

**NOTICE** – We are conducting this survey under the authority of Title 13, United States Code, Section 8. Section 9 of this law requires us to keep all information about you and your household strictly **confidential**. We may use this information only for statistical purposes. Also, Title 42, Section 3732, United States Code, authorizes the Bureau of Justice Statistics, Department of Justice, to collect information using this survey. Title 42, Sections 3789g and 3735, United States Code, also requires us to keep all information about you and your household strictly confidential.

**ASK OF ALL NCVS SELF-INTERVIEWED PERSONS AGE 16+**

FORM **PPCS-1**  
(4-6-2005)

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU  
ACTING AS COLLECTING AGENT FOR THE  
BUREAU OF JUSTICE STATISTICS  
U.S. DEPARTMENT OF JUSTICE

**PRA Burden Statement** – We estimate that it will take between 2 to 10 minutes to complete this interview. If you have any comments regarding these estimates or any other aspect of this survey, send them to the Senior Statistician, Research and Public Policy Issues, Bureau of Justice Statistics, Washington, DC 20531. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number.

**POLICE PUBLIC CONTACT SURVEY  
SUPPLEMENT TO THE  
NATIONAL CRIME VICTIMIZATION SURVEY  
2005**

**Control number**

PSU	Segment/Suffix	Sample Designation/Suffix	Serial/Suffix	HH No.	Spinoff indicator
-----	----------------	---------------------------	---------------	--------	-------------------

**A.** Field Representative's Code

**B.** Respondent's characteristics  
Last name \_\_\_\_\_  
First name \_\_\_\_\_

001		002		003	1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	004		006	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	005	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black/African American 3 <input type="checkbox"/> American Indian/Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian/Other Pacific Islander 6 <input type="checkbox"/> Other
-----	--	-----	--	-----	--	-----	--	-----	---	-----	--

FIELD REPRESENTATIVE – Complete a *PPCS-1* for all *NCVS interviewed persons 16+*. Do NOT complete a *PPCS-1* form for *NCVS Type Z noninterview persons, NCVS proxy interviews, or persons in Type A households.*

**C.** Type of PPCS interview

007 1  Personal (Self) } **SKIP to INTRO 1**  
2  Telephone (Self)  
3  Noninterview – FILL ITEM D  
A proxy interview is unacceptable for the PPCS.

**D.** Reason for PPCS noninterview

008 1  Refused PPCS only  
2  Not available for PPCS only  
3  Non-English speaking respondent only } **SKIP to Check Item K**

**E. CONTACT SCREEN QUESTIONS**

FIELD REPRESENTATIVE – Read introduction.

INTRO 1 – **Now I would like to ask some questions about any contacts you may have had with the police. Exclude telephone contacts, contacts with private security guards, police officers you see socially, or relatives who are police officers. Also exclude any police contacts that occurred because your employment or volunteer work brought you into regular contact with police officers.**

1. Before I get to the questions about contacts you may have had with the police, I would like to find out how often you usually drive. Do you usually drive... (Read answer categories.)	009 1 <input type="checkbox"/> Almost every day? 2 <input type="checkbox"/> A few days a week? 3 <input type="checkbox"/> A few days a month? 4 <input type="checkbox"/> A few times a year? 5 <input type="checkbox"/> Never?
2. During the last 12 months, that is, any time since _____ 1, 2004, did you have any face-to-face contact with a police officer?	010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <b>SKIP to Check Item K</b>
3. How many face-to-face contacts did you have with the police during the last 12 months?	011 _____ Number of contacts

**F. USE OF FORCE DURING CONTACT**

<p><b>4. At any time during the last 12 months did the police USE or THREATEN TO USE force against you?</b></p>	<p><b>012</b> 1 <input type="checkbox"/> Yes – Go to Check Item A                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> Don't know } <b>SKIP</b> to Check Item B</p>
<p><b>CHECK ITEM A</b> Did the respondent have more than one face-to-face contact in the last 12 months?  Is 2 or more times entered in item 3?</p>	<p><b>013</b> 1 <input type="checkbox"/> Yes – ASK item 5                  2 <input type="checkbox"/> No – <b>SKIP</b> to item 6</p>
<p><b>5. Did any of the force used or threatened against you occur during your MOST RECENT face-to-face contact with the police?</b></p>	<p><b>014</b> 1 <input type="checkbox"/> Yes – Ask item 6                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> Don't know } <b>SKIP</b> to Intro 2</p>
<p><b>6. Thinking (only) about your (most recent) contact with the police, did the police do any of the following:</b>  <i>(Read answer categories.)</i> <i>Mark (X) all that apply.</i></p>	<p><b>015</b> 1 <input type="checkbox"/> <b>Shout or curse at you?</b>                  *  <b>016</b> 2 <input type="checkbox"/> <b>Threaten to use force against you?</b>                  *  <b>017</b> 3 <input type="checkbox"/> <b>Actually push or grab you?</b>                  *  <b>018</b> 4 <input type="checkbox"/> <b>Actually kick or hit you?</b>                  *  <b>019</b> 5 <input type="checkbox"/> <b>Actually spray you with chemical or pepper spray?</b>                  *  <b>020</b> 6 <input type="checkbox"/> <b>Actually point a gun at you?</b>                  *  <b>021</b> 7 <input type="checkbox"/> <b>Use any other type of force? – Please specify</b> ↘                  *</p>
<p><b>CHECK ITEM B</b> Did the respondent have more than one face-to-face contact in the last 12 months?  Is 2 or more times entered in item 3?</p>	<p><b>022</b> 1 <input type="checkbox"/> Yes – READ Intro 2                  2 <input type="checkbox"/> No – <b>SKIP</b> to item 7a</p>

FIELD REPRESENTATIVE – Read introduction.

INTRO 2 – **For the rest of the interview, please tell me ONLY about the MOST RECENT face-to-face contact you had with the police.**

**G. REASON FOR CONTACT**

<p><b>7a. Was this contact initiated by the police?</b></p>	<p><b>023</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> Don't know</p>
<p><b>7b. During your contact with the police, what was the total number of officers present?</b>  <i>Record actual number.</i></p>	<p><b>024</b> _____ Number of police officers</p>
<p><b>8a. Did this contact occur during a traffic ACCIDENT?</b></p>	<p><b>025</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <b>SKIP</b> to item 9a</p>
<p><b>8b. Were you the driver or the passenger of the vehicle that was involved in the traffic accident?</b></p>	<p><b>026</b> 1 <input type="checkbox"/> Driver – <b>SKIP</b> to item 27a                  2 <input type="checkbox"/> Passenger – <b>SKIP</b> Check Item G</p>
<p><b>9a. Did this contact occur during a traffic STOP?</b></p>	<p><b>027</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <b>SKIP</b> to item 10</p>
<p><b>9b. Were you the driver or the passenger of the vehicle that was stopped?</b></p>	<p><b>028</b> 1 <input type="checkbox"/> Driver – <b>SKIP</b> to item 15                  2 <input type="checkbox"/> Passenger – <b>SKIP</b> to Check Item C</p>
<p><b>10. Did this contact occur because you reported a crime or some other problem to the police?</b></p>	<p><b>029</b> 1 <input type="checkbox"/> Yes – <b>SKIP</b> to Check Item C                  2 <input type="checkbox"/> No</p>
<p><b>11. Did this contact occur because the police were providing some sort of service or assistance to you?</b></p>	<p><b>030</b> 1 <input type="checkbox"/> Yes – <b>SKIP</b> to Check Item C                  2 <input type="checkbox"/> No</p>
<p><b>12. Did this contact occur because the police were investigating a crime?</b></p>	<p><b>031</b> 1 <input type="checkbox"/> Yes – <b>SKIP</b> to Check item C                  2 <input type="checkbox"/> No</p>
<p><b>13. Did this contact occur because the police suspected you of something?</b></p>	<p><b>032</b> 1 <input type="checkbox"/> Yes – <b>SKIP</b> to Check item C                  2 <input type="checkbox"/> No</p>
<p><b>14. What was the reason for this contact?</b></p>	<p><b>033</b> Describe briefly ↘  _____  _____</p>
<p><b>CHECK ITEM C</b> Was force used or threatened against the respondent in the (most recent) contact with the police? Is box 1–7 marked in item 6?</p>	<p><b>034</b> 1 <input type="checkbox"/> Yes – <b>SKIP</b> to item 33                  2 <input type="checkbox"/> No – Go to Check Item I</p>

**H. REASON FOR TRAFFIC STOP**

<p><b>15. Did the police officer(s) give a reason for stopping the vehicle?</b></p>	<p><b>035</b> 1 <input type="checkbox"/> Yes – ASK item 16a                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> Don't know } <b>SKIP to item 18</b></p>
<p><b>16a. Was the reason speeding?</b></p>	<p><b>036</b> 1 <input type="checkbox"/> Yes – <b>SKIP to item 17</b>                  2 <input type="checkbox"/> No</p>
<p><b>16b. A vehicle defect?</b></p>	<p><b>037</b> 1 <input type="checkbox"/> Yes – <b>SKIP to item 17</b>                  2 <input type="checkbox"/> No</p>
<p><b>16c. A record check?</b></p>	<p><b>038</b> 1 <input type="checkbox"/> Yes – <b>SKIP to item 17</b>                  2 <input type="checkbox"/> No</p>
<p><b>16d. A roadside check for drunk drivers?</b></p>	<p><b>039</b> 1 <input type="checkbox"/> Yes – <b>SKIP to item 17</b>                  2 <input type="checkbox"/> No</p>
<p><b>16e. A seatbelt violation?</b></p>	<p><b>040</b> 1 <input type="checkbox"/> Yes – <b>SKIP to item 17</b>                  2 <input type="checkbox"/> No</p>
<p><b>16f. An illegal turn or illegal lane change?</b></p>	<p><b>041</b> 1 <input type="checkbox"/> Yes – <b>SKIP to item 17</b>                  2 <input type="checkbox"/> No</p>
<p><b>16g. A stop sign or stop light violation?</b></p>	<p><b>042</b> 1 <input type="checkbox"/> Yes – <b>SKIP to item 17</b>                  2 <input type="checkbox"/> No</p>
<p><b>16h. Was there some other reason?</b></p>	<p><b>043</b> 1 <input type="checkbox"/> Yes – Please specify _____                  2 <input type="checkbox"/> No</p>
<p><b>17. Would you say that the police officer(s) had a legitimate reason for stopping you?</b></p>	<p><b>044</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> Don't know</p>
<p><b>18. In your initial contact with the police, was there one or more than one officer present?</b></p>	<p><b>045</b> 1 <input type="checkbox"/> One officer – ASK item 19a                  2 <input type="checkbox"/> More than one officer – <b>SKIP to item 19b</b></p>
<p><b>19a. Was the race of the police officer White, Black, or some other race?</b></p>	<p><b>046</b> 1 <input type="checkbox"/> White                  2 <input type="checkbox"/> Black                  3 <input type="checkbox"/> Some other race                  4 <input type="checkbox"/> Don't know } <b>SKIP to item 20</b></p>
<p><b>19b. Were the police officers:</b>                   (Read answer categories 1 – 7.)</p>	<p><b>047</b> 1 <input type="checkbox"/> <b>All White?</b>                  2 <input type="checkbox"/> <b>All Black?</b>                  3 <input type="checkbox"/> <b>All of some other race?</b>                  4 <input type="checkbox"/> <b>Mostly White?</b>                  5 <input type="checkbox"/> <b>Mostly Black?</b>                  6 <input type="checkbox"/> <b>Mostly some other race?</b>                  7 <input type="checkbox"/> <b>Equally mixed?</b>                  8 <input type="checkbox"/> Don't know race of any/some</p>
<p><b>20. Did the traffic stop occur at night?</b></p>	<p><b>048</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> Don't know</p>

NOTES

**I. VEHICLE/PERSONAL SEARCH**

<b>21. At any time during this traffic stop, did the police officer(s)...</b>	
<b>a. ASK PERMISSION to conduct a vehicle search?</b>	<b>049</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
<b>b. Actually conduct a vehicle search?</b>	<b>050</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
<b>c. ASK PERMISSION to search you, frisk you, or pat you down?</b>	<b>051</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
<b>d. Actually search you, frisk you, or pat you down?</b>	<b>052</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
<b>22. Whether or not the police officer(s) asked for PERMISSION, at any time during this traffic stop did you GIVE the police officer(s)...</b>	
<b>a. PERMISSION to conduct a vehicle search?</b>	<b>053</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
<b>b. PERMISSION to search you, frisk you, or pat you down?</b>	<b>054</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
<b>CHECK ITEM D</b> Did the police officer(s) search the vehicle OR the respondent? Is box 1 marked in item 21, categories b OR d?	<b>055</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <b>SKIP</b> to item 24
<b>23. During the search, did the police officer(s) find any illegal items, such as a weapon, drugs, or an open container of alcohol?</b>	<b>056</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know

**J. OUTCOME OF TRAFFIC STOP/ACCIDENT**

<b>24. During this contact were you given a traffic ticket?</b>	<b>057</b> 1 <input type="checkbox"/> Yes – <b>SKIP</b> item 27a 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
<b>25. During this contact were you given a warning?</b>	<b>058</b> 1 <input type="checkbox"/> Yes – <b>ASK</b> item 26 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } <b>SKIP</b> to item 27a
<b>26. Were you given a written warning or a verbal warning?</b>	<b>059</b> 1 <input type="checkbox"/> Verbal 2 <input type="checkbox"/> Written 3 <input type="checkbox"/> Don't know
<b>27a. At any point during this contact were you handcuffed?</b>	<b>060</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
<b>27b. Were you arrested?</b>	<b>061</b> 1 <input type="checkbox"/> Yes – <b>ASK</b> item 28 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } <b>SKIP</b> to Check Item G
<b>28. Was the reason for your arrest...</b> <i>(Read answer categories.)</i> <i>Mark (X) all that apply.</i>	<b>062</b> * 1 <input type="checkbox"/> <b>Disorderly conduct?</b> <b>063</b> * 2 <input type="checkbox"/> <b>Driving while under the influence of alcohol or drugs?</b> <b>064</b> * 3 <input type="checkbox"/> <b>Some other reason? Please specify</b> ↴ _____ _____
<b>CHECK ITEM E</b> Was the respondent the driver in a traffic accident? Is box 1 marked in item 8b?	<b>065</b> 1 <input type="checkbox"/> Yes – <b>SKIP</b> to Check Item G 2 <input type="checkbox"/> No – <b>Go</b> to Check Item F
<b>CHECK ITEM F</b> Did the police officer(s) search the vehicle OR the respondent? Is box 1 marked in item 21, categories b OR d?	<b>066</b> 1 <input type="checkbox"/> Yes – <b>ASK</b> item 29 2 <input type="checkbox"/> No – <b>SKIP</b> to Check Item G
<b>29. Earlier you said that you or your vehicle were searched. Did the search occur before you were arrested?</b>	<b>067</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
<b>CHECK ITEM G</b> Was force used or threatened against the respondent in the (most recent) contact with the police? Is box 1–7 marked in item 6?	<b>068</b> 1 <input type="checkbox"/> Yes – <b>ASK</b> item 30 2 <input type="checkbox"/> No – <b>SKIP</b> to Check Item I

**K. USE OF FORCE DURING TRAFFIC STOPS/ACCIDENTS**

<p><b>30. Earlier you said that the police used or threatened to use force against you during your most recent contact. Do you feel any of the force was excessive?</b></p>	<p><b>069</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>31. Do you think any of your actions during this contact may have caused the police officer(s) to use or threaten to use force?</b></p>	<p><b>070</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p><b>32. Were you injured as a result of this contact?</b></p>	<p><b>071</b> 1 <input type="checkbox"/> Yes } <i>SKIP to Check Item I</i> 2 <input type="checkbox"/> No }</p>

**L. FORCE IN OTHER FACE-TO-FACE CONTACTS**

<p><b>33. Earlier you said that the police used or threatened to use force against you during your most recent contact. Do you feel any of the force was excessive?</b></p>	<p><b>072</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>34. Do you think any of your actions during this contact may have caused the police officer(s) to use or threaten to use force?</b></p>	<p><b>073</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p><b>35. Were you injured as a result of this contact?</b></p>	<p><b>074</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>36. Were you searched?</b></p>	<p><b>075</b> 1 <input type="checkbox"/> Yes – <b>SKIP</b> to item 38 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p><b>37. Even though you weren't searched did the police ask permission to search you?</b></p>	<p><b>076</b> 1 <input type="checkbox"/> Yes } <i>SKIP to item 40</i> 2 <input type="checkbox"/> No } 3 <input type="checkbox"/> Don't know }</p>
<p><b>38. Did the police ASK PERMISSION to conduct the search?</b></p>	<p><b>077</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p><b>39. During the search, did the police officer(s) find any illegal items, such as a weapon, drugs, or an open container of alcohol?</b></p>	<p><b>078</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p><b>40. During this incident, were you charged with any offense(s)?</b></p>	<p><b>079</b> 1 <input type="checkbox"/> Yes – Ask item 41 2 <input type="checkbox"/> No } <i>SKIP to item 42a</i> 3 <input type="checkbox"/> Don't know }</p>
<p><b>41. What were you charged with?</b></p>	<p><b>080</b> <i>Please specify</i> ↴ _____</p>
<p><b>42a. At any point during this contact were you handcuffed?</b></p>	<p><b>081</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>
<p><b>42b. Were you arrested?</b></p>	<p><b>082</b> 1 <input type="checkbox"/> Yes – Skip to Check Item H 2 <input type="checkbox"/> No } <i>SKIP to Check Item I</i> 3 <input type="checkbox"/> Don't know }</p>
<p><b>CHECK ITEM H</b> Was the respondent searched? Is box 1 marked in item 36?</p>	<p><b>083</b> 1 <input type="checkbox"/> Yes – ASK item 43 2 <input type="checkbox"/> No – <b>SKIP</b> to Check Item I</p>
<p><b>43. Earlier you said that you were searched. Did the search occur before you were arrested?</b></p>	<p><b>084</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</p>

**M. POLICE BEHAVIOR DURING CONTACTS**

<p><b>CHECK ITEM I</b> Is the entry in item 7b more than "1"?</p>	<p><b>085</b> 1 <input type="checkbox"/> Yes – ASK item 44a 2 <input type="checkbox"/> No – <b>SKIP</b> to item 44c</p>
<p><b>44a. During this contact do you feel that ALL, SOME, or NONE of the police officers were RESPECTFUL?</b></p>	<p><b>086</b> 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> None 4 <input type="checkbox"/> Don't know</p>
<p><b>44b. Do you feel that ALL, SOME, or NONE of the police officers were PROFESSIONAL?</b></p>	<p><b>087</b> 1 <input type="checkbox"/> All } <i>SKIP to item 45</i> 2 <input type="checkbox"/> Some } 3 <input type="checkbox"/> None } 4 <input type="checkbox"/> Don't know }</p>

**M. POLICE BEHAVIOR DURING CONTACTS – Continued**

**44c. During this contact do you feel the police officer was:**

**a. Respectful?**

**088** 1  Yes 2  No 3  Don't know

**b. Professional?**

**089** 1  Yes 2  No 3  Don't know

**45. Looking back on this contact, do you feel the police behaved properly or improperly?**

**090** 1  Properly – **SKIP** to Check Item J  
 2  Improperly – ASK item 46  
 3  Don't know – **SKIP** to Check Item J

**46. What behavior by the police officer(s) do you feel was improper?**

**091** Please specify ↴

---



---



---

**47. Did you file a complaint against the police?**

**092** 1  Yes  
 2  No

**CHECK ITEM J**

Did the respondent have more than one face-to-face contact in the last 12 months? Is 2 or more times entered in item 3?

**093** 1  Yes – ASK item 48  
 2  No – **SKIP** to Check Item K

**48. Did any of your EARLIER contacts with the police in the last 12 months result in your being arrested?**

**094** 1  Yes – ASK item 49  
 2  No  
 3  Don't know } **SKIP** to Check Item K

**49. Were you arrested for ...**

*(Read answer categories.)*

Mark (X) all that apply.

**095** 1  **Disorderly conduct?**  
 \*

**096** 2  **Driving while under the influence of alcohol or drugs?**  
 \*

**097** 3  **Some other reason? – Please specify** ↴  
 \*

---



---



---

**CHECK ITEM K**

Is this the last household member to be interviewed?

**098** 1  Yes – **END SUPPLEMENT**  
 2  No – Interview next NCVS household member

NOTES

NOTES

