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Attachment A. BJS authorizing legislation (42 USC  
3732)

1976, 90 Stat. 2411, 2424, related to purposes and categories of grants for law enforcement and criminal justice purposes, prior to the general amendment of this chapter by Pub. L. 96-157.

AMENDMENTS

1984—Pub. L. 98-473 struck out “(including white-collar crime and public corruption)” after “information concerning crime” and “(including crimes against the elderly, white-collar crime, and public corruption)” after “levels of crime”.

EFFECTIVE DATE OF 1984 AMENDMENT

Amendment by Pub. L. 98-473 effective Oct. 12, 1984, see section 609AA(a) of Pub. L. 98-473, set out as an Effective Date note under section 3711 of this title.

§ 3732. Bureau of Justice Statistics

(a) Establishment

There is established within the Department of Justice, under the general authority of the Attorney General, a Bureau of Justice Statistics (hereinafter referred to in this subchapter as “Bureau”).

(b) Appointment of Director; experience; authority; restrictions

The Bureau shall be headed by a Director appointed by the President, by and with the advice and consent of the Senate. The Director shall have had experience in statistical programs. The Director shall have final authority for all grants, cooperative agreements, and contracts awarded by the Bureau. The Director shall be responsible for the integrity of data and statistics and shall protect against improper or illegal use or disclosure. The Director shall report to the Attorney General through the Assistant Attorney General. The Director shall not engage in any other employment than that of serving as Director; nor shall the Director hold any office in, or act in any capacity for, any organization, agency, or institution with which the Bureau makes any contract or other arrangement under this Act.

(c) Duties and functions of Bureau

The Bureau is authorized to—

(1) make grants to, or enter into cooperative agreements or contracts with public agencies, institutions of higher education, private organizations, or private individuals for purposes related to this subchapter; grants shall be made subject to continuing compliance with standards for gathering justice statistics set forth in rules and regulations promulgated by the Director;

(2) collect and analyze information concerning criminal victimization, including crimes against the elderly, and civil disputes;

(3) collect and analyze data that will serve as a continuous and comparable national social indication of the prevalence, incidence, rates, extent, distribution, and attributes of crime, juvenile delinquency, civil disputes, and other statistical factors related to crime, civil disputes, and juvenile delinquency, in support of national, State, tribal, and local justice policy and decisionmaking;

(4) collect and analyze statistical information, concerning the operations of the criminal justice system at the Federal, State, tribal, and local levels;

(5) collect and analyze statistical information concerning the prevalence, incidence, rates, extent, distribution, and attributes of crime, and juvenile delinquency, at the Federal, State, tribal, and local levels;

(6) analyze the correlates of crime, civil disputes and juvenile delinquency, by the use of statistical information, about criminal and civil justice systems at the Federal, State, tribal, and local levels, and about the extent, distribution and attributes of crime, and juvenile delinquency, in the Nation and at the Federal, State, tribal, and local levels;

(7) compile, collate, analyze, publish, and disseminate uniform national statistics concerning all aspects of criminal justice and related aspects of civil justice, crime, including crimes against the elderly, juvenile delinquency, criminal offenders, juvenile delinquents, and civil disputes in the various States and in Indian country;

(8) recommend national standards for justice statistics and for insuring the reliability and validity of justice statistics supplied pursuant to this chapter;

(9) maintain liaison with the judicial branches of the Federal Government and State and tribal governments in matters relating to justice statistics, and cooperate with the judicial branch in assuring as much uniformity as feasible in statistical systems of the executive and judicial branches;

(10) provide information to the President, the Congress, the judiciary, State, tribal, and local governments, and the general public on justice statistics;

(11) establish or assist in the establishment of a system to provide State, tribal, and local governments with access to Federal informational resources useful in the planning, implementation, and evaluation of programs under this Act;

(12) conduct or support research relating to methods of gathering or analyzing justice statistics;

(13) provide for the development of justice information systems programs and assistance to the States, Indian tribes, and units of local government relating to collection, analysis, or dissemination of justice statistics;

(14) develop and maintain a data processing capability to support the collection, aggregation, analysis and dissemination of information on the incidence of crime and the operation of the criminal justice system;

(15) collect, analyze and disseminate comprehensive Federal justice transaction statistics (including statistics on issues of Federal justice interest such as public fraud and high technology crime) and to provide technical assistance to and work jointly with other Federal agencies to improve the availability and quality of Federal justice data;

(16) provide for the collection, compilation, analysis, publication and dissemination of information and statistics about the prevalence, incidence, rates, extent, distribution and attributes of drug offenses, drug related offenses and drug dependent offenders and further provide for the establishment of a national clearinghouse to maintain and update a compre-

hensive and timely data base on all criminal justice aspects of the drug crisis and to disseminate such information;

(17) provide for the collection, analysis, dissemination and publication of statistics on the condition and progress of drug control activities at the Federal, State, tribal, and local levels with particular attention to programs and intervention efforts demonstrated to be of value in the overall national anti-drug strategy and to provide for the establishment of a national clearinghouse for the gathering of data generated by Federal, State, tribal, and local criminal justice agencies on their drug enforcement activities;

(18) provide for the development and enhancement of State, tribal, and local criminal justice information systems, and the standardization of data reporting relating to the collection, analysis or dissemination of data and statistics about drug offenses, drug related offenses, or drug dependent offenders;

(19) provide for improvements in the accuracy, quality, timeliness, immediate accessibility, and integration of State and tribal criminal history and related records, support the development and enhancement of national systems of criminal history and related records including the National Instant Criminal Background Check System, the National Incident-Based Reporting System, and the records of the National Crime Information Center, facilitate State and tribal participation in national records and information systems, and support statistical research for critical analysis of the improvement and utilization of criminal history records;

(20) maintain liaison with State, tribal, and local governments and governments of other nations concerning justice statistics;

(21) cooperate in and participate with national and international organizations in the development of uniform justice statistics;

(22) ensure conformance with security and privacy requirement of section 3789g of this title and identify, analyze, and participate in the development and implementation of privacy, security and information policies which impact on Federal, tribal, and State criminal justice operations and related statistical activities; and

(23) exercise the powers and functions set out in subchapter VIII of this chapter.

**(d) Justice statistical collection, analysis, and dissemination**

**(1) In general**

To ensure that all justice statistical collection, analysis, and dissemination is carried out in a coordinated manner, the Director is authorized to—

(A) utilize, with their consent, the services, equipment, records, personnel, information, and facilities of other Federal, State, local, and private agencies and instrumentalities with or without reimbursement therefor, and to enter into agreements with such agencies and instrumentalities for purposes of data collection and analysis;

(B) confer and cooperate with State, municipal, and other local agencies;

(C) request such information, data, and reports from any Federal agency as may be required to carry out the purposes of this chapter;

(D) seek the cooperation of the judicial branch of the Federal Government in gathering data from criminal justice records;

(E) encourage replication, coordination and sharing among justice agencies regarding information systems, information policy, and data; and

(F) confer and cooperate with Federal statistical agencies as needed to carry out the purposes of this subchapter, including by entering into cooperative data sharing agreements in conformity with all laws and regulations applicable to the disclosure and use of data.

**(2) Consultation with Indian tribes**

The Director, acting jointly with the Assistant Secretary for Indian Affairs (acting through the Office of Justice Services) and the Director of the Federal Bureau of Investigation, shall work with Indian tribes and tribal law enforcement agencies to establish and implement such tribal data collection systems as the Director determines to be necessary to achieve the purposes of this section.

**(e) Furnishing of information, data, or reports by Federal agencies**

Federal agencies requested to furnish information, data, or reports pursuant to subsection (d)(1)(C) of this section shall provide such information to the Bureau as is required to carry out the purposes of this section.

**(f) Consultation with representatives of State, tribal, and local government and judiciary**

In recommending standards for gathering justice statistics under this section, the Director shall consult with representatives of State, tribal, and local government, including, where appropriate, representatives of the judiciary.

**(g) Reports**

Not later than 1 year after July 29, 2010, and annually thereafter, the Director shall submit to Congress a report describing the data collected and analyzed under this section relating to crimes in Indian country.

(Pub. L. 90-351, title I, §302, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1176; amended Pub. L. 98-473, title II, §605(b), Oct. 12, 1984, 98 Stat. 2079; Pub. L. 100-690, title VI, §6092(a), Nov. 18, 1988, 102 Stat. 4339; Pub. L. 103-322, title XXXIII, §330001(h)(2), Sept. 13, 1994, 108 Stat. 2139; Pub. L. 109-162, title XI, §1115(a), Jan. 5, 2006, 119 Stat. 3103; Pub. L. 111-211, title II, §251(b), July 29, 2010, 124 Stat. 2297.)

**REFERENCES IN TEXT**

This Act, referred to in subsecs. (b) and (c)(11), is Pub. L. 90-351, June 19, 1968, 82 Stat. 197, known as the Omnibus Crime Control and Safe Streets Act of 1968. For complete classification of this Act to the Code, see Short Title note set out under section 3711 of this title and Tables.

**PRIOR PROVISIONS**

A prior section 3732, Pub. L. 90-351, title I, §302, June 19, 1968, 82 Stat. 200; Pub. L. 93-83, §2, Aug. 6, 1973, 87

Stat. 201; Pub. L. 94-503, title I, §110, Oct. 15, 1976, 90 Stat. 2412, related to establishment of State planning agencies to develop comprehensive State plans for grants for law enforcement and criminal justice purposes, prior to the general amendment of this chapter by Pub. L. 96-157.

#### AMENDMENTS

2010—Subsec. (c)(3) to (6). Pub. L. 111-211, §251(b)(1)(A), inserted “tribal,” after “State,” wherever appearing.

Subsec. (c)(7). Pub. L. 111-211, §251(b)(1)(B), inserted “and in Indian country” after “States”.

Subsec. (c)(9). Pub. L. 111-211, §251(b)(1)(C), substituted “Federal Government and State and tribal governments” for “Federal and State Governments”.

Subsec. (c)(10), (11). Pub. L. 111-211, §251(b)(1)(D), inserted “, tribal,” after “State”.

Subsec. (c)(13). Pub. L. 111-211, §251(b)(1)(E), inserted “, Indian tribes,” after “States”.

Subsec. (c)(17). Pub. L. 111-211, §251(b)(1)(F), substituted “activities at the Federal, State, tribal, and local” for “activities at the Federal, State and local” and “generated by Federal, State, tribal, and local” for “generated by Federal, State, and local”.

Subsec. (c)(18). Pub. L. 111-211, §251(b)(1)(G), substituted “State, tribal, and local” for “State and local”.

Subsec. (c)(19). Pub. L. 111-211, §251(b)(1)(H), inserted “and tribal” after “State” in two places.

Subsec. (c)(20). Pub. L. 111-211, §251(b)(1)(I), inserted “, tribal,” after “State”.

Subsec. (c)(22). Pub. L. 111-211, §251(b)(1)(J), inserted “, tribal,” after “Federal”.

Subsec. (d). Pub. L. 111-211, §251(b)(2), designated existing provisions as par. (1), inserted par. (1) heading, substituted “To ensure” for “To insure”, redesignated former pars. (1) to (6) as subpars. (A) to (F), respectively, of par. (1), realigned margins, and added par. (2).

Subsec. (e). Pub. L. 111-211, §251(b)(3), substituted “subsection (d)(1)(C)” for “subsection (d)(3)”.

Subsec. (f). Pub. L. 111-211, §251(b)(4)(B), inserted “, tribal,” after “State”.

Pub. L. 111-211, §251(b)(4)(A), which directed insertion of “, tribal,” after “State” in heading, was executed editorially but could not be executed in original because heading had been editorially supplied.

Subsec. (g). Pub. L. 111-211, §251(b)(5), added subsec. (g).

2006—Subsec. (b). Pub. L. 109-162, §1115(a)(1), inserted after third sentence “The Director shall be responsible for the integrity of data and statistics and shall protect against improper or illegal use or disclosure.”

Subsec. (c)(19). Pub. L. 109-162, §1115(a)(2), amended par. (19) generally. Prior to amendment, par. (19) read as follows: “provide for research and improvements in the accuracy, completeness, and inclusiveness of criminal history record information, information systems, arrest warrant, and stolen vehicle record information and information systems and support research concerning the accuracy, completeness, and inclusiveness of other criminal justice record information;”.

Subsec. (d)(6). Pub. L. 109-162, §1115(a)(3), added par. (6).

1994—Subsec. (c)(19). Pub. L. 103-322 substituted a semicolon for period at end.

1988—Subsec. (c)(16) to (23). Pub. L. 100-690 added pars. (16) to (19) and redesignated former pars. (16) to (19) as (20) to (23), respectively.

1984—Subsec. (b). Pub. L. 98-473, §605(b)(1), inserted provision requiring Director to report to Attorney General through Assistant Attorney General.

Subsec. (c)(13). Pub. L. 98-473, §605(b)(2)(A), (C), added par. (13) and struck out former par. (13) relating to provision of financial and technical assistance to States and units of local government relating to collection, analysis, or dissemination of justice statistics.

Subsec. (c)(14), (15). Pub. L. 98-473, §605(b)(2)(C), added pars. (14) and (15). Former pars. (14) and (15) redesignated (16) and (17), respectively.

Subsec. (c)(16). Pub. L. 98-473, §605(b)(2)(A), (B), redesignated par. (14) as (16) and struck out former par. (16) relating to insuring conformance with security and privacy regulations issued under section 3789g of this title.

Subsec. (c)(17). Pub. L. 98-473, §605(b)(2)(B), redesignated par. (15) as (17). Former par. (17) redesignated (19).

Subsec. (c)(18). Pub. L. 98-473, §605(b)(2)(D), added par. (18).

Subsec. (c)(19). Pub. L. 98-473, §605(b)(2)(B), redesignated former par. (17) as (19).

Subsec. (d)(1). Pub. L. 98-473, §605(b)(3)(A), inserted “, and to enter into agreements with such agencies and instrumentalities for purposes of data collection and analysis”.

Subsec. (d)(5). Pub. L. 98-473, §605(b)(3)(B)-(D), added par. (5).

#### EFFECTIVE DATE OF 1984 AMENDMENT

Amendment by Pub. L. 98-473 effective Oct. 12, 1984, see section 609AA(a) of Pub. L. 98-473, set out as an Effective Date note under section 3711 of this title.

#### CONSTRUCTION OF 2010 AMENDMENT

Pub. L. 111-211, title II, §251(c), July 29, 2010, 124 Stat. 2298, provided that: “Nothing in this section [amending this section and provisions set out as a note under section 534 of Title 28, Judiciary and Judicial Procedure] or any amendment made by this section—

“(1) allows the grant to be made to, or used by, an entity for law enforcement activities that the entity lacks jurisdiction to perform; or

“(2) has any effect other than to authorize, award, or deny a grant of funds to a federally recognized Indian tribe for the purposes described in the relevant grant program.”

[For definition of “Indian tribe” as used in section 251(c) of Pub. L. 111-211, set out above, see section 203(a) of Pub. L. 111-211, set out as a note under section 2801 of Title 25, Indians.]

#### STUDY OF CRIMES AGAINST SENIORS

Pub. L. 106-534, §5, Nov. 22, 2000, 114 Stat. 2557, provided that:

“(a) IN GENERAL.—The Attorney General shall conduct a study relating to crimes against seniors, in order to assist in developing new strategies to prevent and otherwise reduce the incidence of those crimes.

“(b) ISSUES ADDRESSED.—The study conducted under this section shall include an analysis of—

“(1) the nature and type of crimes perpetrated against seniors, with special focus on—

“(A) the most common types of crimes that affect seniors;

“(B) the nature and extent of telemarketing, sweepstakes, and repair fraud against seniors; and

“(C) the nature and extent of financial and material fraud targeted at seniors;

“(2) the risk factors associated with seniors who have been victimized;

“(3) the manner in which the Federal and State criminal justice systems respond to crimes against seniors;

“(4) the feasibility of States establishing and maintaining a centralized computer database on the incidence of crimes against seniors that will promote the uniform identification and reporting of such crimes;

“(5) the effectiveness of damage awards in court actions and other means by which seniors receive reimbursement and other damages after fraud has been established; and

“(6) other effective ways to prevent or reduce the occurrence of crimes against seniors.”

#### INCLUSION OF SENIORS IN NATIONAL CRIME VICTIMIZATION SURVEY

Pub. L. 106-534, §6, Nov. 22, 2000, 114 Stat. 2557, provided that: “Beginning not later than 2 years after the date of enactment of this Act [Nov. 22, 2000], as part of

each National Crime Victimization Survey, the Attorney General shall include statistics relating to—

“(1) crimes targeting or disproportionately affecting seniors;

“(2) crime risk factors for seniors, including the times and locations at which crimes victimizing seniors are most likely to occur; and

“(3) specific characteristics of the victims of crimes who are seniors, including age, gender, race or ethnicity, and socioeconomic status.”

#### CRIME VICTIMS WITH DISABILITIES AWARENESS

Pub. L. 105-301, Oct. 27, 1998, 112 Stat. 2838, as amended by Pub. L. 106-402, title IV, §401(b)(10), Oct. 30, 2000, 114 Stat. 1739, provided that:

#### “SECTION 1. SHORT TITLE.

“This Act may be cited as the ‘Crime Victims With Disabilities Awareness Act’.

#### “SEC. 2. FINDINGS; PURPOSES.

“(a) FINDINGS.—Congress finds that—

“(1) although research conducted abroad demonstrates that individuals with developmental disabilities are at a 4 to 10 times higher risk of becoming crime victims than those without disabilities, there have been no significant studies on this subject conducted in the United States;

“(2) in fact, the National Crime Victim’s Survey, conducted annually by the Bureau of Justice Statistics of the Department of Justice, does not specifically collect data relating to crimes against individuals with developmental disabilities;

“(3) studies in Canada, Australia, and Great Britain consistently show that victims with developmental disabilities suffer repeated victimization because so few of the crimes against them are reported, and even when they are, there is sometimes a reluctance by police, prosecutors, and judges to rely on the testimony of a disabled individual, making individuals with developmental disabilities a target for criminal predators;

“(4) research in the United States needs to be done to—

“(A) understand the nature and extent of crimes against individuals with developmental disabilities;

“(B) describe the manner in which the justice system responds to crimes against individuals with developmental disabilities; and

“(C) identify programs, policies, or laws that hold promises for making the justice system more responsive to crimes against individuals with developmental disabilities; and

“(5) the National Academy of Science Committee on Law and Justice of the National Research Council is a premier research institution with unique experience in developing seminal, multidisciplinary studies to establish a strong research base from which to make public policy.

“(b) PURPOSES.—The purposes of this Act are—

“(1) to increase public awareness of the plight of victims of crime who are individuals with developmental disabilities;

“(2) to collect data to measure the extent of the problem of crimes against individuals with developmental disabilities; and

“(3) to develop a basis to find new strategies to address the safety and justice needs of victims of crime who are individuals with developmental disabilities.

#### “SEC. 3. DEFINITION OF DEVELOPMENTAL DISABILITY.

“In this Act, the term ‘developmental disability’ has the meaning given the term in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 [42 U.S.C. 15002].

#### “SEC. 4. STUDY.

“(a) IN GENERAL.—The Attorney General shall conduct a study to increase knowledge and information about crimes against individuals with developmental

disabilities that will be useful in developing new strategies to reduce the incidence of crimes against those individuals.

“(b) ISSUES ADDRESSED.—The study conducted under this section shall address such issues as—

“(1) the nature and extent of crimes against individuals with developmental disabilities;

“(2) the risk factors associated with victimization of individuals with developmental disabilities;

“(3) the manner in which the justice system responds to crimes against individuals with developmental disabilities; and

“(4) the means by which States may establish and maintain a centralized computer database on the incidence of crimes against individuals with disabilities within a State.

“(c) NATIONAL ACADEMY OF SCIENCES.—In carrying out this section, the Attorney General shall consider contracting with the Committee on Law and Justice of the National Research Council of the National Academy of Sciences to provide research for the study conducted under this section.

“(d) REPORT.—Not later than 18 months after the date of enactment of this Act [Oct. 27, 1998], the Attorney General shall submit to the Committees on the Judiciary of the Senate and the House of Representatives a report describing the results of the study conducted under this section.

#### “SEC. 5. NATIONAL CRIME VICTIM’S SURVEY.

“Not later than 2 years after the date of enactment of this Act, as part of each National Crime Victim’s Survey, the Attorney General shall include statistics relating to—

“(1) the nature of crimes against individuals with developmental disabilities; and

“(2) the specific characteristics of the victims of those crimes.”

#### § 3733. Authority for 100 per centum grants

A grant authorized under this subchapter may be up to 100 per centum of the total cost of each project for which such grant is made. The Bureau shall require, whenever feasible as a condition of approval of a grant under this subchapter, that the recipient contribute money, facilities, or services to carry out the purposes for which the grant is sought.

(Pub. L. 90-351, title I, §303, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1178.)

#### PRIOR PROVISIONS

A prior section 3733, Pub. L. 90-351, title I, §303, June 19, 1968, 82 Stat. 201; Pub. L. 91-644, title I, §4(5), (6), Jan. 2, 1971, 84 Stat. 1883; Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 201; Pub. L. 93-415, title V, §543, Sept. 7, 1974, 88 Stat. 1142; Pub. L. 94-503, title I, §111, Oct. 15, 1976, 90 Stat. 2413; Pub. L. 96-181, §15(b), Jan. 2, 1980, 93 Stat. 1316, set out requirements of State plans in order to qualify for grants for law enforcement and criminal justice purposes, prior to the general amendment of this chapter by Pub. L. 96-157.

#### § 3734. Repealed. Pub. L. 98-473, title II, §605(c), Oct. 12, 1984, 98 Stat. 2080

Section, Pub. L. 90-351, title I, §304, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1178, provided for a Bureau of Justice Statistics Advisory Board, including establishment and composition of Board, rules respecting organization and procedure, term of office, duties and functions of Board, and delegation of powers and duties to Director.

A prior section 3734, Pub. L. 90-351, title I, §304, June 19, 1968, 82 Stat. 202; Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 203; Pub. L. 94-503, title I, §112, Oct. 15, 1976, 90 Stat. 2414, related to plans or applications for financial assistance from local government units, prior to the general revision of this chapter by Pub. L. 96-157.

Attachment B. 2000 Deaths in Custody Reporting Act  
(P.L. 106-297)

Public Law 106–297  
106th Congress

An Act

To amend the Violent Crime Control and Law Enforcement Act of 1994 to ensure that certain information regarding prisoners is reported to the Attorney General.

Oct. 13, 2000  
[H.R. 1800]

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the “Death in Custody Reporting Act of 2000”.

Death in Custody  
Reporting Act of  
2000.  
42 USC 13701  
note.

**SEC. 2. REPORTING OF INFORMATION.**

Section 20104(a) of the Violent Crime Control and Law Enforcement Act of 1994 (42 U.S.C. 13704(a)) is amended—

(1) in paragraph (1)—

(A) by inserting “(A)” after “(1)”; and

(B) by redesignating subparagraphs (A) and (B) as clauses (i) and (ii), respectively;

(2) in paragraph (2), by striking “(2)” and inserting “(B)”;

(3) in paragraph (3)—

(A) by striking “(3)” and inserting “(C)”;

(B) by redesignating subparagraphs (A) and (B) as clauses (i) and (ii), respectively; and

(C) by striking the period and inserting “; and”; and

(4) by adding at the end the following new paragraph:

“(2) such State has provided assurances that it will follow guidelines established by the Attorney General in reporting, on a quarterly basis, information regarding the death of any person who is in the process of arrest, is en route to be incarcerated, or is incarcerated at a municipal or county jail, State prison, or other local or State correctional facility (including any juvenile facility) that, at a minimum, includes—

“(A) the name, gender, race, ethnicity, and age of the deceased;

“(B) the date, time, and location of death; and

“(C) a brief description of the circumstances surrounding the death.”.

Approved October 13, 2000.

LEGISLATIVE HISTORY—H.R. 1800:

CONGRESSIONAL RECORD, Vol. 146 (2000):

July 24, considered and passed House.

Oct. 3, considered and passed Senate.



Attachment C. *H.R. 2189* Death in Custody Reporting  
Act of 2011

Calendar No. 237

112TH CONGRESS  
1ST SESSION

**H. R. 2189**

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IN THE SENATE OF THE UNITED STATES

SEPTEMBER 21, 2011

Received; read twice and referred to the Committee on the Judiciary

NOVEMBER 17, 2011

Reported by Mr. LEAHY, without amendment

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**AN ACT**

To encourage States to report to the Attorney General certain information regarding the deaths of individuals in the custody of law enforcement agencies, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Death in Custody Re-  
5 porting Act of 2011”.

1 **SEC. 2. STATE INFORMATION REGARDING INDIVIDUALS**  
2 **WHO DIE IN THE CUSTODY OF LAW ENFORCE-**  
3 **MENT.**

4 (a) **IN GENERAL.**—For each fiscal year after the ex-  
5 piration of the period specified in subsection (c)(1) in  
6 which a State receives funds for a program referred to  
7 in subsection (c)(2), the State shall report to the Attorney  
8 General, on a quarterly basis and pursuant to guidelines  
9 established by the Attorney General, information regard-  
10 ing the death of any person who is detained, under arrest,  
11 or is in the process of being arrested, is en route to be  
12 incarcerated, or is incarcerated at a municipal or county  
13 jail, State prison, State-run boot camp prison, boot camp  
14 prison that is contracted out by the State, any State or  
15 local contract facility, or other local or State correctional  
16 facility (including any juvenile facility).

17 (b) **INFORMATION REQUIRED.**—The report required  
18 by this section shall contain information that, at a min-  
19 imum, includes—

20 (1) the name, gender, race, ethnicity, and age  
21 of the deceased;

22 (2) the date, time, and location of death;

23 (3) the law enforcement agency that detained,  
24 arrested, or was in the process of arresting the de-  
25 ceased; and

1           (4) a brief description of the circumstances sur-  
2           rounding the death.

3           (c) COMPLIANCE AND INELIGIBILITY.—

4           (1) COMPLIANCE DATE.—Each State shall have  
5           not more than 120 days from the date of enactment  
6           of this Act to comply with subsection (a), except  
7           that—

8                   (A) the Attorney General may grant an ad-  
9                   ditional 120 days to a State that is making  
10                  good faith efforts to comply with such sub-  
11                  section; and

12                  (B) the Attorney General shall waive the  
13                  requirements of subsection (a) if compliance  
14                  with such subsection by a State would be un-  
15                  constitutional under the constitution of such  
16                  State.

17           (2) INELIGIBILITY FOR FUNDS.—For any fiscal  
18           year after the expiration of the period specified in  
19           paragraph (1), a State that fails to comply with sub-  
20           section (a), shall, at the discretion of the Attorney  
21           General, be subject to not more than a 10 percent  
22           reduction of the funds that would otherwise be allo-  
23           cated for that fiscal year to the State under subpart  
24           1 of part E of title I of the Omnibus Crime Control  
25           and Safe Streets Act of 1968 (42 U.S.C. 3750 et

1 seq.), whether characterized as the Edward Byrne  
2 Memorial State and Local Law Enforcement Assist-  
3 ance Programs, the Local Government Law Enforce-  
4 ment Block Grants Program, the Edward Byrne Me-  
5 morial Justice Assistance Grant Program, or other-  
6 wise.

7 (d) REALLOCATION.—Amounts not allocated under a  
8 program referred to in subsection (c)(2) to a State for fail-  
9 ure to fully comply with subsection (a) shall be reallocated  
10 under that program to States that have not failed to com-  
11 ply with such subsection.

12 (e) DEFINITIONS.—In this section the terms “boot  
13 camp prison” and “State” have the meaning given those  
14 terms, respectively, in section 901(a) of the Omnibus  
15 Crime Control and Safe Streets Act of 1968 (42 U.S.C.  
16 3791(a)).

17 (f) STUDY AND REPORT OF INFORMATION RELATING  
18 TO DEATHS IN CUSTODY.—

19 (1) STUDY REQUIRED.—The Attorney General  
20 shall carry out a study of the information reported  
21 under subsection (b) and section 3(a) to—

22 (A) determine means by which such infor-  
23 mation can be used to reduce the number of  
24 such deaths; and

1 (B) examine the relationship, if any, be-  
2 tween the number of such deaths and the ac-  
3 tions of management of such jails, prisons, and  
4 other specified facilities relating to such deaths.

5 (2) REPORT.—Not later than 2 years after the  
6 date of the enactment of this Act, the Attorney Gen-  
7 eral shall prepare and submit to Congress a report  
8 that contains the findings of the study required by  
9 paragraph (1).

10 **SEC. 3. FEDERAL LAW ENFORCEMENT DEATH IN CUSTODY**  
11 **REPORTING REQUIREMENT.**

12 (a) IN GENERAL.—For each fiscal year (beginning  
13 after the date that is 120 days after the date of the enact-  
14 ment of this Act), the head of each Federal law enforce-  
15 ment agency shall submit to the Attorney General a report  
16 (in such form and manner specified by the Attorney Gen-  
17 eral) that contains information regarding the death of any  
18 person who is—

19 (1) detained, under arrest, or is in the process  
20 of being arrested by any officer of such Federal law  
21 enforcement agency (or by any State or local law en-  
22 forcement officer while participating in and for pur-  
23 poses of a Federal law enforcement operation, task  
24 force, or any other Federal law enforcement capacity

1 carried out by such Federal law enforcement agen-  
2 cy); or

3 (2) en route to be incarcerated or detained, or  
4 is incarcerated or detained at—

5 (A) any facility (including any immigration  
6 or juvenile facility) pursuant to a contract with  
7 such Federal law enforcement agency;

8 (B) any State or local government facility  
9 used by such Federal law enforcement agency;  
10 or

11 (C) any Federal correctional facility or  
12 Federal pre-trial detention facility located with-  
13 in the United States.

14 (b) INFORMATION REQUIRED.—Each report required  
15 by this section shall include, at a minimum, the informa-  
16 tion required by section 2(b).

17 (c) STUDY AND REPORT.—Information reported  
18 under subsection (a) shall be analyzed and included in the  
19 study and report required by section 2(f).

Calendar No. 237

112<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION  
**H. R. 2189**

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## **AN ACT**

To encourage States to report to the Attorney General certain information regarding the deaths of individuals in the custody of law enforcement agencies, and for other purposes.

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NOVEMBER 17, 2011

Reported without amendment



Attachment D. BJS confidentiality regulations (Title 42, USC, Sections 3789g and 3735).

PRIOR PROVISIONS

A prior section 811 of Pub. L. 90-351 was classified to section 3789 of this title prior to repeal by section 609B(e) of Pub. L. 98-473.

AMENDMENTS

1994—Subsec. (e). Pub. L. 103-322 substituted “Bureau of Justice Assistance” for “Law Enforcement Assistance Administration”.

1984—Subsecs. (a), (b). Pub. L. 98-473, §609B(j)(1), substituted “Office of Justice Programs” for “Office of Justice Assistance, Research, and Statistics” wherever appearing.

Subsecs. (d) to (f). Pub. L. 98-473, §609B(j)(2), (3), redesignated subsecs. (e) and (f) as (d) and (e), respectively, and struck out former subsec. (d) relating to civil rights regulations and conforming changes of the regulations.

EFFECTIVE DATE OF 1984 AMENDMENT

Amendment by section 609B(j) of Pub. L. 98-473 effective Oct. 12, 1984, see section 609AA(a) of Pub. L. 98-473, set out as an Effective Date note under section 3711 of this title.

**§ 3789g. Confidentiality of information**

**(a) Research or statistical information; immunity from process; prohibition against admission as evidence or use in any proceedings**

No officer or employee of the Federal Government, and no recipient of assistance under the provisions of this chapter shall use or reveal any research or statistical information furnished under this chapter by any person and identifiable to any specific private person for any purpose other than the purpose for which it was obtained in accordance with this chapter. Such information and copies thereof shall be immune from legal process, and shall not, without the consent of the person furnishing such information, be admitted as evidence or used for any purpose in any action, suit, or other judicial, legislative, or administrative proceedings.

**(b) Criminal history information; disposition and arrest data; procedures for collection, storage, dissemination, and current status; security and privacy; availability for law enforcement, criminal justice, and other lawful purposes; automated systems: review, challenge, and correction of information**

All criminal history information collected, stored, or disseminated through support under this chapter shall contain, to the maximum extent feasible, disposition as well as arrest data where arrest data is included therein. The collection, storage, and dissemination of such information shall take place under procedures reasonably designed to insure that all such information is kept current therein; the Office of Justice Programs shall assure that the security and privacy of all information is adequately provided for and that information shall only be used for law enforcement and criminal justice and other lawful purposes. In addition, an individual who believes that criminal history information concerning him contained in an automated system is inaccurate, incomplete, or maintained in violation of this chapter, shall, upon satisfactory verification of his identity, be entitled to review such information and to obtain a copy of it for the purpose of challenge or correction.

**(c) Criminal intelligence systems and information; prohibition against violation of privacy and constitutional rights of individuals**

All criminal intelligence systems operating through support under this chapter shall collect, maintain, and disseminate criminal intelligence information in conformance with policy standards which are prescribed by the Office of Justice Programs and which are written to assure that the funding and operation of these systems furthers the purpose of this chapter and to assure that such systems are not utilized in violation of the privacy and constitutional rights of individuals.

**(d) Violations; fine as additional penalty**

Any person violating the provisions of this section, or of any rule, regulation, or order issued thereunder, shall be fined not to exceed \$10,000, in addition to any other penalty imposed by law.

(Pub. L. 90-351, title I, §812, formerly §818, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1213; renumbered §812 and amended Pub. L. 98-473, title II, §609B(f), (k), Oct. 12, 1984, 98 Stat. 2093, 2096; Pub. L. 109-162, title XI, §1115(c), Jan. 5, 2006, 119 Stat. 3104.)

PRIOR PROVISIONS

A prior section 812 of Pub. L. 90-351 was classified to section 3789a of this title prior to repeal by section 609B(e) of Pub. L. 98-473.

AMENDMENTS

2006—Subsec. (a). Pub. L. 109-162 substituted “No” for “Except as provided by Federal law other than this chapter, no”.

1984—Subsecs. (b), (c). Pub. L. 98-473, 609B(k), substituted “Office of Justice Programs” for “Office of Justice Assistance, Research, and Statistics”.

EFFECTIVE DATE OF 1984 AMENDMENT

Amendment by section 609B(k) of Pub. L. 98-473 effective Oct. 12, 1984, see section 609AA(a) of Pub. L. 98-473, set out as an Effective Date note under section 3711 of this title.

**§ 3789h. Repealed. Pub. L. 98-473, title II, § 609B(e), (l), Oct. 12, 1984, 98 Stat. 2093, 2096**

Section, Pub. L. 90-351, title I, §819, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1213, authorized acceptance of voluntary services. See section 3788(g) of this title.

EFFECTIVE DATE OF REPEAL

Repeal effective Oct. 12, 1984, see section 609AA(a) of Pub. L. 98-473, set out as an Effective Date note under section 3711 of this title.

**§ 3789i. Administration of juvenile delinquency programs**

The Director of the National Institute of Justice and the Director of the Bureau of Justice Statistics shall work closely with the Administrator of the Office of Juvenile Justice and Delinquency Prevention in developing and implementing programs in the juvenile justice and delinquency prevention field.

(Pub. L. 90-351, title I, §813, formerly §820, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1214; renumbered §813 and amended Pub. L. 98-473, title II, §609B(f), (m), Oct. 12, 1984, 98 Stat. 2093, 2096.)

EFFECTIVE DATE OF REPEAL

Repeal effective Oct. 12, 1984, see section 609AA(a) of Pub. L. 98-473, set out as an Effective Date note under section 3711 of this title.

§ 3735. Use of data

Data collected by the Bureau shall be used only for statistical or research purposes, and shall be gathered in a manner that precludes their use for law enforcement or any purpose relating to a private person or public agency other than statistical or research purposes.

(Pub. L. 90-351, title I, § 304, formerly § 305, as added Pub. L. 96-157, § 2, Dec. 27, 1979, 93 Stat. 1179; renumbered § 304, Pub. L. 98-473, title II, § 605(d), Oct. 12, 1984, 98 Stat. 2080; amended Pub. L. 109-162, title XI, § 1115(b), Jan. 5, 2006, 119 Stat. 3104.)

PRIOR PROVISIONS

A prior section 304 of Pub. L. 90-351, as added by Pub. L. 96-157, was classified to section 3734 of this title prior to repeal by Pub. L. 98-473, title II, § 605(c), Oct. 12, 1984, 98 Stat. 2080.

Prior sections 3735 to 3739 were omitted in the general amendment of this chapter by Pub. L. 96-157.

Section 3735, Pub. L. 90-351, title I, § 305, June 19, 1968, 82 Stat. 203; Pub. L. 91-644, title I, § 4(7), Jan. 2, 1971, 84 Stat. 1883; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 203, related to reallocation of funds.

Section 3736, Pub. L. 90-351, title I, § 306, June 19, 1968, 82 Stat. 202; Pub. L. 91-644, title I, § 4(8), Jan. 2, 1971, 84 Stat. 1883; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 203; Pub. L. 94-503, title I, § 113, Oct. 15, 1976, 90 Stat. 2415, related to allocation of funds.

Section 3737, Pub. L. 90-351, title I, § 307, June 19, 1968, 82 Stat. 202; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 204; Pub. L. 94-503, title I, § 114, Oct. 15, 1976, 90 Stat. 2415, related to priority programs and projects.

Section 3738, Pub. L. 90-351, title I, § 308, as added Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 204; amended Pub. L. 94-503, title I, § 115, Oct. 15, 1976, 90 Stat. 2415, related to Administration action upon State plans within prescribed time after date of submission.

Section 3739, Pub. L. 90-351, title I, § 309, as added Pub. L. 94-503, title I, § 116, Oct. 15, 1976, 90 Stat. 2415, related to assistance and grants to aid State antitrust enforcement.

AMENDMENTS

2006—Pub. L. 109-162 substituted “private person or public agency” for “particular individual”.

SUBCHAPTER IV—ESTABLISHMENT OF BUREAU OF JUSTICE ASSISTANCE

PRIOR PROVISIONS

A prior subchapter IV, consisting of sections 3741 to 3748, related to block grants by Bureau of Justice Assistance, prior to repeal by Pub. L. 100-690, title VI, § 6091(a), Nov. 18, 1988, 102 Stat. 4328. For similar provisions, see part A (§ 3750 et seq.) of subchapter V of this chapter.

Section 3741, Pub. L. 90-351, title I, § 401, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2080; amended Pub. L. 99-570, title I, § 1552(b)(1), Oct. 27, 1986, 100 Stat. 3207-46, related to establishment of Bureau of Justice Assistance, appointment of Director, and authority and restrictions with regard to Director.

Section 3742, Pub. L. 90-351, title I, § 402, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2080, related to duties and functions of Director.

Section 3743, Pub. L. 90-351, title I, § 403, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2081, described grant program.

Section 3744, Pub. L. 90-351, title I, § 404, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2082,

authorized Bureau to make financial assistance under this subchapter available to States.

Section 3745, Pub. L. 90-351, title I, § 405, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2082, related to applications for assistance and contents of applications.

Section 3746, Pub. L. 90-351, title I, § 406, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2084, related to review of applications.

Section 3747, Pub. L. 90-351, title I, § 407, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2084, related to allocation and distribution of funds.

Section 3748, Pub. L. 90-351, title I, § 408, as added Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2085, related to designation of a State office to prepare applications and administer funds.

Another prior subchapter IV, consisting of sections 3741 to 3745, related to formula grant program, prior to the general amendment of this subchapter by Pub. L. 98-473.

Section 3741, Pub. L. 90-351, title I, § 401, as added Pub. L. 96-157, § 2, Dec. 27, 1979, 93 Stat. 1179, described formula grant program.

Section 3742, Pub. L. 90-351, title I, § 402, as added Pub. L. 96-157, § 2, Dec. 27, 1979, 93 Stat. 1181, related to eligibility provisions for formula grants.

Section 3743, Pub. L. 90-351, title I, § 403, as added Pub. L. 96-157, § 2, Dec. 27, 1979, 93 Stat. 1187, concerned application requirements for formula grants.

Section 3744, Pub. L. 90-351, title I, § 404, as added Pub. L. 96-157, § 2, Dec. 27, 1979, 93 Stat. 1188, provided for review of applications for formula grants.

Section 3745, Pub. L. 90-351, title I, § 405, as added Pub. L. 96-157, § 2, Dec. 27, 1979, 93 Stat. 1189, provided for allocation and distribution of funds for formula grants.

Another prior subchapter IV, consisting of sections 3741 to 3748 and 3750 to 3750d, related to training, education, research, demonstration, and special grants prior to the general amendment of this chapter by Pub. L. 96-157.

Section 3741, Pub. L. 90-351, title I, § 401, June 19, 1968, 82 Stat. 203; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 205, set out the Congressional statement of purposes in making provision for training, education, research, demonstration, and special grants.

Section 3742, Pub. L. 90-351, title I, § 402, June 19, 1968, 82 Stat. 203; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 205; Pub. L. 94-503, title I, § 117, Oct. 15, 1976, 90 Stat. 2416, provided for creation of a National Institute of Law Enforcement and Criminal Justice.

Section 3743, Pub. L. 90-351, title I, § 403, June 19, 1968, 82 Stat. 203; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 206, related to limitations on size of grants and contributions requirements for grants.

Section 3744, Pub. L. 90-351, title I, § 404, June 19, 1968, 82 Stat. 204; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 207, provided for Federal Bureau of Investigation law enforcement training programs.

Section 3745, Pub. L. 90-351, title I, § 405, June 19, 1968, 82 Stat. 204; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 207, repealed Law Enforcement Assistance Act of 1965 and provided for funds to continue projects started thereunder.

Section 3746, Pub. L. 90-351, title I, § 406, June 19, 1968, 82 Stat. 204; Pub. L. 91-644, title I, § 5(1), Jan. 2, 1971, 84 Stat. 1884; Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 207, provided for academic educational assistance.

Section 3747, Pub. L. 90-351, title I, § 407, formerly § 408, as added Pub. L. 91-644, title I, § 5(2), Jan. 2, 1971, 84 Stat. 1885; renumbered § 407, Pub. L. 93-83, § 2, Aug. 6, 1973, 87 Stat. 209, related to administration of training programs for prosecuting attorneys.

Another prior section 3747, Pub. L. 90-351, title I, § 407, as added Pub. L. 91-644, title I, § 5(2), Jan. 2, 1971, 84 Stat. 1885, related to Administration law enforcement training program for enforcement personnel, prior to the general amendment of this chapter by section 2 of Pub. L. 93-83.

Section 3748, Pub. L. 90-351, title I, § 408, as added Pub. L. 91-644, title I, § 5(2), Jan. 2, 1971, 84 Stat. 1885,

Attachment E. 2012 CJ-9A (*Annual Summary on Inmates Under Jail Jurisdiction*); 2012 CJ-10A (*Annual Summary on Inmates in Private and Multi-Jurisdictional Jails*); 2012 NPS-4 (*Annual Summary on Inmate Deaths in State Prisons*); 2013 CJ-9 (*Death Report on Inmates Under Jail Jurisdiction*); 2013 CJ-10 (*Death Report on Inmates in Private and Multi-Jurisdictional Jails*); 2013 NPS-4A (*State Prison Inmate Death Report*)

Form CJ-9A



**DEATHS IN CUSTODY—2012  
ANNUAL SUMMARY ON INMATES  
UNDER JAIL JURISDICTION**

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

**FORM COMPLETED BY:**

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/> <input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/> <input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

**Instructions for Completion**

IF YOUR JURISDICTION DID NOT HAVE A DEATH IN CALENDAR YEAR 2012:

- Complete this form and return it to RTI International. Once you complete EVERY question, your submission will be complete for 2012.

IF YOUR JURISDICTION DID HAVE ONE OR MORE DEATHS IN CALENDAR YEAR 2012:

- Please ensure that you have completed a 2012 CJ-9 (individual death report) form for each death reported.
- If you need additional CJ-9 forms, please go to the DCRP Web site (<https://bjsdcrp.rti.org>), call 1-800-344-1387, or send an e-mail to [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).

**General Information**

Please submit your completed form within 30 days of receipt. You may submit your annual summary in one of these ways:

**ONLINE:** Complete this form online at: <https://bjsdcrp.rti.org>

**MAIL:** RTI International, Attn: Data Capture  
Project Number: 0212335.001.302.200  
PO Box 12194  
Research Triangle Park, NC 27709-2194

**E-MAIL:** [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

**FAX (TOLL-FREE):** 1-866-800-9179

*If you need assistance, contact Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).*

**What facilities are included in this data collection?**

**INCLUDE...**

- Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles
- All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facility
- Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms)
- Inmates held for other jurisdictions, including federal authorities, state prison authorities and other local jail jurisdictions

**EXCLUDE...**

- Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment
- Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities; these jails will be contacted directly for data on deaths in their custody)
- Deaths of persons in the process of arrest by your agency if they have not yet been booked into your jail facility. Arrest-related deaths should be reported using a CJ-11A form

**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 for jurisdictions reporting zero deaths and 30 minutes per each reported death, 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, NW, Washington, DC 20531. Do not send your completed form to this address.

## INMATE COUNTS AND DEATHS

**1. How many males and females under the supervision of your jail jurisdiction were confined in your jail facilities on December 31, 2012?**

**INCLUDE:**

- ✓ Persons on transfer to treatment facilities but who remain under your jurisdiction
- ✓ Persons out to court while under your jurisdiction
- ✓ Persons held for other jurisdictions

**EXCLUDE:**

- X Persons housed in facilities operated by two or more jurisdictions or those held in privately operated jails
- X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- X All persons in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)

*When exact numeric answers are not available, provide estimates and mark (✓) the box beside each figure.*

Inmates on December 31, 2012

**Males:**   Estimate

**Females:**   Estimate

**2. How many males and females under the supervision of your jail jurisdiction were admitted to your jail facilities during 2012?**

**INCLUDE:**

- ✓ New admissions only (i.e., persons officially booked into and housed in your facilities by formal legal document and by the authority of the courts or some other official agency)
- ✓ Repeat offenders booked on new charges

**EXCLUDE:**

- X Returns from escape, work release, medical appointments/treatment facilities, bail, and court appearances

*When exact numeric answers are not available, provide estimates and mark (✓) the box beside each figure.*

New ANNUAL admissions during 2012

**Males:**   Estimate

**Females:**   Estimate

**3. On December 31, 2012, how many persons were confined in your jail facilities on behalf of any of the following:**

*When exact numeric answers are not available, provide estimates and mark (✓) in the box beside each figure.*

- a. **U.S. Immigration and Customs Enforcement:**   Estimate
- b. **U.S. Marshals Service:**   Estimate
- c. **All other holds (state and federal prison, Bureau of Indian Affairs, or any holds for other jail jurisdictions):**   Estimate

**4. Between January 1, 2012, and December 31, 2012, what was the average daily population of all jail confinement facilities operated by your jurisdiction?**

To calculate the average daily population, add the number of persons for each day during the period January 1, 2012, through December 31, 2012, and divide the result by 365.

If daily counts are not available, estimate the average daily population by adding the number of persons held on the same day of each month and divide the result by 12.

If average daily population cannot be calculated as directed above, then estimate the typical number of persons held in your jail confinement facilities each day.

*When exact numeric answers are not available, provide estimates and mark (✓) the box beside each figure.*

Average daily population during 2012

**Males:**   Estimate

**Females:**   Estimate

**5. Between January 1, 2012, and December 31, 2012, how many persons died while under the supervision of your jail jurisdiction?**

**INCLUDE:**

- ✓ Deaths of ALL persons CONFINED in your jail facilities; or UNDER YOUR JURISDICTION but out to court or in special facilities (e.g., hospitals, halfway houses, work farms, and medical/treatment/ release centers); or WHILE IN TRANSIT to or from your facilities while under your jurisdiction.

Number of inmate deaths during 2012

**Males:**

**Females:**

**NOTE: BEFORE COMPLETING THIS FORM, PLEASE BE SURE THAT THERE ARE ENTRIES FOR ALL RESPONSE BOXES. FOR EXAMPLE, IF YOU HAVE ZERO FEMALE DEATHS IN QUESTION 5, PLEASE ENTER 0 IN THE BOX RATHER THAN LEAVING IT BLANK.**

Form CJ-10A



**DEATHS IN CUSTODY—2012  
ANNUAL SUMMARY ON INMATES IN  
PRIVATE AND MULTI-JURISDICTION JAILS**

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

**FORM COMPLETED BY:**

Name	<input type="text"/>	Title	<input type="text"/>	
Official Address	<input type="text"/>	Telephone	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>	E-mail <input type="text"/>

**Instructions for Completion**

IF YOUR JURISDICTION DID NOT HAVE A DEATH IN CALENDAR YEAR 2012:

- Complete this form and return it to RTI International. Once you complete EVERY question, your submission will be complete for 2012.

IF YOUR JURISDICTION DID HAVE ONE OR MORE DEATHS IN CALENDAR YEAR 2012:

- Please ensure that you have completed a 2012 CJ-10 (individual death report) form for each death reported.
- If you need additional CJ-10 forms, please go to the DCRP Web site (<https://bjsdcrp.rti.org>), call 1-800-344-1387, or send an e-mail to [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).

**General Information**

Please submit your completed form within 30 days of receipt. You may submit your annual summary in one of these ways:

**ONLINE:** Complete this form online at: <https://bjsdcrp.rti.org>

**MAIL:** RTI International, Attn: Data Capture  
Project Number: 0212335.001.302.200  
PO Box 12194  
Research Triangle Park, NC 27709-2194

**E-MAIL:** [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

**FAX (TOLL-FREE):** 1-866-800-9179

*If you need assistance, contact Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).*

**What facilities are included in this data collection?****INCLUDE...**

- All confinement facilities, including detention centers, jails, and other correctional facilities, intended for adults but sometimes holding juveniles which are either privately owned and operated or administered by two or more governments (or a board composed of representatives from two or more governments)
- All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facility
- Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms)
- Inmates held for jurisdictions other than the participating jurisdictions

**EXCLUDE...**

- Facilities that are exclusively used as temporary holding or lockup facilities, where inmates are generally held for less than 72 hours and not held beyond arraignment. If your facility holds inmates beyond arraignment, report data on ALL inmates, including those held in separate holding or lockup areas within your facility
- Deaths of persons in the process of arrest by your agency if they have not yet been booked into your jail facility. Arrest-related deaths should be reported using a CJ-11A form

**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 for jurisdictions reporting zero deaths and 30 minutes per each reported death, 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, NW, Washington, DC 20531. Do not send your completed form to this address.

## INMATE COUNTS AND DEATHS

**1. How many males and females under the supervision of your jail facility were confined in your jail facility on December 31, 2012?**

**INCLUDE:**

- ✓ Persons on transfer to treatment facilities but who remain under your jurisdiction
- ✓ Persons out to court while under your jurisdiction
- ✓ Persons held for other jurisdictions

**EXCLUDE:**

- X Inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions

*When exact numeric answers are not available, provide estimates and mark (✓) the box beside each figure.*

Inmates on December 31, 2012	<b>Males:</b>	<input style="width: 80%;" type="text"/>	<input type="checkbox"/> Estimate
	<b>Females:</b>	<input style="width: 80%;" type="text"/>	<input type="checkbox"/> Estimate

**2. How many males and females under the supervision of your jail facility were admitted to your jail facilities during 2012?**

**INCLUDE:**

- ✓ New admissions only (i.e., persons officially booked into and housed in your facilities by formal legal document and by the authority of the courts or some other official agency)
- ✓ Repeat offenders booked on new charges

**EXCLUDE:**

- X Returns from escape, work release, medical appointments/treatment facilities, bail, and court appearances

*When exact numeric answers are not available, provide estimates and mark (✓) the box beside each figure.*

New ANNUAL admissions during 2012	<b>Males:</b>	<input style="width: 80%;" type="text"/>	<input type="checkbox"/> Estimate
	<b>Females:</b>	<input style="width: 80%;" type="text"/>	<input type="checkbox"/> Estimate

**3. On December 31, 2012, how many persons were confined in your jail facilities on behalf of any of the following:**

*When exact numeric answers are not available, provide estimates and mark (✓) in the box beside each figure.*

- a. **U.S. Immigration and Customs Enforcement:**   Estimate
- b. **U.S. Marshals Service:**   Estimate
- c. **All other holds (state and federal prison, Bureau of Indian Affairs, or any holds for other jail jurisdictions):**   Estimate

**4. Between January 1, 2012, and December 31, 2012, what was the average daily population of all jail confinement facilities operated by your jail?**

To calculate the average daily population, add the number of persons for each day during the period January 1, 2012, through December 31, 2012, and divide the result by 365.

If daily counts are not available, estimate the average daily population by adding the number of persons held on the same day of each month and divide the result by 12.

If average daily population cannot be calculated as directed above, then estimate the typical number of persons held in your jail confinement facilities each day.

*When exact numeric answers are not available, provide estimates and mark (✓) the box beside each figure.*

Average daily population during 2012	<b>Males:</b>	<input style="width: 80%;" type="text"/>	<input type="checkbox"/> Estimate
	<b>Females:</b>	<input style="width: 80%;" type="text"/>	<input type="checkbox"/> Estimate

**5. Between January 1, 2012, and December 31, 2012, how many persons died while under the supervision of your jail?**

**INCLUDE:**

- ✓ Deaths of ALL persons CONFINED in your jail facilities; or UNDER YOUR JURISDICTION but out to court or in special facilities (e.g., hospitals, halfway houses, work farms, and medical/treatment/ release centers); or WHILE IN TRANSIT to or from your facilities while under your jurisdiction.

Number of inmate deaths during 2012	<b>Males:</b>	<input style="width: 80%;" type="text"/>	
	<b>Females:</b>	<input style="width: 80%;" type="text"/>	

**NOTE: BEFORE COMPLETING THIS FORM, PLEASE BE SURE THAT THERE ARE ENTRIES FOR ALL RESPONSE BOXES. FOR EXAMPLE, IF YOU HAVE ZERO FEMALE DEATHS IN QUESTION 5, PLEASE ENTER 0 IN THE BOX RATHER THAN LEAVING IT BLANK.**



Form NPS-4



**DEATHS IN CUSTODY—2012  
ANNUAL SUMMARY OF INMATE DEATHS  
IN STATE PRISONS**

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:

RTI INTERNATIONAL

**FORM COMPLETED BY:**

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/> <input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/> <input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
E-mail		<input type="text"/>	

**What deaths should be reported?**

**INCLUDE** deaths of ALL persons...

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/ treatment/release centers, halfway houses, police/court lockups, and work farms)
- In transit to or from your facilities while under your supervision

**EXCLUDE** deaths of ALL persons...

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state

**During 2012, how many persons died while in the custody of your state correctional facilities?**

Number of deaths in 2012

Please fill out the number of deaths that occurred in calendar year 2012 above and submit this form and corresponding NPS-4A forms to RTI International. You may submit these data in one of these ways:

ONLINE: Complete this form online at: <https://bjsdcrp.rti.org>

MAIL: RTI International, Attn: Data Capture  
Project Number: 0212335.001.302.200  
PO Box 12194  
Research Triangle Park, NC 27709-2194

E-MAIL: [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

FAX (TOLL-FREE): 1-866-800-9179

For each inmate death, please ensure that you have submitted a **STATE PRISON INMATE DEATH REPORT (NPS-4A)** form. **IF NO DEATHS OCCURRED**, it is still important that you complete this form and return it to RTI International.

If you need assistance, contact Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or send an e-mail to [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

**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 for jurisdictions reporting zero deaths and 30 minutes per each reported death, 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, NW, Washington, DC 20531. Do not send your completed form to this address.

Form CJ-9



DEATHS IN CUSTODY—2013  
DEATH REPORT ON INMATES  
UNDER JAIL JURISDICTION

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

FORM COMPLETED BY:

Name	<input type="text"/>	Title	<input type="text"/>	
Official Address	<input type="text"/>	Telephone	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>	E-mail <input type="text"/>

Instructions for Completion

If no deaths occurred in 2013:

- You do not need to report anything at this time.
- At the beginning of 2014, you will be asked to complete a summary form whether or not you had a death occurrence in 2013.

If you had more than one death in 2013:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: <https://bjsdcrp.rti.org>

MAIL: RTI International, Attn: Data Capture  
Project Number: 0212335.001.302.200  
PO Box 12194  
Research Triangle Park, NC 27709-2194

E-MAIL: [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

FAX (TOLL-FREE): 1-866-800-9179

If you need assistance, contact Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

What deaths should be reported?

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, whether housed under your own or another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, and workfarms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your jurisdiction

EXCLUDE deaths of ALL persons...

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails
- Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

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 for jurisdictions reporting zero deaths and 30 minutes per each reported death, 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, NW, Washington, DC 20531. Do not send your completed form to this address.

# LOCAL JAIL INMATE DEATH REPORT

**1. What was the inmate's name?**

LAST	FIRST	MI

**2. On what date did the inmate die?**

MONTH	DAY	YEAR			

**3. What was the name and location of the correctional facility involved?**

Facility Name:

Facility City:

Facility State:

**4. What was the inmate's date of birth?**

MONTH	DAY	YEAR			

**5. What was the inmate's sex?**

- Male
- Female

**6. Was the inmate of Hispanic, Latino, or Spanish origin?**

- Yes
- No

**7. In addition, what was the inmate's race? Please select one or more of the following racial categories:**

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Some other race

↳ Please Specify:

**8. On what date was the inmate admitted to a facility under your jurisdiction?**

MONTH	DAY	YEAR			

**9. Was the inmate being confined in your jail facility on behalf of any of the following?**

**PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)**

- |   |               |
|---|---------------|
|   | DON'T         |
|   | YES NO KNOW   |
| a. U.S. Immigration and Customs Enforcement.....  | ○.....○.....○ |
| b. U.S. Marshals Service.....   | ○.....○.....○ |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | ○.....○.....○ |

**10. For what offense(s) was the inmate being held?**

- a.
- b.
- c.
- d.
- e.

**11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)**

- Convicted—new court commitment
- Convicted—returned probation/parole violator
- Unconvicted
- Other

↳ Please Specify:

**12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?**

- Yes
- No
- Don't Know

**13. Where did the inmate die?**

- In a general housing unit within the jail facility or on jail grounds
- In a segregation unit
- In a special medical unit/infirmiry within jail facility
- In a special mental health services unit within jail facility
- In a medical center outside jail facility
- In a mental health center outside jail facility
- While in transit
- Elsewhere

↳ Please Specify:

**14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?**

- YES → **CONTINUE TO Q15**
- Evaluation complete—results are pending  
↳ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**
- No evaluation is planned → **CONTINUE TO Q15**

**15. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information \*\*\***

- Illness—Exclude AIDS-related deaths [Specify] →
- Acquired Immune Deficiency Syndrome (AIDS)
- Accidental alcohol/drug intoxication [Describe] →
- Accidental injury to self [Describe] →
- Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →
- Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
- Homicide [Describe] →
- Other cause(s) [Specify] →

**16. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?**

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- In the jail facility or on the jail grounds
  - In the inmate's cell/room
  - In a temporary holding area/lockup
  - In a common area within the facility (e.g., yard, library, cafeteria)
  - In a segregation unit
  - In a special medical unit/infirmiry
  - In a special mental health services unit
  - Elsewhere within the jail facility

[PLEASE SPECIFY]

↳ Please Specify:

- Outside the jail facility (e.g., while on work release or on work detail)
- Elsewhere

↳ Please Specify:

**17. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?**

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

**18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?**

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW	
a. Evaluation by physician/medical staff .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)</b>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c. Medications .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d. Treatment/care other than medications .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e. Surgery .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f. Confinement in special medical unit. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")**

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

*Please add any additional notes regarding this death here:*

Form CJ-10



**DEATHS IN CUSTODY—2013  
DEATH REPORT ON INMATES IN  
PRIVATE AND MULTI-JURISDICTIONAL JAILS**

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

**FORM COMPLETED BY:**

Name	<input type="text"/>	Title	<input type="text"/>	
Official Address	<input type="text"/>	Telephone	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>	E-mail <input type="text"/>

**Instructions for Completion**

If no deaths occurred in 2013:

- You do not need to report anything at this time.
- At the beginning of 2014, you will be asked to complete a summary form whether or not you had a death occurrence in 2013.

If you had more than one death in 2013:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: <https://bjsdcrp.ri.org>

MAIL: RTI International, Attn: Data Capture  
Project Number: 0212335.001.302.200  
PO Box 12194  
Research Triangle Park, NC 27709-2194

E-MAIL: [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

FAX (TOLL-FREE): 1-866-800-9179

*If you need assistance, contact Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)*

**What deaths should be reported?**

INCLUDE deaths of ALL persons...

- Confined in your jail facilities, even if housed for another jurisdiction
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms); or on transfer to treatment facilities
- Under your jurisdiction but out to court
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons...

- Under your jurisdiction but in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)
- Under your jurisdiction but AWOL, escaped, or on long-term transfer to another jurisdiction
- In the process of arrest by your agency, but not yet booked into your jail facility

**BURDEN STATEMENT**

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# JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST	FIRST	MI

2. On what date did the inmate die?

MONTH	DAY	YEAR	2	0	1 3

3. What was the name and location of the correctional facility involved?

Facility Name:

Facility City:

Facility State:

4. What was the inmate's date of birth?

MONTH	DAY	YEAR					

5. What was the inmate's sex?

- Male  
 Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- Yes  
 No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- White  
 Black or African American  
 American Indian or Alaska Native  
 Asian  
 Native Hawaiian or Pacific Islander  
 Some other race

↳ Please Specify:

8. On what date was the inmate admitted to your jail facility?

MONTH	DAY	YEAR					

9. Was the inmate being confined in your jail facility on behalf of any of the following?

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-c)

- |   |               |
|---|---------------|
|   | DON'T         |
|   | YES NO KNOW   |
| a. U.S. Immigration and Customs Enforcement.....  | ○.....○.....○ |
| b. U.S. Marshals Service.....   | ○.....○.....○ |
| c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction..... | ○.....○.....○ |

10. For what offense(s) was the inmate being held?

- a.
- b.
- c.
- d.
- e.

11. What was the inmate's legal status at time of death? (For inmates with more than one status, report the status associated with the most serious offense.)

- Convicted—new court commitment  
 Convicted—returned probation/parole violator  
 Unconvicted  
 Other

↳ Please Specify:

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- Yes  
 No  
 Don't Know

**13. Where did the inmate die?**

- In a general housing unit within the jail facility or on jail grounds
- In a segregation unit
- In a special medical unit/infirmiry within jail facility
- In a special mental health services unit within jail facility
- In a medical center outside jail facility
- In a mental health center outside jail facility
- While in transit
- Elsewhere

↳

**14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?**

- YES → **CONTINUE TO Q15**
- Evaluation complete—results are pending  
↳ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM - YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**
- No evaluation is planned → **CONTINUE TO Q15**

**15. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information \*\*\***

- Illness—Exclude AIDS-related deaths [*Specify*] →
- Acquired Immune Deficiency Syndrome (AIDS)
- Accidental alcohol/drug intoxication [*Describe*] →
- Accidental injury to self [*Describe*] →
- Accidental injury by other (e.g., vehicular accidents during transport) [*Describe*] →
- Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [*Describe*] →
- Homicide [*Describe*] →
- Other cause(s) [*Specify*] →

**16. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?**

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- In the jail facility or on the jail grounds
  - In the inmate's cell/room
  - In a temporary holding area/lockup
  - In a common area within the facility (e.g., yard, library, cafeteria)
  - In a segregation unit
  - In a special medical unit/infirmiry
  - In a special mental health services unit
  - Elsewhere within the jail facility

[PLEASE SPECIFY]

↳

- Outside the jail facility (e.g., while on work release or on work detail)
- Elsewhere

↳



**17. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?**

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

**18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?**

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW	
a. Evaluation by physician/medical staff .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)</b>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c. Medications .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d. Treatment/care other than medications .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e. Surgery .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f. Confinement in special medical unit. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")**

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

*Please add any additional notes regarding this death here:*

Form NPS-4A  
(Addendum)
**DEATHS IN CUSTODY—2013  
STATE PRISON INMATE  
DEATH REPORT**

 U.S. DEPARTMENT OF JUSTICE  
 BUREAU OF JUSTICE STATISTICS  
 AND ACTING AS COLLECTION AGENT:  
 RTI INTERNATIONAL

**FORM COMPLETED BY:**

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/> <input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/> <input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		E-mail	<input type="text"/>

**Instructions for Completion**
**If no deaths occurred in 2013:**

- You will not need to report anything at this time.
- At the beginning of 2014, you will be asked to complete a summary form whether or not you had a death occurrence in 2013.

**If you had more than one death in 2013:**

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

**ONLINE:** Complete the report online at: <https://bjsdcrp.rti.org>
**MAIL:** RTI International, Attn: Data Capture  
 Project Number: 0212335.001.302.200  
 PO Box 12194  
 Research Triangle Park, NC 27709-2194

**E-MAIL:** [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)
**FAX (TOLL-FREE):** 1-866-800-9179

*If you need assistance, call Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)*

**What deaths should be reported?**
**INCLUDE deaths of ALL persons...**

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, and work farms)
- In transit to or from your facilities while under your supervision

**EXCLUDE deaths of ALL persons...**

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

**BURDEN STATEMENT**

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# STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST	FIRST	MI

2. On what date did the inmate die?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTH	DAY	YEAR	2	0	1 3

3. What was the name and location of the correctional facility involved?

Facility Name:

Facility City:

Facility State:

4. What was the inmate's date of birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTH	DAY	YEAR			

5. What was the inmate's sex?

- Male
- Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- Yes
- No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Some other race

↳

8. On what date was the inmate admitted to one of your correctional facilities?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTH	DAY	YEAR					

9. For what offense(s) was the inmate being held?

- a.
- b.
- c.
- d.
- e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- Yes
- No
- Don't Know

11. Where did the inmate die?

- In a general housing unit in the facility or on prison grounds
- In a segregation unit
- In a special medical unit/infirmery within your facility
- In a special mental health services unit within your facility
- In a medical center outside your facility
- In a mental health center outside your facility
- While in transit
- Elsewhere

↳

12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

- YES → **CONTINUE TO Q13**
- Evaluation complete—results are pending  
↳ **SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**
- No evaluation is planned → **CONTINUE TO Q13**

13. What was the cause of death? \*\*\* Please SPECIFY cause of death—it is critical information \*\*\*

- Illness—Exclude AIDS-related deaths [Specify] →
- Acquired Immune Deficiency Syndrome (AIDS)
- Accidental alcohol/drug intoxication [Describe] →
- Accidental injury to self [Describe] →
- Accidental injury by other (e.g., vehicular accidents during transport) [Describe] →
- Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] →
- Homicide [Describe] →
- Other cause(s) [Specify] →

14. Where did the incident (e.g., accident, suicide, or homicide) take place?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- In the prison facility or on the prison grounds
  - In the inmate's cell/room
  - In a temporary holding area/lockup
  - In a common area within the facility (e.g., yard, library, cafeteria)
  - In a special medical unit/infirmery
  - In a special mental health services unit
  - In a segregation unit
  - On death row, special unit awaiting capital punishment
  - Elsewhere within the prison facility

[PLEASE SPECIFY]

↳ Please Specify:

- Outside the prison facility (e.g., while on work release or on work detail)
- Elsewhere

↳ Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the inmate's death occur?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

**16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?**

NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW	
a. Evaluated by physician/medical staff .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a-f)</b>
b. Diagnostic tests (e.g., X-rays, MRI) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c. Medications .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d. Treatment/care other than medications .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e. Surgery .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f. Confinement in special medical unit .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")**

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

*Please add any additional notes regarding this death here:*

Attachment F. 2013 CJ-11 (Arrest-Related Deaths Summary of Incidents); 2013 CJ-11A (Arrest-Related Death Incident Report); Arrest Related Deaths Incident Report (CJ-11A) Question by Question Guide

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

## ARREST-RELATED DEATHS SUMMARY OF INCIDENTS, 2013



### DATA SUPPLIED BY

<b>Name:</b>	<b>Title:</b>
<b>Agency:</b>	<b>Telephone:</b> ( )
	<b>Fax:</b> ( )
<b>State:</b>	<b>E-mail Address:</b>

### GENERAL INFORMATION

- Arrest-Related Deaths (ARD) data may be submitted quarterly or annually.
- For each arrest-related death, please ensure that you have submitted an ARREST-RELATED DEATHS INCIDENT REPORT (CJ-11A).
- IF NO DEATHS OCCURRED during the reporting period, it is still important that you complete and return this form.
- Please return your completed form (and corresponding CJ-11A forms) within 60 days of the end of the reporting period.

### WHAT DEATHS SHOULD BE REPORTED?

Report all civilian deaths that occur while their freedom to leave is restricted by state or local law enforcement personnel, such as:

- All deaths attributed to **any use of force** by law enforcement personnel (e.g., officer-involved shootings, accidental deaths caused by weapons or tactics)
- Any death that occurs in the presence of law enforcement **prior to, during, or following an arrest**, including deaths that occur:
  - While detained for questioning or investigation (i.e., Terry stop)
  - During the process of apprehension (i.e., pursuit of criminal suspect, standoff with law enforcement)
  - While in the custody of, or shortly after restraint by, law enforcement (even if the decedent was not formally under arrest)
  - During transport to or from law enforcement or medical facilities
  - While confined in lockups or booking centers (i.e., facilities from which arrestees are usually transferred within 72 hours and not held beyond arraignment)
- Any death that occurs during an interaction with law enforcement personnel during **response to medical or mental health assistance** (e.g., response to suicidal persons)

### NUMBER OF DEATHS

- Reporting Period** (please specify):
- Quarter 1 (January 1 – March 31)
- Quarter 2 (April 1 – June 30)
- Quarter 3 (July 1 – September 30)
- Quarter 4 (October 1 – December 31)
- Annual (January 1 – December 31)

**During the specified reporting period, how many arrest-related deaths occurred in your state?** Number of deaths:

Please enter the number of arrest-related deaths that occurred during the specified reporting period and submit this form and corresponding CJ-11A forms to RTI International. There are several ways to submit these data:

**FAX (TOLL-FREE):** 1-877-262-7654  
**E-MAIL:** [ARDHelpDesk@rti.org](mailto:ARDHelpDesk@rti.org)

**MAIL:** RTI International  
Attn: Kevin Strom  
3040 Cornwallis Road, P.O. Box 12194  
Research Triangle Park, NC 27709-2194

If you need assistance with the completion of the CJ-11 or CJ-11A, contact the ARD Help Desk at [ARDHelpDesk@rti.org](mailto:ARDHelpDesk@rti.org) or toll-free at 1-877-475-7039.

#### 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.

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS

AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

## ARREST-RELATED DEATHS INCIDENT REPORT, 2013



### DATA SUPPLIED BY

Name:

Title:

Agency:

Telephone:

Fax:

State:

E-mail Address:

### INSTRUCTIONS FOR COMPLETION

- Complete an Incident Report (CJ-11A) for all civilian deaths that occur while the decedent's freedom to leave is restricted by state or local law enforcement personnel – including deaths that occur prior to, during, or following an arrest.
- Complete questions 1 through 22 for each arrest-related death in your jurisdiction. Any additional information or a short narrative of the incident may be provided in the "Notes" section at the end of the CJ-11A.
- Include the decedent's name on both pages 3 and 4 of the CJ-11A.
- Send the completed CJ-11A by **FAX** or **MAIL** to your State Reporting Coordinator (SRC) within 60 days of the arrest-related death. A national listing of SRCs is located on page 2 of this form. If needed, please contact SRCs directly for a mailing address.
- If no arrest-related deaths occurred in your jurisdiction, you will not need to complete a CJ-11A.
- If you need assistance completing the CJ-11A, please refer to the CJ-11A Question-by-Question Guide or contact the Arrest-Related Deaths (ARD) Help Desk at [ARDHelpDesk@rti.org](mailto:ARDHelpDesk@rti.org) or toll-free at 1-877-475-7039.

### WHAT DEATHS SHOULD BE REPORTED?

#### INCLUDE

- All deaths resulting from any use of force by state or local law enforcement personnel.
- All deaths caused by injuries sustained while attempting to elude state or local law enforcement personnel or injuries incurred after custody had been established.
- All deaths attributed to suicide, alcohol or other drug intoxications, or medical conditions (i.e., cardiac arrest) that occur during the process of arrest by or in the custody of state or local law enforcement personnel.
- All deaths occurring in the custody of state or local law enforcement personnel responding to a medical/mental health assistance or welfare call.
- All deaths that occur while confined in lockups or booking centers (i.e., facilities from which arrestees are usually transferred within 72 hours and not held beyond arraignment).

#### EXCLUDE

- Deaths attributed to federal law enforcement personnel (i.e., FBI, DEA).
- Any inmate death that occurred in the custody of local jails, state prisons, state juvenile correctional facilities, or private correctional facilities. These types of deaths should be reported to the Jails and Prisons data collection component of the Deaths in Custody Reporting Program (visit [www.bjsdcrp.org](http://www.bjsdcrp.org)).
- Law enforcement personnel killed in the line of duty or in the course of law enforcement activities.
- Any death of a criminal suspect that occurred before the decedent came into contact with law enforcement (e.g., a decedent with an active arrest warrant who died before law enforcement personnel attempted to apprehend him or her).

#### 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.



## National Listing of State Reporting Coordinators

**Alabama:** Lynn Childs  
Alabama Criminal Justice Information Center  
PH: (334) 517-2415 FX: (334) 517-2740

**Alaska:** Alan McKelvie  
Alaska Statistical Analysis Center  
PH: (907) 786-1809 FX: (907) 786-7777

**Arizona:** Phillip Stevenson  
Arizona Criminal Justice Commission  
PH: (602) 364-1157 FX: (602) 364-1175

**Arkansas:** Crystal Daye  
Arrest-Related Deaths Program Staff  
PH: (919) 541-7321 FX: (877) 262-7654

**California:** Amber Lozano  
Criminal Justice Statistics Center  
PH: (916) 227-3545 FX: (916) 227-0427

**Colorado:** Laurence Lucerno  
Colorado Department of Public Safety  
PH: (303) 239-4663 FX: (303) 239-4491

**Connecticut:** Ivan Kuzyk  
Connecticut Office of Policy & Management  
PH: (860) 418-6238 FX: (860) 418-6496

**Delaware:** Julia Cahill  
Delaware Statistical Analysis Center  
PH: (302) 739-2589 FX: (302) 739-4630

**District of Columbia:** Sgt. Harry Hill  
Office of the Assistant Chief of Police  
PH: (202) 576-3394 FX: (202) 727-3307

**Florida:** Susan Burton  
Florida Department of Law Enforcement  
PH: (850) 410-7140 FX: (850) 410-7150

**Georgia:** Erin Kennedy  
Arrest-Related Deaths Program Staff  
PH: (919) 485-5736 FX: (877) 262-7654

**Hawaii:** Daniel Kauleinamoku  
Hawaii Department of Public Safety  
PH: (808) 587-1211 FX: (808) 587-1244

**Idaho:** Natalie Warner  
Idaho Department of Corrections  
PH: (208) 658-2127 FX: (208) 327-7480

**Illinois:** Mark Powers  
Illinois Criminal Justice Information Authority  
PH: (312) 793-8550 FX: (312) 793-8422

**Indiana:** Stephanie Rosenberg  
Indiana Department of Corrections  
PH: (317) 234-4417 FX: (317) 233-1474

**Iowa:** Paul Stageberg  
Iowa Division of Criminal & Juvenile Justice Planning  
PH: (515) 242-6122 FX: (515) 242-6119

**Kansas:** Fengfang Lu  
Kansas Sentencing Commission  
PH: (785) 296-0923 FX: (785) 296-0927

**Kentucky:** Marjorie Stanek  
Kentucky Justice & Public Safety Cabinet  
PH: (502) 564-8295 FX: (502) 564-6686

**Louisiana:** Kim Eiland  
Louisiana Department of Corrections  
PH: (225) 342-6630 FX: (225) 342-3095

**Maine:** Mark Belserene  
Office of the Chief Medical Examiner  
PH: (207) 624-7180 FX: (207) 624-7178

**Maryland:** Jeffrey Zuback  
Governor's Office of Crime Control & Prevention  
PH: (410) 821-2855 FX: (410) 321-3116

**Massachusetts:** Lisa Sampson  
Executive Office of Public Safety and Security  
PH: (617) 725-3361 FX: (617) 725-0260

**Michigan:** Elizabeth Arritt  
Michigan State Police  
PH: (517) 241-1907 FX: (517) 241-1904

**Minnesota:** Carolyn Robinson  
Minnesota Bureau of Criminal Apprehension  
PH: (651) 793-1054 FX: (651) 793-1001

**Mississippi:** Alan Thompson  
University of Southern Mississippi  
PH: (601) 266-6172 FX: (601) 266-4391

**Missouri:** Ronald Beck  
Missouri State Highway Patrol  
PH: (573) 751-9000 FX: (573) 526-6274

**Montana:** Sarah Price  
Montana Department of Justice  
PH: (406) 444-3651 FX: (406) 444-4722

**Nebraska:** Mike Overton  
Nebraska Crime Commission  
PH: (402) 471-2194 FX: (402) 471-2837

**Nevada:** Timothy Hart  
Center for the Analysis of Crime Statistics  
PH: (702) 895-0233 FX: (702) 895-0252

**New Hampshire:** Timothy Brackett  
Office of the Attorney General  
PH: (603) 271-8090 FX: (603) 271-6290

**New Jersey:** Jean Petherbridge  
Division of Criminal Justice  
PH: (609) 984-5693 FX: (609) 984-3381

**New Mexico:** Lisa Broidy  
New Mexico Statistical Analysis Center  
PH: 505-277-6247 FX: (505) 277-4215

**New York:** Adam Dean  
Division of Criminal Justice Services  
PH: (518) 457-1149 FX: (518) 485-8039

**North Carolina:** Patricia Barnes  
Office of the Chief Medical Examiner  
PH: (800) 672-7024 FX: (919) 962-6263

**North Dakota:** Colleen Weltz  
Office of Attorney General  
PH: (701) 328-5527 FX: (701) 328-5510

**Ohio:** Lisa Shoaf  
Office of Criminal Justice Services  
PH: (614) 466-5997 FX: (614) 466-0308

**Oklahoma:** Angie Baker  
Office of Criminal Justice Statistics  
PH: (405) 858-5271 FX: (405) 879-2301

**Oregon:** Lee Anna Bennett-Ashworth  
Office of Public Health  
PH: (971) 673-0129 FX: (971) 673-0990

**Pennsylvania:** Darlene Hurley  
Office of Criminal Justice Systems Improvement  
PH: (717) 265-8522 FX: (717) 772-0550

**Rhode Island:** Thomas Mongeau  
Rhode Island Department of Public Safety  
PH: (401) 222-2620 FX: (401) 222-1294

**South Carolina:** Robert McManus  
South Carolina Department of Public Safety  
PH: (803) 896-8717 FX: (803) 896-8393

**South Dakota:** Brenda Manning  
Division of Criminal Investigation  
PH: (605) 773-6312 FX: (605) 773-6471

**Tennessee:** Jackie Vandercook  
Tennessee Bureau of Investigation  
PH: (615) 744-4014 FX: (615) 744-4662

**Texas:** Renee Gray  
Office of the Attorney General  
PH: (512) 305-8882 FX: (512) 494-8283

**Utah:** Ben Peterson  
Commission on Criminal & Juvenile Justice  
PH: (801) 538-1047 FX: (801) 538-9609

**Vermont:** Patricia Fischer  
Vermont Crime Information Center  
PH: (802) 244-8727 FX: (802) 241-5552

**Virginia:** James McDonough  
Department of Criminal Justice Services  
PH: (804) 786-4612 FX: (804) 225-3853

**Washington:** Tonya Todd  
Association of Sheriffs & Chiefs of Police  
PH: (360) 486-2380 FX: (360) 486-2381

**West Virginia:** Monika Sterling  
Division of Justice and Community Services  
PH: (304) 558-8814 FX: (304) 558-0391

**Wisconsin:** Erin Kennedy  
Arrest-Related Deaths Program Staff  
PH: (919) 485-5736 FX: (877) 262-7654

**Wyoming:** Burke Grandjean  
Wyoming Survey & Analysis Center  
PH: (307) 760-5913 FX: (307) 766-2759

**ARREST-RELATED DEATHS  
 INCIDENT REPORT, 2013**



**1. What was the decedent's name?**

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

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

\_\_\_\_ : \_\_\_\_  AM  PM Month: \_\_\_\_ Day: \_\_\_\_, 2013

**3. What law enforcement agency was involved with the death?**

Agency name: \_\_\_\_\_  
 Check if multiple law enforcement agencies responded  
 Agency ORI: \_\_\_\_\_  
 Agency ORI unknown

**4. Where did the event causing the death occur?**

Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

**5. What location category best describes where the event causing the death occurred? (Mark only one)**

- Residence/Home
- Law enforcement facility
- Business, specify type \_\_\_\_\_
- Roadway/Highway/Street/Sidewalk
- Parking Lot/Garage
- Field/Woods/Lake/Waterway/Beach
- Other, specify \_\_\_\_\_
- Unknown

**6. What was the decedent's sex? (Mark only one)**

- Male
- Female

**7. What was the decedent's date of birth (DOB)?**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ or age at death if DOB unknown \_\_\_\_

**8. What was the decedent's ethnic origin? (Mark only one)**

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown

**9. What was the decedent's race? (Mark only one)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Two or more races
- Unknown

**10. What was the reason for the initial contact between the decedent and law enforcement personnel? (Mark only one)**

- Civilian request for response to criminal or suspicious activity, specify reason for request: \_\_\_\_\_
- Civilian request for medical, mental health, or welfare assistance, specify reason for request: \_\_\_\_\_
- Routine patrol/on-view (other than traffic stop), specify observed behavior: \_\_\_\_\_
- Traffic/vehicle stop, specify reason for stop: \_\_\_\_\_
- Warrant service, specify charge: \_\_\_\_\_
- Other reason for contact, specify reason: \_\_\_\_\_
- Unknown

**11. At any time during the incident, did the decedent -**

	No	Yes	Unknown
Make suicidal statements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barricade self or initiate standoff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbally threaten other(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resist being handcuffed or arrested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attempt to escape/flee from custody	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attempt to grab, hit, or kick officer(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attempt to gain possession of officer's weapon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12. At any time during the incident, did the decedent display or use a weapon?**

- Yes, mark all that apply:
  - Displayed firearm without discharge
  - Discharged firearm
  - Displayed other weapon, specify weapon displayed: \_\_\_\_\_
  - Used other weapon, specify weapon used: \_\_\_\_\_
  - Used vehicle as a weapon
- No
- Unknown

**13. At any time during the incident, did the decedent attempt to injure or injure others?**

- Yes, mark all that apply:
  - Fatally injured law enforcement personnel
  - Non-fatally injured law enforcement personnel
  - Attempted to injure law enforcement personnel
  - Fatally injured civilian(s)
  - Non-fatally injured civilian(s)
  - Attempted to injure civilian(s)
- No
- Unknown

**14. At any time during the incident, did law enforcement personnel**

	No	Yes	Unknown
Fight or struggle with decedent.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physically restrain decedent (e.g., control hold, body compression).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restrain decedent with equipment (e.g., handcuffs, leg shackles).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Place decedent in prone position.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage in motor vehicle pursuit.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage in foot pursuit.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**15. At any time during the incident, did law enforcement personnel use any of the following weapons?**

	No	Yes	Unknown
Firearm discharge.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted energy device (Taser) contact.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pepper/OC spray, mace dispersion.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baton/blunt instrument impact.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**16. If the decedent sustained fatal injuries during the incident, how were these injuries sustained?**

	No	Yes	Unknown
Law enforcement at scene.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law enforcement during transit or booking.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-inflicted.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other civilian.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**17. If a weapon caused the death, what type of weapon caused the death? (Mark only one)**

- Handgun
- Rifle/shotgun
- Firearm, unspecified
- Conducted energy device (e.g., Taser)
- Knife/edged instrument
- Baton/blunt instrument
- Other weapon, specify \_\_\_\_\_
- Vehicle-involved death (i.e., vehicle accident)
- Not applicable, weapon or vehicle did not cause death
- Unknown

**18. Where did the death occur? (Mark only one)**

- Law enforcement facility/booking center
- Scene of incident
- Dead on arrival at medical facility
- Medical facility following clinical intervention
- Other, specify \_\_\_\_\_
- Unknown

**19. What was the manner of death? (Mark only one)**

- Natural
- Homicide
- Accident
- Suicide
- Could not be determined
- Unknown

**20. What was the cause of death?**

Immediate cause

Secondary causes (if applicable)

Unknown (Skip Item 21 if cause of death is unknown)

**21. How was information provided for cause of death (Item 20) determined? (Mark only one)**

- Death certificate
- Autopsy report or medical evaluation
- Other source; specify \_\_\_\_\_

**22. Did the autopsy report or medical evaluation indicate the presence of alcohol or of drugs other than alcohol?**

- Yes, mark all that apply:
  - Alcohol
  - Drug(s) other than alcohol, specify \_\_\_\_\_

- No
- Unknown, did not obtain autopsy report or medical evaluation

**Notes:**

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## ARREST-RELATED DEATHS Incident Report (CJ-11A) Question-by-Question Guide

### *Item 1: What was the decedent's name?*

Please provide the decedent's legal name (last, first, and middle initial).

### *Item 2: What was the time and date of death?*

Please indicate the "official" time and date of death. The "official" time and date of death indicate when the decedent was pronounced dead by either medical personnel or another authorized official. The official time and/or date of death may be different from the time and/or date of the fatal event. If the official time and date of death are unknown, please estimate the time and date of when the fatal injury was sustained or the fatal medical condition presented.

**Example:** The decedent sustained a life-threatening injury (e.g., gunshot wound, blunt force trauma) during the process of arrest, but did not die until hours/days/weeks later. The most appropriate response to this item would reflect the time and date life ceased rather than the time and date the injuries were sustained.

### *Item 3: What law enforcement agency was involved with the death?*

Please indicate the name and ORI (ORiginating Identifier) of the primary law enforcement agency involved with the death. When personnel from a single agency are involved with the decedent during the incident, the primary agency is the responding agency. In instances when personnel from more than one agency interact with the decedent during the incident, the primary agency is the one most-involved with the death. For the purposes of ARD, the "primary" agency refers to the agency that caused or contributed to the death, or the agency detaining the decedent at the time of death. The primary agency may be different than the agency initially involved with decedent at the start of the incident.

**Example 1:** Law enforcement personnel from Agency X attempt a traffic stop. The suspect flees and initiates a high-speed chase that crosses several jurisdictions. Personnel from Agency Y and Agency Z join Agency X in the pursuit. An officer from Agency Z deploys a spike strip (tire deflation device), which punctures the suspect's tires. The punctured tires cause the suspect to lose control of the vehicle and crash into a utility pole at a high rate of speed. The impact from the crash causes fatal injuries. In this instance, Agency Z should be listed as the primary agency because that agency affected the death.

**Example 2:** A small local police department receives a mental health assistance call for a suicidal person. Officers from this agency are dispatched to the scene. The local agency requests backup from the larger county sheriffs' department and the assistance of their Crisis Intervention Team (CIT). The CIT is given operational responsibility for the suicidal person, who is apprehended and placed under their custody. The suspect dies from complications attributed to a fatal drug overdose during transport to the medical facility. In this instance, the sheriffs' department should be listed as the primary agency because the decedent was in their custody at the time of death.

If personnel from multiple law enforcement agencies are involved with an arrest-related death, please mark the box labeled, "Check if multiple law enforcement agencies responded." In this case, only the primary law enforcement agency should be reported; additional agencies do not need to be listed.

The ORI number is an alpha-numeric identification code used by law enforcement agencies to report and access data. All law enforcement agencies are issued an ORI number by the FBI. ORI numbers are *not* derived from the incident or case number generated by the reporting law enforcement agency. If you are unsure of the reporting agencies' ORI number, please mark the box labeled, "Agency ORI unknown."

***Item 4: Where did the event resulting in the death occur?***

Please indicate the address or the approximate location (i.e., street intersection, neighborhood) of where the decedent was injured or developed the condition that resulted in death. The purpose of this item is to identify the location of where the death-causing event occurred, which may be different from the location where the incident began or where the decedent died or was pronounced dead (e.g., medical center). If the incident occurred at multiple locations, specify the location where the decedent was injured or developed the condition that resulted in death.

**Example 1:** Law enforcement personnel are dispatched to a residence for disturbance. While at the residence, the decedent sustains a gunshot wound and later died at a medical facility. The most appropriate response to this item would be the street address of the decedent's residence.

**Example 2:** Law enforcement personnel respond to a bank robbery in progress. The suspect flees the bank and engages law enforcement personnel in a pursuit. The suspect fires gunshots at law enforcement personnel during the pursuit, who return fire and cause fatal injury. The most appropriate response to this item would be the address of where the gun fire occurred, not the bank where the incident originated.

***Item 5: What location category best describes where the event causing the death occurred?***

Please categorize the address or the approximate location provided as response to Item 4 into one of the listed location types. The purpose of this item is to specify the type of location where the decedent was injured or develop the condition that resulted in death. If none of the listed location categories describe where the event that resulted in death occurred, please mark "Other" and specify the most appropriate location type. If the location type is unknown, mark "Unknown."

If the incident occurred at multiple locations, specify the location type of where the decedent was injured or developed the condition that resulted in death.

**Residence/Home:** Permanent residences, including apartments, condominiums, townhouses, nursing homes, residential driveways, and/or residential yards. Incidents occurring on public sidewalks or in public streets near residences should be categorized as "Roadway/Highway/Street/Sidewalk"

**Law Enforcement Facility:** Places where law enforcement activities are carried out. Including local police departments, sheriffs' offices, sub-stations, lockups, or booking centers, where arrestees are detained or confined prior to arraignment. Incidents occurring in local jails, state prisons, state juvenile correctional facilities, or private correctional facilities should be excluded from the ARD collection and reported to Jails or Prisons data collection components of the Deaths in Custody Reporting Program (DCRP).

**Business, specify type:** Places where an organization is engaged in the trade of goods, services, or both to consumers. Includes the interior space occupied by the business, as well as the related parking lot, and/or walkway. Please specify the type of business where the event resulting in death occurred (e.g., bank, convenience store, liquor store, bar/night club, restaurant, grocery store/supermarket).

**Highway/Road/Alley/Street/Sidewalk:** Includes open public ways for the passage of vehicles, people, and animals, except where a business is associated with a walkway (mark "Business").

**Parking Lot/Garage:** Includes areas that are primarily used for parking motorized vehicles, except when a business is associated with a parking lot (mark "Business").

**Field/Woods/Lake/Waterway/Beach:** Includes areas that are primarily open fields or wooded areas, shorelines, lakes, streams, canals, or bodies of water other than swimming pools. This category does not include parks.

**Other, specify:** This category encompasses any location that is not applicable above. Please specify the location type in the space provided (e.g. hotel/motel, school/college, church/synagogue/temple/mosque).

***Item 6: What was the decedent's sex?***

If the decedent's sex is not known, leave blank.

***Item 7: What was the decedent's date of birth (DOB)?***

Please indicate the decedents' date of birth (DOB) in a MM-DD-YYYY format. If the DOB is unknown, please indicate the decedent's age at time of death. If both DOB and age at death are unknown, leave blank.

***Item 8: What was the decedent's ethnic origin?***

Race and ethnicity are considered separate and distinct identities. There are two categories for data on ethnicity: "Hispanic or Latino" and "Not Hispanic or Latino." In addition to the decedent's race, please indicate whether the decedent was of Hispanic or Latino descent or origin. If ethnic origin is unknown, mark "Unknown."

**Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

***Item 9: What was the decedent's race?***

In addition to ethnicity, please specify the decedent's race. There are five categories for data on race: "American Indian or Alaska Native," "Asian," "Black or African American," "Native Hawaiian or Other Pacific Islander, and "White." The categories in this classification are social-political constructs and should not be interpreted as being scientific or anthropological in nature. If race is unknown, mark "Unknown."

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

***Item 10: What was the reason for the initial contact between the decedent and law enforcement personnel?***

Please indicate how the decedent came into contact with law enforcement personnel and specify why the contact occurred. Contact between the decedent and law enforcement can be initiated by civilians, including the decedent, or by law enforcement personnel. Civilian initiated contacts include "civilian request for response to criminal or suspicious activity" and "civilian request for medical, mental health, or welfare assistance." Law enforcement initiated contacts include "routine patrol/on-view," "Traffic/vehicle stop," and "warrant service." If the reason for contact between the decedent and law enforcement is not listed, please mark "Other" and specify why the interaction occurred. If the reason for contact between the decedent and law enforcement is unknown, mark "Unknown."

**Civilian request for response to criminal or suspicious activity:** Involves situations in which a civilian requests the assistance of law enforcement in response to actual, perceived, or suspected criminal activity. This includes 9-1-1 calls for law enforcement assistance as well as instances in which law enforcement personnel are flagged down by civilians.

**Example 1:** A woman calls 9-1-1 to report a domestic assault in progress. Law enforcement personnel are dispatched to her residence. Upon their arrival, law enforcement personnel are confronted by a man with a gun. The man engages in a shoot-out with officers and is fatally wounded. The most appropriate response to this item would be "civilian request for response to criminal or suspicious activity" specified as "domestic violence/assault."

**Civilian request for medical, mental health, or welfare assistance:** Involves situations where a civilian requests the assistance of law enforcement for reasons that are not criminally related, such as requests related to medical or mental health assistance (i.e., suicidal person) and welfare checks. This includes 9-1-1 calls for law enforcement assistance as well as instances in which law enforcement personnel are flagged down by civilians.

**Example 2:** A 9-1-1 call is made requesting law enforcement personnel perform a well-being check at a residence. Officers arrive and make contact with the subject. Following the initial contact, the subject threatens to commit suicide and then barricades himself in the residence. Officers hear a gunshot from inside the residence during the standoff.

They later enter the residence and find the subject dead from what appears to be a self-inflicted gunshot. The most appropriate response would be "civilian request for medical, mental health, or welfare assistance."

**Routine patrol/on-view (other than traffic stop):** Involves situations in which law enforcement personnel witness an actual or perceived criminal act during the course of performing law enforcement duties. This category excludes contacts initiated by a traffic stop, even if the traffic stop was made during routine patrol activities. This category also excludes dispatched responses to 9-1-1 calls, which should be recorded as either "civilian request for response to criminal or suspicious activity" or "civilian request for medical, mental health, or welfare assistance."

**Example 3:** An officer is on routine patrol of his beat when he sees a man attempting to break into the back door of closed retail store. Upon seeing the officer, the subject flees the scene on foot and engages the officer in a pursuit. The subject runs into traffic during the pursuit and is fatally struck by a civilian motorist. The most appropriate response would be "routine patrol/on-view (other than traffic stop)" specified as "burglary" or "breaking and entering."

**Traffic/Vehicle Stop:** Involves situations in which law enforcement personnel initiate contact with the decedent through a traffic or vehicle stop during the course of performing law enforcement duties.

**Example 4:** An officer observes a vehicle driving erratically and initiates a traffic stop. The officer suspects the subject is intoxicated and begins conducting field sobriety tests. The subject becomes belligerent during the tests and attempts to punch the officer. The officer uses his conductive energy device on the subject. The subject falls and strikes his head on the ground, causing fatal injury. The most appropriate response would be "traffic/vehicle stop."

**Warrant service:** Involves situations in which law enforcement initiate contact with the decedent through an attempt to serve an active warrant for their arrest. This category excludes situations where the decedent had an active arrest warrant, but came into with law enforcement personnel for other reasons, such as a traffic stop.

**Example 5:** Law enforcement personnel obtain an arrest warrant for a murder suspect and attempt to apprehend the suspect at his residence. The suspect flees the house with a firearm and a pursuit ensues. The suspect fires several shots at officers as he attempts to escape. Officers return fire and fatally wound the decedent. The most appropriate response would be "warrant service" specified as "murder" or "homicide."

***Item 11: At any time during the incident, did the decedent –***

Please indicate whether the decedent engaged in any of the actions listed, during the incident that resulted in death, by marking either "Yes" or "No" for each item. For the purposes of the ARD program, the "incident" refers to the period of time from the decedent's initial contact with law enforcement personnel up to the time of death. Please limit responses to actions taken by the decedent during the incident and disregard any similar behaviors or actions that occurred prior to contact with law enforcement personnel. If it is unknown whether the decedent engaged in one or more of the actions listed, mark "Unknown" for each relevant action.



**Make suicidal statements:** Includes all instances in which the decedent states he or she plans to commit suicide, expresses a desire to end his or her life, or directs law enforcement personnel to use lethal force against him or her. Please mark "Yes" to this response if the contact between the decedent and law enforcement personnel was initiated because the decedent indicated he/she was suicidal (i.e., 9-1-1 call for mental health or welfare assistance).

**Barricade self or initiate standoff:** Includes all instances in which the decedent attempts to elude apprehension by refusing to surrender to law enforcement or by taking action aimed at preventing capture, such as using a structure to conceal him or herself.

**Verbally threaten other(s):** Includes all instances in which the decedent makes statements indicating a desire to inflict harm or to engage in violence against either law enforcement personnel or civilians.

**Resist being handcuffed or arrested:** Includes all instances in which the decedent physically struggles with law enforcement personnel in an attempt to get out from being restrained (e.g., handcuffed or put into a police vehicle). This category is representative of evasive actions taken by the decedent in order to avoid restraint, rather than direct physical assaults on law enforcement personnel.

**Attempt to escape/flee from custody:** Includes all instances in which the decedent attempts or actually absconds from law enforcement personnel in order to avoid apprehension or detention.

**Attempt to grab, hit, kick, or fight with officer(s):** Includes all instances in which the decedent attempts or actually physically attacks law enforcement personnel.

**Attempt to gain possession of officer's weapon:** Includes all instances in which the decedent attempts or actually disarms law enforcement personnel of his or her service firearm or other weapon (i.e., conducted energy device, baton).

***Item 12: At any time during the incident, did the decedent display or use a weapon?***

Please indicate whether the decedent displayed or used a weapon against law enforcement personnel or civilians, during the incident that resulted in death, by marking "Yes" or "No." For the purposes of the ARD program, the "incident" refers to the period of time from the decedent's initial contact with law enforcement personnel up to the time of death. Please limit responses to actions taken by the decedent during the incident and disregard any similar behaviors or actions that occurred prior to contact with law enforcement personnel. If weapon display or use by the decedent is unknown, mark "Unknown."

If "Yes," please mark all that apply to indicate if a weapon was displayed, used, or both and the type of weapon the decedent possessed. For the purposes of this item, hands, fists, or feet are not considered weapons.

**Displayed firearm without discharge:** Includes instances in which the decedent openly brandishes or points a firearm at another person without bullets being fired from it.

**Discharged firearm:** Includes instances in which the decedent expels bullets from a firearm, regardless of whether the bullets struck another person.

**Displayed other weapon:** Includes instances in which the decedent made an instrument or device other than a firearm (e.g., knife, sword, pipe, baseball bat) visible to others under

threatening circumstances, without using the instrument in a physical attack. Please specify the weapon the decedent displayed in the space provided.

**Used other weapon:** Includes instances in which the decedent uses an instrument or device other than firearm (e.g., knife, sword, pipe, baseball bat) to attack, cut, strike, beat, etc. another person. Please specify the weapon the decedent used in the space provided.

**Used vehicle as weapon:** Includes instances in which the decedent uses a motor vehicle to attempt or actually hit another person with a motor vehicle.

***Item 13: At any time during the incident, did the decedent attempt to injure or injure others?***

Please indicate whether the decedent attempted to injure or injured law enforcement personnel or another civilian, during the incident that resulted in death, by marking "Yes" or "No." For the purposes of the ARD program, the "incident" refers to the period of time from the decedent's initial contact with law enforcement personnel up to the time of death. Please limit responses to actions taken by the decedent during the incident and disregard any similar behaviors or actions that occurred prior to contact with law enforcement personnel. If injuries inflicted by the decedent are unknown, mark "Unknown."

If "Yes," please mark all that applies to indicate whether law enforcement personnel or civilian(s) were injured during the incident.

**Fatally injured law enforcement personnel or civilians(s):** Includes instances in which the decedent caused the death of another person during the incident, regardless of whether the death was intentional or accident.

**Non-fatally injured law enforcement personnel or civilian(s):** Includes instances in which the decedent caused physical harm to another person during the incident, regardless of whether the harm was intentional or accidental.

**Attempted to injure law enforcement personnel or civilian(s):** Includes instances in which the decedent intended to cause another person physical harm, but did not inflict physical injuries. This category includes instances in which the decedent discharged a firearm, in the direction of another, without striking the intended target with the bullets.

***Item 14: At any time during the incident, did law enforcement personnel -***

Please indicate whether law enforcement personnel engaged in any of the actions listed, during the incident that resulted in death, by marking "Yes" or "No." For the purposes of the ARD program, the "incident" refers to the period of time from the decedent's initial contact with law enforcement personnel up to the time of death. If it is unknown whether law enforcement engaged in one or more of the actions listed, mark "Unknown" for each relevant action. If law enforcement personnel engaged in an action that is not listed, please mark "other" and specify the action in the space provided.

**Fight or struggle with decedent:** Includes instances of physical contact between the decedent and law enforcement personnel (e.g. punching, grabbing, kicking, wrestling).

**Physically restrain decedent:** Includes instances in which law enforcement personnel use bodily contact to control, subdue, and/or restrain the decedent (e.g., control holds, body compression, headlocks).

**Restrain decedent with equipment:** Includes instances in which law enforcement personnel place the decedent in restraints, such as handcuffs, leg shackles, or other confining and/or restraining device.

**Place decedent in prone position:** Includes instances in which law enforcement personnel restrain the decedent by laying him or her face-down on the ground.

**Engage in motor vehicle pursuit:** Includes instances in which law enforcement personnel chase or follow a decedent fleeing in a motor vehicle.

**Engage in foot pursuit:** Includes instances in which law enforcement personnel chase or follow a decedent fleeing on foot.

***Item 15: At any time during the incident, did law enforcement personnel use any of the following weapons?***

Please mark "Yes," "No," or "Unknown" for every response category. In this question, "use" is defined as any use of weapons, even if they were not a cause of or contributing factor in the death should be reported. If law enforcement personnel used a weapon that is not listed, please indicate the response, "Other" and fill in the specific weapon used.

***Item 16: If the decedent sustained fatal injuries during the incident, how were these injuries sustained?***

Please mark Yes," "No," or "Unknown" for every response category. Self-inflicted injuries would include any accidental injuries to the decedent's self, as well as suicide.

***Item 17: If a weapon caused the death, what type of weapon caused the death?***

This item should be completed for all deaths, regardless of the manner of death. The purpose of this item is to identify specific weapon(s) that *caused* the death, instead of weapons that were *used* during the incident. All weapons used by law enforcement during the incident should be listed under Item 15. Please limit response to Item 17 to the **one** weapon to which the death was attributed, if any.

If a firearm was used, but the type of firearm is not known, please mark "Firearm, unspecified." If the weapon that caused the death is not listed in Item 17, mark "Other weapon" and specify the type of weapon causing the death. Deaths due to an individual struck by a vehicle or deaths attributed to a vehicle accident should be marked as, "Vehicle-involved crash." If the weapon that caused the death is not known, mark "Unknown." If a weapon did not cause the death, mark "Not applicable; weapon or vehicle did not cause death."

***Item 18: Where did the death occur?***

Please choose the best response for this question. The response option should reflect where the decedent actually expired not necessarily where the incident originated.

**Item 19: What was the manner of death?**

The *manner* of death is “how” the person died, typically illustrated by a one-word description of intentions and circumstances that led to the stated medical *cause* of death. Essentially, the manner of death is the *way* in which death was caused (e.g., homicide, suicide).

Note the difference between “Could not be determined” and “Unknown.” “Undetermined” is an official cause of death, while “Unknown” indicates the information is missing, unavailable, or unknown at the time. If a medical examiner or coroner classified the death as “Undetermined,” mark “Could not be determined.”

*Intentional* alcohol or drug overdoses should be marked as “Suicide.” *Unintentional* over use of alcohol or drugs for recreational purposes should be marked as “Accident.”

**Item 20: What was the cause of death?**

Unlike the manner of death, which describes the circumstances leading to one’s death, *cause* of death is a description of the specific medical factors leading to the termination of the biological functions that sustain life. In cases where cause of death is attributed to multiple factors, please list the primary (e.g., immediate) cause of death first.

**Example 1:** During the incident, the decedent sustained a gunshot wound and subsequently died as a result of massive blood loss. A response of “gunshot wound” would suffice as a cause of death regardless of the manner of death.

**Example 2:** During the incident, the decedent swallows a packet of cocaine in order to conceal the narcotics from law enforcement personnel. The packets rupture, causing the decedent to overdose. A response of “cocaine toxicity” would suffice as a cause of death.

If any secondary causes are known, please list those. For example, during the incident, the decedent suffered a heart attack. “Cardiovascular event” would suffice for the primary cause of death. The coroner indicated that diabetes was also a contributing factor in the death of the decedent. In this case, “Diabetes” would be an applicable secondary cause of death. If causes are not known or indicated, please leave this section blank.

**Item 21: How was information provided for cause of death (item 20) determined?**

Please indicate whether the cause of death was determined from an official death certificate, autopsy report or medical evaluation. If the cause of death was determined from a different source (e.g., press release), mark “Other source” and specify the source.

**Item 22: Did the autopsy report or medical evaluation indicate the presence of alcohol or of drugs other than alcohol?**

The purpose of this item is to identify the presence of drugs and/or alcohol in the decedent’s system. This information should be obtained from an official document such as a death certificate, autopsy report, or other type of medical evaluation. If the presence of drugs were reported to be present in the decedent’s system based on one of these sources, mark the checkbox “Drug(s) other than alcohol” and specify the type of drug reported (e.g., cocaine).

If the autopsy report, death certificate, or medical evaluation was obtained, but no alcohol or drugs were reported to be in the decedent’s system, mark “No.” If this information is not known, or an autopsy report or medical evaluation was not obtained, mark “Unknown, did not obtain autopsy report or medical evaluation.”

Attachment G. Example of arrest-related death program launch email to state reporting coordinator

**Burch, Andrea**

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**From:** Burch, Andrea  
**Sent:** Wednesday, January 18, 2012 9:47 AM  
**To:** 'anarm@uaa.alaska.edu'  
**Cc:** 'Strom, Kevin J.'; 'cdaye@rti.org'  
**Subject:** BJS - Arrest-Related Deaths, 2012 Forms  
**Attachments:** 2012 CJ-11A (fillable).pdf; 2012 CJ-11 (fillable).pdf; ARD 2012 Data Provider FAQs.pdf; ARD 2012 Question-by-Question Guide.pdf; ARD Program Information, 2012.pdf

Alan,

Happy New Year!

Thank you again for your continued participation in the Arrest-Related Deaths (ARD) program. As you know, the purpose of the program is to account for all deaths occurring during the process of arrest by, or while in the custody of, state or local law enforcement personnel. With almost 18,000 law enforcement agencies operating nationwide, it would be nearly impossible for BJS to maintain the ARD program without assistance from you and other State Reporting Coordinators (SRCs). The ARD program continues to improve in coverage and data quality each year, and we attribute this success to effective partnerships with our data providers. BJS appreciates your participation and we look forward to working with you in 2012.

The 2012 CJ-11 and CJ-11A forms are available on the Arrest-Related Deaths section of the BJS website: <http://bjs.ojp.usdoj.gov/index.cfm?ty=dcdetail&iid=428>. I've attached the 2012 program materials and forms for your convenience. The 2012 versions of the CJ-11 and CJ-11A forms are identical to those used in 2010 and 2011. While data may be submitted to the ARD program at any time, we ask that all 2012 forms are received by March 1, 2013.

In addition to launching the 2012 program, ARD staff are currently processing the 2010 and 2011 data. If you haven't already done so, we ask that you submit any identified cases and/or follow-up information as soon as possible. We hope to have all 2010 and 2011 data submitted by March 1, 2012 in order to disseminate findings during the first quarter of 2013. Data can be submitted by mail, email, or fax – please see the contact information below.

As I mentioned in my last email, BJS is committed to improving the ARD program and has solicited the assistance of the Research Triangle Institute (RTI). Staff from BJS and RTI will work together to maintain day-to-day operations and assess the strengths and weaknesses of several aspects of the program. The first aspect of the program we would like to assess is the efficiency of the current design and data collection method.

You will receive an email from Kevin Strom, the ARD Program Director, and Crystal Daye, your ARD staff liaison to set up a time to discuss your experiences with the ARD program. The purpose of this discussion is to introduce you to new ARD program staff and to learn more about your data collection process and needs. Ultimately, we hope this discussion will translate into an improved program with reduced reporting burden.

Please feel free to contact me or any other ARD staff member with questions, concerns, or comments. We welcome your feedback and are relying on your insights to continue to develop the ARD program. You can reach Kevin Strom ([kstrom@rti.org](mailto:kstrom@rti.org); 919-485-5729) or Crystal Daye ([cdaye@rti.org](mailto:cdaye@rti.org); 919-541-7321) directly, or contact the ARD Help Desk ([ARDHelpDesk@rti.org](mailto:ARDHelpDesk@rti.org); 1-877-475-7039).

Please submit CJ-11 and CJ-11A forms to:

	<b>2010 Forms</b>	<b>2011 – 2012 Forms</b>
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Email	<a href="mailto:Andrea.Burch@usdoj.gov">Andrea.Burch@usdoj.gov</a>	<a href="mailto:CDay@rti.org">CDay@rti.org</a>
Fax	202-616-1351, attention Andrea Burch	1-877-262-7654, attention Crystal Daye
Mail	Bureau of Justice Statistics c/o Andrea Burch 810 7 <sup>th</sup> Street, NW Washington, DC 20531	RTI International Attn: Crystal Daye 3040 Cornwallis Rd., P.O. Box 12194 Research Triangle Park, NC 27709

Thanks again,

Andrea

Andrea M. Burch  
Program Manager, Arrest-Related Deaths  
Bureau of Justice Statistics  
U. S. Department of Justice  
810 7th St. NW  
Washington, DC 20531  
202-307-1138



## ARREST-RELATED DEATHS, 2012 Program Information

The Arrest-Related Deaths (ARD) program is a national accounting of persons who die during the process of arrest (or attempted arrest) or while in the custody of, or shortly after restraint by, state or local law enforcement personnel.

For the purposes of the ARD program, an "arrest-related" death is one that occurs *anytime a person's freedom to leave is restricted by state or local law enforcement personnel*. This includes deaths occurring while law enforcement personnel actively pursue or attempt to apprehend persons of interest or criminal suspects, regardless of whether physical custody is established. In addition, "arrest-related" deaths include situations in which a formal arrest process was neither initiated nor intended, such as deaths that involve assistance in the restraint or transport of individuals in need of medical or mental health care.

Deaths reportable to the ARD program include those caused by *any use of force* by state or local law enforcement personnel, as well as those not directly related to the actions of law enforcement, such as deaths attributed to suicide, intoxication, accidental injury, and natural causes. With the exception of innocent bystanders, hostages, and law enforcement personnel, all persons who die in the presence of state or local law enforcement, regardless of manner of death, are subject for inclusion in the ARD program.

### Arrest-Related Deaths Summary and Incident Forms

There are two forms (CJ-11 and CJ-11A) associated with the Arrest-Related Death (ARD) program.

- The **CJ-11 Form** is a quarterly summary of the number of arrest-related deaths occurring within the state. Each identified State Reporting Coordinator (SRC) is responsible for entering the total number of reportable arrest-related deaths occurring in each quarter of the calendar year.

If no arrest-related deaths were identified during the quarter, the SRC should enter a count of "zero." In order to distinguish between states without an arrest-related death and those with missing data, it is essential for ARD program staff to receive a CJ-11 form for each quarter.

Contact information for each SRC is available on the CJ-11 form.

- The **CJ-11A Form** is an incident report completed for each arrest-related death. Official sources of information should be obtained to complete a CJ-11A form for each identified arrest-related death. Items 1-19 should be completed for all arrest-related deaths. Additionally, items 20-23 should be completed *only if* the death occurred at a police lockup or booking facility.

**LINK TO CJ-11 FORM:** [http://www.bjs.gov/content/pub/pdf/cj11\\_12.pdf](http://www.bjs.gov/content/pub/pdf/cj11_12.pdf)

**LINK TO CJ-11A FORM:** [http://www.bjs.gov/content/pub/pdf/cj11a\\_12.pdf](http://www.bjs.gov/content/pub/pdf/cj11a_12.pdf)

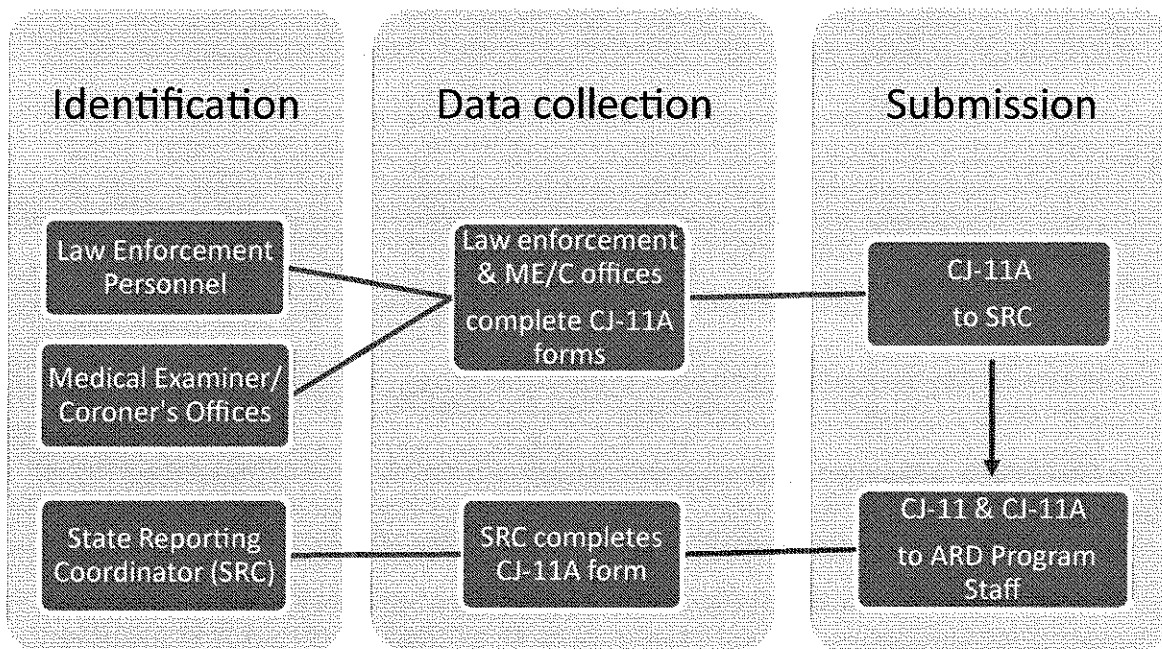


### Data Collection Process & Schedule

The Arrest-Related Deaths (ARD) program operates on a continuous basis throughout the calendar year. The ARD program also accepts reports of arrest-related deaths occurring prior to the current calendar year. In addition, the ARD program accepts updated information for previously reported arrest-related deaths.

Data are reported to the ARD program through a 3-step process:

1. Identification: Arrest-related deaths are identified by a reporting agency.
2. Data Collection: Information about the incident is collected and recorded on a CJ-11A form.
3. Submission: CJ-11A forms are submitted to the State Reporting Coordinator (SRC) and then to ARD program staff.



#### PLEASE NOTE:

- Personnel from law enforcement agencies, medical examiner/coroner's offices, and other reporting agencies should submit CJ-11A forms to their SRC as soon as data are available or on a quarterly basis. See the CJ-11 form for a listing of SRCs.
- SRCs can submit data to ARD program staff either quarterly or annually. Regardless of the submission schedule, the SRC should submit a CJ-11 form for each quarter of the calendar year. A CJ-11 form and any associated CJ-11A forms should be submitted to ARD program staff within 60 days of the end of each quarter or all annual data should be submitted within 60 days of the end of the calendar year.
- SRCs should attempt to identify all arrest-related deaths occurring within their state. The identification of all arrest-related deaths may require SRCs to develop methods other than relying on reports from state and local law enforcement agencies, medical examiner offices, coroner offices, and other reporting agents/agencies.

**State Reporting Coordinator (SRC) Data Submission Schedule**

Quarterly Reporting Schedule:

<b>Quarter</b>	<b>Reporting period</b>	<b>Data due</b>
1	January 1 – March 31	May 31, 2012
2	April 1 – June 30	August 31, 2012
3	July 1 – September 30	November 30, 2012
4	October 1 – December 31	March 1, 2013

Annual Reporting Schedule:

<b>Quarter</b>	<b>Reporting period</b>	<b>Data due</b>
All	January 1 – December 31	March 1, 2013

**CJ-11 & CJ-11A Forms may be submitted by email, fax, or postal mail**

Email: [ARDHelpDesk@rti.org](mailto:ARDHelpDesk@rti.org)

Fax: 1-877-475-7039

Mail: RTI International  
Attn: Kevin Strom, ARD Program  
3040 Cornwallis Rd. P.O. Box 12194  
Research Triangle Park, NC 27709-2194

**Please contact Arrest-Related Deaths program staff for any questions or comments**

**ARD Help Desk**

Phone: 1-877-475-7039

Email: [ARDHelpDesk@rti.org](mailto:ARDHelpDesk@rti.org)

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## **ARREST-RELATED DEATHS, 2012**

### **Frequently Asked Questions – State Reporting Coordinators**

#### **1. *What does an “arrest-related” death mean?***

An “arrest-related” death is one where an arrest subject either died *in the presence of a State or local law enforcement officer* or died as a result of actions taken by a State or local law enforcement officer.

Deaths reportable to the ARD program include all persons in the custody, or under the restraint of law enforcement officers, even if the person was not formally under arrest at the time of death.

This definition includes those killed by any use of force by law enforcement officers as well as those whose deaths are not directly related to either police action or negligence, such as deaths attributed to intoxication, suicide, accidental injury, and illness or natural causes.

#### **2. *Under what circumstances are deaths reportable to the ARD program?***

With the exception of innocent bystanders, hostages, and law enforcement personnel, all persons who die while their freedom to leave is restricted by state or local law enforcement personnel are subject for inclusion in the ARD program.

As a guiding principle, please do *not* exclude a case on the basis that physical custody had not been established. This point is highlighted through ARD cases involving officer-involved shootings. Virtually none of these cases involve subjects who were already in the *physical custody* of law enforcement personnel.

Alternatively, there are instances where a person dies in the physical custody of law enforcement although an arrest process had not been initiated. Typically these cases involve the transport of individuals in need of medical or mental health care. Officers may restrain a person for their own safety, or for the safety of medical personnel on the scene. Even though these persons do not face any criminal charges, they are still under the restraint of law enforcement officers and should be reported to the ARD program.

Please note that if such persons die at medical/mental health facilities *following* police transport, they are reportable to the ARD program *only if* the final determination of cause of death is directly linked to the period of law enforcement custody.

**3. *Are instances where the deceased commits suicide included in the ARD program?***

Yes.

Suicide is a common type of arrest-related death. Arrest-related suicides can occur before or after law enforcement personnel establish physical custody of the deceased. Suicides occurring during the process of apprehension are reportable to the ARD program if law enforcement personnel are present during the incident and attempted to detain the deceased.

All suicides occurring in the custody of law enforcement personnel are reportable to the ARD program. This includes arrest-related suicides occurring at booking centers and lockup facilities.

Suicides of persons with warrants for their arrest should be reported to the ARD program if law enforcement personnel were present during the event that caused the death. If law enforcement personnel were not present when a person with active arrest warrants committed suicide, the death should not be reported to the ARD program.

If you are unsure whether a death is reportable to the ARD program, please contact the ARD Help Desk (1-877-475-7039; [ARDHelpDesk@rti.org](mailto:ARDHelpDesk@rti.org)) or submit a CJ-11A form.

**4. *Are vehicular accidental deaths included in the ARD program?***

Deaths resulting from vehicular accidents are included in the ARD program if law enforcement personnel engage in direct action against the deceased or the deceased's vehicle during the process of apprehension. Examples of "direct action" include, shooting at, ramming, or otherwise forcing the deceased's vehicle off the road (i.e., roadblocks, spike strips to blow out tires).

Deaths resulting from vehicular accidents are excluded from the ARD program if law enforcement personnel did not take direct action against the deceased or the deceased's vehicle. For the purposes of the ARD program, a police pursuit, no matter the speed, does not meet the "direct action" criteria. Fatal vehicular accidents occurring during a pursuit by law enforcement personnel should be excluded from the ARD program if that was the only action taken against the deceased.

5. *Are deaths caused by civilians, during an arrest process, included in the ARD program?*

Yes.

Arrest subjects who die from injuries sustained by non-law enforcement personnel are included in the ARD program if the injuries were sustained during an arrest process. Arrest-related deaths caused by civilians may be accidental or intentional.

**Example 1:** Accidental civilian homicide:

Law enforcement personnel are attempting to arrest a fleeing suspect when the suspect collides with a civilian operated vehicle and sustains fatal injuries as a result. This death is considered “arrest-related” because law enforcement personnel were attempting to apprehend the suspect at the time the fatal injuries were sustained. In this instance, the manner of death should be recorded as, “Accidental injuries caused by others” on the CJ-11A form.

**Example 2:** Intentional civilian homicide:

Law enforcement personnel are dispatched to robbery in progress at a convenience store. Upon arrival at the scene, law enforcement personnel discover a struggle between the arrest suspect and store clerk. The store clerk fatally wounds the arrest suspect in the presence of law enforcement personnel. In this instance, the manner of death should be recorded as, “Other homicide” on the CJ-11A form.

6. *Should all deaths resulting from any use of force by state or local law enforcement personnel be included in the ARD program?*

Yes.

Deaths attributed to **ANY** use of force by law enforcement personnel are reportable to the ARD program.

Officers are trained to only use lethal force when their own safety or that of other persons is gravely threatened. The presence of such a threat is a crime. Therefore, subjects killed by police use of lethal force would more than likely have faced criminal charges had they survived.

Deaths attributed to “less-than-lethal” tactics (i.e., positional asphyxia due to restraint) and weapons (i.e., conducted energy devices, chemical agents) are also included in the ARD program.

**7. Are deaths that occur while the arrest subject was in the custody of Federal law enforcement officers included in the ARD program?**

Deaths occurring in the presence of officers from Federal law enforcement agencies (i.e., FBI, DEA, Marshals Service) are only reportable to the ARD program if personnel from a State or local law enforcement agency was also present during the event causing the death.

The ARD program was developed to measure the number of deaths occurring in the process of arrest by state and local law enforcement personnel. Therefore, arrest-related deaths occurring outside the presence of state or local law enforcement personnel are excluded from the ARD program.

If you are unsure whether a death is reportable to the ARD program, please contact the ARD Help Desk (1-877-475-7039; [ARDHelpDesk@rti.org](mailto:ARDHelpDesk@rti.org)) or submit a CJ-11A form.

**8. Why are some cases submitted to the ARD program transferred to other BJS collections?**

BJS' *Deaths in Custody Reporting Program* (DCRP) is currently comprised of three components, deaths occurring in (1) prisons, (2) jails, and (3) during the process of arrest.

The deaths of any persons held in police stations (i.e., for interrogation) or in a short-term booking facility are included in records of "arrest-related" deaths. Once an arrestee is booked into a jail, (i.e., a facility that typically holds offenders after arraignment, during adjudication and for sentences of less than a year) their death is excluded from the ARD collection and captured in BJS' *Jails* collection.

If you are unsure whether the death occurred in a police booking center, police lockup, or a local jail please either contact the ARD Help Desk (1-877-475-7039; [ARDHelpDesk@rti.org](mailto:ARDHelpDesk@rti.org)) or submit a CJ-11A form.

ARD program staff reconciles all submitted cases to ensure each record is recorded in the appropriate collection and that cases are not duplicated in the ARD and *Jails* programs. If cases submitted to the ARD program are transferred to either the *Jails* or *Prisons* collections, the ARD program staff will indicate it on a status report sent to you.

**9. *Where can I obtain 2012 CJ-11 and CJ-11A forms?***

The 2012 CJ-11 and CJ-11A forms are available through the BJS website:

<http://bjs.ojp.usdoj.gov/index.cfm?ty=dcdetail&iid=428>

Forms can also be obtained by contacting the ARD Help Desk:

Phone: 1-877-475-7039

Email: [ARDHelpDesk@rti.org](mailto:ARDHelpDesk@rti.org))

**10. *How do I submit CJ-11 and CJ-11A forms to ARD program staff?***

Please submit CJ-11 and CJ-11A forms to ARD program staff within **60 days** of the end of each quarter or submit all annual data within **60 days** of the end of the calendar year. Forms can be submitted through email, fax, or postal mail.

Email: [ARDHelpDesk@rti.org](mailto:ARDHelpDesk@rti.org)

Fax: 1-877-262-7654

Mail: RTI International  
Attn: Kevin Strom, ARD Program  
3040 Cornwallis Rd. P.O. Box 12194  
Research Triangle Park, NC 27709-2194



## ARREST-RELATED DEATHS, 2012 CJ-11A Question-by-Question Guide

### *Item 1: What was the name of the deceased?*

Please provide the deceased's legal name (last, first, and middle initial). All information identifying individual decedents will be kept confidential in accordance with the provision of section 812 of the Omnibus Crime Control and Safe Street Act of 1968 as amended (42 U.S.C. 3789g). Names are solely used by ARD program staff to identify records and to ensure there is no duplication in reporting within the ARD program or across other BJS *Deaths in Custody Reporting Programs (DCRP)*, such as the "Jails" or "Prisons" collections.

### *Item 2: What was the time and date of the death?*

In an effort to standardize responses across reporting agents, please indicate the "official" time and date of death, if known.

The *official* time and date of death indicate when the deceased was pronounced dead by either medical personnel or another authorized official. The official time and/or date of death may be different from the time and/or date of the fatal event. If the official time and date of death are unknown, please estimate the time and date of when the fatal injury was sustained. Please indicate when estimating the time and date of the fatal event.

**Example 1:** During the process of arrest, the deceased sustained a fatal injury (e.g., gunshot wound, blunt force trauma) and died at the scene of the event. The most appropriate response to this item would reflect the time and date the deceased was pronounced dead by an authorized official, regardless of whether the pronouncement occurred at the scene or medical center. If the official time and date of death are unknown, please estimate the time and date of when the fatal injury was sustained.

**Example 2:** During the process of arrest, the deceased sustained a life-threatening injury (e.g., gunshot wound, blunt force trauma) but did not die until hours/days/weeks later. The most appropriate response to this item would reflect the time and date life ceased rather than the time and date the injuries were sustained.



***Item 3: Where did the event causing the death occur?***

The purpose of this item is to identify the location of the event causing the death, not the location of where the deceased was pronounced dead (e.g., medical center). Please provide the address or the approximate location (i.e., street intersection, neighborhood) of where the deceased was injured or developed the condition causing the death.

**Example 1:** During the process of arrest, the deceased sustained a life-threatening injury (e.g., gunshot wound, blunt force trauma) at his home but died later at a medical facility. The most appropriate response to this item would be the street address of the deceased's residence. If the exact location of the event is unavailable, please give the best approximate location (intersection, part of town, neighborhood).

***Item 4: What law enforcement agency was involved?***

Please list the name and Originating Agency Identifier (ORI) number of the law enforcement agency involved in the arrest-related death. If officers from multiple law enforcement agencies are directly involved, please list all relevant agency names and ORI numbers. When multiple agencies are involved, please list the primary agency first.

The ORI number is a 9-character alpha-numeric identification code used by law enforcement agencies to report and access data. All law enforcement agencies are issued ORI numbers by the FBI. ORI numbers are *not* derived from the incident or case number generated by the reporting law enforcement agency. If you are unsure of the ORI number for the relevant law enforcement agency, leave the item blank and enter only the agency name.

Please note, for a death to be reportable to the ARD program there must be one or more officers/deputies from either state or local law enforcement agencies present during the incident that led to the death. Deaths involving *only* officers from Federal law enforcement agencies (e.g., FBI, Marshalls, DEA) are excluded from the ARD program.

***Item 5: What was the deceased's date of birth?***

Please indicate the specific data of birth when known. Note: This item was amended from previous versions of the CJ-11A to include the option of providing the deceased's *age* at death when the month, day, and year of birth are unknown.

***Item 6: What was the deceased's sex?***

If the deceased sex is not known, please leave blank.

***Item 7: What was the deceased's race/ethnic origin?***

Any Hispanic persons should be recorded as “3-Hispanic or Latino” regardless of whether their race is white, African-American, Asian, American Indian, or Native Hawaiian.

If the deceased’s ethnic origin had any combination of non-Hispanic categories, please record them as “7-Two or more races (not of Hispanic origin).”

These categories comply with guidance set forth by the White House Office of Management and Budget (OMB).

***Item 8: What was the manner of death?***

The “**manner**” of death is “how” the person died, typically illustrated by a one word description of intentions and circumstances which led to the stated medical *cause* of death. Essentially, the manner of death is the *way* in which death was caused; homicide, suicide, accidental, natural, or undetermined.

If a medical examiner or coroner classified the death as “undetermined,” please mark “8-Other” and specify “results of the evaluation were undetermined.”

With respect to deaths due to alcohol/drug intoxications, please *specify the substance causing the death* and code responses as:

- *Intentional* alcohol or drug overdoses as, “**3 – Suicide**”
- *Unintentional* over use of alcohol or drugs for recreational purposes as, “**6 – Accidental alcohol/drug intoxication**”
- *Unintentional* over use of alcohol or drugs for concealment purposes (i.e., arrest suspect swallows packets of drugs in an attempt to hide them from police and the packets rupture and thereby cause the death) as, “**4 – Accidental injury to self**”

***Item 9: What was the cause of death?***

Unlike the “manner” of death, which describes the circumstances leading to one’s death, “cause” of death is a description of the specific medical factors leading to the termination of the biological functions that sustain life. In cases where cause of death is attributed to multiple factors, **please list the primary cause of death first.**

**Example 1:** During the process of arrest, the decease sustained a gunshot wound and subsequently died as a result of massive blood loss. A response of “gunshot wound”

would suffice as a cause of death regardless of the manner of death (i.e., homicide by law enforcement, other homicide, suicide, accidental injury to self, or accidental injury caused by others).

**Example 2:** During the process of arrest, the deceased swallows a packet of cocaine in order to conceal the narcotics from arresting officers. The packets subsequently rupture, causing the deceased to overdose. A response of “cocaine toxicity” would suffice as a cause of death.

***Item 10: Was the cause of death listed about determined from information in a death certificate.***

This item was added to 2010 CJ-11A in 2010 in an effort to identify the **source** of information pertaining to the cause of death.

If information regarding the cause of death was derived through a death certificate (whether the death certificate was physically obtained or information from the death certificate was provided indirectly through another source) please mark the response as, “**1 – Yes.**”

If a death certificate was not consulted to obtain information regarding the cause of death, please mark “**2 – No-Other**” and specify the source of the information (i.e., police report, media report).

***Item 11: Did the deceased commit or allegedly commit any criminal offenses in the events leading up to the death?***

This item was amended from previous versions of the CJ-11A. The item was modified to make its intent more clear and to address concerns regarding the use of the word “charges.”

The purpose of this item is to identify whether the deceased allegedly engaged in criminal behavior, instead of whether “charges” would have been filed by a prosecutor had the deceased survived the incident.

Please code responses as:

- “**01 – Yes**” indicates the officer(s) engaged in an arrest process because the deceased committed or allegedly committed a criminal offense.

**Example 1:** Law enforcement officers discover a bank robbery in progress. A gun battle between the suspect and officers ensues. The suspect dies as a result of gunshot wounds. The appropriate response to this item is “**01 – Yes.**” Furthermore, responses to Item 12 are likely to include, “attempted murder” and “robbery.”

**Example 2:** Law enforcement officers are dispatched to a residence of a person threatening to commit suicide. When the officers arrive on scene they find a distraught person holding a gun. The officers instruct the person to put down the weapon, instead the person points the gun at an officer. The officers fatally shoot the person they were initially trying to assist.

The appropriate response to this item is “01 – Yes” despite the fact the initial reason for contact was a mental health assistance call. In this instance, a code of “02 – No – medical/mental health assistance call” would not be accurate because the deceased engaged in criminal behavior when he pointed a gun at the responding officers. Furthermore, a response to Item 12 could be “assault (on a police officer or with a deadly weapon).”

- “02 – No – medical/mental health assistance call” indicates the officer(s) involved were not actively engaged in an arrest process. Law enforcement officers are sometimes tasked with transporting persons to medical or mental health facilities because these persons present a danger to themselves or others.

If these individuals die in the custody of an officer, or due to officer use of force or restraint, the death is reportable. This response indicates that the deceased did *not engage in any criminal behavior* (i.e., assault), regardless of how the contact with law enforcement officers originated.

**Example 3:** Law enforcement officers are dispatched to a residence of a person threatening to commit suicide. When the officers arrive on scene they find a distraught person holding a gun. The officers instruct the person to put down the weapon. The person runs into the house and then commits suicide.

In this instance, the deceased did not threaten anyone or engage in other criminal behavior prior to committing suicide. Therefore, the appropriate response to this item is “02 – No medical/mental health assistance call.” Furthermore, a response a response to Item 12 should be “Not applicable” because although the death occurred in the presence of police, the deceased did not commit offenses prior to death.

- “03 – No – other – Specify” indicates all deaths that occur in the presence of law enforcement officers in which the deceased did not engage in criminal behavior or require medical/mental health assistance. Please briefly specify the circumstances that led to the encounter between law enforcement officers and the deceased.

**Example 4:** Law enforcement officers are dispatched to a residence in response to a 911 call indicating a burglary in progress. Officers enter the home and find a man hiding in a closet. When the officer opens the closet door, the man stands up with a baseball bat in his hand. In the heat of the moment, the officer believes he has encountered the burglar who is planning to assault him with the baseball bat. The officer fatally shoots the man in the closet, who turned out to be the home owner hiding from burglars.

In this instance, the deceased did not engage in criminal behavior, instead the death was the result of mistaken identity. Therefore, the appropriate response to this item is “03 – No – other.” Furthermore, a response to Item 12 should be “Not applicable” because had the deceased survived the incident, he would not have been arrested for a criminal offense.

***Item 12: What were the most serious reported offenses committed by the deceased?***

This item was amended from previous versions of the CJ-11A. This item was modified to address concerns regarding the use of the word “charges.” The purpose of this item is to identify the alleged criminal offenses committed by the decedent that either (1) led to the initial contact with police, and/or (2) occurred during the contact with the police. Please rank order offenses in terms of the degree of severity.

If the deceased committed no alleged offenses, please write, “Not applicable.”

**Example 1:** An armed suspect robs a store clerk and flees from police. The suspect then leads law enforcement officers on a high-speed car chase before crashing. The suspect fatally shoots one of the officers when they approach his vehicle. The officers return fire and kill the suspect. In this instance, the appropriate response to this item is:

- a. Homicide of law enforcement officer
- b. Armed robbery
- c. Fleeing and Eluding

***Item 13: Did the deceased die from a medical condition, injuries sustained during the arrest process, or alcohol/drug intoxication?***

This item was amended from previous versions of the CJ-11A. The item was modified to include the response category, “03 – Alcohol/drug intoxication.” The response category was added in order to consistently categorize deaths attributed to alcohol and drug intoxications.

Respondents should no longer use categories, “01 – Medical condition” or “02 – Injuries” to describe deaths due to alcohol/drug intoxication.

This item allows for multiple response categories to be mark. If “01 - Medical condition” or “02 - Injuries” are marked in addition to “03 – Alcohol/drug intoxication” the decease should have an additional medical condition or sustained additional injuries that caused the death.

***Item 14: If the deceased died from arrest-related injuries, how were these injuries sustained?***

Please note that multiple responses can be marked to allow for responses where the deceased was injured by multiple parties. The response to this item should account for injuries that occurred at the initial scene, as well as injuries sustained at any secondary locations.

**Example 1:** Law enforcement personnel respond to a mental health assistance call. When officers arrive on scene, the deceased is holding a gun and threatening law enforcement personnel. The deceased shoots at law enforcement before shooting himself in the head. Officers return fire striking the deceased in the head and torso. An autopsy ruled that both the deceased’s bullet and the officer’s bullet were fatal. Therefore, an appropriate response is, “01 – Inflicted by law enforcement officers at the crime/arrest scene” AND “05 – Self-inflicted – Suicide.”

**Example 2:** Law enforcement personnel respond to a robbery in progress at shopping center and begin pursuing a fleeing subject. In an attempt to elude law enforcement, the deceased jumps through a store window and cuts his femoral artery in the process. The deceased continues into oncoming traffic and is struck by a vehicle. In this instance, the appropriate response is “02 – Inflicted by others at the crime/arrest scene” AND “04 – Self-inflicted – Accidental.”

If the deceased suffered no injuries, and died solely from medical problems or alcohol/drug intoxication, mark “99 – Not applicable”

***Item 15: Were any of the following used by law enforcement officers during the arrest process?***

This item was amended from previous versions of the CJ-11A to include the response category, “05 – Firearm discharge.”

The “05 – Firearm discharge” category was added in order to capture events where law enforcement officers discharge their service weapons during the arrest process. Please note the purpose of this item is to *indicate incidents in which law enforcement officers fired their service weapons at any point during the incident, even if the deceased did not sustain a gunshot injury*. The purpose of this item is not to capture incidents in which the deceased fired a weapon (see Item 17).

Any use of restraint devices or weapons, even if they were not a cause or contributing factor in the death, should be reported here.

If multiple types of restraints or weapons were used on the deceased, please mark all that apply.

If law enforcement personnel used a restraint device or weapon that is not listed, please indicate the response, "06 – Other device – specify" and write in device or weapon used during the arrest process.

***Item 16: At any time during the arrest/incident, did the deceased....appear intoxicated? ...exhibit any mental health problems? ...verbally threaten the officer(s) involved? ...resist being handcuffed or arrested? ...attempt to escape/flee from custody? ...grab, hit or fight with the officer(s) involved?***

The purpose of this item is to describe the full range of behaviors exhibited by the deceased during the events that led to an arrest-related death.

Please note that multiple responses can be provided to this item.

***Item 17: During the arrest process, did the deceased....carry or possess a weapon? ...use a weapon to threaten officer(s)? ...use a weapon to threaten other persons? ...use a weapon to assault the officer(s)? ...use a weapon to assault other persons?***

This purpose of this item is to measure weapon possession or use by the deceased, against law enforcement personnel or other persons on the scene (e.g., hostages, victims). The response categories have been defined to distinguish between those arrest subjects who only possessed weapon(s) and those who actively used weapon(s) to threaten or assault others.

Please note that any weapon (e.g., knife, firearm) or object used as a weapon (e.g., vehicle, chair, pipe, table) should be reported. Please mark *all* categories that apply.

Please code responses as:

- **01 – Carry or possess a weapon** – to indicate the deceased was in possession of a weapon, regardless of whether the deceased used the weapon in a threatening or assaultive way against either law enforcement officers or other persons.

**Example 1:** Suspect is fleeing from police on foot when fatally struck by a vehicle. Following the accident, law enforcement officers search the suspect and discover a handgun in the deceased's waistband. The deceased did not reveal or use the handgun at any point during the arrest process.

- **02 – Use a weapon to threaten the officer(s)/03 – Use a weapon to threaten other persons** – indicates the deceased possessed a weapon and used it in a manner to intentionally cause negative outcome(s) such as fear, injury, or damage.

**Example 2:** Suspect is fleeing from police on foot while visibly carry a handgun when fatally struck by a vehicle. Before suspect is hit by the vehicle, the deceased points the weapon at police and driver, but does not fire. Response categories “01 – Carry or possess a weapon,” “02 – Use a weapon to threaten the officer(s),” and “03 – Use a weapon to threaten other persons” should all be marked in this instance.

- **04 – Use a weapon to assault the officer(s)/05 – Use a weapon to assault other persons** – indicates the deceased possessed a weapon and used it in a manner to intentionally cause imminent harmful or offensive contact.

**Example 3:** Suspect is fleeing from police on foot while shooting at pursuing officers when fatally struck by a vehicle. Before the suspect is hit by the vehicle, the deceased fires 4 bullets at pursuing law enforcement officers. Response categories “01 – Carry or possess a weapon,” “02 – Use a weapon to threaten the officer(s),” and “04 – Use a weapon to assault the officer(s)” should all be marked in this instance.

***Item 18: If a weapon caused the death, what types of weapons were used?***

This item should be completed for all deaths, regardless of the manner of death.

The purpose of this item is to identify specific weapon(s) that *caused* the death, instead of weapons that were *used* during the arrest process. All weapons *used* by law enforcement during the arrest should be listed under Item 15. Please limit response to Item 18 to weapon(s) in which death was attributed.

If a weapon involved in causing the death is not listed in Item 18 (e.g., vehicle), please mark “06 – Other weapon” and specify the type of weapon causing the death.

This item was amended from previous versions of the CJ-11A. The item was modified to include the response category, “98 – Don’t know.” In addition, the response category “07 – None” was modified to “99 – Not applicable” in order to account for deaths not due to the use of a weapon.



***Item 19: Where did the deceased die?***

This item was amended from previous versions of the CJ-11A to include the response category, "04 – Dead on arrival at medical facility."

The response category was added in order to more clearly determine where the cessation of life occurred. An analysis of ARD cases indicated that although deaths were occurring at the crime/arrest scene, they were coded as occurring at a medical facility. These deaths were coded this way because the death was officially "pronounced" at the medical facility even though life ended at the crime/arrest scene.

The item "04 – Dead on arrival at medical facility" is meant to distinguish between persons pronounced dead at medical facilities who did not receive medical intervention before death from persons who were pronounced dead after receiving medical intervention.

**SURVEY COMPLETE FOR DEATHS OCCURING PRIOR TO ARRIVAL AT A BOOKING CENTER OR LOCKUP FACILITY.**

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

If an exact time of entry is not available, please provide the nearest hour estimate.

***Item 21: At the time of entry into the facility, did the deceased ...appear intoxicated? ...exhibit any mental health problems? ...exhibit any medical problems?***

Similar to Item 16, the purpose of this item is to describe the arrestee's behavior and health status within the context of the fatal events. Please note that multiple responses can be provided to this item.

***Item 22: If the death was an accident or homicide, who caused the death?***

If death was attributed to suicide, intoxication, or illness/natural causes please mark, "99 - Not applicable."

***Item 23: If the death was an accident, homicide or suicide, what was the means of death?***

This item is not related to the manner (item 9) or medical cause of death (item 10), but rather to the physical means by which the death was caused.

**RETURN TO: State reporting coordinator**  
*(See back of this form for a national listing.)*

**QUARTERLY SUMMARY OF ARREST-RELATED DEATHS, 2012**



<b>NAME</b>			<b>TITLE</b>		
<b>TELEPHONE</b>	<b>Area Code</b>	<b>Number</b>	<b>FAX NUMBER</b>	<b>Area Code</b>	<b>Number</b>
<b>E-MAIL ADDRESS</b>					

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)

**What deaths should be reported?**

- **INCLUDE** deaths of ALL persons in the process of arrest or in the presence of state or local law enforcement officers.
  - Killed by any use of force by law enforcement officers;
    - In the physical custody, or under the physical restraint of law enforcement officers, even if the person was not formally under arrest at the time;
    - At crime/arrest scene or medical facility prior to booking;
    - Killed in vehicular pursuit accidents during which law enforcement officers took direct action against the driver or vehicle (e.g., shooting at the suspect, forcing the vehicle off the road with an obstruction, spike strip, or the officer's own vehicle);
    - While in transit to or from law enforcement facilities;
    - While confined in lockups or booking centers (facilities from which arrestees are usually transferred within 72 hours and not held beyond arraignment).
- **EXCLUDE** deaths of ALL persons
  - Confined in local jails, State prisons, State juvenile correctional facilities, or private correctional facilities;
  - Killed by Federal law enforcement agents, when neither state nor local law enforcement officers were present;
  - Killed in the course of law enforcement activities against whom no charges were intended (e.g., innocent bystanders, hostages, law enforcement personnel);
  - Who die before coming into contact with any law enforcement officers (e.g., subjects of arrest warrants who died before any arrest process began);
  - Killed in vehicular accidents during which law enforcement officers did NOT take any direct action against the driver or vehicle (see last item under "INCLUDE" for examples of such actions).

**During the reporting quarter marked above, how many persons died while in the process of arrest or in the custody of law enforcement agencies in your State?**

	Male	Female
Number of deaths	_____	_____

**Instructions:**

- If no deaths occurred, please fax the completed CJ-11 form to your state reporting coordinator (see back of this sheet).
- For each death reported, complete an Arrest-Related Death Report (CJ-11A). Please complete items 1 through 19 for each death, plus the remaining items for all deaths at a booking center or police lockup facility.
- Enter the name of the deceased in the space provided at the top of each page of the CJ-11A.
- If you need assistance, contact your state reporting coordinator, or the Arrest-Related Deaths Help Desk, at 1-877-475-7039 or ARDHelpDesk@rti.org.
- Return this quarterly summary and each associated CJ-11A form to your state reporting coordinator within 60 days of the end of each quarter.

**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.

## National listing of state reporting coordinators

**Alabama:** Lynn Childs  
Alabama Criminal Justice Info. Center  
PH: (334) 517-2415 FX: (334) 517-2740

**Alaska:** Alan McKelvie  
Alaska Statistical Analysis Center  
PH: (907) 786-1809 FX: (907) 786-7777

**Arizona:** Phillip Stevenson  
Arizona Criminal Justice Commission  
PH: (602) 364-1157 FX: (602) 364-1175

**Arkansas:** Crystal Daye  
Arrest-Related Deaths Program Staff  
PH: (919) 541-7321 FX: (877) 262-7654

**California:** Amber Lozano  
Criminal Justice Statistics Center  
PH: (916) 227-3545 FX: (916) 227-0427

**Colorado:** Kim English  
Colorado Department of Public Safety  
PH: (303) 239-4453 FX: (303) 239-4491

**Connecticut:** Ivan Kuzyk  
Connecticut Office of Policy & Management  
PH: (860) 418-6238 FX: (860) 418-6496

**Delaware:** Julia Cahill  
Delaware Statistical Analysis Center  
PH: (302) 739-2589 FX: (302) 739-4630

**District of Columbia:** Sgt. Harry Hill  
Office of the Assistant Chief of Police  
PH: (202) 576-3394 FX: (202) 727-3307

**Florida:** Susan Burton  
Florida Department of Law Enforcement  
PH: (850) 410-7140 FX: (850) 410-7150

**Georgia:** Erin Kennedy  
Arrest-Related Deaths Program Staff  
PH: (919) 485-5736 FX: (877) 262-7654

**Hawaii:** Daniel Kauleinamoku  
Hawaii Department of Public Safety  
PH: (808) 587-1211 FX: (808) 587-1244

**Idaho:** Tammy Majors  
Idaho Department of Corrections  
PH: (208) 658-2129 FX: (208) 327-7480

**Illinois:** Mark Powers  
Illinois Criminal Justice Information Authority  
PH: (312) 793-8550 FX: (312) 793-8422

**Indiana:** Stephanie Truong  
Indiana Department of Corrections  
PH: (317) 234-4417 FX: (317) 233-1474

**Iowa:** Paul Stageberg  
Iowa Div. of Criminal & Juvenile Justice Plan.  
PH: (515) 242-6122 FX: (515) 242-6119

**Kansas:** Fengfang Lu  
Kansas Sentencing Commission  
PH: (785) 296-0923 FX: (785) 296-0927

**Kentucky:** Tanya Dickinson  
Kentucky Justice & Public Safety Cabinet  
PH: (502) 564-7554 FX: (502) 564-6686

**Louisiana:** Kim Eiland  
Louisiana Department of Corrections  
PH: (225) 342-6630 FX: (225) 342-3095

**Maine:** David King  
Office of the Chief Medical Examiner  
PH: (207) 624-7180 FX: (207) 624-7178

**Maryland:** Jeffrey Zuback  
Governor's Office of Crime Control & Prevention  
PH: (410) 821-2855 FX: (410) 321-3116

**Massachusetts:** Lisa Sampson  
Executive Office of Public Safety and Security  
PH: (617) 725-3361 FX: (617) 725-0260

**Michigan:** Elizabeth Pizzo  
Michigan State Police  
PH: (517) 241-1907 FX: (517) 241-1904

**Minnesota:** Carolyn Robinson  
Minnesota Bureau of Criminal Apprehension  
PH: (651) 793-1054 FX: (651) 793-1001

**Mississippi:** Alan Thompson  
University of Southern Mississippi  
PH: (601) 266-6172 FX: (601) 266-4391

**Missouri:** Ronald Beck  
Missouri State Highway Patrol  
PH: (573) 751-9000 FX: (573) 526-6274

**Montana:** Sarah Price  
Montana Department of Justice  
PH: (406) 444-3651 FX: (406) 444-4722

**Nebraska:** Mike Overton  
Nebraska Crime Commission  
PH: (402) 471-2194 FX: (402) 471-2837

**Nevada:** Timothy Hart  
Center for the Analysis of Crime Statistics  
PH: (702) 895-0233 FX: (702) 895-0252

**New Hampshire:** Timothy Brackett  
Office of the Attorney General  
PH: (603) 271-8090 FX: (603) 271-6290

**New Jersey:** Jean Petherbridge  
Division of Criminal Justice  
PH: (609) 984-5693 FX: (609) 984-3381

**New Mexico:** Lisa Brody  
New Mexico Statistical Analysis Center  
PH: (505) 277-4257 FX: (505) 277-4215

**New York:** Adam Dean  
Division of Criminal Justice Services  
PH: (518) 457-1149 FX: (518) 485-8039

**North Carolina:** Patricia Barnes  
Office of the Chief Medical Examiner  
PH: (800) 672-7024 FX: (919) 962-6263

**North Dakota:** Colleen Weltz  
Office of Attorney General  
PH: (701) 328-5527 FX: (701) 328-5510

**Ohio:** Lisa Shoaf  
Office of Criminal Justice Services  
PH: (614) 466-5997 FX: (614) 466-0308

**Oklahoma:** Angie Baker  
Office of Criminal Justice Statistics  
PH: (405) 858-5271 FX: (405) 879-2301

**Oregon:** Lee Anna Bennett-Ashworth  
Office of Public Health  
PH: (971) 673-0129 FX: (971) 673-0990

**Pennsylvania:** Darlene Hurley  
Office of Criminal Justice Systems Improvement  
PH: (717) 265-8522 FX: (717) 772-0550

**Rhode Island:** Thomas Mongeau  
Rhode Island Department of Public Safety  
PH: (401) 222-2620 FX: (401) 222-1294

**South Carolina:** Robert McManus  
South Carolina Department of Public Safety  
PH: (803) 896-8717 FX: (803) 896-8393

**South Dakota:** Brenda Manning  
Division of Criminal Investigation  
PH: (605) 773-6312 FX: (605) 773-6471

**Tennessee:** Jackie Vandercook  
Tennessee Bureau of Investigation  
PH: (615) 744-4014 FX: (615) 744-4662

**Texas:** Renee Gray  
Office of the Attorney General  
PH: (512) 305-8882 FX: (512) 494-8283

**Utah:** Ben Peterson  
Commission on Criminal & Juvenile Justice  
PH: (801) 538-1047 FX: (801) 538-9609

**Vermont:** Patricia Fischer  
Vermont Crime Information Center  
PH: (802) 244-8727 FX: (802) 241-5552

**Virginia:** James McDonough  
Department of Criminal Justice Services  
PH: (804) 371-0532 FX: (804) 225-3853

**Washington:** Tonya Todd  
Association of Sheriffs & Chiefs of Police  
PH: (360) 486-2380 FX: (360) 486-2381

**West Virginia:** Monika Sterling  
Division of Justice and Community Services  
PH: (304) 558-8814 FX: (304) 558-0391

**Wisconsin:** Erin Kennedy  
Arrest-Related Deaths Program Staff  
PH: (919) 485-5736 FX: (877) 262-7654

**Wyoming:** Burke Grandjean  
Wyoming Survey & Analysis Center  
PH: (307) 760-5913 FX: (307) 766-2759

# CJ-11A ADDENDUM

OMB No. 1121-0249 Approval Expires 12/31/2012

**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 ARREST-RELATED DEATH REPORT 2012



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)

**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 \_\_\_\_\_, 2012

**3. Where did the event causing the death occur?**

Street address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**4. What law enforcement agency was involved?**

Name \_\_\_\_\_  
 ORI# \_\_\_\_\_

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

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ or Age \_\_\_\_\_

**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 \_\_\_\_\_

98  Don't know

**8. 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 \_\_\_\_\_

07  Illness—Specify \_\_\_\_\_

08  Other—Specify \_\_\_\_\_

**9. What was the cause of death?**

\_\_\_\_\_

**10. Was the cause of death listed above determined from information in a death certificate?**

- 01  Yes  
 02  No—other—Specify \_\_\_\_\_

**11. Did the deceased commit or allegedly commit any criminal offenses in the events leading up to the death?**

- 01  Yes  
 02  No—medical/mental health assistance call  
 03  No—other—Specify \_\_\_\_\_

**12. What were the most serious reported offenses by the deceased?**

- 01 \_\_\_\_\_  
 02 \_\_\_\_\_  
 03 \_\_\_\_\_

**13. Did the deceased die from a medical condition, injuries sustained during the arrest process, or alcohol/drug intoxication?—Mark (x) all that apply**

- 01  Medical condition (e.g., heart attack)  
 02  Injuries  
 03  Alcohol/drug intoxication  
 98  Don't know

**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 \_\_\_\_\_

**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
- 98  Don't know
- 99  Not applicable

**15. Were any of the following used by law enforcement officers 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  Firearm discharge
- 06  Other device (e.g., tire deflation device)

Specify \_\_\_\_\_

- 02  No
- 98  Don't know

**16. At any time during the arrest process, 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?
- 97  None of the above
- 98  Don't know

**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 weapons \_\_\_\_\_
- 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 \_\_\_\_\_
- 97  None of the above

**18. If a weapon caused the death, what types of weapons were used?—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 \_\_\_\_\_

- 98  Don't know
- 99  Not applicable

**19. Where did the death occur?**

- 01  At booking center/police lockup—Complete items 20–23
- 02  At crime/arrest scene
- 03  At medical facility following clinical intervention
- 04  Dead on arrival at medical facility
- 05  En route to booking center/police lockup
- 06  Elsewhere

Specify location \_\_\_\_\_

Form complete, stop here

**Complete the rest of this form only if the death occurred at a booking center.**

**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 \_\_\_\_\_, 2012

**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?
- 97  None of the above
- 98  Don't know

**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 \_\_\_\_\_

- 98  Don't know
- 99  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 \_\_\_\_\_

- 99  Not applicable; cause of death was intoxication or illness

**Notes**

Attachment H. Example of arrest-related death ‘status report’ to state reporting coordinator

Colorado: Laurence Lucero  
Colorado Department of Public Safety

**ARREST-RELATED DEATHS, 2010  
STATUS REPORT**

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**TOTAL: 16 Deaths**

**14 Deaths recorded (one case pending transfer),**

**2 Death unrecorded and need CJ-11As**

**3 Deaths excluded from ARD and transferred to the Jails**

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Quarter 1:

1. e, Patrick (January 9<sup>th</sup>)
    - File incomplete:
      - Item 9 – What was the cause of death
  2. a, Mathew (January 27<sup>th</sup>)
    - File complete.
  3. Roberto (February 15<sup>th</sup>)
    - File pending transfer to the *Deaths in Custody Reporting Program (DCRP)– Jails* collection. If this record was reported to the Jails collection by the Arapahoe Co Detention Center, it will be removed from the ARD collection.
  4. I , Jose C. (February 26<sup>th</sup>)
    - File complete.
  5. Juan L. (February 26<sup>th</sup>)
    - File complete.
  6. , Joyce (March 10<sup>th</sup>)
    - File complete.
      - Manner of death (Item 8) was changed from response “02 – Other homicide” to “04 – Accidental injury to self.” This change was based on (1) the notes provided on the CJ-11A form indicating the deceased lost control of her vehicle and struck a fixed object and (2) the response to Item 9, indicating the cause of death as “multiple blunt force injuries to the head due to automobile.
- 
7. Nicholas A. (March 10<sup>th</sup>)
    - File transferred to DCRP – Jails collection.
      - Reports indicate the deceased was arrest on February 24<sup>th</sup> and being held at the Boulder County Jail at the time of death. The Boulder County Jail is responsible for reporting this death to the DCRP – Jails collection.
  8. Roger R. (March 13<sup>th</sup>)
    - File transferred to DCRP – Jails collection.

- *Reports indicate the deceased was arrested on February 15<sup>th</sup> and being held at the Larimer County Detention Center at the time of death. The Larimer County Detention Center is responsible for reporting this death to the DCRP – Jails collection.*

Quarter 2:

7. Zak (April 14<sup>th</sup>)
  - File complete.
    - Manner of death (Item 8) was changed from response “02 – Other homicide” to “01 – Homicide by law enforcement officers.” This change was based on (1) the response to Item 9, indicating the cause of death as a “penetrating gunshot wound of chest due to police involvement,” (2) the response to Item 14, indicating the arrest-related injuries were inflicted by law enforcement officers at the crime/arrest scene, and (3) the notes on the CJ-11A form indicating the deceased was “shot by an officer.”
8. Kenneth Sr. (May 16<sup>th</sup>)
  - File complete.
9. Arturo (June 28<sup>th</sup>)
  - File complete.
    - Manner of death (Item 8) was changed from response “02 – Other homicide” to “01 – Homicide by law enforcement officers.” This change was based on (1) the response to Item 14, indicating the arrest-related injuries were inflicted by law enforcement officers at the crime/arrest scene and (2) media accounts of the event indicating law enforcement personnel fatally shot the deceased.

Quarter 3:

10. Marvin L. (July 7<sup>th</sup>)
  - File complete.
    - Manner of death (Item 8) was changed from response “02 – Other homicide” to “01 – Homicide by law enforcement officers.” This change was based on (1) the response to Item 14, indicating the arrest-related injuries were inflicted by law enforcement officers at the crime/arrest scene and (2) the coroner’s report indicating the deputies actions (applying body weight to restrain, the use of a “sleeper hold” and taser shocks) caused the death.
    - Item 15 was changed from response “98 – Don’t know” to “01 – Yes, with the additional responses of “01 – Handcuffs, “04 – Conducted energy device, and “06 – Other, specified as cardioid compression” marked.
    - Item 16 was changed from response “98 – Don’t know” to “04 – Resisted being handcuffed or arrested” and “06 – Attempt to grab, hit or fight with the officers involved.
    - Item 18 was changed from response “05 – Conducted energy device” to “98 – Don’t know.” This change was based on the coroner’s report, which did not indicate the Taser as the cause of death. The use of a Taser is captured in Item 15.



11. [redacted], Jason A (July 20<sup>th</sup>)
  - File complete.
12. Alfred R. (August 1<sup>st</sup>)
  - File complete.
    - Manner of death (Item 8) was changed from response “02 – Other homicide” to “01 – Homicide by law enforcement officers.” This change was based on (1) the response to Item 14, indicating the arrest-related injuries were inflicted by law enforcement officers at the crime/arrest scene and (2) media accounts of the event indicating law enforcement personnel fatally shot the deceased.
- Jeffery W. (August 28<sup>th</sup>)*
  - *File transferred to DCRP – Jails collection.*
    - *Reports indicate the deceased was in the custody of the Arapahoe County Detention Center at the time of death. The Arapahoe County Detention Center is responsible for reporting this death to the DCRP – Jails collection.*

Quarter 4:

13. [redacted], Christopher D. (October 10<sup>th</sup>)
  - File complete.
    - Manner of death (Item 8) was changed from response “02 – Other homicide” to “03 – Suicide.” This change was based on (1) the response to Item 14, indicating the arrest-related injuries were self-inflicted, suicide, and (2) the notes on the CJ-11A form indicating the deceased “shot himself in the head with a handgun.”
14. [redacted], Daniel (November 19<sup>th</sup>)
  - File complete.
15. [redacted], Ruben (November 23<sup>rd</sup>)
  - File complete.

**Arrest-Related Deaths in need of CJ-11A**

16. [redacted], Brent (February 28<sup>th</sup>)
  - Grand Junction Police Department.

\*\*\* [redacted] – unclear if death occurred.

- Reports indicate the subject was not expected to live, but I could not confirm whether the subject survived. The incident occurred late September and involved the Black Hawk/Gilpin Co SWAT team.

Attachment I. Example of jail and prison DCRP  
program launch mailing to jail and prison respondents



U.S. Department of Justice

Office of Justice Programs

*Bureau of Justice Statistics*

January 23, 2012

Washington, D.C. 20531

Chief Robert Thompson  
Aberleen Police Department  
310 East Church Street  
Aberleen, WA 98620

Dear Chief Robert Thompson:

Thanks to the efforts of jail administrators nationwide, the Bureau of Justice Statistics' (BJS) Deaths in Custody Reporting Program (DCRP) has been a great success since its inception in 2000. We appreciate your continued support of this important program, which enjoys a 97% response rate across all jail jurisdictions in the country.

You may complete all applicable 2011 and 2012 forms online by logging onto the DCRP Web site (<https://bjsdcrp.rti.org>) and using the following login credentials:

USERNAME: 10958631WA  
PASSWORD: 775\$orange1179

**Alternatively, enclosed in this packet you will find envelopes with materials related to both 2011 and 2012 collection efforts.** Specifically, you will find an *Annual Summary on Inmate Deaths under Jail Jurisdiction* form (CJ-9A) for 2011, a *Death Report on Inmates under Jail Jurisdiction* form (CJ-9) for 2011, and a *Death Report on Inmates under Jail Jurisdiction* form (CJ-9) for 2012 if you prefer to submit your data via mail or fax.

We request that you submit all remaining 2011 data, including the CJ-9A, by **March 1, 2012**. If you have questions about DCRP, please contact Tim Flanigan, the RTI Data Collection Task Leader, at **800-344-1387** or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org). Or, you may contact BJS directly using the contact information below. We thank you in advance for your participation and look forward to our continued work together.

Sincerely,

Margaret E. Noonan, Program Manager  
Deaths in Custody Reporting Program  
202-353-2060  
[margaret.noonan@usdoj.gov](mailto:margaret.noonan@usdoj.gov)

William J. Sabol, Chief  
Corrections Statistics Program  
202-514-1062  
[william.sabol@usdoj.gov](mailto:william.sabol@usdoj.gov)

Enclosures:

- DCRP Update
- 2011 envelope containing a *2011 Annual Summary on Inmate Deaths under Jail Jurisdiction* form (CJ-9A) and a *2011 Death Report on Inmates under Jail Jurisdiction* form (CJ-9)
- 2012 envelope containing a *2012 Death Report on Inmates under Jail Jurisdiction* form (CJ-9)

# DCRP

## Deaths in Custody Reporting Program



Conducted by the U.S. Department of Justice - Bureau of Justice Statistics (BJS) and RTI International (RTI)

Over the past decade, BJS has collaborated with local jails and state departments of corrections to collect and disseminate statistics on mortality data.

### How are the Deaths in Custody Reporting Program (DCRP) data used?

- Over the years BJS has published several reports on corrections-related mortality, providing the corrections community with important statistics that help policy-makers and jail administrators address key public health issues facing jails and prisons. Some examples include—
  - Prison and Jail Deaths in Custody, 2000-2009 - Statistical Tables, NCJ 236219*
  - Mortality in Local Jails, 2000-2007 (Revised), NCJ 222988*
  - Medical Causes of Death in State Prisons, 2001-2004, NCJ 216340*
  - Suicide and Homicide in State Prisons and Local Jails, NCJ 210036*

Please visit the BJS website at <http://www.bjs.gov> to access these and other statistical reports.

- BJS occasionally fields questions from local jail administrators who need to know how the death rates in their jails compare with jails of a similar size or within their state.
- BJS provides information to state departments of corrections that need death information from previous years for special or routine reports.

### Want to test your knowledge about DCRP? Take the following quiz!

(Answers are available further below.)

- What is the leading natural cause of death among jail inmates?  
*a. Cancer    b. Heart disease    c. AIDS/HIV*
- Between 2000 and 2009, has the rate of inmate jail deaths from HIV/AIDS increased or decreased?  
*a. 18%    b. 28%    c. 38%*
- Approximately what percentage of jail deaths occur within the first 7 days of admission?  
*a. 18%    b. 28%    c. 38%*
- True or False: Between 2001 and 2009, illness-related deaths accounted for 9 out of 10 prison deaths.
- Between 2000 and 2009, were mortality rates among whites higher or lower than those for other race or ethnic groups?
- About what percentage of the nation's approximately 2,800 jail jurisdictions participated in the Deaths in Custody Reporting Program in 2010?  
*a. 90%    b. 95%    c. 97%*

Source: *Prison and Jail Deaths in Custody, 2000-2009-Statistical Tables*, BJS Web, December 2011, NCJ 236219.

(1) **Heart disease.** Heart disease represented approximately 22% of all jail deaths from 2000 to 2009. (2) **Decreased.** AIDS-related deaths in jails declined by 54% between 2000 and 2009. (3) **About 38%.** Between 2000 and 2009, the percentage of jail deaths that took place within a week of admission ranged from 36.2% (2006) to 40.3% (2003). (4) **True.** Only 10% of reported deaths are due to suicide, accidental injury, or homicide. (5) **Higher.** The rate of mortality among whites is higher than that of other races or ethnic groups. In prisons, white mortality rates were between 1.4 and 1.8 times higher in comparison to other ethnic or racial groups. In jails, whites had a mortality rate between 1.6 and 4.7 times higher than other ethnic or racial groups. (6) **97%.** If your jail hasn't previously participated in DCRP, please contact RTI.

For more information on BJS or the DCRP, please contact—

**Margaret Noonan**  
Program Manager  
U.S. Department of Justice  
Bureau of Justice Statistics  
810 7th Street, NW  
Washington, DC 20531  
(202) 353-2060  
[Margaret.Noonan@usdoj.gov](mailto:Margaret.Noonan@usdoj.gov)

For more information about the DCRP or data collection, please contact—

**Kim Aspinwall**  
DCRP Data Collection Task Leader  
RTI International  
3040 Cornwallis Road  
Research Triangle Park, NC 27709  
(800) 344-1387  
[bjstdcrp@rti.org](mailto:bjstdcrp@rti.org)



3040 Cornwallis Road ■ PO Box 12194  
Research Triangle Park, NC 27709-2194  
ATTN: Tim Flanigan 0212335.001.302.100

# 2011

## **ACTION REQUESTED**

### **Completion of reporting for the 2011 DCRP**

#### **This packet includes:**

- ✓ Cover letter
- ✓ Instructions for reporting data
- ✓ 2011 Annual Summary Form
- ✓ 2011 Death Report Form
- ✓ Postage-paid Return Envelope



U.S. Department of Justice

Office of Justice Programs

*Bureau of Justice Statistics*

Washington, D.C. 20531

January 23, 2012

Chief Robert Thompson  
Aberleen Police Department  
310 East Church Street  
Aberleen, WA 98620

Dear Chief Robert Thompson:

Now that 2011 is behind us, we ask that you complete an *Annual Summary on Inmates under Jail Jurisdiction* form (CJ-9A) for 2011. In addition, please complete a *Death Report on Inmates under Jail Jurisdiction* form (CJ-9) for each inmate death you reported on the CJ-9A, excluding ones already submitted. **If you did not have a death in custody in 2011 then you only need to complete an Annual Summary form.**

You may submit these forms online by logging onto the Deaths and Custody Reporting Program (DCRP) Web site (<https://bjsdcrp.rti.org>) and using the following login credentials:

USERNAME: 10958631WA  
PASSWORD: 775\$orange1179

We request that you submit your data by **March 1, 2012**. We have enclosed paper forms if you prefer to submit by mail or fax. Please disregard the paper forms if you plan to submit data online. If you have questions about DCRP, please contact Tim Flanigan, the RTI Data Collection Task Leader, at **800-344-1387** or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).

You may also contact BJS directly using the contact information below. We thank you in advance for your participation and look forward to our continued work together.

Sincerely,

Margaret E. Noonan, Program Manager  
Deaths in Custody Reporting Program  
202-353-2060  
[margaret.noonan@usdoj.gov](mailto:margaret.noonan@usdoj.gov)

William J. Sabol, Chief  
Corrections Statistics Program  
202-514-1062  
[william.sabol@usdoj.gov](mailto:william.sabol@usdoj.gov)

Enclosures:

- 2011 *Annual Summary on Inmates under Jail Jurisdiction* form (CJ-9A)
- 2011 *Death Report on Inmates under Jail Jurisdiction* form (CJ-9)
- Postage-paid return envelope

## 2011 Reporting Instructions

- **All agencies** should submit a 2011 Annual Summary form, **even if no deaths occurred** in your custody during 2011. It only takes about **5 minutes** to complete the summary form.
- Please be sure that the total number of deaths you report on the Annual Summary form matches the number of individual death reports you submit for 2011.
- You may submit your data online by logging onto the Deaths and Custody Reporting Program (DCRP) Web site (<https://bjsdcrp.rti.org>) using the login credentials in your cover letter.
- We have enclosed a paper version of the 2011 Annual Summary and Death Report forms if you prefer to submit by mail or fax. *Please disregard the paper forms if you plan to submit data online.*
- If you had more than one inmate death, and are unable to use the Web option, additional Death Report forms are available for download by logging onto the DCRP Web site as described above.



Form CJ-9A



**DEATHS IN CUSTODY—2011  
ANNUAL SUMMARY ON INMATES  
UNDER JAIL JURISDICTION**

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

**DATA SUPPLIED BY:**

Name	<input type="text"/>	Title	<input type="text"/>	
Official Address	<input type="text"/>	Telephone	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>	E-mail <input type="text"/>

Please correct any error in name or mailing address

**General Information**

- There are several ways to submit a death report:

**ONLINE:** Complete this form online at: <https://bjsdcrp.rti.org>

**E-MAIL:** [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

**FAX (TOLL-FREE):** 1-866-800-9179

**MAIL:** RTI International, Attn: Kim Aspinwall

Project Number: 0212335.001.302.200

3040 Cornwallis Road, PO Box 12194

Research Triangle Park, NC 27709-2194

- Please return your completed form within 30 days of receipt. You may complete this form **ONLINE** or complete the hardcopy form and return by **FAX** or **MAIL**.
- If you need assistance, call Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).

**What facilities are included in this data collection?****INCLUDE:**

- Confinement facilities usually administered by a local law enforcement agency, intended for adults but sometimes holding juveniles;
- All jails and city/county correctional centers that hold inmates beyond arraignment. Report data on all inmates, including those held in separate holding or lockup areas within your facility;
- Special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms);
- Inmates held for other jurisdictions, including federal authorities, state prison authorities and other local jail jurisdictions.

**EXCLUDE:**

- Facilities that are exclusively used as temporary holding or lockup facilities from which inmates are usually transferred within 72 hours and not held beyond arraignment;
- Privately operated jails and facilities operated by two or more jurisdictions (i.e., multi-jurisdictional facilities; these jails will be contacted directly for data on deaths in their custody);
- Deaths of persons in the process of arrest by your agency if they have not yet been booked into your jail facility. Arrest-related deaths should be reported using a CJ-11A form.

**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 for jurisdictions reporting zero deaths and 30 minutes per each reported death, 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, NW, Washington, DC 20531. Do not send your completed form to this address.

# INMATE COUNTS AND DEATHS

## INSTRUCTIONS FOR COMPLETION

### IF YOUR JURISDICTION DID NOT HAVE A DEATH IN CALENDAR YEAR 2011:

- Simply complete this form and return it to RTI International. The address is located on the front page of this document. Once you complete EVERY question below, your submission will be complete for 2011.

### IF YOUR JURISDICTION DID HAVE ONE OR MORE DEATHS IN CALENDAR YEAR 2011:

- Please ensure that you have completed a CJ-9 (individual death report) form for each death reported below.
- If you need additional CJ-9 forms, please go to the DCRP Web site (<https://bjsdcrp.rti.org>), call 1-800-344-1387, or send an e-mail to [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).

#### 1. How many persons under the supervision of your jail jurisdiction were...

##### 1a. CONFINED in your jail facilities on December 31, 2011?

###### INCLUDE:

- ✓ persons on transfer to treatment facilities but who remain under your jurisdiction
- ✓ persons out to court while under your jurisdiction
- ✓ persons held for other jurisdictions

###### EXCLUDE

- X persons housed in facilities operated by two or more jurisdictions or those held in privately operated jails
- X inmates who are AWOL, escaped, or on long-term transfer to other jurisdictions
- X all persons in nonresidential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs)

When exact numeric answers are not available, provide estimates and mark (☒) the box beside each figure.

Inmates on December 31, 2011  Male  Estimate  
 Female  Estimate

##### 1b. ADMITTED to your jail facilities during 2011?

###### INCLUDE

- ✓ new admissions only (i.e., persons officially booked into and housed in your facilities by formal legal document and by the authority of the courts or some other official agency)
- ✓ repeat offenders booked on new charges

###### EXCLUDE

- X returns from escape, work release, medical appointments/treatment facilities, bail, and court appearances

New ANNUAL admissions during 2011  Male  Estimate  
 Female  Estimate

#### 2. Between January 1, 2011, and December 31, 2011, what was the average daily population of all jail confinement facilities operated by your jurisdiction?

To calculate the average daily population, add the number of persons for each day during the period January 1, 2011, through December 31, 2011, and divide the result by 365.

If daily counts are not available, estimate the average daily population by adding the number of persons held on the same day of each month and divide the result by 12.

If average daily population cannot be calculated as directed above, then estimate the typical number of persons held in your jail confinement facilities each day.

When exact numeric answers are not available, provide estimates and mark (☒) the box beside each figure.

Average daily population  Male  Estimate  
 Female  Estimate

#### 3. Between January 1, 2011, and December 31, 2011, how many persons died while under the supervision of your jail jurisdiction?

###### INCLUDE:

- ✓ deaths of ALL persons CONFINED in your jail facilities; or UNDER YOUR JURISDICTION but out to court or in special facilities (e.g., hospitals, halfway houses, work farms, and medical/treatment/release centers); or WHILE IN TRANSIT to or from your facilities while under your jurisdiction.

Number of inmate deaths  Male  Estimate  
 Female  Estimate

**NOTE: BEFORE COMPLETING THIS FORM, PLEASE BE SURE THAT THERE ARE ENTRIES FOR ALL RESPONSE BOXES. FOR EXAMPLE, IF YOU HAVE ZERO FEMALE DEATHS IN QUESTION 3, PLEASE ENTER 0 IN THE BOX RATHER THAN LEAVING IT EMPTY.**

Form CJ-9



**DEATHS IN CUSTODY—2011  
DEATH REPORT ON INMATES  
UNDER JAIL JURISDICTION**

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

**DATA SUPPLIED BY:**

<b>Name</b>	<input type="text"/>	<b>Title</b>	<input type="text"/>
<b>Official Address</b>	<input type="text"/>	<b>Telephone</b>	<input type="text"/>
<b>City</b>	<input type="text"/>	<b>FAX</b>	<input type="text"/>
<b>State</b>	<input type="text"/>	<b>Zip</b>	<input type="text"/>
		<b>E-mail</b>	<input type="text"/>

Please correct any error in name or mailing address

**Instructions for Completion**

- If no deaths occurred, you will not need to report anything at this time. At the beginning of the next calendar year, you will be asked to complete a summary form whether you had a death occurrence or not.
- If you had more than 1 death, make copies of pages 2 and 3 for each additional death.
- Complete questions 1 through 16 for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

**ONLINE:** Complete the report online at: <https://bjsdcrp.rti.org>

**E-MAIL:** [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

**FAX (TOLL-FREE):** 1-866-800-9179

**MAIL:** RTI International, Attn: Kim Aspinwall

Project Number: 0212335.001.302.200

3040 Cornwallis Road, PO Box 12194

Research Triangle Park, NC 27709-2194

- If you need assistance, call Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

**What deaths should be reported?**

**INCLUDE deaths of ALL Persons**

Confined in your jail facilities, whether housed under your own or another jurisdiction;

Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms); or on transfer to treatment facilities;

Under your jurisdiction but out to court;

In transit to or from your facilities while under your jurisdiction.

**EXCLUDE deaths of ALL Persons**

Confined in facilities operated by two or more jurisdictions or those held in privately operated jails;

Under your jurisdiction but in non-residential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs);

Under your jurisdiction but on AWOL, escape, or long-term transfer to other jurisdiction;

In the process of arrest by your agency, but not yet booked into your jail facility.

**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 for jurisdictions reporting zero deaths and 30 minutes per each reported death, 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, NW, Washington, DC 20531. Do not send your completed form to this address.

## LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST	FIRST	MI

2. On what date did the inmate die?

				2 0 1 1
MONTH	DAY	YEAR		

3. What was the inmate's date of birth?

MONTH	DAY	YEAR					

4. What was the inmate's sex?

- Male
- Female

5. What was the inmate's race/ethnic origin?

- White (*not of Hispanic origin*)
- Black or African American (*not of Hispanic origin*)
- Hispanic or Latino
- American Indian/Alaska Native (*not of Hispanic origin*)
- Asian (*not of Hispanic origin*)
- Native Hawaiian or Other Pacific Islander (*not of Hispanic origin*)
- Two or more races
- Additional categories in your information system

↳ Please Specify:

Race/Ethnicity Not Known

6. On what date had the inmate been admitted to a facility under your jurisdiction?

MONTH	DAY	YEAR					

7. For what offense(s) was the inmate being held?

a.

b.

c.

d.

e.

8. What was the inmate's legal status at time of death?  
(For persons with more than one status, report the status associated with the most serious offense.)

- Convicted—new court commitment
- Convicted—returned probation / parole violator
- Unconvicted
- Other

↳ Please Specify:

9. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- Yes
- No
- Don't Know

10. Where did the inmate die?

- In a general housing within the jail facility or on jail grounds
- In a segregation unit
- In a special medical unit/infirmery within jail facility
- In a special mental health services unit within jail facility
- In a medical center outside jail facility
- In a mental health center outside jail facility
- While in transit
- Elsewhere

↳ Please Specify:

11. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- In the jail facility or on the jail grounds
  - In the inmate's cell/room
  - In a temporary holding area/lockup
  - In a common area within the facility (e.g., yard, library, cafeteria, etc.)
  - In a segregation unit
  - In a special medical unit/infirmery
  - In a special mental health services unit
  - Elsewhere within the jail facility

[SPECIFY] ↳

↳ Please Specify:

Outside the jail facility (e.g., while on work release or on work detail, etc.)

Elsewhere ↳ Please Specify:

12. Had the deceased been receiving treatment for the medical condition after admission to your correctional facilities? Exclude emergency care provided at time of death.

NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

YES      NO      DON'T KNOW

- a. Evaluated by physician/medical staff .....  .....  .....
- b. Had diagnostic tests (e.g., X-rays, MRI) .....  .....  .....
- c. Received medications .....  .....  .....
- d. Received treatment/care other than medications .....  .....  .....
- e. Had surgery .....  .....  .....
- f. Confined in special medical unit. ....  .....  .....

**PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a – f).**

13. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, post-mortem exam, or review of medical records) available in order to establish an official cause of death?

YES → **CONTINUE TO Q15**

Evaluation complete—results are pending

↳ **SKIP REMAINING QUESTIONS—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

No evaluation is planned → **CONTINUE TO Q15**

15. What was the cause of death? \*\*\* **Please SPECIFY cause of death as it is critical information** \*\*\*

- Illness—Exclude AIDS-related deaths [*Specify*] →
- Acquired Immune Deficiency Syndrome (AIDS)
- Accidental alcohol/drug intoxication [*Specify*] →
- Accidental injury to self [*Describe*] →
- Accidental injury by other (e.g., vehicular accidents during transport) [*Describe*] →
- Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [*Describe*] →
- Homicide [*Please provide description*] →
- Other cause(s) [*Specify*] →

16. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? If multiple conditions caused the death, select "Pre-existing medical condition."

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

**Please add any additional notes here:**

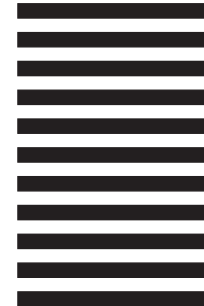
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PO BOX 12194  
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Research Triangle Park, NC 27709-2194  
ATTN: Tim Flanigan 0212335.001.302.100

# 2012

## **FOR FUTURE REFERENCE**

**Announcing the start of reporting for the  
2012 Deaths in Custody Reporting Program.**

**\*\* No action is requested at this time. \*\***

### **This packet includes:**

- ✓ Instructions for reporting data
- ✓ 2012 Death Report Form
- ✓ Postage-paid Return Envelope



## 2012 Reporting Instructions

- We have enclosed a 2012 death report form for your convenience. If no deaths have occurred within your jail jurisdiction to date in 2012, you have nothing to report at this time.
- Please submit a report for any deaths that occur within your jail jurisdiction in 2012 as soon as the autopsy or other official death investigation results are available.
- Please complete ALL form questions, including “Specify” fields, if applicable.
- You may submit your data online by logging onto the Deaths and Custody Reporting Program (DCRP) Web site (<https://bjsdcrp.rti.org>) using the login credentials in your cover letter.
- We have enclosed a paper version of the 2012 Death Report form if you prefer to submit by mail or fax. *Please disregard the paper form if you plan to submit data online.*
- If you have more than one inmate death, and are unable to use the Web option, additional Death Report forms are available for download by logging onto the DCRP Web site as described above.

Form CJ-9


**DEATHS IN CUSTODY—2012  
DEATH REPORT ON INMATES  
UNDER JAIL JURISDICTION**

 U.S. DEPARTMENT OF JUSTICE  
 BUREAU OF JUSTICE STATISTICS  
 AND ACTING AS COLLECTION AGENT:  
 RTI INTERNATIONAL
**DATA SUPPLIED BY:**

<b>Name</b>	<input type="text"/>	<b>Title</b>	<input type="text"/>
<b>Official Address</b>	<input type="text"/>	<b>Telephone</b>	<input type="text"/>
<b>City</b>	<input type="text"/>	<b>FAX</b>	<input type="text"/>
<b>State</b>	<input type="text"/>	<b>Zip</b>	<input type="text"/>
		<b>E-mail</b>	<input type="text"/>

Please correct any error in name or mailing address

**Instructions for Completion**

- If no deaths occurred, you will not need to report anything at this time. At the beginning of the next calendar year, you will be asked to complete a summary form whether you had a death occurrence or not.
- If you had more than 1 death, make copies of pages 2 and 3 for each additional death.
- Complete questions 1 through 16 for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

**ONLINE:** Complete the report online at: <https://bjsdcrp.rti.org>

**E-MAIL:** [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

**FAX (TOLL-FREE):** 1-866-800-9179

**MAIL:** RTI International, Attn: Kim Aspinwall

Project Number: 0213149.001.102

3040 Cornwallis Road, PO Box 12194

Research Triangle Park, NC 27709-2194

- If you need assistance, call Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

**What deaths should be reported?****INCLUDE deaths of ALL Persons**

- Confined in your jail facilities, whether housed under your own or another jurisdiction;
- Under your jurisdiction but housed in special jail facilities (e.g., medical/treatment/release centers, halfway houses, and work farms); or on transfer to treatment facilities;
- Under your jurisdiction but out to court;
- In transit to or from your facilities while under your jurisdiction.

**EXCLUDE deaths of ALL Persons**

- Confined in facilities operated by two or more jurisdictions or those held in privately operated jails;
- Under your jurisdiction but in non-residential community-based programs run by your jails (e.g., electronic monitoring, house arrest, community service, day reporting, work programs);
- Under your jurisdiction but on AWOL, escape, or long-term transfer to other jurisdiction;
- In the process of arrest by your agency, but not yet booked into your jail facility.

**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 for jurisdictions reporting zero deaths and 30 minutes per each reported death, 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, NW, Washington, DC 20531. Do not send your completed form to this address.

## LOCAL JAIL INMATE DEATH REPORT

1. What was the inmate's name?

LAST	FIRST	MI

2. On what date did the inmate die?

				2 0 1 2
MONTH	DAY	YEAR		

3. What was the inmate's date of birth?

MONTH	DAY	YEAR					

4. What was the inmate's sex?

- Male  
 Female

5. What was the inmate's race/ethnic origin?

- White (*not of Hispanic origin*)
- Black or African American (*not of Hispanic origin*)
- Hispanic or Latino
- American Indian/Alaska Native (*not of Hispanic origin*)
- Asian (*not of Hispanic origin*)
- Native Hawaiian or Other Pacific Islander (*not of Hispanic origin*)
- Two or more races
- Additional categories in your information system

↳ Please Specify:

Race/Ethnicity Not Known

6. On what date had the inmate been admitted to a facility under your jurisdiction?

MONTH	DAY	YEAR					

7. For what offense(s) was the inmate being held?

a.

b.

c.

d.

e.

8. What was the inmate's legal status at time of death?  
(For persons with more than one status, report the status associated with the most serious offense.)

- Convicted—new court commitment
- Convicted—returned probation / parole violator
- Unconvicted
- Other

↳ Please Specify:

9. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- Yes
- No
- Don't Know

10. Where did the inmate die?

- In a general housing within the jail facility or on jail grounds
- In a segregation unit
- In a special medical unit/infirmary within jail facility
- In a special mental health services unit within jail facility
- In a medical center outside jail facility
- In a mental health center outside jail facility
- While in transit
- Elsewhere

↳ Please Specify:

11. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- In the jail facility or on the jail grounds
  - In the inmate's cell/room
  - In a temporary holding area/lockup
  - In a common area within the facility (e.g., yard, library, cafeteria, etc.)
  - In a segregation unit
  - In a special medical unit/infirmary
  - In a special mental health services unit
  - Elsewhere within the jail facility

[SPECIFY] ↳

↳ Please Specify:

Outside the jail facility (e.g., while on work release or on work detail, etc.)

Elsewhere ↳

12. Had the deceased been receiving treatment for the medical condition after admission to your correctional facilities? Exclude emergency care provided at time of death.

NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

YES NO DON'T KNOW

- a. Evaluated by physician/medical staff .....  .....  .....
- b. Had diagnostic tests (e.g., X-rays, MRI) .....  .....  .....
- c. Received medications .....  .....  .....
- d. Received treatment/care other than medications .....  .....  .....
- e. Had surgery .....  .....  .....
- f. Confined in special medical unit. ....  .....  .....

**PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a – f).**

13. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, post-mortem exam, or review of medical records) available in order to establish an official cause of death?

YES → **CONTINUE TO Q15**

Evaluation complete—results are pending

↳ **SKIP REMAINING QUESTIONS—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

No evaluation is planned → **CONTINUE TO Q15**

15. What was the cause of death? \*\*\* **Please SPECIFY cause of death as it is critical information** \*\*\*

- Illness—Exclude AIDS-related deaths [*Specify*] →
- Acquired Immune Deficiency Syndrome (AIDS)
- Accidental alcohol/drug intoxication [*Specify*] →
- Accidental injury to self [*Describe*] →
- Accidental injury by other (e.g., vehicular accidents during transport) [*Describe*] →
- Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [*Describe*] →
- Homicide [*Please provide description*] →
- Other cause(s) [*Specify*] →

16. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? If multiple conditions caused the death, select "Pre-existing medical condition."

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

**Please add any additional notes here:**

<<AGENCY ID>>

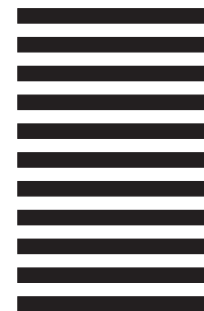
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U.S. Department of Justice

Office of Justice Programs

*Bureau of Justice Statistics*

January 23, 2012

Washington, D.C. 20531

Ms. Stephanie Robbins  
North Carolina Department of Correction  
506 Salisbury Street  
Raleigh, NC 27609

Dear Ms. Stephanie Robbins:

Thanks to the efforts of state prison officials nationwide, the Bureau of Justice Statistics' (BJS) Deaths in Custody Reporting Program (DCRP) has been a great success since its inception in 2000. We appreciate your continued support of this important program, which enjoys a 100% response rate across all state departments of correction in the country.

You may complete all applicable 2011 and 2012 forms online by logging onto the DCRP Web site (<https://bjsdcrp.rti.org>) and using the following login credentials:

USERNAME: 10958632NC  
PASSWORD: 776\$bluesky183

**Alternatively, enclosed in this packet you will find envelopes with materials related to both 2011 and 2012 data collection efforts.** Specifically, you will find an *Annual Summary of Inmate Deaths in State Prisons* form (NPS-4) for 2011, a *State Prison Inmate Death Report* form (NPS-4A) for 2011, and a *State Prison Inmate Death Report* form (NPS-4A) for 2012 if you prefer to submit your data via mail or fax.

We request that you submit all remaining 2011 data, including the NPS-4, by **March 1, 2012**. If you have questions about DCRP, please contact Tim Flanigan, the RTI Data Collection Task Leader, at **800-344-1387** or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org). Or, you may contact BJS directly using the contact information below. We thank you in advance for your participation and look forward to our continued work together.

Sincerely,

Margaret E. Noonan, Program Manager  
Deaths in Custody Reporting Program  
202-353-2060  
[margaret.noonan@usdoj.gov](mailto:margaret.noonan@usdoj.gov)

William J. Sabol, Chief  
Corrections Statistics Program  
202-514-1062  
[william.sabol@usdoj.gov](mailto:william.sabol@usdoj.gov)

Enclosures:

- DCRP Update
- 2011 envelope containing a *2011 Annual Summary of Inmate Deaths in State Prisons* form (NPS-4) and a *2011 State Prison Inmate Death Report* form (NPS-4A)
- 2012 envelope containing a *2012 State Prison Inmate Death Report* form (NPS-4A)

# DCRP

## Deaths in Custody Reporting Program



Conducted by the U.S. Department of Justice - Bureau of Justice Statistics (BJS) and RTI International (RTI)

Over the past decade, BJS has collaborated with local jails and state departments of corrections to collect and disseminate statistics on mortality data.

### How are the Deaths in Custody Reporting Program (DCRP) data used?

- Over the years BJS has published several reports on corrections-related mortality, providing the corrections community with important statistics that help policy-makers and jail administrators address key public health issues facing jails and prisons. Some examples include—
  - Prison and Jail Deaths in Custody, 2000-2009 - Statistical Tables, NCJ 236219*
  - Mortality in Local Jails, 2000-2007 (Revised), NCJ 222988*
  - Medical Causes of Death in State Prisons, 2001-2004, NCJ 216340*
  - Suicide and Homicide in State Prisons and Local Jails, NCJ 210036*

Please visit the BJS website at <http://www.bjs.gov> to access these and other statistical reports.

- BJS occasionally fields questions from local jail administrators who need to know how the death rates in their jails compare with jails of a similar size or within their state.
- BJS provides information to state departments of corrections that need death information from previous years for special or routine reports.

### Want to test your knowledge about DCRP? Take the following quiz!

(Answers are available further below.)

- What is the leading natural cause of death among jail inmates?  
*a. Cancer    b. Heart disease    c. AIDS/HIV*
- Between 2000 and 2009, has the rate of inmate jail deaths from HIV/AIDS increased or decreased?
- Approximately what percentage of jail deaths occur within the first 7 days of admission?  
*a. 18%    b. 28%    c. 38%*
- True or False: Between 2001 and 2009, illness-related deaths accounted for 9 out of 10 prison deaths.
- Between 2000 and 2009, were mortality rates among whites higher or lower than those for other race or ethnic groups?
- About what percentage of the nation's approximately 2,800 jail jurisdictions participated in the Deaths in Custody Reporting Program in 2010?  
*a. 90%    b. 95%    c. 97%*

Source: *Prison and Jail Deaths in Custody, 2000-2009-Statistical Tables*, BJS Web, December 2011, NCJ 236219.

(1) **Heart disease.** Heart disease represented approximately 22% of all jail deaths from 2000 to 2009. (2) **Decreased.** AIDS-related deaths in jails declined by 54% between 2000 and 2009. (3) **About 38%.** Between 2000 and 2009, the percentage of jail deaths that took place within a week of admission ranged from 36.2% (2006) to 40.3% (2003). (4) **True.** Only 10% of reported deaths are due to suicide, accidental injury, or homicide. (5) **Higher.** The rate of mortality among whites is higher than that of other races or ethnic groups. In prisons, white mortality rates were between 1.4 and 1.8 times higher in comparison to other ethnic or racial groups. In jails, whites had a mortality rate between 1.6 and 4.7 times higher than other ethnic or racial groups. (6) **97%.** If your jail hasn't previously participated in DCRP, please contact RTI.

For more information on BJS or the DCRP, please contact—  
**Margaret Noonan**  
Program Manager  
U.S. Department of Justice  
Bureau of Justice Statistics  
810 7th Street, NW  
Washington, DC 20531  
(202) 353-2060  
[Margaret.Noonan@usdoj.gov](mailto:Margaret.Noonan@usdoj.gov)

For more information about the DCRP or data collection, please contact—  
**Kim Aspinwall**  
DCRP Data Collection Task Leader  
RTI International  
3040 Cornwallis Road  
Research Triangle Park, NC 27709  
(800) 344-1387  
[bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)



3040 Cornwallis Road ■ PO Box 12194  
Research Triangle Park, NC 27709-2194  
ATTN: Tim Flanigan 0212335.001.302.100

# 2011



## **ACTION REQUESTED**

### **Completion of reporting for the 2011 DCRP**

#### **This packet includes:**

- ✓ Cover letter
- ✓ Instructions for reporting data
- ✓ 2011 Annual Summary Form
- ✓ 2011 Death Report Form
- ✓ Postage-paid Return Envelope



U.S. Department of Justice

Office of Justice Programs

*Bureau of Justice Statistics*

January 23, 2012

Washington, D.C. 20531

Ms. Stephanie Robbins  
North Carolina Department of Correction  
506 Salisbury Street  
Raleigh, NC 27609

Dear Ms. Stephanie Robbins:

Now that 2011 is behind us, we ask that you complete an *Annual Summary of Inmate Deaths in State Prisons* form (NPS-4) for 2011. In addition, please complete a *State Prison Inmate Death Report* form (NPS-4A), excluding ones already submitted. **If you did not have a death in custody in 2011 then you only need to complete an Annual Summary form.**

You may submit these forms online by logging onto the Deaths and Custody Reporting Program (DCRP) Web site (<https://bjsdcrp.rti.org>) and using the following login credentials:

USERNAME: 10958632NC  
PASSWORD: 776\$bluesky183

We request that you submit your data by **March 1, 2012**. We have enclosed paper forms if you prefer to submit by mail or fax. Please disregard the paper forms if you plan to submit data online. If you have questions about DCRP, please contact Tim Flanigan, the RTI Data Collection Task Leader, at **800-344-1387** or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).

You may also contact BJS directly using the contact information below. We thank you in advance for your participation and look forward to our continued work together.

Sincerely,

Margaret E. Noonan, Program Manager  
Deaths in Custody Reporting Program  
202-353-2060  
[margaret.noonan@usdoj.gov](mailto:margaret.noonan@usdoj.gov)

William J. Sabol, Chief  
Corrections Statistics Program  
202-514-1062  
[william.sabol@usdoj.gov](mailto:william.sabol@usdoj.gov)

Enclosures:

- 2011 *Annual Summary of Inmate Deaths in State Prisons* form (NPS-4)
- 2011 *State Prison Inmate Death Report* form (NPS-4A)
- Postage-paid return envelope

## 2011 Data Collection Forms and Reporting Instructions

- **All agencies** should submit a 2011 Annual Summary form. The form has one question asking the number of deaths that occurred in 2011.
- Please be sure that the total number of deaths you report on the Annual Summary form matches the number of individual death reports you submit for 2011.
- You may submit your data online by logging onto the Deaths and Custody Reporting Program (DCRP) Web site (<https://bjsdcrp.rti.org>) using the login credentials on your cover letter.
- We have enclosed a paper version of the 2011 Annual Summary and Death Report forms if you prefer to submit by mail or fax. *Please disregard the paper forms if you plan to submit data online.*
- If you had more than one inmate death, and are unable to use the Web option, additional Death Report forms are available for download by logging onto the DCRP Web site as described above.

Form NPS-4



**DEATHS IN CUSTODY—2011  
ANNUAL SUMMARY OF INMATE DEATHS  
IN STATE PRISONS**

U.S. DEPARTMENT OF JUSTICE  
BUREAU OF JUSTICE STATISTICS  
AND ACTING AS COLLECTION AGENT:  
RTI INTERNATIONAL

**DATA SUPPLIED BY:**

Name	<input type="text"/>	Title	<input type="text"/>
Official Address	<input type="text"/>	Telephone	<input type="text"/> <input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/> <input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
E-mail		<input type="text"/>	

*Please correct any error in name or mailing address*

**What deaths should be reported?**

**INCLUDE Deaths of ALL Persons**

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state;
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state;
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, and work farms);
- In transit to or from your facilities while under your supervision.

**EXCLUDE Deaths of ALL Persons**

- Deaths by execution that were carried out in your state;
- Confined in local jail facilities, whether located in or out of state;
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility;
- Under probation or parole supervision in your state.

**During 2011, how many persons died while in the custody of your state correctional facilities?**

**Number of deaths in 2011**

- Please fill out the number of deaths that occurred in calendar year 2011 above and submit this form and corresponding NPS-4A forms to RTI International. There are several ways to submit these data:

**ONLINE:** Complete this form online at: <https://bjsdcrp.rti.org>

**E-MAIL:** [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

**FAX (TOLL-FREE):** 1-866-800-9179

**MAIL:** RTI International, Attn: Kim Aspinwall

Project Number: 0212335.001.302.200

3040 Cornwallis Road, PO Box 12194

Research Triangle Park, NC 27709-2194

- For each inmate death, please ensure that you have submitted a **STATE PRISON INMATE DEATH REPORT (NPS-4A)** form.
- **IF NO DEATHS OCCURRED**, it is still important that you complete this form and return it to RTI International.
- If you need assistance, call Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or send an e-mail to [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).

**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 for jurisdictions reporting zero deaths and 30 minutes per each reported death, 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, NW, Washington, DC 20531. Do not send your completed form to this address.

Form NPS-4A  
(Addendum)
**DEATHS IN CUSTODY— 2011  
STATE PRISON INMATE  
DEATH REPORT**

 U.S. DEPARTMENT OF JUSTICE  
 BUREAU OF JUSTICE STATISTICS  
 AND ACTING AS COLLECTION AGENT:  
 RTI INTERNATIONAL

**DATA SUPPLIED BY:**

Name	<input type="text"/>	Title	<input type="text"/>	
Official Address	<input type="text"/>	Telephone	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>	E-mail <input type="text"/>

Please correct any error in name or mailing address

**Instructions for Completion**

- If no deaths occurred, you will not need to report anything at this time. At the beginning of the next calendar year, you will be asked to complete a summary form whether you had a death occurrence or not.
- If you had more than 1 death, make copies of pages 2 and 3 for each additional death.
- Complete questions 1 through 16 for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:
 

<b>ONLINE:</b> Complete the report online at: <a href="https://bjsdcrp.rti.org">https://bjsdcrp.rti.org</a> <b>E-MAIL:</b> <a href="mailto:bjsdcrp@rti.org">bjsdcrp@rti.org</a> <b>FAX (TOLL-FREE):</b> 1-866-800-9179	<b>MAIL:</b> RTI International, Attn: Kim Aspinwall Project Number: 0212335.001.302.200 3040 Cornwallis Road, PO Box 12194 Research Triangle Park, NC 27709-2194
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- If you need assistance, call Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

**What deaths should be reported?**
**INCLUDE deaths of ALL Persons**

Confined in your correctional facilities, whether housed under your jurisdiction or that of another state;

Under your jurisdiction but housed in private correctional facilities, whether located in or out of state;

Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, and work farms);

In transit to or from your facilities while under your supervision.

**EXCLUDE deaths of ALL Persons**

Deaths by execution that were carried out in your state;

Confined in local jail facilities, whether located in or out of state;

Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility;

Under probation or parole supervision in your state.

**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 for jurisdictions reporting zero deaths and 30 minutes per each reported death, 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, NW, Washington, DC 20531. Do not send your completed form to this address.

# STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

LAST	FIRST	MI

2. On what date did the inmate die?

				<b>2 0 1 1</b>
MONTH	DAY	YEAR		

3. What was the name and location of the correctional facility involved?

Please Specify:

4. What was the inmate's date of birth?

MONTH	DAY	YEAR					

5. What was the inmate's sex?

- Male
- Female

6. What was the inmate's race/ethnic origin?

- White (*not of Hispanic origin*)
- Black or African American (*not of Hispanic origin*)
- Hispanic or Latino
- American Indian/Alaska Native (*not of Hispanic origin*)
- Asian (*not of Hispanic origin*)
- Native Hawaiian or Other Pacific Islander (*not of Hispanic origin*)
- Two or more races
- Additional categories in your information system

↳ Please Specify:

Race/Ethnicity Not Known

7. On what date had the inmate been admitted to one of your correctional facilities?

YEAR							

8. For what offense(s) was the inmate being held?

- a.
- b.
- c.
- d.
- e.

9. Since admission, did the inmate ever stay overnight in a mental health facility?

- Yes
- No
- Don't Know

10. Where did the inmate die?

- In a general housing in the facility or on prison grounds
- In a segregation unit
- In a special medical unit/infirmary within your facility
- In a special mental health services unit within your facility
- In a medical center outside your facility
- In a mental health center outside your facility
- While in transit
- Elsewhere → 

Please Specify:

11. Where did the incident (e.g., accident, suicide, or homicide) take place?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- In the prison facility or on the prison grounds
  - In the inmate's cell/room
  - In a temporary holding area/lockup
  - In a common area within the facility (e.g., yard, library, cafeteria, etc.)
  - In a special medical unit/infirmary
  - In a special mental health services unit
  - In a segregation unit
  - On death row, special unit awaiting capital punishment
  - Elsewhere within the prison facility

↳  
[SPECIFY]

↳ Please Specify:

- Outside the prison facility (e.g., while on work release or on work detail, etc.)
- Elsewhere 

Please Specify:

12. Had the inmate been receiving treatment for the medical condition after admission to your correctional facilities? Exclude emergency care provided at time of death.

NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

YES NO DON'T KNOW

- a. Evaluated by physician/medical staff...............
- b. Had diagnostic tests (e.g., X-rays, MRI)...............
- c. Received medications...............
- d. Received treatment/care other than medications...............
- e. Had surgery...............
- f. Confined in special medical unit...............

**PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a – f).**

13. When did the incident (e.g., accident, suicide, or homicide) causing the inmate's death occur?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, post-mortem exam, or review of medical records) available in order to establish an official cause of death?

YES → **CONTINUE TO Q15**

Evaluation complete—results are pending

↳ **SKIP REMAINING QUESTIONS—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

No evaluation is planned → **CONTINUE TO Q15**

15. What was the cause of death? \*\*\* **Please SPECIFY cause of death as it is critical information** \*\*\*

- Illness—Exclude AIDS-related deaths [*Specify*] →
- Acquired Immune Deficiency Syndrome (AIDS)
- Accidental alcohol/drug intoxication [*Specify*] →
- Accidental injury to self [*Describe*] →
- Accidental injury by other (e.g., vehicular accidents during transport) [*Describe*] →
- Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [*Describe*] →
- Homicide [*Please provide description*] →
- Other cause(s) [*Specify*] →

16. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? If multiple conditions caused the death, select "Pre-existing medical condition."

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

**Please add any additional notes here:**

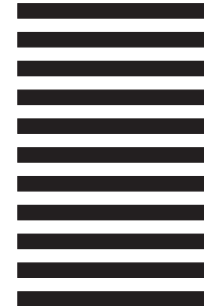
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Research Triangle Park, NC 27709-2194 ■ USA



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UNITED STATES



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RTI INTERNATIONAL  
**ATTN: TIM FLANIGAN 0212335.001.302.100**  
PO BOX 12194  
RESEARCH TRIANGLE PARK NC 27709-9935





3040 Cornwallis Road ■ PO Box 12194  
Research Triangle Park, NC 27709-2194  
ATTN: Tim Flanigan 0212335.001.302.100

# 2012

## **FOR FUTURE REFERENCE**

**Announcing the start of reporting for the  
2012 Deaths in Custody Reporting Program.**

**\*\* No action is requested at this time. \*\***

### **This packet includes:**

- ✓ Instructions for reporting data
- ✓ 2012 Death Report Form
- ✓ Postage-paid Return Envelope

## 2012 Reporting Instructions

- We have enclosed a 2012 Death Report form for your convenience. If no deaths have occurred within your prisons to date in 2012, you have nothing to report at this time.
- Please submit a report for any deaths that occur within your prisons in 2012 as soon as the autopsy or other official death investigation results are available.
- Please complete ALL form questions, including “Specify” fields, if applicable.
- You may submit your data online by logging onto the Deaths and Custody Reporting Program (DCRP) website (<https://bjsdcrp.rti.org>) using the login credentials in your cover letter.
- We have enclosed a paper version of the 2012 Death Report form if you prefer to submit by mail or fax. *Please disregard the paper form if you plan to submit data online.*
- If you have more than one inmate death, and are unable to use the Web option, additional Death Report forms are available for download by logging onto the DCRP Web site as described above.

Form NPS-4A  
(Addendum)
**DEATHS IN CUSTODY— 2012  
STATE PRISON INMATE  
DEATH REPORT**

 U.S. DEPARTMENT OF JUSTICE  
 BUREAU OF JUSTICE STATISTICS  
 AND ACTING AS COLLECTION AGENT:  
 RTI INTERNATIONAL

**DATA SUPPLIED BY:**

Name	<input type="text"/>	Title	<input type="text"/>	
Official Address	<input type="text"/>	Telephone	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	FAX	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>	
		E-mail	<input type="text"/>	

Please correct any error in name or mailing address

**Instructions for Completion**

- If no deaths occurred, you will not need to report anything at this time. At the beginning of the next calendar year, you will be asked to complete a summary form whether you had a death occurrence or not.
- If you had more than 1 death, make copies of pages 2 and 3 for each additional death.
- Complete questions 1 through 16 for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:
 

<b>ONLINE:</b> Complete the report online at: <a href="https://bjsdcrp.rti.org">https://bjsdcrp.rti.org</a> <b>E-MAIL:</b> <a href="mailto:bjsdcrp@rti.org">bjsdcrp@rti.org</a> <b>FAX (TOLL-FREE):</b> 1-866-800-9179	<b>MAIL:</b> RTI International, Attn: Kim Aspinwall Project Number: 0213149.001.102 3040 Cornwallis Road, PO Box 12194 Research Triangle Park, NC 27709-2194
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- If you need assistance, call Kim Aspinwall of RTI International toll-free at 1-800-344-1387 or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

**What deaths should be reported?**
**INCLUDE deaths of ALL Persons**

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state;
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state;
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, and work farms);
- In transit to or from your facilities while under your supervision.

**EXCLUDE deaths of ALL Persons**

- Deaths by execution that were carried out in your state;
- Confined in local jail facilities, whether located in or out of state;
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility;
- Under probation or parole supervision in your state.

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# STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

LAST	FIRST	MI

2. On what date did the inmate die?

				2 0 1 2
MONTH	DAY	YEAR		

3. What was the name and location of the correctional facility involved?

*Please Specify:*

4. What was the inmate's date of birth?

MONTH	DAY	YEAR			

5. What was the inmate's sex?

- Male
- Female

6. What was the inmate's race/ethnic origin?

- White (*not of Hispanic origin*)
- Black or African American (*not of Hispanic origin*)
- Hispanic or Latino
- American Indian/Alaska Native (*not of Hispanic origin*)
- Asian (*not of Hispanic origin*)
- Native Hawaiian or Other Pacific Islander (*not of Hispanic origin*)
- Two or more races
- Additional categories in your information system

*Please Specify:*

Race/Ethnicity Not Known

7. On what date had the inmate been admitted to one of your correctional facilities?

MONTH	DAY	YEAR			

<< AGENCY ID >>

8. For what offense(s) was the inmate being held?

a.

b.

c.

d.

e.

9. Since admission, did the inmate ever stay overnight in a mental health facility?

- Yes
- No
- Don't Know

10. Where did the inmate die?

- In a general housing in the facility or on prison grounds
- In a segregation unit
- In a special medical unit/infirmary within your facility
- In a special mental health services unit within your facility
- In a medical center outside your facility
- In a mental health center outside your facility
- While in transit
- Elsewhere → 

*Please Specify:*

11. Where did the incident (e.g., accident, suicide, or homicide) take place?

- NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- In the prison facility or on the prison grounds
  - In the inmate's cell/room
  - In a temporary holding area/lockup
  - In a common area within the facility (e.g., yard, library, cafeteria, etc.)
  - In a special medical unit/infirmary
  - In a special mental health services unit
  - In a segregation unit
  - On death row, special unit awaiting capital punishment
  - Elsewhere within the prison facility

↳ [SPECIFY]

*Please Specify:*

Outside the prison facility (e.g., while on work release or on work detail, etc.)

Elsewhere 

*Please Specify:*

↳

12. Had the inmate been receiving treatment for the medical condition after admission to your correctional facilities? Exclude emergency care provided at time of death.

NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

YES      NO      DON'T KNOW

- a. Evaluated by physician/medical staff...............
- b. Had diagnostic tests (e.g., X-rays, MRI)...............
- c. Received medications...............
- d. Received treatment/care other than medications...............
- e. Had surgery...............
- f. Confined in special medical unit...............

**PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a – f).**

13. When did the incident (e.g., accident, suicide, or homicide) causing the inmate's death occur?

NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

- Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, post-mortem exam, or review of medical records) available in order to establish an official cause of death?

YES → **CONTINUE TO Q15**

Evaluation complete—results are pending

↳ **SKIP REMAINING QUESTIONS—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH**

No evaluation is planned → **CONTINUE TO Q15**

15. What was the cause of death? \*\*\* **Please SPECIFY cause of death as it is critical information** \*\*\*

- Illness—Exclude AIDS-related deaths [*Specify*] →
- Acquired Immune Deficiency Syndrome (AIDS)
- Accidental alcohol/drug intoxication [*Specify*] →
- Accidental injury to self [*Describe*] →
- Accidental injury by other (e.g., vehicular accidents during transport) [*Describe*] →
- Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [*Describe*] →
- Homicide [*Please provide description*] →
- Other cause(s) [*Specify*] →

16. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? If multiple conditions caused the death, select "Pre-existing medical condition."

- NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- Pre-existing medical condition
- Deceased developed condition after admission
- Could not be determined

**Please add any additional notes here:**

<<AGENCY ID>>

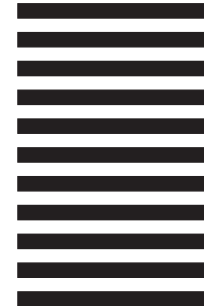
IMPORTANT: DO NOT ENLARGE, REDUCE OR MOVE the FIM and POSTNET barcodes. They are only valid as printed!  
Special care must be taken to ensure FIM and POSTNET barcode are actual size AND placed properly on the mail piece to meet both USPS regulations and automation compatibility standards.



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Research Triangle Park, NC 27709-2194 ■ USA



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**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 593 DURHAM, NC

POSTAGE WILL BE PAID BY ADDRESSEE



RTI INTERNATIONAL  
**ATTN: TIM FLANIGAN 0213149.001.102**  
PO BOX 12194  
RESEARCH TRIANGLE PARK NC 27709-9935

Attachment J. Example of letters, emails and telephone scripts for data quality and non-response follow-up for DCRP jail respondents



Directed Email Prompt

September 29, 2011

Dear {Salutation}{Last Name}:

We are in the process of finalizing data collection for the 2010 U.S. Department of Justice's Deaths in Custody Reporting Program (DCRP). We recently contacted you by telephone because we have not received your 2010 Annual Summary Form.

**We ask ALL agencies to complete the Annual Summary form (i.e., a CJ9A or a CJ10A) regardless if whether they have experienced a death in custody during 2010.**

The Annual Summary form has 4 short questions that should take you a few minutes to complete. We have enclosed this form for you to complete and mail using the enclosed return envelope or fax back to us at 1-866-800-9179. Furthermore, if you have experienced a death in custody during 2010, we ask that you complete the enclosed death report. Please make copies of this form if needed for multiple deaths to report for 2010.

We would appreciate your response on or before: **October 10, 2011.**

If you would prefer to complete the form(s) online, our web page may be found here: <https://bjsdcrp.rti.org/>. Once there, you will be instructed to enter a username and password:


Username:        «username»  
Password:        «password»

After logging in, please select the green button: "Submit 2010 Deaths in Custody Data." Next, click on the blue button to fill out your 2010 Annual Summary Form. If you have any deaths to report, please click the green button entitled "Add a 2010 Death Report" so that you can begin entering death record data.

If you have any questions or concerns, please contact Tim Flanigan, the RTI Data Collection Task Leader, at 1-800-334-8571, or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

We would appreciate your participation, as the continued success of this program depends on you.

Sincerely,



Margaret E. Noonan, Program Manager  
Deaths in Custody Reporting Program  
202-353-2060  
[margaret.noonan@usdoj.gov](mailto:margaret.noonan@usdoj.gov)



William J. Sabol, Chief  
Corrections Statistics Program  
202-514-1062  
[william.sabol@usdoj.gov](mailto:william.sabol@usdoj.gov)

Enclosures:

*Annual Summary on Inmates Under Jail Jurisdiction (CJ-9A)*  
*Annual Death Report on Inmates under Jail Jurisdiction (CJ-9)*

## Telephone script – missing or incomplete annual summary form

Good morning/afternoon, [Respondent].

My name is [your name] with RTI International and I'm calling on the behalf of the Bureau of Justice Statistics' Deaths in Custody Program.. Would you have a few moments to discuss the Deaths in Custody Reporting Program?

*If the respondent indicates you've caught them at a bad time:*

I understand. I can call you back at a more convenient time. What day and time would work best for you?

*Make note of the respondents instructions.*

Just to confirm, tomorrow afternoon at 2:00 is a time that works best for you? Thank you. I look forward to speaking to you then.

*If the respondent indicates that they have time to talk*

Specifically, I'm calling about that status of your agency's Annual Summary Form.

As you may recall, we ask all jails to complete this form even if your jail has no deaths to report. The data on this form is critical to calculating mortality rates for all jails. It should take about five minutes for you to complete. If you would prefer I can take this information over the phone.

*If the respondent would like to enter the data on their own.*

Our online tool is the easiest way to enter your data. Go to [bjsdcrp.rti.org/](https://bjsdcrp.rti.org/) and enter your username and password to complete your form.

*Be prepared to provide the respondent with this information.*

*If the respondent would prefer to fax or mail their data, give them the fax number or the mailing address.*

When you're ready, you can fax your survey to 1-866-800-9179, which is a toll-free number. Please address the fax to Kim Aspinwall.

When you're ready you can mail your survey to RTI International, Attn: Kim Aspinwall. Project number 0212335.001.302.200, PO Box 12194, Research Triangle Park, NC 27709-2194.

*If the respondent can provide the information over the phone:*

That's great. We can begin when you are ready.

*Go through the items in order. Once complete thank the respondent for their time.*

If you would like, I can provide you with a copy of your submission for your records.

*Offer to provide a copy via email, or if they prefer arrange to fax or mail them a copy.*

Thank you so much for your time and for participating in the Deaths in Custody Reporting Program.

## Telephone script – missing death forms

Good morning/afternoon, [Respondent].

My name is [your name] with RTI International and I'm calling on the behalf of the Bureau of Justice Statistics' Deaths in Custody Program.. Would you have a few moments to discuss the Deaths in Custody Reporting Program?

*If the respondent indicates you've caught them at a bad time:*

I understand. I can call you back at a more convenient time. What day and time would work best for you?

*Make note of the respondents instructions.*

Just to confirm, tomorrow afternoon at 2:00 is a time that works best for you? Thank you. I look forward to speaking to you then.

*If the respondent indicates that they have time to talk*

Specifically, I'm calling about that status of an inmate death that your jail reported. On your Annual Summary Form, you indicated that your jail had an inmate death, but we have yet to receive the death form. Is it correct that your jail has an inmate death to report?

*If no, do the following:*

OK, we're going to edit your annual summary form to reflect the true count of zero. If you would like, I can provide you with a copy of your submission for your records.

Thank you so much for your time and for participating in the Deaths in Custody Reporting Program.

*If yes, follow the script below. If yes, but they're waiting on data from the medical examiner or coroner, advise them that they can begin the death record and complete it once the final cause of death ruling is available.*

When you're ready to enter your death record, our online tool is the easiest way to enter your data. Go to [bjsdcrp.rti.org/](https://bjsdcrp.rti.org/) and enter your username and password to complete your form.

*Be prepared to provide the respondent with this information.*

*If the respondent would prefer to fax or mail their data, give them the fax number or the mailing address.*

When you're ready, you can fax your survey to 1-866-800-9179, which is a toll-free number. Please address the fax to Kim Aspinwall.

When you're ready you can mail your survey to RTI International, Attn: Kim Aspinwall. Project number 0212335.001.302.200, PO Box 12194, Research Triangle Park, NC 27709-2194.

*If the respondent can provide the information over the phone:*

That's great. We can begin when you are ready.

*Go through the items in order. Once complete thank the respondent for their time.*

If you would like, I can provide you with a copy of your submission for your records.

*Offer to provide a copy via email, or if they prefer arrange to fax or mail them a copy.*

Thank you so much for your time and for participating in the Deaths in Custody Reporting Program.

## Telephone script – death form missing information

Good morning/afternoon, [Respondent].

My name is [your name] with RTI International and I'm calling on the behalf of the Bureau of Justice Statistics' Deaths in Custody Program.. Would you have a few moments to discuss the Deaths in Custody Reporting Program?

*If the respondent indicates you've caught them at a bad time:*

I understand. I can call you back at a more convenient time. What day and time would work best for you?

*Make note of the respondents instructions.*

Just to confirm, tomorrow afternoon at 2:00 is a time that works best for you? Thank you. I look forward to speaking to you then.

*If the respondent indicates that they have time to talk*

Specifically, I'm calling about that status of an inmate death that your jail reported. The inmate's name is John Doe, and his date of death is 12/31/2012. You indicated that you were awaiting the results of the autopsy. Are those results currently available?

*If no, do the following:*

I understand. Do you have an idea as to when this information will be available? *Make a note of the expected date.* Once you receive this information, please complete the record for John Doe at your earliest convenience.

Thank you so much for your time and for participating in the Deaths in Custody Reporting Program.

*If yes, follow the script below.*

If you prefer, I can take that information from you over the phone.

*If the respondent can provide the information over the phone: You can also offer to set up a time to call them back if they'd like to do it over the phone but don't have the information in front of them.*

That's great. We can begin when you are ready.

*Go through the items in order. Once complete thank the respondent for their time.*

If you would like, I can provide you with a copy of your submission for your records.

*Offer to provide a copy via email, or if they prefer arrange to fax or mail them a copy.*

Thank you so much for your time and for participating in the Deaths in Custody Reporting Program.

*If the respondent would rather enter the data on their own.*

When you're ready to enter your death record, our online tool is the easiest way to enter your data. Go to [bjsdcrp.rti.org/](http://bjsdcrp.rti.org/) and enter your username and password to complete your form.

*Be prepared to provide the respondent with this information.*

*If the respondent would prefer to fax or mail their data, give them the fax number or the mailing address.*

When you're ready, you can fax your survey to 1-866-800-9179, which is a toll-free number. Please address the fax to Kim Aspinwall. It's not necessary to complete a new form, just reference your jail, the inmate's name and date of death and provide the final cause of death.

.  
When you're ready you can mail your survey to RTI International, Attn: Kim Aspinwall. Project number 0212335.001.302.200, PO Box 12194, Research Triangle Park, NC 27709-2194.

If you have any questions or concerns during this process, please don't hesitate to contact me at (*provide contact information*). Thank you for participating in the Deaths in Custody Reporting Program.

**FIRST REMINDER MAILING – SENT USPS PRIORITY MAIL FOR THOSE WITHOUT EMAILS**

Dear <<Salutation LastName >>:

We appreciate your continued support of the Bureau of Justice Statistics' (BJS) Deaths in Custody Reporting Program (DCRP). As a reminder, you can report an inmate death at any time through the year. If you have already entered some death reports in response to our letter in October, thank you for your initial response.

**If you have zero deaths to report, you have nothing to do at this time.**

If you have any deaths to report at the close of calendar year 2011, please report these at your earliest convenience. Submitting your forms online is the most efficient method of reporting the death records. In order to report online, please log onto the DCRP website (<https://bjsdcrp.rti.org>) and use the following login credentials:

USERNAME: <<merge username>>  
PASSWORD: <<merge password>>

In early 2012, we will ask **all** jails to complete a brief annual summary form that collects population data for your facilities and a final count of the number of deaths that occurred in your jurisdiction during 2011. This survey should take about five minutes to complete and the information collected is necessary to calculate mortality in jails.

If you have any questions, please contact Kim Aspinwall at 1-800-344-1387, or e-mail us at [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org). Please don't hesitate to contact BJS directly at any time, using the contact information below.

We thank you for your participation and look forward to our continued work together.

Sincerely,



Margaret E. Noonan, Program Manager  
Deaths in Custody Reporting Program  
202-353-2060  
[margaret.noonan@usdoj.gov](mailto:margaret.noonan@usdoj.gov)



William J. Sabol, Deputy Director  
Statistical Collections & Analysis  
202-514-1062  
[william.sabol@usdoj.gov](mailto:william.sabol@usdoj.gov)

## NONRESPONSE EMAIL TARGETING “0” DEATH REPORT AGENCIES

We recently sent you 2011 reporting materials for the U.S. Department of Justice’s Deaths in Custody Reporting Program (DCRP). We appreciate your participation, as the continued success of this program depends on you. To date, we have not received your 2011 annual summary form. If you have recently submitted this, no further action is requested.

Below are some questions you may have about our request.

### What if we had no deaths in custody during 2011?

**We would still like for you to complete the attached CJ9A form.** This should take about five minutes of your time. These data are critical to estimating mortality in jails. Please note that estimates for the population/count questions on the form are acceptable.

### What if we had one or more deaths in custody during 2011?

Upon completing the CJ9A, please also complete the first page of the attached CJ9 form and a corresponding death report (CJ9 pages 2 and 3) for each inmate death.

### How do I submit my reports?

ONLINE: <https://bjsdcrp.rti.org/>. I’ve included your username and password below for your convenience.

USER NAME: {FILL} PASSWORD: {FILL}

FAX: Fax (toll free): (866) 800–9179    MAIL: RTI International, Attn: Data Capture  
Project Number: 0212335.001.302.200  
3040 Cornwallis Road, P.O. Box 12194,  
Research Triangle Park, NC 27709-2194

EMAIL: You can email your completed reports to: [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org)

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Please submit your completed reports no later than **June 30, 2012**.

If you have any questions about the 2011 collection or have difficulty accessing the website, please contact Kim Aspinwall, the RTI Data Collection Task Leader at 1-800-334-1387, or [bjsdcrp@rti.org](mailto:bjsdcrp@rti.org).

Thank you for your time.

Margaret E. Noonan, DCRP Project Manager

Example of an email exchange with the field

**From:** Noonan, Margaret [<mailto:Margaret.Noonan@usdoj.gov>]  
**Sent:** Tuesday, January 31, 2012 2:02 PM  
**To:** [REDACTED]  
**Subject:** RE: Death in Custody Report

Hi [Retracted],

It was nice talking to you today. Sorry for the confusion about the separate collections. The CJ11 forms are the arrest-related death forms, which I don't work on.

Just as an FYI, if you ever need information on that collection, you can talk to Andrea Burch, here at BJS. Her email is [andrea.burch@usdoj.gov](mailto:andrea.burch@usdoj.gov).

The packet you received has to do with death occurring in jails. We ask all jails, even those that have zero deaths to report, to fill out our brief annual summary forms (the CJ9a). I've attached a copy of your agency's CJ9A form from 2010. It should take about five minutes for you to complete. It asks four questions on one-day inmate counts, annual admissions, average daily population and number of inmate deaths, which is zero in your agency's case.

Take a look at the attachment, and when you're ready, you can fill it out online by going to the Deaths in Custody Reporting Program website: <https://bjsdcrp.rti.org/>

Username: [retracted]  
Password: [retracted]

Alternately, you can fax or mail your data following the instructions on the front of the CJ9A form.

Please don't hesitate to contact me if you have any questions or concerns.

Thank you for participating in the Deaths in Custody Reporting Program.

Take care,  
Margaret

Margaret Noonan  
Statistician  
U.S. Department of Justice  
Bureau of Justice Statistics  
810 7th Street, NW  
Washington, DC 20531  
(202) 353-2060

**From:** [REDACTED]  
**Sent:** Tuesday, January 31, 2012 2:29 PM  
**To:** Noonan, Margaret  
**Subject:** Death in Custody Report

Ms. Noonan,



I am writing inquiring the status of the DCRP for Crawford County Kansas. I emailed the report form CJ-11 to [REDACTED] on January 6, 2012. We received a packet in the mail today that includes forms for 2011 and 2012. I just need to be certain that our report for 2011 has indeed been received. Thank you in advance for your time looking into this matter.

[REDACTED]

Crawford County Sheriff's Department  
P.O. Box 157  
225 N. Enterprise Drive  
Girard, Kansas 66743  
620-724-8274