

**SECTION VIII -
APPENDIX**

ILLINOIS STATE POLICE
ILLINOIS UNIFORM CRIME REPORTING PROGRAM
MONTHLY CRIME INDEX FORM

Agency Name: _____ NCIC #: _____

Contact Name: _____ Phone #: _____

Reporting for Month/Year: _____ / _____ Initial Adjustment

INDEX CRIME OFFENSES

MURDER Include only offenses 0110, 0130 (do not include attempts; attempts should be included in Aggravated Assault/Battery category)	CRIMINAL SEXUAL ASSAULT Include only offenses 0260, 0261, 0262, 0281 (include attempts)	ROBBERY Include only offenses 0310, 0320, 0325, 0326, 0330 (include attempts)	AGGRAVATED ASSAULT/ BATTERY Include only offenses 0410, 0480, 0485, 0490, 0495, 0510, 0110 attempts, 0130 attempts	BURGLARY Include only offenses 0610, 0625, 0650 (include attempts)	THEFT Include only offenses 0710, 0720, 0730, 0760, 0810, 0820, 0860, 0865, 0870, 0880, 0890, 0895 (include attempts)	MOTOR VEHICLE THEFT Include only offense 0910 (include attempts)	ARSON Include only offenses 1010, 1025 (include attempts)

INDEX CRIME ARRESTS

MURDER Include only offenses 0110, 0130 (do not include attempts; attempts should be included in Aggravated Assault/Battery category)	CRIMINAL SEXUAL ASSAULT Include only offenses 0260, 0261, 0262, 0281 (include attempts)	ROBBERY Include only offenses 0310, 0320, 0325, 0326, 0330 (include attempts)	AGGRAVATED ASSAULT/ BATTERY Include only offenses 0410, 0480, 0485, 0490, 0495, 0510, 0110 attempts, 0130 attempts	BURGLARY Include only offenses 0610, 0625, 0650 (include attempts)	THEFT Include only offenses 0710, 0720, 0730, 0760, 0810, 0820, 0860, 0865, 0870, 0880, 0890, 0895 (include attempts)	MOTOR VEHICLE THEFT Include only offense 0910 (include attempts)	ARSON Include only offenses 1010, 1025 (include attempts)

DRUG CRIME ARRESTS

VIOLATIONS OF CANNABIS CONTROL ACT Include only offenses 1811, 1812, 1821, 1822, 1830, 1840, 1850, 1860, 1900	VIOLATIONS OF CONTROLLED SUBSTANCES ACT Include only offenses 2010, 2020, 2030, 2040, 2050, 2060, 2070, 2080	VIOLATIONS OF THE HYPODERMIC SYRINGES & NEEDLES ACT Include only offenses 2110, 2120	VIOLATIONS OF THE DRUG PARAPHERNALIA ACT Include only offenses 2160, 2170

Do not include unfounded (offense status = 00) or referred (offense status = 01) crimes.

Please return the completed form to the address below by the 10th day of the following month:

Illinois State Police
 Illinois Uniform Crime Reporting
 100 Iles Park Place, Post Office Box 3677
 Springfield, Illinois 62708-3677
 Fax Number 217/524-8850

Call I-UCR program staff at (217) 782-3310 if you have any questions regarding this form.

**CRIMES AGAINST CHILDREN/DOMESTIC VIOLENCE/ATTACKS AGAINST SCHOOL PERSONNEL
DATA SECTION**

Agency Name _____

ORI _____

INITIAL ADJUSTMENT

Reporting Month/Year _____ / _____ CASE # _____

OFFENSE CODE*	IF ATTEMPTED "X"	DAY OF MONTH	TIME OF OCCURRENCE (MILITARY)	VICTIM			OFFENDER			INJURY CODE	WEAPON CODE	DISPOSITION CODE	VICTIM/OFFENDER RELATIONSHIP CODE
				AGE	SEX	RACE	AGE	SEX	RACE				

<p>Age Codes</p> <p>NN Under 24 hours old NB 1 to 6 days old BB 7 to 364 days old 01 - 98 Years in Age 99 Over 98 Years of Age 00 Unknown</p> <p>Sex Codes</p> <p>M Male F Female U Unknown</p> <p>Race Codes</p> <p>A Asian/Pacific Islander B Black H Hispanic I American Indian/Alaskan Native W White U Unknown</p> <p>Injury Codes</p> <p>B Apparent Broken Bones T Loss of Teeth O Other Major Injury M Apparent Minor Injury N None I Possible Internal Injuries L Severe Laceration U Unconsciousness K Killed S Shot</p>	<p>Weapon Codes</p> <p>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</p>	<p>Victim/Offender Relationship Codes</p> <p>SE Victim was Spouse CS Victim was Common-Law Spouse PA Victim was Parent SB Victim was Sibling (Brother or Sister) CH Victim was Child GP Victim was Grandparent GC Victim was Grandchild IL Victim was In-Law SP Victim was Step-Parent SC Victim was Step-Child SS Victim was Step-Sibling (Step-Brother or Step-Sister) OF Victim was Other Family Member FR Victim was Friend AQ Victim was Acquaintance NE Victim was Neighbor BG Victim was Boyfriend/Girlfriend CF Victim was Child of Boyfriend/Girlfriend HR Same Sex Relationship XS Victim was Ex-Spouse OK Victim was Otherwise Known CC Victim has Child in Common with Offender/Arrestee BE Victim was Babysittee (child) BS Victim was Babysitter EE Victim was Employee ER Victim was Employer VO Victim was Offender ST Victim was Stranger to Offender RU Relationship Unknown TS Victim was Teacher AS Victim was School Administrator OS Victim was Other School Personnel</p>																
<p align="center">Disposition Codes</p> <table border="0"> <tr> <td>Adults (Age 17 and Greater)</td> <td>Juveniles (Age 16 and Under)</td> </tr> <tr> <td>86 Warrant Arrest for Other Jurisdiction</td> <td>92 Handled Within the Department and Released</td> </tr> <tr> <td>87 Arrested-Held for Prosecution (Including Released on Bond)</td> <td>93 Summoned-Cited-Notified</td> </tr> <tr> <td>88 Summoned-Cited-Notified</td> <td>94 Referred to Welfare Agency</td> </tr> <tr> <td>89 Released Without Charge</td> <td>95 Referred to Juvenile Court</td> </tr> <tr> <td>90 Referred to Other Agency</td> <td>96 Referred to Criminal or Adult Court</td> </tr> <tr> <td>91 Arrested by Other Agency</td> <td>97 Referred to Other Agency</td> </tr> <tr> <td></td> <td>98 Arrested by Other Jurisdiction</td> </tr> </table>			Adults (Age 17 and Greater)	Juveniles (Age 16 and Under)	86 Warrant Arrest for Other Jurisdiction	92 Handled Within the Department and Released	87 Arrested-Held for Prosecution (Including Released on Bond)	93 Summoned-Cited-Notified	88 Summoned-Cited-Notified	94 Referred to Welfare Agency	89 Released Without Charge	95 Referred to Juvenile Court	90 Referred to Other Agency	96 Referred to Criminal or Adult Court	91 Arrested by Other Agency	97 Referred to Other Agency		98 Arrested by Other Jurisdiction
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• Utilize I-UCR Offense Code Sheet ISP 6-260 (1/96)

**ILLINOIS STATE POLICE
ILLINOIS UNIFORM CRIME REPORTING PROGRAM**

Agency Name: _____

NCIC#: IL _____

Contact Name: _____

Phone# _____

HATE CRIME INCIDENT REPORT

Initial Adjustment

Date of Incident ____/____/____
Month Day Year

Case #

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Offense #	Offense Code	--	# of Victims								
Offense #1	<table border="1" style="width: 100%; height: 15px;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table>					--	<table border="1" style="width: 100%; height: 15px;"><tr><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table>				
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Offense Codes (include Attempts)

01 Murder	06 Larceny-Theft
02 Criminal Sexual Assault	07 Motor Vehicle Theft
03 Robbery	08 Arson
04 Aggravated Assault	09 Simple Assault
05 Burglary	10 Intimidation
	11 Destruction/Damage/Vandalism

Location (Check Only One)

- | | | |
|---|--|---|
| 01 <input type="checkbox"/> Air/Bus/Train Terminal | 10 <input type="checkbox"/> Field/Woods | 19 <input type="checkbox"/> Rental Storage Facility |
| 02 <input type="checkbox"/> Bank/Savings and Loan | 11 <input type="checkbox"/> Government/Public Building | 20 <input type="checkbox"/> Residence/Home |
| 03 <input type="checkbox"/> Bar/Night Club | 12 <input type="checkbox"/> Grocery/Supermarket | 21 <input type="checkbox"/> Restaurant |
| 04 <input type="checkbox"/> Church/Synagogue/Temple | 13 <input type="checkbox"/> Highway/Road/Alley/Street | 22 <input type="checkbox"/> School/College |
| 05 <input type="checkbox"/> Commercial/Office Building | 14 <input type="checkbox"/> Hotel/Motel/etc. | 23 <input type="checkbox"/> Service/Gas Station |
| 06 <input type="checkbox"/> Construction Site | 15 <input type="checkbox"/> Jail/Prison | 24 <input type="checkbox"/> Specialty Store (TV, Fur, etc.) |
| 07 <input type="checkbox"/> Convenience Store | 16 <input type="checkbox"/> Lake/Waterway | 25 <input type="checkbox"/> Other/Unknown |
| 08 <input type="checkbox"/> Department/Discount Store | 17 <input type="checkbox"/> Liquor Store | |
| 09 <input type="checkbox"/> Drug Store/Doctor's Office/Hospital | 18 <input type="checkbox"/> Parking Lot/Garage | |

Bias Motivation (Check Only One)

- | | | |
|--|--|---|
| Racial
11 <input type="checkbox"/> Anti - White
12 <input type="checkbox"/> Anti - Black
13 <input type="checkbox"/> Anti - American Indian/Alaskan Native
14 <input type="checkbox"/> Anti - Asian/Pacific Islander
15 <input type="checkbox"/> Anti - Multi-Racial Group | Religious
21 <input type="checkbox"/> Anti - Jewish
22 <input type="checkbox"/> Anti - Catholic
23 <input type="checkbox"/> Anti - Protestant
24 <input type="checkbox"/> Anti - Islamic (Moslem)
25 <input type="checkbox"/> Anti - Other Religion
26 <input type="checkbox"/> Anti - Multi-Religious Group
27 <input type="checkbox"/> Anti - Atheism/Agnosticism/etc. | Handicapped
51 <input type="checkbox"/> Anti - Physical
52 <input type="checkbox"/> Anti - Mental
Gender
53 <input type="checkbox"/> Anti - Male
54 <input type="checkbox"/> Anti - Female
Other
55 <input type="checkbox"/> Anti - Elderly |
| Sexual
41 <input type="checkbox"/> Anti - Male Homosexual (Gay)
42 <input type="checkbox"/> Anti - Female Homosexual (Lesbian)
43 <input type="checkbox"/> Anti - Homosexual (Gay and Lesbian)
44 <input type="checkbox"/> Anti - Heterosexual
45 <input type="checkbox"/> Anti - Bisexual | Ethnicity/National Origin
31 <input type="checkbox"/> Anti - Arab
32 <input type="checkbox"/> Anti - Hispanic
33 <input type="checkbox"/> Anti - Other Ethnicity/National Origin | |

Victim Type (For Each Offense Code Listed Above, Check Applicable Victim Types)

	Offense #1	Offense #2	Offense #3	Offense #4	Offense #5	Offense #6	Total # Individual Victims
1 Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Financial Institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 Religious Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 Society/Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Number of Offenders (USE "00" FOR "UNKNOWN")

Suspected Offenders' Race as a Group (Check Only One)

- | | | |
|----------------------------------|---|---|
| 1 <input type="checkbox"/> White | 3 <input type="checkbox"/> American Indian/Alaskan Native | 5 <input type="checkbox"/> Multi-Racial Group |
| 2 <input type="checkbox"/> Black | 4 <input type="checkbox"/> Asian/Pacific Islander | 6 <input type="checkbox"/> Unknown |

Please return the completed form to the address below by the 10th day of the following month:

Illinois State Police
Illinois Uniform Crime Reporting Program
100 Iles Park Place, Post Office Box 3677
Springfield, Illinois 62708-3677
Fax Number 217/524-8850

