

ILLINOIS UNIFORM CRIME REPORTING PROGRAM - ARREST RELATED DEATH INCIDENT FORM

Complete one form for each victim

Agency Name: _____ NCIC ORI: IL
 Date of _____
 Incident Case #: _____ Incident: _____

OFFICER INFORMATION

Does Not Apply (Medical, Suicide, Homicide by Other)

Age	Sex	Race	Ethnicity	Total # of Years as Officer	Is Officer a Federal Officer ?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

To Report 'NO INCIDENTS'

Please check box below and include reporting month and year.

/ ____ (MM/YY)

DECEASED INFORMATION

Age	Sex	Race	Ethnicity	Date of Death	Time of Death

Ethnicity
 H - Hispanic or Latino,
 N - Not Hispanic or Latino
 M - Group of Multiple Ethnicities
 U - Unknown

Race: 01 -White, 02 - Black or African American, 03 - American Indian or Alaska Native, 04 - Asian, 05 - Group of multiple races, 06 - Native Hawaiian or Other Pacific Islander

ADDITIONAL DECEASED INFORMATION - If death occurred in city/county jail, skip 1-8 and go to 9 - Location

1. Manner of death

- Justifiable homicide by officer(s)
- Homicide by officer(s)
- Homicide by officer(s) Not yet determined if justifiable or criminal homicide
- Justifiable homicide by other
- Homicide by other
- Suicide
- Accidental injury to self
- Accidental injury caused by another
- Accidental alcohol/drug intoxication
- Medical condition

2. Charges against deceased (check all that apply)

- Yes - pre-existing
- No - but intended
- No - probation/parole violation
- No - medical/mental health assistance call for service

3. Offense(s) deceased was or would have been charged with at time of death (check all that apply)

- Homicide
- Criminal Sexual Assault
- Robbery
- Aggravated Battery
- Aggravated Assault
- Kidnapping
- Battery
- Assault
- Burglary
- Theft
- Motor vehicle theft
- Arson
- Human Trafficking - Commercial Sex Acts
- Human Trafficking - Involuntary Servitude
- Criminal Damage and Trespass to Property
- Resist, Obstruct, Disarm an Officer
- Other Weapon Offense
- Other Felony Offense
- Other Misdemeanor Offense
- Drug Offense
- Traffic Offense
- Wanted on Warrant

4. Cause of death

- A - Medical condition only (e.g. heart attack)
 - B - Injuries sustained during incident
 - C - Both medical condition and injuries sustained
 - D - Unknown (UPDATE WHEN KNOWN)
- If cause of death is B or C**
- Inflicted by officer(s) at scene
 - Inflicted by others at scene
 - Inflicted by officers during transit
 - Inflicted by officers during booking
 - Self-inflicted (accidental)
 - Self-inflicted (suicide)

ADDITIONAL DECEASED INFORMATION continued

5. Use by officer(s) during arrest process (check all that apply)

- Handcuffs
- Leg shackles
- Pepper spray/mace
- Nightstick or baton
- Electronic control weapon (stun-gun, laser)
- Other device
- None
- Does Not Apply

6. Deceased characteristics/actions (check all that apply)

- Appear intoxicated
- Appear to be under the influence of drugs
- Exhibit mental health illness
- Verbally threaten officer(s) involved
- Resist being handcuffed or arrested
- Attempt to flee/escape from custody
- Attempt to disarm the officer(s) involved
- Disarm the officer(s) involved
- Assault the officer(s) involved
- Batter the officer(s) involved

7. During incident check all that apply to deceased

- Carry or possess a weapon
- Use of weapon to threaten officer(s)
- Use a weapon to threaten other person(s) at the scene
- Use a weapon to injure the officer(s)
- Use a weapon to injure other person(s)
- Intelligence info 'known to carry firearm'
- No weapon

8. Weapon associated with death

- Handgun
- Rifle/shotgun
- Firearm (unspecified)
- Knife or sharp instrument
- Nightstick or baton
- Electronic control weapon (stun-gun, laser)
- Hands/fist/feet
- Other weapon
- No weapon

9. Location

- At incident/crime/arrest scene
- Enroute to booking center/police lockup
- Booking center
- Temporary holding facility
- City jail
- County jail
- Enroute to medical facility
- Other

If location is city or county jail, complete the following

Entry into jail:

Time : _____

Date: _____

At time of entry, deceased:

- Appear intoxicated
- Appear under influence of drugs
- Exhibit any mental health issues
- Exhibit any medical problems
- None of the above

Who caused death

- Deceased
- Other detainees
- Sworn officer(s)
- Other jail staff
- Unknown (UPDATE WHEN KNOWN)
- Not applicable, cause of intoxication, drug overdose, illness

Weapon

- Firearm
- Nightstick or baton
- Electronic control weapon (stun-gun, laser)
- Other blunt instrument
- Knife, cutting instrument
- Hanging, strangulation
- Intoxication (alcohol poisoning)
- Drug overdose
- Other
- Not applicable, cause illness

**Illinois State Police
Illinois Uniform Crime Reporting
801 South 7th Street, 300-South, Springfield, Illinois 62703
Fax Number 217/524-8850
Call I-UCR program staff at (217) 557-6482
if you have any questions regarding this form.**