

ILLINOIS UNIFORM CRIME REPORTING PROGRAM DOMESTIC RELATED OFFENSES REPORTING FORM

Initial

Agency Name: _____

NCIC: IL

Month/Year of Occurrence: _____

Case #: _____

Adjustment

OFFENSE CODE *	IF ATTEMPTED "X"	DATE	TIME (MILITARY)	VICTIM			OFFENDER			INJURY CODE #1	INJURY CODE #2	INJURY CODE #3	WEAPON CODE #1	WEAPON CODE #2	WEAPON CODE #3	RELATIONSHIP CODE
				AGE	SEX	RACE	AGE	SEX	RACE							

AGE CODES
 UB Unborn Child
 BB 1 to 364 days old
 01 - 98 Enter Age in Years
 99 Over 98 Years of Age
 00 Unknown

SEX CODES
 M - Male F - Female

RACE CODES
 A Asian/Pacific Islander
 B Black
 H Hispanic
 I American Indian/Alaskan Native
 W White
 U Unknown

INJURY CODES
 B Apparent Broken Bones
 T Loss of Teeth
 O Other Major Injury
 M Apparent Minor Injury
 N None
 I Possible Internal Injury
 L Severe Laceration
 U Unconsciousness
 K Killed
 S Shot

WEAPON CODES
 11 Firearm
 12 Handgun
 13 Rifle
 14 Shotgun
 15 Other Firearm
 16 Knife/Lethal Cutting Instrument
 17 Club/Blackjack/Brass Knuckles
 18 Hand Tool
 25 Ligature
 30 Blunt Object
 35 Motor Vehicle
 40 Personal Weapons (hands, fist, feet)
 50 Poison
 60 Explosives
 65 Fire/Incendiary Device
 70 Drugs
 82 Sharp Object
 85 Asphyxiation
 90 Other
 91 Pretend
 95 Unknown
 99 None

RELATIONSHIP CODES
 (Identify the victim's relationship to the offender)
 SE Victim was Spouse
 XS Victim was Ex-Spouse
 PA Victim was Parent
 SB Victim as Sibling (Brother or Sister)
 CH Victim was Child
 CC Victim has Child in Common with Offender
 CF Victim or Offender was Child of Current/Former Boyfriend/Girlfriend
 GP Victim was Grandparent
 GC Victim was Grandchild
 IL Victim was Current/Former In-Law
 SP Victim was Current/Former Stepparent
 SC Victim was Current/Former Stepchild
 SS Victim was Current/Former Stepsibling (Stepbrother or Stepsister)
 OF Victim was Other Family Member
 LI Victim was Live-In Boy/Girlfriend or Same Sex
 XL Victim was Ex-Live-In Boy/Girlfriend or Same Sex
 DR Dating Relationship (Male/Female or Same Sex)
 XD Ex-Dating Relationship (Male/Female or Same Sex)
 CT Caretaker (Current/Former Health Care Provider, Personal Care Asst w/in the Home)
 RM Current/Former Room Mate

* Utilize I-UCR Offense Code Sheet