

NOTICE – Your report to the Census Bureau is **confidential** by law (U.S. Code 42, Sections 3789g and 3735). All identifiable information will be used only by persons engaged in and for the purposes of the survey, and may not be disclosed or released to others for any purposes.

We estimate that it will take from 5 to 15 minutes to complete this interview with 10 minutes being the average time. If you have any comments regarding these estimates or any other aspect of this survey, send them to the Associate Director for Management Services, Room 2027, Bureau of the Census, Washington, DC 20233.

POLICE-PUBLIC CONTACT SURVEY

Sample	Control number			
J _____	PSU	Segment	CK	Serial

FIELD REPRESENTATIVE – *Only administer this supplement to persons aged 12+ in 7th Enumeration Households*

A. Field representative code	B. Respondent	Line number	Age	Name
001 [][]	002 [][]	003 [][]	[][]	_____

C. Type of PPCS interview	} <i>Skip to Intro 1</i>	D. Reason for noninterview
004 1 <input type="checkbox"/> Personal (Self) 2 <input type="checkbox"/> Telephone (Self) 3 <input type="checkbox"/> Personal (Proxy) 4 <input type="checkbox"/> Telephone (Proxy) 5 <input type="checkbox"/> Noninterview – <i>FILL ITEM D</i>		005 1 <input type="checkbox"/> Refused PPCS 2 <input type="checkbox"/> Not available for PPCS 3 <input type="checkbox"/> NCVS noninterview 4 <input type="checkbox"/> Other – <i>Specify</i> ↴

FIELD REPRESENTATIVE – *Read introduction*

INTRO 1 Now think back to the last 12 months. I want to ask you a few questions about any contacts you may have had with the police during the last 12 months, that is since _____, 1995. By police I mean, for example, city, county, state police or federal police, housing or transit police, or any other type of law enforcement officer. This does not include private security guards. Also, please do not include contacts with police officers whom you may see on a social basis or who may be related to you or to contacts that occurred outside the U.S.

E. CONTACT SCREEN QUESTIONS

1a. During the last 12 months, did you have any contact with a police officer?	006 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>END INTERVIEW</i> 3 <input type="checkbox"/> Don't remember – <i>END INTERVIEW</i>																																																																																
1b. Were any of these contacts with a police officer(s) in person, that is face-to-face?	007 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>END INTERVIEW</i>																																																																																
1c. How would you best describe the reasons for these in-person contacts with the police over the last 12 months? As I read some reasons, tell me if any of the contacts occurred once or more than once. (Mark all that apply)	<table border="1"> <thead> <tr> <th></th> <th>ONCE</th> <th>MORE THAN ONCE</th> <th>NOT AT ALL</th> </tr> </thead> <tbody> <tr> <td>You saw a police officer –</td> <td></td> <td></td> <td></td> </tr> <tr> <td>(a) to report a crime</td> <td>008 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>(b) to ask for assistance</td> <td>009 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>(c) to let the police know about a problem in the neighborhood</td> <td>010 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> </tr> <tr> <td>You saw a police officer because you were involved in a traffic incident in which –</td> <td></td> <td></td> <td></td> </tr> <tr> <td>(d) you received a traffic or parking violation</td> <td>011 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> 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CHECK ITEM A	FIELD REPRESENTATIVE – <i>Is box 1 or 2 marked in category (i) in item 1c?</i>	<input type="checkbox"/> Yes – Ask item 1d <input type="checkbox"/> No – Skip to CHECK ITEM B
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E. CONTACT SCREEN QUESTIONS – Continued

4c. Why didn't you know that the person was a police officer at the time of the incident?
(Mark all that apply)

052 1 Did not wear a uniform

053 2 Did not show respondent a badge or identification

054 3 Did not arrive in a police vehicle

055 4 Never told respondent

056 5 Other – *Specify*

057 6 Don't know

5. Was the police officer in this incident a
(read answer categories) –

058 1 **member of a city or county police department, sheriff's department, or state police department?**

2 **Federal law enforcement officer such as the FBI, the DEA, Immigration/INS, Customs, military police, or a Park Ranger?**

3 **an officer from some other police agency such as housing police, transit police, or campus police?**

4 Don't know what kind of police agency

6a. During the incident, did the police officer, do any of the following *(read answer categories)?*
(Mark all that apply)

059 1 **Hit or punch you**

060 2 **Kick you**

061 3 **Hold you by the arm**

062 4 **Push you**

063 5 **Use a chokehold**

064 6 **Use some other form of force – Please specify**

065 7 None

6b. During the incident, did a police officer, warn use or actually use any of the following weapons *(read answer categories)?*
(Mark all that apply)

066 1 **Nightstick or baton**

067 2 **Flashlight**

068 3 **Police dog**

069 4 **Chemical or pepper spray**

070 5 **Firearm**

071 6 **Something else – Please specify**

072 7 No weapon was used – *Skip to item 7*

CHECK ITEM D	FIELD REPRESENTATIVE – <i>ASK the following for each weapon that is marked in item 6b.</i>			
		<i>THREATEN RESPONDENT ONLY</i>	<i>RESTRAINED RESPONDENT ONLY</i>	<i>ACTUALLY USED IT ON RESPONDENT</i>
	How was the weapon used by the police officer. Was it used only to threaten or restrain you or was it actually used on you?			
	a. Nightstick or baton	073 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	b. Flashlight	074 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	c. Police dog	075 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	d. Chemical or pepper spray	076 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	e. Firearm (such as a handgun, rifle or shotgun)	077 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	f. Other weapon	078 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

CHECK ITEM E FIELD REPRESENTATIVE – *Is box 2 or 3 marked for category e (firearm) in CHECK ITEM D?*

Yes – *Ask item 6c*

No – *Skip to item 7*

6c. You said that a firearm was actually used against you. Did the police officer shoot the firearm during this contact?

079 1 Yes

2 No – *Skip to item 7*

6d. Were you shot by the officer during this contact?

080 1 Yes

2 No

E. CONTACT SCREEN QUESTIONS – Continued

<p>7. Did you do any of the following during the incident <i>(read answer categories)?</i> <i>(Mark all that apply)</i></p>	<p>081 1 <input type="checkbox"/> Threaten the officer</p> <p>082 2 <input type="checkbox"/> Assault or attack the officer</p> <p>083 3 <input type="checkbox"/> Argue with the officer</p> <p>084 4 <input type="checkbox"/> Interfere with the officer while he/she was interviewing, investigating, or arresting someone else</p> <p>085 5 <input type="checkbox"/> Possess a weapon such as a firearm, knife, or club</p> <p>086 6 <input type="checkbox"/> Block an officer's exit or entrance or interfere with his or her movement in any way</p> <p>087 7 <input type="checkbox"/> Attempt to escape, hide, or evade the officer such as by fleeing or being involved in a high-speed chase</p> <p>088 8 <input type="checkbox"/> Resist being handcuffed</p> <p>089 9 <input type="checkbox"/> Resist being placed in a police vehicle</p> <p>090 10 <input type="checkbox"/> Ask bystanders to become involved in the incident</p> <p>091 11 <input type="checkbox"/> Try to protect someone else from an officer</p> <p>092 12 <input type="checkbox"/> Do anything else that might have provoked the officer to use or warn you about the use of force – <i>Please specify</i> <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>093 13 <input type="checkbox"/> Did nothing</p>
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<p>8a. Had you been drinking or using drugs before this incident?</p>	<p>094 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Skip to item 9</i></p>
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<p>8b. Which was it, drinking, using drugs, or both?</p>	<p>095 1 <input type="checkbox"/> Drinking only 2 <input type="checkbox"/> Drugs only 3 <input type="checkbox"/> Both drinking and using drugs</p>
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<p>9. Was it daytime or nighttime when the incident occurred?</p>	<p>096 1 <input type="checkbox"/> Daytime 2 <input type="checkbox"/> Nighttime</p>
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<p>10. How many officers were present during this incident?</p>	<p>097 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Number of officers present</p> <p>0 <input type="checkbox"/> Don't know number of officers</p>
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F. CHARACTERISTICS OF OFFICER(S)

CHECK ITEM F	FIELD REPRESENTATIVE – <i>Is the number in item 10 more than 1?</i>	<input type="checkbox"/> Yes – <i>Skip to item 11c</i> <input type="checkbox"/> No – <i>Ask item 11a</i>
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<p>11a. Tell me about the officer with whom you had the contact.</p> <p>Was the officer White, Black, or some other race?</p> <p>_____</p>	<p>098 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Other – <i>Specify</i> <input type="checkbox"/></p> <p>_____</p> <p>4 <input type="checkbox"/> Don't know</p>
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<p>11b. Was the officer male or female?</p> <p>_____</p>	<p>099 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female } <i>Skip to item 12a</i></p>
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<p>11c. Tell me about the officers with whom you had the contact.</p> <p>Were the officers White, Black, or some other race?</p> <p>_____</p>	<p>100 1 <input type="checkbox"/> All white 2 <input type="checkbox"/> All black 3 <input type="checkbox"/> All of some other race 4 <input type="checkbox"/> Mostly white 5 <input type="checkbox"/> Mostly black 6 <input type="checkbox"/> Mostly some other race 7 <input type="checkbox"/> Equally mixed 8 <input type="checkbox"/> Don't know race of any/some</p>
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<p>11d. Were the officers male or female?</p> <p>_____</p>	<p>101 1 <input type="checkbox"/> All male 2 <input type="checkbox"/> All female 3 <input type="checkbox"/> Mostly male 4 <input type="checkbox"/> Mostly female 5 <input type="checkbox"/> Equally mixed 6 <input type="checkbox"/> Don't know</p>
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G. INJURIES

12a. Were you injured as a result of this incident?

- 102** 1 Yes
 2 No – *Skip to item 12d*

12b. What type of injury was it (read answer categories)?
(Mark all that apply)

- 103** 1 **Gunshot wound**
104 2 **Broken bones or teeth knocked out**
105 3 **Internal injuries**
106 4 **Bruises, black eye, cuts, scratches, swelling or chipped teeth**
107 5 **Other – Please specify** ↘
- _____

12c. What type of care did you receive for your injury?

- 108** 1 No care received
 2 Respondent treated self (e.g. bandage)
 3 Emergency services only
 4 Hospitalization
 5 Other – *Specify* ↘
- _____

12d. To your knowledge, was any police officer injured in this incident?

- 109** 1 Yes – *Ask item 12e*
 2 No
 3 Don't know } *Skip to item 13*

12e. What type of injury was it (read answer categories)?
(Mark all that apply)

- 110** 1 **Gunshot wound**
111 2 **Broken bones or teeth knocked out**
112 3 **Internal injuries**
113 4 **Bruises, black eye, cuts, scratches, swelling or chipped teeth**
114 5 **Other – Please specify** ↘
- _____
- 115** 6 Don't know

12f. What type of care did the officer receive for his/her injury?

- 116** 1 No care received
 2 Emergency services only
 3 Hospitalization
 4 Other – *Specify* ↘
- _____
- 5 Don't know

H. OFFENSES

13. As a result of this contact with the police, were you charged with any of the following crimes (read answer categories)?
(Mark all that apply)

- 117** 1 **Resisting arrest**
118 2 **Assaulting an officer**
119 3 **Unlawful flight from the officer**
120 4 **Obstructing justice**
121 5 **Other – Please specify** ↘
- _____
- 122** 6 Don't know
123 7 No charges

14. Following this contact with the police, were you charged with any (other) crimes such as (read answer categories) –
(Mark all that apply)

- 124** 1 **Murder?**
125 2 **Rape?**
126 3 **Sexual assault?**
127 4 **Robbery?**
128 5 **Assault?**
129 6 **Burglary?**
130 7 **Theft or larceny?**
131 8 **Motor vehicle theft?**
132 9 **Trafficking in drugs?**
133 10 **Possession of drugs?**
134 11 **Possession of firearm or concealed weapon?**
135 12 **Gambling?**
136 13 **Some other offense?– Please specify** ↘
- _____
- 137** 14 No charges

