

**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**  
 (1-22-2008)

**DEATHS IN CUSTODY, 2008**

**— 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 \_\_\_\_\_, 2008

**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  Homicide by law enforcement officer(s)
- 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
- 04  No — medical/mental health assistance call

**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 at a police station or lockup — *Complete Section A*  
 02  Death occurred at time of booking at a police station or lockup 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? C 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  Pepper spray, mace  
 04  Conducted energy device (e.g., taser, stun-gun)  
 05  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  Conducted energy device  
 05  Other weapon — *Specify*
- \_\_\_\_\_

06  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 location*
- 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 \_\_\_\_\_, 2008

**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 intoxication or illness/natural causes

*Form complete*