

# 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.**