

CJ-11A ADDENDUM

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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