

Attachment F:
**Form CJ-12A: Arrest-related Death Incident
Report for Medical Examiner/ Coroner's Offices**

Arrest-related Deaths Program—2015 Pilot Study

The Death in Custody Reporting Act (DICRA) of 2013 (P.L. 113-242) requires any state receiving funds from the Department of Justice to report information on a quarterly basis regarding the death of any person who is detained, under arrest, or in the process of being arrested, en route to be incarcerated, or incarcerated.

In response to these reporting requirements, BJS is conducting a pilot study to determine the most efficient and comprehensive means of identifying arrest-related deaths and collecting information about individuals who die in the custody of law enforcement and the circumstances surrounding those deaths. Through review of open sources, including news outlets, official agency documents, and other publicly-available information, BJS has compiled a preliminary list of arrest-related deaths that occurred between June 1 and August 31, 2015.

BJS is now conducting a survey of law enforcement agencies and medical examiner/ coroner's offices with jurisdiction in one or more of the deaths identified through open source review. The survey is designed to (1) confirm whether the incident meets the definition of an arrest-related death and other inclusionary criteria, (2) identify any additional arrest-related deaths that BJS did not identify during its open source review, and (3) for all identified arrest-related deaths, collect additional information about the decedent and the circumstances surrounding the incident.

For the purposes of the ARD program, a death is "arrest-related" when the event causing the death (e.g., gunshot wound, self-inflicted injury, cardiac arrest, fall from a height, drowning, etc.) occurs during an interaction with state or local law enforcement personnel. Please exclude any deaths that occurred while the decedent was incarcerated in a jail or prison, or any deaths where the decedent was in the custody of federal or tribal law enforcement agencies.

Deaths reportable to the ARD program include:

- All **homicides due to legal intervention** or deaths attributed to **any use of force** by law enforcement personnel (e.g., officer-involved shootings, accidental deaths caused by weapons or tactics)
- All manners of death, including those resulting from homicides, suicides, natural causes, accidents, that occur while the decedent's freedom to leave is restricted by state or local law enforcement **prior to, during, or following an arrest**, including confinements in lockups or booking centers (i.e., facilities from which arrestees are usually transferred within 72 hours and not held beyond arraignment)
- Any death that occurs during an interaction with state or local law enforcement personnel during **response to medical or mental health assistance** (e.g., response to suicidal persons)

Form CJ-12, *Arrest-Related Deaths Quarterly Summary*, identifies each arrest-related death occurring in your jurisdiction from June 1, 2015 through August 31, 2015. Form CJ-12A, *Arrest-Related Death Incident Report*, collects information on decedent characteristics and circumstances surrounding the death for each arrest-related death identified on Form CJ-12, *Arrest-Related Deaths Quarterly Summary*.

If you have any questions about this form or the Arrest-related Deaths Program – 2015 Pilot Study, please contact:

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Arrest-related Deaths Program—2015 Pilot Study

FORM CJ-12A

Arrest-Related Death Incident Report

Decedent name (Last, First, Middle Initial) Doe, John A.	Date of Death June 2, 2015	Time of Death 2:20 PM
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1. What was the decedent's sex?

- Male
 Female

2. What was the decedent's date of birth (DOB)?

____/____/____ or age at death if DOB unknown ____

3. What was the decedent's ethnic origin? (Mark only one)

- Hispanic or Latino
 Not Hispanic or Latino
 Unknown

4. What was the decedent's race? (Mark all that apply)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other
 Unknown

5. If a weapon caused the death, what type of weapon caused the death (Mark only one)

- Handgun
 Rifle/ shotgun
 Firearm, unspecified
 Conducted energy device (e.g., Taser)
 Knife/ edged instrument
 Baton, blunt instrument
 Other, specify: _____
 Vehicle-involved death (e.g., vehicle accident)
 Not applicable, weapon or vehicle did not cause death
 Unknown

6. Where did the death occur? (Mark only one)

- Law enforcement facility/ booking center
 Scene of incident
 During transport to a medical facility
 During transport to a law enforcement facility
 Medical facility following clinical intervention
 Other, specify: _____
 Unknown

7. What was the manner of death? (Mark only one)

- Natural
 Homicide

If so, Was the death classified as due to legal intervention?

- Yes
 No
 Accident
 Suicide
 Could not be determined
 Unknown

8. What was cause of death?

Immediate cause:

Secondary cause (if known):

- Unknown

9. Did the autopsy report or medical evaluation indicate the presence of alcohol or other Schedule I or II controlled substances?

Yes: mark all that apply:

- Alcohol
 Schedule I or Schedule II controlled substances; specify: _____

- No

- Could not determine

- N/A, did not obtain autopsy report or medical evaluation

Notes: