

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

FORM CJ-11A
 (10-13-2009)

ARREST-RELATED DEATH REPORT, 2009
DRAFT



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 death?

: AM PM Month _____ Day _____, 2009

3. Where did the event causing the death occur?

Street address _____
 City, State, Zip _____

4. What law enforcement agency was involved?

Name _____
 ORI Number _____

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

Month _____ Day _____ Year _____

6. What was the deceased's sex?

- 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 (not of Hispanic origin)
- 05 Asian (not of Hispanic origin)
- 06 Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
- 07 Two or more races (not of Hispanic origin)
- 08 Additional categories in your information system—Specify _____
- 09 Not known

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

- 01 Yes, results are available
- 02 Yes, results pending — Skip to item 11.
- 03 No, evaluation pending — Skip to item 11.
- 04 No, evaluation not planned

9. What was the manner of death?

- 01 Homicide by law enforcement officer(s)
- 02 Other homicide
- 03 Suicide
- 04 Accidental injury to self
- 05 Accidental injury caused by others
- 06 Accidental alcohol/drug intoxication — Specify type _____
- 07 Illness — Specify illness _____
- 08 Other — Specify _____

10. What was the 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
- 04 No — medical/mental health assistance call

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 5 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.

13. Did the deceased die from a medical condition or from injuries sustained during the arrest process?

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

14. If the deceased died from arrest-related injuries, how were these injuries sustained? — Mark (x) all that apply

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

15. Were any of the following used during the arrest process?

- 01 Yes — *Mark (x) all that apply*
 - 01 Handcuffs
 - 02 Leg shackles
 - 03 Pepper spray, mace
 - 04 Conducted energy device (e.g., taser, stun-gun)
 - 05 Other device — *Specify*

- 02 No
- 08 Don't know

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

- 01 Appear intoxicated (either alcohol or drugs)?
- 02 Exhibit any mental health problems?
- 03 Verbally threaten the officer(s) involved?
- 04 Resist being handcuffed or arrested?
- 05 Attempt to escape/flee from custody?
- 06 Attempt to grab, hit or fight with the officer(s) involved?
- 07 None of the above

17. During the arrest process, did the deceased do any of the following — Mark (x) all that apply

- 01 Carry or possess a weapon? — *Specify weapon(s)*
- 02 Use a weapon to threaten the officer(s)? — *Specify*
- 03 Use a weapon to threaten other persons? — *Specify*
- 04 Use a weapon to assault the officer(s)? — *Specify*
- 05 Use a weapon to assault other persons? — *Specify*
- 06 None of the above

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

- 01 Handgun
- 02 Rifle/shotgun
- 03 Firearm, unspecified
- 04 Nightstick or baton
- 05 Conducted energy device
- 06 Other weapon — *Specify*
- 07 None

19. Where did the deceased die?

- 01 At booking center/police lockup — *Complete items 20-23.*
- 02 At the crime/arrest scene
- 03 At medical facility
- 04 En route to medical facility
- 05 En route to booking center/police lockup
- 06 Elsewhere — *Specify location*

Form complete

- 08 Don't know — *Complete items 20-23.*

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

: AM PM Month _____ Day _____, 2009

21. At the time of entry into the law enforcement 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

22. 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

23. If death was an accident, homicide or suicide, what was the means of death? — Mark (x) all that apply

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

- 08 None of the above
- 09 Not applicable; cause of death was intoxication or illness

NOTES