DEATHS IN CUSTODY, 2006
— LAW ENFORCEMENT CUSTODIAL DEATH REPORT

State _____________________ Reporting Period (Mark only one.)

Death Number ______ (out of period total of ______) as reported on form CJ-11

1. What was the name of the deceased?
   Last ___________________ First ___________________ Middle Initial ______

2. What was the time and date of the death?
   ___ : ___  □ AM □ PM  Month ___  Day ___ , 2006

3. Where did the event causing the death occur?
   Street address __________________________________
   City __________________________________________

4. What law enforcement agency was involved?
   ORI Number _____________________________________
   Name __________________________________________

5. What was the deceased’s date of birth?
   Month ___  Day ___  Year ___

6. What was the deceased’s gender?
   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
   05 □ Asian
   06 □ Native Hawaiian or Other Pacific Islander
   07 □ Additional racial category in your information system — Specify ______________________________________

8. Has a medical examiner or coroner conducted an evaluation to determine a cause of death?
   01 □ Yes, results are available
   02 □ Yes, results pending
   03 □ No, evaluation pending
   04 □ No, evaluation not planned

9. What was the manner of death?
   01 □ Justifiable homicide
   02 □ Other homicide
   03 □ Suicide
   04 □ Accidental injury to self
   05 □ Accidental injury caused by others
   06 □ Alcohol/drug intoxication
   07 □ Illness/natural causes — Specify illness/cause __________________________________
   08 □ Other — Specify __________________________________

10. What was the medical cause of death?
    ________________________________________________

11. Had charges been filed against the deceased at the time of death?
    01 □ Yes
    02 □ No — charges not filed, but intended
    03 □ No — probation/parole revocation

12. What were the most serious offenses with which the deceased was being charged at the time of death?
    a. ______________________________________________
    b. ______________________________________________
    c. ______________________________________________

Burden Statement

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 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.
13. What were the circumstances surrounding the death?

01 ☐ Death, or actions causing the death, occurred prior to booking — Complete Section A
02 ☐ Death occurred at time of booking or later — Complete Section B

Section A: Deaths Prior to Booking

A1. Did the deceased die from a medical condition or from injuries sustained at the crime/arrest scene?

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

A2. If injured at the crime/arrest scene, how were these injuries sustained? — Mark (x) all that apply

01 ☐ Inflicted by law enforcement officers present
02 ☐ Inflicted by others at crime/arrest scene
03 ☐ Self-inflicted — Accidental
04 ☐ Self-inflicted — Suicide
08 ☐ Don’t know
09 ☐ Not applicable

A3. Was the deceased under restraint in the time leading up to the death or the events causing the death?

01 ☐ Yes — Mark (x) if any restraint devices were used
02 ☐ Handcuffs
03 ☐ Leg shackles
04 ☐ Other device — Specify
02 ☐ No
08 ☐ Don’t know

A4. At any time during the arrest/incident, did the deceased — Mark (x) all that apply

01 ☐ Appear intoxicated (either alcohol or drugs)?
02 ☐ Threaten the officer(s) involved?
03 ☐ Resist being handcuffed or arrested?
04 ☐ Try to escape/flee from custody?
05 ☐ Grab, hit or fight with the officer(s) involved?
06 ☐ Use a weapon to threaten or assault the officer(s)? — Specify weapon used
07 ☐ Other — Specify
08 ☐ None of the above

A5. What type of weapon(s) caused the death? — Mark (x) all that apply

01 ☐ Handgun
02 ☐ Rifle/shotgun
03 ☐ Nightstick or baton
04 ☐ Stun gun or taser
05 ☐ Other weapon — Specify
06 ☐ None

Section B: Deaths After Booking

B1. What was the time and date of the deceased’s entry into the law enforcement facility where the death occurred?

[ ] : [ ] AM [ ] PM Month [ ] Day [ ] , 2005

B2. At the time of entry into the facility, did the deceased — Mark (x) all that apply

01 ☐ Appear intoxicated (either alcohol or drugs)?
02 ☐ Exhibit any mental health problems?
03 ☐ Exhibit any medical problems?
04 ☐ None of the above
08 ☐ Don’t know
09 ☐ Not applicable; cause of death was suicide, intoxication or illness/natural causes

B3. If death was an accident or homicide, who caused the death?

01 ☐ Deceased
02 ☐ Other detainees
03 ☐ Law enforcement/correctional staff
04 ☐ Other persons — Specify
08 ☐ Don’t know
09 ☐ Not applicable; cause of death was suicide, intoxication or illness/natural causes

B4. If death was an accident, homicide or suicide, what was the means of death?

01 ☐ Firearm
02 ☐ Blunt instrument
03 ☐ Knife, cutting instrument
04 ☐ Hanging, strangulation
05 ☐ Drug overdose
06 ☐ Other — Specify
08 ☐ Don’t know
09 ☐ Not applicable; cause of death was intoxication or illness/natural causes

Form complete.