CJ-11A ADDENDUM

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 **2011**



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?		3. What was the manner of death?		
	Last First Mide	dle initial	01 Homicide by law enforcement officer(s)		
			02 Gother homicide		
2.	What was the time and date of death?		04 Accidental injury to self		
	AM 🖵 PM Month Day,201	1	05 Accidental injury caused by others		
z	Where did the event causing the death occur?		06 Accidental alcohol/drug intoxication		
Э.	Street address		Specify 07		
	City, State, Zip		07 Inness—specify		
			08 G Other—specify		
4.	What law enforcement agency was involved?	9	9. What was the cause of death?		
	Name				
	ORI#	1	10. Was the cause of death listed above determined from		
5	What was the deceased's date of birth?	•	information in a death certificate?		
5.	Month Day Year or Age		01 🖵 Yes		
_			02 D No—other— <i>Specify</i>		
6.	What was the deceased's sex?	1	11. Did the deceased commit or allegedly commit any		
	01 Male 02 Female		criminal offenses in the events leading up to the death?		
_			01 🗖 Yes		
7.	What was the deceased's race/ethnic origin?		02 No—medical/mental health assistance call		
	01 UWhite (not of Hispanic origin)	N	03 D No—other— <i>Specify</i>		
	 02 Black, or African American (not of Hispanic origin) 03 Hispanic or Latino 		12. What were the most serious reported offenses by the		
	04 📮 American Indian/Alaska Native (not of Hispanic o	rigin)	deceased?		
	 05 Asian (not of Hispanic origin) 06 Native Hawaiian or Other Pacific Islander (not of H 	licoppic	01		
	origin)	lispanic	02		
	07 D Two or more races (not of Hispanic origin)				
	08 Additional categories in your information system Specify		03		
	Specify	1	13. Did the deceased die from a medical condition, injuries		
			sustained during the arrest process, or alcohol/drug		
	98 🗖 Don't know		intoxication?—Mark (x) all that apply		

- 01 D 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 01 Inflicted by law enforcement officers at crime/arrest scene
- 02 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 D 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 D Appear intoxicated (either alcohol or drugs)?
- 02 D Exhibit any mental health problems?
- 03 O3 Verbally threaten the officer(s) involved?
- 04 D Resist being handcuffed or arrested?
- 05 O5 Attempt to escape/flee from custody?
- 06 D 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 **D** 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

Form

complete, stop here

- 02 🖵 At crime/arrest scene
- 03 O3 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

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	, 2011

- 21. At the time of entry into the law enforcement facility, did the deceased—*Mark* (*x*) all that apply
 - 01 D Appear intoxicated (either alcohol or drugs)?
 - 02 D Exhibit any mental health problems?
 - 03 **C** 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 D 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 **L** Hanging, strangulation
 - 05 📮 Drug overdose
 - 06 🛛 Other
 - Specify
 - 99 📮 Not applicable; cause of death was intoxication or illness

Notes