


<b>RETURN TO</b>	Bureau of Justice Statistics 810 Seventh Street, NW Washington, DC 20531 FAX: (202) 514-1757	FORM <b>CJ-11A</b> (12-17-2003)	<b>DEATHS IN CUSTODY, 2004</b> — LAW ENFORCEMENT CUSTODIAL DEATH REPORT	
------------------	---	------------------------------------	---	---

State \_\_\_\_\_ Reporting Period (Mark only one.)
 Death Number \_\_\_\_\_

Quarter 1 (January 1 — March 31)
 out of period total of \_\_\_\_\_

Quarter 2 (April 1 — June 30)
 as reported on form CJ-11

Quarter 3 (July 1 — September 30)

Quarter 4 (October 1 — December 31)

<p><b>1. What was the name of the deceased?</b></p> <p>Last _____ First _____ Middle Initial _____</p> <p><b>2. What was the time and date of the death?</b></p> <p>____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM Month _____ Day _____, 2004</p> <p><b>3. Where did the event causing the death occur?</b></p> <p>Street address _____</p> <p>City _____</p> <p><b>4. What law enforcement agency was involved?</b></p> <p>ORI Number _____</p> <p>Name _____</p> <p><b>5. What was the deceased's date of birth?</b></p> <p>Month _____ Day _____ Year _____</p> <p><b>6. What was the deceased's gender?</b></p> <p>01 <input type="checkbox"/> Male</p> <p>02 <input type="checkbox"/> Female</p> <p><b>7. What was the deceased's race/ethnic origin?</b></p> <p>01 <input type="checkbox"/> White, not of Hispanic origin</p> <p>02 <input type="checkbox"/> Black or African American, not of Hispanic origin</p> <p>03 <input type="checkbox"/> Hispanic or Latino</p> <p>04 <input type="checkbox"/> American Indian/Alaska Native</p> <p>05 <input type="checkbox"/> Asian</p> <p>06 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p>07 <input type="checkbox"/> Additional racial category in your information system — Specify _____</p>	<p><b>8. Has a medical examiner or coroner conducted an evaluation to determine a cause of death?</b></p> <p>01 <input type="checkbox"/> Yes, results are available</p> <p>02 <input type="checkbox"/> Yes, results pending</p> <p>03 <input type="checkbox"/> No, evaluation pending</p> <p>04 <input type="checkbox"/> No, evaluation not planned</p> <p><b>9. What was the manner of death?</b></p> <p>01 <input type="checkbox"/> Justifiable homicide</p> <p>02 <input type="checkbox"/> Other homicide</p> <p>03 <input type="checkbox"/> Suicide</p> <p>04 <input type="checkbox"/> Accidental injury to self</p> <p>05 <input type="checkbox"/> Accidental injury caused by others</p> <p>06 <input type="checkbox"/> Alcohol/drug intoxication</p> <p>07 <input type="checkbox"/> Illness/natural causes — <i>Specify illness/cause</i></p> <p>_____</p> <p>08 <input type="checkbox"/> Other — <i>Specify</i></p> <p>_____</p> <p><b>10. What was the medical cause of death?</b></p> <p>_____</p> <p><b>11. Had charges been filed against the deceased at the time of death?</b></p> <p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No — charges not filed, but intended</p> <p>03 <input type="checkbox"/> No — probation/parole revocation</p> <p><b>12. What were the most serious offenses with which the deceased was being charged at the time of death?</b></p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p>
--	---

**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
- 02  Rifle/shotgun
- 03  Nightstick or baton
- 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 \_\_\_\_, 2004

**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*