CJ-11A ADDENDUM (Revised by Kansas Sentencing Commission)

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

RETURN TO	Kansas Sentencing Commission 700 SW Jackson, Suite 501 Topeka, KS 66603-3757 Phone: 785-296-0923 Fax: 785-296-0927	FORM CJ-11A (12-17-2004)	DEATHS IN CUSTODY, 2006 — LAW ENFORCEMENT CUSTODIAL DEATH REPORT

State _____

Name of Agency _____

Address _____

_____

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 the death?

_ _ : _ _ ☐ AM ☐ PM Month ____ Day ____ , 2006

3. Where did the event causing the death occur?

Street address _____

City _____

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
05 ☐ Asian
06 ☐ Native Hawaiian or Other Pacific Islander
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
03 ☐ No, evaluation pending
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 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
02 ☐ Rifle/shotgun
03 ☐ Nightstick or baton
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 _____ , 2006

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