

CJ-11A ADDENDUM

OMB No.1121-0249 Approval Expires 4/30/2006

RETURN TO	Statistical Analysis Center MO State Highway Patrol PO Box 568 Jefferson City, MO 65102 FAX: (573) 526-6274	FORM CJ-11A	DEATHS IN CUSTODY, 20__ — LAW ENFORCEMENT CUSTODIAL DEATH REPORT	
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ORI _____

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

<p>1. What was the name of the deceased?</p> <p style="margin-left: 20px;">Last First Middle Initial</p> <p style="margin-left: 20px;">_____</p> <p>2. What was the time and date of the death?</p> <p style="margin-left: 20px;">__ : __ <input type="checkbox"/> AM <input type="checkbox"/> PM Month ____ Day ____</p> <p>3. Where did the event causing the death occur?</p> <p style="margin-left: 20px;">Street address _____</p> <p style="margin-left: 20px;">City _____</p> <p>4. What law enforcement agency was involved?</p> <p style="margin-left: 20px;">ORI Number _____</p> <p style="margin-left: 20px;">Name _____</p> <p>5. What was the deceased's date of birth?</p> <p style="margin-left: 20px;">Month ____ Day ____ Year ____</p> <p>6. What was the deceased's gender?</p> <p style="margin-left: 20px;">01 <input type="checkbox"/> Male</p> <p style="margin-left: 20px;">02 <input type="checkbox"/> Female</p> <p>7. What was the deceased's race/ethnic origin?</p> <p style="margin-left: 20px;">01 <input type="checkbox"/> White, not of Hispanic origin</p> <p style="margin-left: 20px;">02 <input type="checkbox"/> Black or African American, not of Hispanic origin</p> <p style="margin-left: 20px;">03 <input type="checkbox"/> Hispanic or Latino</p> <p style="margin-left: 20px;">04 <input type="checkbox"/> American Indian/Alaska Native</p> <p style="margin-left: 20px;">05 <input type="checkbox"/> Asian</p> <p style="margin-left: 20px;">06 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p style="margin-left: 20px;">07 <input type="checkbox"/> Additional racial category in your information system — <i>Specify</i></p> <p style="margin-left: 20px;">_____</p>	<p>8. Has a medical examiner or coroner conducted an evaluation to determine a cause of death?</p> <p style="margin-left: 20px;">01 <input type="checkbox"/> Yes, results are available</p> <p style="margin-left: 20px;">02 <input type="checkbox"/> Yes, results pending</p> <p style="margin-left: 20px;">03 <input type="checkbox"/> No, evaluation pending</p> <p style="margin-left: 20px;">04 <input type="checkbox"/> No, evaluation not planned</p> <p>9. What was the manner of death?</p> <p style="margin-left: 20px;">01 <input type="checkbox"/> Justifiable homicide</p> <p style="margin-left: 20px;">02 <input type="checkbox"/> Other homicide</p> <p style="margin-left: 20px;">03 <input type="checkbox"/> Suicide</p> <p style="margin-left: 20px;">04 <input type="checkbox"/> Accidental injury to self</p> <p style="margin-left: 20px;">05 <input type="checkbox"/> Accidental injury caused by others</p> <p style="margin-left: 20px;">06 <input type="checkbox"/> Alcohol/drug intoxication</p> <p style="margin-left: 20px;">07 <input type="checkbox"/> Illness/natural causes — <i>Specify illness/cause</i></p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">08 <input type="checkbox"/> Other — <i>Specify</i></p> <p style="margin-left: 20px;">_____</p> <p>10. What was the medical cause of death?</p> <p style="margin-left: 20px;">_____</p> <p>11. Had charges been filed against the deceased at the time of death?</p> <p style="margin-left: 20px;">01 <input type="checkbox"/> Yes</p> <p style="margin-left: 20px;">02 <input type="checkbox"/> No — charges not filed, but intended</p> <p style="margin-left: 20px;">03 <input type="checkbox"/> No — probation/parole revocation</p> <p>12. What were the most serious offenses with which the deceased was being charged at the time of death?</p> <p style="margin-left: 20px;">a. _____</p> <p style="margin-left: 20px;">b. _____</p> <p style="margin-left: 20px;">c. _____</p>
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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 _____

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 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 03 Nightstick or baton

02 Rifle/shotgun 04 Stun gun or tazer

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*

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 ____ YR ____

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 Don't know

09 Not applicable; cause of death was intoxication or illness/natural causes

Form complete