVE the police officer(s) PERMISSION to search you, frisk you, or pat you down? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
| 48. Did the police officer(s) actually search you, frisk you, or pat you down? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to item 50 3 <input type="checkbox"/> Don't know – SKIP to item 50 |
| 49. During the search, did the police officer(s) find any illegal items, such as a weapon, drugs, or an open container of alcohol? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
| 50. Do you think the police officer(s) had a legitimate reason to search you, frisk you, or pat you down? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know |
| I. OUTCOME OF OTHER CONTACT | |
| 51. Looking back on this contact, do you feel the police behaved properly or improperly? | 1 <input type="checkbox"/> Properly – SKIP to Item 53 2 <input type="checkbox"/> Improperly - ASK item 52 3 <input type="checkbox"/> Don't know – SKIP to Item 53 |
| 52. Did you file a complaint against the police? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| 53. Looking back on this contact, do you feel the police treated you respectfully or disrespectfully? | 1 <input type="checkbox"/> Respectfully - Go to Check Item D 2 <input type="checkbox"/> Disrespectfully -Go to Check Item D 3 <input type="checkbox"/> Don't know - Go to Check Item D |
| CHECK Did the respondent have more than one face-to-face contact in the last 12 months? Is the entry in item 3 more than "1"? | 1 <input type="checkbox"/> Yes - Go to Check Item E 2 <input type="checkbox"/> No – SKIP to Check Item G |
| CHECK Was the respondent the driver in a traffic stop in the most recent contact? Is box 1 marked in item 14b? | 1 <input type="checkbox"/> Yes - SKIP to Check Item F 2 <input type="checkbox"/> No – ASK item 54 |
| 54. During any of your EARLIER contacts with police in the | |

| | |
|---|---|
| <p>last 12 months, were you the DRIVER in a TRAFFIC STOP?</p> | <p>1 <input type="checkbox"/> Yes – <i>Go to Check Item F</i> 2 <input type="checkbox"/> No – <i>Go to Check Item F</i></p> |
| <p>CHECK ITEM F Was force used or threatened against the respondent in the most recent contact? Is box 1 marked in item 5?</p> | <p>1 <input type="checkbox"/> Yes – SKIP to Check Item G 2 <input type="checkbox"/> No – <i>ASK Item 55</i></p> |
| <p>55. During any of your EARLIER contacts with police in the last 12 months, did the police USE or THREATEN TO USE force against you?</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p> |
| <p>CHECK ITEM G Is this the last household member to be interviewed?</p> | <p>1 <input type="checkbox"/> Yes -<i>END SUPPLEMENT</i> 2 <input type="checkbox"/> No - <i>Interview next NCVS household member</i></p> |