


<p>RETURN TO</p>	<p>Bureau of Justice Statistics 810 Seventh Street, NW Washington, DC 20531 FAX: (202) 514-1757</p>	<p>FORM CJ-11A (4-11-2003)</p>	<p>DEATHS IN CUSTODY, 2003 — LAW ENFORCEMENT CUSTODIAL DEATH REPORT</p>	
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State _____

Reporting Period (Mark only one.)

- Quarter 1 (January 1 — March 31)
- Quarter 2 (April 1 — June 30)
- Quarter 3 (July 1 — September 30)
- Quarter 4 (October 1 — December 31)

Death Number _____
out of period total of _____
as reported on form CJ-11

<p>1. What was the name of the deceased?</p> <p>Last _____ First _____ Middle Initial _____</p> <p>2. What was the time and date of the death?</p> <p>____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM Month _____ Day _____, 2003</p> <p>3. Where did the event causing the death occur?</p> <p>Street address _____</p> <p>City _____</p> <p>4. What law enforcement agency was involved?</p> <p>ORI Number _____</p> <p>Name _____</p> <p>5. What was the deceased's date of birth?</p> <p>Month _____ Day _____ Year _____</p> <p>6. What was the deceased's gender?</p> <p>01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female</p> <p>7. What was the deceased's race/ethnic origin?</p> <p>01 <input type="checkbox"/> White, not of Hispanic origin 02 <input type="checkbox"/> Black or African American, not of Hispanic origin 03 <input type="checkbox"/> Hispanic or Latino 04 <input type="checkbox"/> American Indian/Alaska Native 05 <input type="checkbox"/> Asian 06 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 07 <input type="checkbox"/> Additional racial category in your information system — Specify _____</p>	<p>8. Has a medical examiner or coroner conducted an evaluation to determine a cause of death?</p> <p>01 <input type="checkbox"/> Yes, results are available 02 <input type="checkbox"/> Yes, results pending 03 <input type="checkbox"/> No, evaluation pending 04 <input type="checkbox"/> No, evaluation not planned</p> <p>9. What was the manner of death?</p> <p>01 <input type="checkbox"/> Justifiable homicide 02 <input type="checkbox"/> Other homicide 03 <input type="checkbox"/> Suicide 04 <input type="checkbox"/> Accidental injury to self 05 <input type="checkbox"/> Accidental injury caused by others 06 <input type="checkbox"/> Alcohol/drug intoxication 07 <input type="checkbox"/> Illness/natural causes — <i>Specify illness/cause</i> _____</p> <p>08 <input type="checkbox"/> Other — <i>Specify</i> _____</p> <p>10. What was the medical cause of death?</p> <p>_____</p> <p>11. Had charges been filed against the deceased at the time of death?</p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No — charges not filed, but intended 03 <input type="checkbox"/> No — probation/parole revocation</p> <p>12. What were the most serious offenses with which the deceased was being charged at the time of death?</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p>
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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 _____

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*
01 Handcuffs
02 Leg shackles
03 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 03 Nightstick or baton
02 Rifle/shotgun 04 Stun gun or tazer
05 Other weapon — *Specify*

- 06 None

A6. Where did the deceased die?

- 01 At the crime/arrest scene
02 At medical facility
03 En route to medical facility
04 En route to booking center/police lockup
05 Elsewhere — *Specify*

- 08 Don't know

Form complete.

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 ____, 2003

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

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