


# CJ-11A ADDENDUM

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

<b>RETURN TO</b>	New Jersey Division of Criminal Justice Research & Evaluation PO Box 085 Trenton, NJ 08625 Fax: (609) 984-7237	FORM <b>CJ-11A</b> (4-11-2003)	<b>DEATHS IN CUSTODY, 2003</b> — 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

<p><b>1. What was the name of the deceased?</b></p> <p style="margin-left: 20px;">Last                      First                      Middle Initial</p> <p>_____</p> <p><b>2. What was the time and date of the death?</b></p> <p>__ : __ <input type="checkbox"/> AM <input type="checkbox"/> PM    Month ____ Day _____, 2003</p> <p><b>3. Where did the event causing the death occur?</b></p> <p>Street address _____</p> <p>City _____</p> <p><b>4. What law enforcement agency was involved?</b></p> <p>ORI Number _____</p> <p>Name _____</p> <p><b>5. What was the deceased's date of birth?</b></p> <p>Month ____ Day _____ Year _____</p> <p><b>6. What was the deceased's gender?</b></p> <p>01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female</p> <p><b>7. What was the deceased's race/ethnic origin?</b></p> <p>01 <input type="checkbox"/> White, not of Hispanic origin 02 <input type="checkbox"/> Black or African American, not of Hispanic origin 03 <input type="checkbox"/> Hispanic or Latino 04 <input type="checkbox"/> American Indian/Alaska Native 05 <input type="checkbox"/> Asian 06 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 07 <input type="checkbox"/> Additional racial category in your information system — Specify _____</p>	<p><b>8. Has a medical examiner or coroner conducted an evaluation to determine a cause of death?</b></p> <p>01 <input type="checkbox"/> Yes, results are available 02 <input type="checkbox"/> Yes, results pending 03 <input type="checkbox"/> No, evaluation pending 04 <input type="checkbox"/> No, evaluation not planned</p> <p><b>9. What was the manner of death?</b></p> <p>01 <input type="checkbox"/> Justifiable homicide 02 <input type="checkbox"/> Other homicide 03 <input type="checkbox"/> Suicide 04 <input type="checkbox"/> Accidental injury to self 05 <input type="checkbox"/> Accidental injury caused by others 06 <input type="checkbox"/> Alcohol/drug intoxication 07 <input type="checkbox"/> Illness/natural causes — <i>Specify illness/cause</i> _____</p> <p>08 <input type="checkbox"/> Other — <i>Specify</i> _____</p> <p><b>10. What was the medical cause of death?</b></p> <p>_____</p> <p><b>11. Had charges been filed against the deceased at the time of death?</b></p> <p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No — charges not filed, but intended 03 <input type="checkbox"/> No — probation/parole revocation</p> <p><b>12. What were the most serious offenses with which the deceased was being charged at the time of death?</b></p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p>
--	--

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 \_\_\_\_\_, 2003

**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*