

**RETURN TO: State Deaths in Custody
reporting coordinator**(See form CJ-11 for a national listing, or call the
Bureau of Justice Statistics at 202-307-0765.)**FORM CJ-11A**
(11-30-2006)**DEATHS IN CUSTODY, 2007****— LAW ENFORCEMENT CUSTODIAL
DEATH REPORT**

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)

Death number _____
out of period total of _____
as reported on form CJ-11
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 _____, 2007

3. Where did the event causing the death occur?

Street address _____
 City, State, Zip _____

4. What law enforcement agency was involved?

ORI Number _____
 Name _____

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

Month _____ Day _____ Year _____

6. What was the deceased's gender?

- 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 ☐ Additional racial category in your information system—
Specify

**8. Has a medical examiner or coroner conducted an
evaluation to determine a cause of death?**

- 01 ☐ Yes, results are available
 02 ☐ Yes, results pending — *Skip to item 11.*
 03 ☐ No, evaluation pending — *Skip to item 11.*
 04 ☐ No, evaluation not planned

9. What was the manner of death?

- 01 ☐ Justifiable homicide
 02 ☐ Other homicide
 03 ☐ Suicide
 04 ☐ Accidental injury to self
 05 ☐ Accidental injury caused by others
 06 ☐ Alcohol/drug intoxication
 07 ☐ Illness/natural causes — *Specify illness/cause*

- 08 ☐ Other — *Specify*

10. What was the medical cause of death?

**11. Had charges been filed against the deceased at the
time of death?**

- 01 ☐ Yes
 02 ☐ No — charges not filed, but intended
 03 ☐ No — probation/parole revocation

**12. What were the most serious offenses with which the
deceased was being charged at the time of death?**

- a. _____
 b. _____
 c. _____

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 5 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.

13. What were the circumstances surrounding the death?

- 01 ☐ Death, or actions causing the death, occurred prior to booking — *Complete Section A*
 02 ☐ Death occurred at time of booking or later — *Complete Section B*

Section A: Deaths Prior to Booking**A1. Did the deceased die from a medical condition or from injuries sustained at the crime/arrest scene?**

- 01 ☐ Medical condition only (e.g., heart attack)
 02 ☐ Injuries only
 03 ☐ Both medical condition and injuries
 08 ☐ Don't know

A2. If injured at the crime/arrest scene, how were these injuries sustained? — Mark (x) all that apply

- 01 ☐ Inflicted by law enforcement officers present
 02 ☐ Inflicted by others at crime/arrest scene
 03 ☐ Self-inflicted — Accidental
 04 ☐ Self-inflicted — Suicide
 08 ☐ Don't know
 09 ☐ Not applicable

A3. Was the deceased under restraint in the time leading up to the death or the events causing the death?

- 01 ☐ Yes — *Mark (x) if any restraint devices were used*
 01 ☐ Handcuffs
 02 ☐ Leg shackles
 03 ☐ Conducted energy device (e.g., taser, stun-gun)
 04 ☐ Other device — *Specify*

- 02 ☐ No
 08 ☐ Don't know

A4. At any time during the arrest/incident, did the deceased — Mark (x) all that apply

- 01 ☐ Appear intoxicated (either alcohol or drugs)?
 02 ☐ Threaten the officer(s) involved?
 03 ☐ Resist being handcuffed or arrested?
 04 ☐ Try to escape/flee from custody?
 05 ☐ Grab, hit or fight with the officer(s) involved?
 06 ☐ Use a weapon to threaten or assault the officer(s)? —
Specify weapon used

- 07 ☐ Other — *Specify*

- 08 ☐ None of the above

A5. What type of weapon(s) caused the death? — Mark (x) all that apply

- 01 ☐ Handgun
 02 ☐ Rifle/shotgun
 03 ☐ Nightstick or baton
 04 ☐ Other weapon — *Specify*

- 05 ☐ None

A6. Where did the deceased die?

- 01 ☐ At the crime/arrest scene
 02 ☐ At medical facility
 03 ☐ En route to medical facility
 04 ☐ En route to booking center/police lockup
 05 ☐ Elsewhere — *Specify weapon used*

 08 ☐ Don't know

*Form complete***Section B: Deaths After Booking****B1. What was the time and date of the deceased's entry into the law enforcement facility where the death occurred?**

: ☐ AM ☐ PM Month _____ Day _____, 2007

B2. At the time of entry into the 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?
 04 ☐ None of the above

B3. 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*

- 08 ☐ Don't know
 09 ☐ Not applicable; cause of death was suicide, intoxication or illness/natural causes

B4. If death was an accident, homicide or suicide, what was the means of death?

- 01 ☐ Firearm
 02 ☐ Blunt instrument
 03 ☐ Knife, cutting instrument
 04 ☐ Hanging, strangulation
 05 ☐ Drug overdose
 06 ☐ Other — *Specify*

- 08 ☐ None of the above
 09 ☐ Not applicable; cause of death was suicide, intoxication or illness/natural causes

Form complete