



**ILLINOIS  
CRIMINAL JUSTICE  
INFORMATION AUTHORITY**

300 W. Adams Street • Suite 200 • Chicago, Illinois 60606 • (312) 793-8550

**DEATHS IN LAW ENFORCEMENT CUSTODY COVER SHEET**

Data Supplied by		
<b>Name</b> <input type="text"/>	<b>Title</b> <input type="text"/>	<b>Date</b> <input type="text"/>
<b>Phone #</b> <input type="text"/>	<b>Fax#</b> <input type="text"/>	
<b>Agency Name</b>	<input type="text"/>	
<b>E-Mail Address</b>	<input type="text"/>	

**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 this Cover Sheet and CJ-11A (2 PAGES TOTAL) to:**

Mark Powers  
Illinois Criminal Justice Information Authority  
300 W. Adams St., Suite 200  
Chicago, IL 60606

**Questions?** Call 312-793-8550 or email [Mark.Powers@Illinois.gov](mailto:Mark.Powers@Illinois.gov)



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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 sex?***



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***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. ICJIA will follow up on these records 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:

- Homicide by law enforcement officers (e.g., 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 intentionally takes his own life to avoid capture)
- Accidental injury to self (the suspect accidentally discharges a firearm while in the presence of the police and kills himself).
- Accidental injury caused by others (police officers attempt to manually restrain an armed suspect and the gun accidentally discharges, killing the suspect).
- Accidental alcohol/drug intoxication – Specify type (an intoxicated suspect is taken into custody and the effects from the specified substance kill the suspect)
- Illness – Specify illness (a suspect is taken into custody and dies due to the specified illness)
- Other – Specify (if the manner of death does not fit into any of the above categories or if you are unsure, check this box and specify how the death occurred)



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***Item 10. What was the cause of death?***

This item only requests the medical cause of death, regardless of how it occurred. In an 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." If the death occurs during a medical or mental health assistance call where the individual is in police custody, check "4=No – medical/mental health assistance call."

***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. Did the deceased die from a medical condition or from injuries sustained during the arrest process?***

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."



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***Item 14: If the deceased died from arrest-related injuries, 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 15: Were any of the following used during the arrest process?***

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 16: At any time during the arrest/incident, did the deceased...appear intoxicated? ...exhibit any mental health problems ...verbally threaten the officer(s) involved? ...resist being handcuffed or arrested? ...try to escape/flee from custody? ...grab, hit or fight with the officers) involved?***

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.

***Item 17: During the arrest process, did the deceased do any of the following?***

These items pertain to the possession, threatening with, or use of a weapon during the incident. Please specify the type of weapon and select all applicable items. If no weapon was involved, please select "6 = None of the above."

***Item 18: 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 "7=None." If a weapon involved in causing the death does not appear in checkboxes 1 through 5, enter it in "6=Other weapon" and then specify weapon type.



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***Item 19: 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. If the deceased died at a booking center or police lockup, or you do not know where the death occurred, complete items 20 to 23. For checkboxes 2 through 6, do not answer questions 20 through 23.

***Item 20: 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 21: At the time of entry into the facility, did the deceased... appear intoxicated?... exhibit any mental health problems?... exhibit any medical problems?***

As with question 16, 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, or if none are applicable, "4 = None of the above" should be selected.

***Item 22: 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 23: 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.

**RETURN TO: State reporting coordinator**  
 (See form CJ-11 for a national listing, or call the Bureau of Justice Statistics at 202-307-0765.)

FORM CJ-11A

**ARREST-RELATED DEATH REPORT, 2010**



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 \_\_\_\_\_, 2010

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

Street address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**4. What law enforcement agency was involved?**

Name \_\_\_\_\_  
 ORI Number \_\_\_\_\_

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

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**6. What was the deceased's sex?**

- 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  Two or more races (not of Hispanic origin)
- 08  Additional categories in your information system—Specify \_\_\_\_\_
- 09  Not known

**8. Has a medical examiner or coroner conducted an evaluation to determine the official 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  Accidental alcohol/drug intoxication — Specify type \_\_\_\_\_
- 07  Illness — Specify illness \_\_\_\_\_
- 08  Other — Specify \_\_\_\_\_

**10. What was the 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. Did the deceased die from a medical condition or from injuries sustained during the arrest process?**

- 01  Medical condition only (e.g., heart attack)
- 02  Injuries only
- 03  Both medical condition and injuries
- 08  Don't know

**14. If the deceased died from arrest-related injuries, how were these injuries sustained? — Mark (x) all that apply**

- 01  Inflicted by law enforcement officers at crime/arrest scene
- 02  Inflicted by others at crime/arrest scene
- 03  Inflicted by law enforcement officers during transit/booking
- 04  Self-inflicted — Accidental
- 05  Self-inflicted — Suicide
- 08  Don't know
- 09  Not applicable

**15. Were any of the following used during the arrest process?**

- 01  Yes — *Mark (x) all that apply*
  - 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

**16. At any time during the arrest/incident, did the deceased — Mark (x) all that apply**

- 01  Appear intoxicated (either alcohol or drugs)?
- 02  Exhibit any mental health problems?
- 03  Verbally threaten the officer(s) involved?
- 04  Resist being handcuffed or arrested?
- 05  Attempt to escape/flee from custody?
- 06  Attempt to grab, hit or fight with the officer(s) involved?
- 07  None of the above

**17. During the arrest process, did the deceased do any of the following — Mark (x) all that apply**

- 01  Carry or possess a weapon? — *Specify weapon(s)*
- 02  Use a weapon to threaten the officer(s)? — *Specify*
- 03  Use a weapon to threaten other persons? — *Specify*
- 04  Use a weapon to assault the officer(s)? — *Specify*
- 05  Use a weapon to assault other persons? — *Specify*
- 06  None of the above

**18. What type of weapon(s) caused the death? — Mark (x) all that apply**

- 01  Handgun
- 02  Rifle/shotgun
- 03  Firearm, unspecified
- 04  Nightstick or baton
- 05  Conducted energy device
- 06  Other weapon — *Specify*
- 07  None

**19. Where did the deceased die?**

- 01  At booking center/police lockup — *Complete items 20-23.*
- 02  At the crime/arrest scene
- 03  At medical facility
- 04  En route to medical facility
- 05  En route to booking center/police lockup
- 06  Elsewhere — *Specify location*

Form complete

- 08  Don't know — *Complete items 20-23.*

**20. What was the time and date of the deceased's entry into the law enforcement facility where the death occurred?**

:  AM  PM Month \_\_\_\_\_ Day \_\_\_\_\_, 2009

**21. At the time of entry into the law enforcement 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

**22. 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

**23. If death was an accident, homicide or suicide, what was the means of death? — Mark (x) all that apply**

- 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

**NOTES**