

# CJ-11A ADDENDUM

OMB No. 1121-0249 Approval Expires 12/31/2012

**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 2010



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?

Last \_\_\_\_\_ First \_\_\_\_\_ Middle initial \_\_\_\_\_

### 2. What was the time and date of death?

\_\_\_\_\_:\_\_\_\_\_  AM  PM Month \_\_\_\_\_ Day \_\_\_\_\_, 2010

### 3. Where did the event causing the death occur?

Street address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### 4. What law enforcement agency was involved?

Name \_\_\_\_\_

ORI# \_\_\_\_\_

### 5. What was the deceased's date of birth?

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ or Age \_\_\_\_\_

### 6. What was the deceased's sex?

- 01  Male  
02  Female

### 7. What was the deceased's race/ethnic origin?

- 01  White (not of Hispanic origin)  
02  Black, or African American (not of Hispanic origin)  
03  Hispanic or Latino  
04  American Indian/Alaska Native (not of Hispanic origin)  
05  Asian (not of Hispanic origin)  
06  Native Hawaiian or Other Pacific Islander (not of Hispanic origin)  
07  Two or more races (not of Hispanic origin)  
08  Additional categories in your information system  
*Specify*  
\_\_\_\_\_

- 98  Don't know

### 8. What was the manner of death?

- 01  Homicide by law enforcement officer(s)  
02  Other homicide  
03  Suicide  
04  Accidental injury to self  
05  Accidental injury caused by others  
06  Accidental alcohol/drug intoxication

*Specify* \_\_\_\_\_

07  Illness—*Specify* \_\_\_\_\_

08  Other—*Specify* \_\_\_\_\_

### 9. What was the cause of death?

\_\_\_\_\_

### 10. Was the cause of death listed above determined from information in a death certificate?

- 01  Yes  
02  No—other—*Specify* \_\_\_\_\_

### 11. Did the deceased commit or allegedly commit any criminal offenses in the events leading up to the death?

- 01  Yes  
02  No—medical/mental health assistance call  
03  No—other—*Specify* \_\_\_\_\_

### 12. What were the most serious reported offenses of the deceased?

01 \_\_\_\_\_

02 \_\_\_\_\_

03 \_\_\_\_\_

### 13. Did the deceased die from a medical condition, injuries sustained during the arrest process, or alcohol/drug intoxication?—Mark (x) all that apply

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

Form complete, stop here

**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 \_\_\_\_\_, 2010

**21. At the time of entry into the law enforcement 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?
- 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  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  Hanging, strangulation
- 05  Drug overdose
- 06  Other  
Specify \_\_\_\_\_
- 99  Not applicable; cause of death was intoxication or illness

**Notes**