

Attachment E:

Form CJ-12s: Arrest-related Deaths Quarterly Summary (sample) for Medical Examiner/ Coroner's Offices

Arrest-related Deaths Program—2015 Pilot Study

The Death in Custody Reporting Act (DICRA) of 2013 (P.L. 113-242) encourages states to report information on a quarterly basis regarding the death of any person who is detained, under arrest, or in the process of being arrested, en route to be incarcerated, or incarcerated.

In response to this legislation, BJS is conducting a pilot study to determine the most efficient and comprehensive means of identifying arrest-related deaths and collecting information about individuals who die in the custody of law enforcement and the circumstances surrounding those deaths.

Through review of open sources, including news outlets, official agency documents, and other publicly-available information, BJS has compiled a preliminary list of arrest-related deaths that occurred between June 1 and August 31, 2015.

In addition to identifying arrest-related deaths through open source review, we are also contacting a random sample of medical examiner/ coroner's offices to determine whether there have been any arrest-related deaths in those jurisdictions between June 1 and August 31, 2015. This survey asks you to identify any deaths that occurred during an interaction state or local law enforcement personnel during this time period. For those deaths, we request that you provide information about the decedent, cause of death, and manner of death.

For the purposes of the ARD program, a death is "arrest-related" when the event causing the death (e.g., gunshot wound, self-inflicted injury, cardiac arrest, fall from a height, drowning, etc.) occurs during an interaction with state or local law enforcement personnel. Please exclude any deaths that occurred while the decedent was incarcerated in a jail or prison, or any deaths where the decedent was in the custody of federal or tribal law enforcement agencies.

Deaths reportable to the ARD program include:

- All **homicides due to legal intervention** or deaths attributed to **any use of force** by law enforcement personnel (e.g., officer-involved shootings, accidental deaths caused by weapons or tactics)
- All manners of death, including those resulting from homicides, suicides, natural causes, accidents, that occur while the decedent's freedom to leave is restricted by state or local law enforcement **prior to, during, or following an arrest**, including confinements 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 state or local law enforcement personnel during **response to medical or mental health assistance** (e.g., response to suicidal persons)

Form CJ-12s, *Arrest-Related Deaths Quarterly Summary (sample)*, asks agencies to identify any arrest-related death occurring in your jurisdiction from June 1, 2015 through August 31, 2015. Form CJ-12A, *Arrest-Related Death Incident Report*, collects information on decedent characteristics and circumstances surrounding the death for each arrest-related death identified on Form CJ-12s, *Arrest-Related Deaths Quarterly Summary (sample)*.

If you have any questions about this form or the Arrest-related Deaths Program – 2015 Pilot Study, please contact:

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Arrest-related Deaths Program—2015 Pilot Study

FORM CJ-12s *Arrest-Related Deaths Quarterly Summary (sample)*

Please identify any arrest-related deaths occurring in your jurisdiction from June 1, 2015 through August 31, 2015, including decedent name, date of death, and time of death; and then proceed to Form CJ-12A to complete additional information about the decedent and the circumstances surrounding the death.

Medical examiner/ Coroner's office name		Name of jurisdiction served	
Did your agency provide death certificates for any deaths classified as homicides due to legal intervention between June 1 and August 31, 2015? <input type="checkbox"/> Yes <i>[list below]</i> <input type="checkbox"/> No <input type="checkbox"/> My organization has no means to classify homicides due to legal intervention.			
1	Decedent name (Last, First, Middle Initial)	Date of Death	Time of Death
2	Decedent name (Last, First, Middle Initial)	Date of Death	Time of Death
3	Decedent name (Last, First, Middle Initial)	Date of Death	Time of Death
Did your agency provide death certificates for any other deaths that may defined as arrest-related between June 1 and August 31, 2015? <input type="checkbox"/> Yes <i>[list below]</i> <input type="checkbox"/> No <input type="checkbox"/> My organization has no means to track whether a death is arrest-related.			
4	Decedent name (Last, First, Middle Initial)	Date of Death	Time of Death
5	Decedent name (Last, First, Middle Initial)	Date of Death	Time of Death
6	Decedent name (Last, First, Middle Initial)	Date of Death	Time of Death