



**ILLINOIS
CRIMINAL JUSTICE
INFORMATION AUTHORITY**

120 South Riverside Plaza • Suite 1016 • Chicago, Illinois 60606 • (312) 793-8550

DEATHS IN LAW ENFORCEMENT CUSTODY COVER SHEET

Data Supplied by		
Name	Title	Date
Phone # (include area code)	Fax# (include area code)	
Agency Name		
E-Mail Address (if applicable)		

What deaths should be reported? (per Bureau of Justice Statistics, Department of Justice)

INCLUDE deaths of ALL Persons in process of arrest:

- In the physical custody, or under the physical restraint of law enforcement officers, even if the person was not formally under arrest at the time;
- Killed by any use of force by law enforcement officers;
- At crime/arrest scene or medical facility prior to booking;
- While in transit to or from law enforcement facilities;
- While confined in lockups or booking centers (facilities from which arrestees are usually transferred within 72 hours and not held beyond arraignment).

EXCLUDE deaths of ALL persons:

- Confined in local jails (facilities which typically house inmates for periods beyond 72 hours and after arraignment);
- Confined in State prisons, State juvenile correctional facilities, or private correctional facilities;
- Killed in the course of law enforcement activities against whom no charges were intended (e.g., innocent bystanders, hostages, law enforcement personnel);
- Dying while not in police custody, or under the physical restraint of law enforcement officers (e.g., pre-arrest suicides, vehicular accident deaths during pursuit).

Return the Cover Sheet and CJ-11A (3 PAGES TOTAL) to:

Chris Humble
Illinois Criminal Justice Information Authority
120 S. Riverside Plaza Suite 1016
Chicago, IL 60606

Questions? Call 312-793-8403 or email chumble@icjia.state.il.us



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CJ-11A Reporting Instructions:

Item 1. What was the name of the deceased?

The collection of the deceased's name is required by the Death in Custody Reporting Act of 2000 (DICRA) statute. The Illinois Criminal Justice Information Authority (ICJIA) is legally prevented from releasing the names associated with any of these death records. The name of the decedent will be used by research staff to sort and identify the data collection forms.

Item 2. What was the time and date of the death?

If an exact time of death is not available, please provide the nearest estimate.

Item 3. Where did the event causing the death occur?

Note that this item does not ask for where the deceased was pronounced dead, which is often different from the scene of the fatal event. If the deceased was injured or developed a medical problem in the course of arrest, but died later at a medical facility, please list the location of the arrest scene (not the medical facility) in item 3. If the fatal event occurred while in transit, please give the best approximate location (intersection, part of town, neighborhood).

Item 4. What law enforcement agency was involved?

List the ORI Number (Originating Agency Identification) and name of the law enforcement agency involved. (If officers from multiple law enforcement agencies are directly involved in this fatal event, please list all relevant ORI numbers and names). If you do not have an ORI number for the relevant law enforcement agency, leave it blank and enter only the agency name.

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

If the date of birth is not known, give the age of the deceased (estimate, if necessary).

Item 6. What was the deceased's gender?

Item 7. What is the deceased's race/ethnic origin?

Pick only one race/ethnic category for all decedents. Therefore, all "black Hispanics" or "white Hispanics" should be recorded as "Hispanics", rather than checking both "Hispanic" and a racial category.

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

Bureau of Justice Statistics (BJS) understands that a final determination of cause of death and other circumstantial information can sometimes take months, due to delays in processing forensic evidence or producing autopsy reports. If you are currently waiting for such an evaluation to take place (or awaiting the results), indicate the status of these records in item 8 and leave blank any items that are dependent upon the final results. BJS will follow up on these records several months later in order to get complete information.

Item 9. What was the manner of death?

This item asks for a description of the circumstances of the death, rather than the strict medical cause of death. For instance, a medical cause of death "gunshot wound-massive blood loss" could be the result of many different circumstances. The "manner" of such a death could be any of the following:

- Justifiable homicide (police return fire on a suspect, shooting and killing him)
- Other homicide (police respond to robbery call, find a suspect already shot by a store owner, he later dies)
- Suicide (the suspect is surrounded by police and takes his own life to avoid capture)
- Accidental injury caused by other (police officers attempt to manually restrain an armed suspect, and the gun accidentally discharges, killing the suspect).

Although there is a category "6=alcohol/drug intoxication," record any deaths attributed to intentional overdoses as "3=Suicide."

Item 10. What was the medical cause of death?

This item only requests the medical cause of death, regardless of how it occurred. In the example given in item 9, the medical cause "gunshot wound-massive blood loss" would suffice, regardless of the circumstances surrounding the death.

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

Because this component of DICRA covers only the deaths of persons "in the process of arrest," all death records will involve persons against whom charges were either filed or intended. If the arrest process did not stem from any new charges, but only involved a technical violation of community supervision (e.g. the failure to meet with a probation

officer, failure to complete a court ordered drug abuse drug program), please check “3= No, probation/parole revocation.”

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

If the deceased was formally booked prior to death, please select the three most serious charges entered at booking. If the deceased was not formally booked, these charges should reflect both the offenses that brought the arrestee into contact with the police, as well as those with which the deceased would have been charged had he/she lived. For example, law enforcement officers respond to the scene of an assault and chase a suspect on foot. Before the officers can detain and question the suspect, he fires a gun at the pursuing officer who returns fire killing the suspect. While the deceased had not been formally charged, the offenses listed in item 12 would be the initial assault incident, as well as resisting arrest and the attempted murder of a law enforcement officer (due to the shots he fired at police during pursuit).

Item 13. What were the circumstances surrounding the death?

This item determines how the remainder of the CJ-11 A form should be completed. Because deaths that occur out in the field involve different circumstances than those of booked offenders in custody, BJS developed specific follow-up questions for each circumstance.

Deaths of booked arrestees that result from events prior to booking should be marked "1," with Section A completed next rather than Section B. This is done so that fatal events occurring out in the field do not get grouped with those occurring in law enforcement facilities. If an individual dies from fatal events which occurred prior to booking Section A should be completed. If the fatal injuries were found to have occurred after booking, then Section B should be completed.

Section A: Deaths Prior to Booking

Item A1: Did the deceased die from a medical condition or from injuries sustained at the crime/arrest scene?

For the purposes of this item, how the fatal injuries were sustained (accidental, self-inflicted injuries, inflicted by law enforcement officers, inflicted by others at the scene) is not important. Regardless of how they occurred, if any injuries contributed to the death then please check either "2=injuries only" or "3=both medical condition and injuries."

Item A2: If injured at the crime/arrest scene, how were these injuries sustained?

Multiple responses can be checked on this item to allow for cases where multiple parties may have injured the deceased. If the deceased suffered no injuries and died solely from medical problems, simply check "9= not applicable."

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

Any use of restraint devices, even if they were not a cause or contributing factor in the death, should be reported here. If multiple types of restraints were used on the deceased, mark all that apply.

Item A4: At any time during the arrest/incident, did the deceased...appear intoxicated? threaten the officer(s) involved? ...resist being handcuffed or arrested? ...try to escape/flee from custody? grab, hit or fight with the officer(s) involved?... use a weapon to threaten or assault the officer(s)?

To better describe the full range of circumstances surrounding the fatal events, this item measures the behavior of the deceased during the course of the arrest process. Note that multiple responses can be provided to this item. If "7=Other" is marked, describe any other actions or behavior on the part of the deceased that played a role in the fatal events.

Item A5: What type of weapon(s) caused the death?

Please complete this item regardless of the manner of death (see item 9); if weapons played no role in causing the death, please check "6=None of the above." If a weapon involved in causing the death does not appear in item A5, enter it in "5=Other weapon" and then specify weapon type.

Item A6: Where did the deceased die?

As opposed to item 3, this item asks where the deceased officially expired. While this may sometimes be the same response as in item 3, they will differ in many cases such as a hospital pronouncing a suspect dead following a fatal event at a crime scene.

At this point, the form is complete for all pre-booking deaths.

Section B: Deaths After Booking

Item B1: What was the time and date of the deceased's entry into the law enforcement facility where the death occurred?

If an exact time of entry is not available, please provide the nearest hour estimate.

Item B2: At the time of entry into the facility, did the deceased... appear intoxicated?... exhibit any mental health problems?... exhibit any medical problems?

As with item A4, this item attempts to describe the arrestee's behavior and health status within the context of the fatal events. Please note the multiple responses can be provided to this item.


Item B3: If the death was an accident or homicide, who caused the death?

In cases of suicide or intoxication (self), and illness/natural causes (nobody), the party causing the death is already known, so please check "9= Not applicable" in such cases.

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

The item is not related to the manner (item 9) or medical causes of death (item 10), but rather to the physical means by which the death was caused.

At this point, the form is complete for all post-booking deaths.

RETURN TO	Bureau of Justice Statistics 810 Seventh Street, NW Washington, DC 20531 FAX: (202) 514-1757	FORM CJ-11A (12-17-2003)	DEATHS IN CUSTODY, 2004 — LAW ENFORCEMENT CUSTODIAL DEATH REPORT	
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State _____ Reporting Period *(Mark only one.)* Death Number _____
 Quarter 1 (January 1 — March 31) Quarter 2 (April 1 — June 30) Quarter 3 (July 1 — September 30) Quarter 4 (October 1 — December 31)
 out of period total of _____
 as reported on form CJ-11

<p>1. What was the name of the deceased?</p> <p>Last _____ First _____ Middle Initial _____</p> <p>2. What was the time and date of the death?</p> <p>____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM Month _____ Day _____, 2004</p> <p>3. Where did the event causing the death occur?</p> <p>Street address _____</p> <p>City _____</p> <p>4. What law enforcement agency was involved?</p> <p>ORI Number _____</p> <p>Name _____</p> <p>5. What was the deceased's date of birth?</p> <p>Month _____ Day _____ Year _____</p> <p>6. What was the deceased's gender?</p> <p>01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female</p> <p>7. What was the deceased's race/ethnic origin?</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 — <i>Specify</i> _____</p>	<p>8. Has a medical examiner or coroner conducted an evaluation to determine a cause of death?</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>9. What was the manner of death?</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>10. What was the medical cause of death?</p> <p>_____</p> <p>11. Had charges been filed against the deceased at the time of death?</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>12. What were the most serious offenses with which the deceased was being charged at the time of death?</p> <p>a. _____</p> <p>b. _____</p> <p>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 ____ , 2004

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