

The DICRA Report is a quarterly reporting requirement designed to keep the State of Nebraska in compliance with a federal statute called the Death in Custody Reporting Act of 2013. Compliance is tied to grant funding received by the state. As the Nebraska Crime Commission is the administering agency of federal law enforcement grant funding, we appreciate your help in keeping the state compliant and eligible for the maximum amount of grant funding available.

Include

- All deaths resulting from any use of force by state or local law enforcement personnel.
- All deaths caused by injuries sustained while attempting to elude state or local law enforcement personnel or injuries incurred after custody has been established.
- All deaths attributed to suicide, alcohol, or other drug intoxications, or medical conditions (e.g., cardiac arrest) that occur during the process of arrest by or in the custody of state or local law enforcement personnel.
- All deaths occurring in the custody of state or local law enforcement personnel responding to a medical or mental health assistance or welfare call.
- All deaths that occur while confined in lockups or booking centers
- Any inmate death that occurred while in the custody of local jails, state prison, state juvenile correctional facilities, or private correctional facilities.

Exclude

- Deaths attributed to federal law enforcement personnel (e.g., FBI, DEA).
- Deaths of bystanders, hostages, and law enforcement personnel
- Any death of a criminal suspect that occurred before the decedent came into contact with law enforcement
- Deaths by vehicular pursuit without any direct police action

Nebraska Criminal Justice Information System			
Criminal Justice		Others	
Master (Criminal) Patrol Criminal Hist. Jails Juvenile Facilities Corrections Probation/Juv. Intake US Probation Sex Offender Registry Protection Orders Local (NIBRS+) DHHS-APS DHHS-PSA DHHS-Current Wards DHHS-CAN DHHS-Safety Plan Warrants Pardon Board Courts Citations Physical Search Seal/Unseal Record	Non Person Search Local Incidents Criminal Vehicle Property	Albums Subscription Lists Standardized Model JCMS CODIS Prelog NFIN In Juvenile Facility On Probation In Corrections/DCS On Parole Active Warrants Active POs PO Portal Current DHHS-APS Current DHHS-Wards Current DHHS-CAN Students View List Youth Level of Service Add Property Info Court Calendars Bureau of Prisons National SOR RISS	Non-Criminal DMV OLN OLN Physical Search OLN Re-examination OLN ALR Form DMV VTR By Vehicle DMV VTR By Name Courts DOL Benefits DOL Employers DOL Wages Students Schools Directory Crash Records Crash Mapping
			Mutual Aid Resources CrimeStats NIBRS/+ NIBRS+ Upload NIBRS Upload Traffic Stop Reports Use Of Force Reports DICRA Reports Employment Data Documents Jail Documents News Group Discussion NSA Discussion POAN Discussion PCAN Discussion NCAMA Discussion Job Listings Training NLETC Online Forms My User Profile Directory Search NDEX Certification

DICRA Reports

[Add a New DICRA Incident Report](#) [Submit DICRA Zero Report](#) **Legend:**  - Edit DICRA Report

ORI: NEBRASKA CRIME COMMISSION (NB055035Y)

The most common option will be Submit DICRA Zero Report, meaning your agency had no deaths in custody for that reporting period. Your agency will be pre-selected based on your NCJIS account. Simply select the reporting period/reporting year and hit the “Submit Zero Report” button. This option should be done for the previous quarter within the first two weeks of the new quarter (e.g. submit in April for the January – March quarter).

Death In Custody Zero Report

The Zero Report is used when an agency is reporting that no DICRA incidents occurred for a particular Reporting Period.

Agency ORI:

NEBRASKA CRIME COMMISSION (NB055035Y)

[Submit Zero Report](#)

[Cancel](#)

Reporting Period:

Select Reporting Period
January - March(Quarter 1)
April - June(Quarter 2)
July - Septemeber(Quarter 3)
October - December(Quarter 4)

Report Year:

Select Report Year
2020
2019
2018

Add a New DICRA Incident Report should be used to report any death in custody. You do not need to wait when submitting these reports, they can be submitted at any time during the quarter. If you have a death that is still under

investigation, please report this within two weeks of the next quarter using the “Unavailable, investigation pending” option for the manner of death. When the investigation concludes, you can edit this report to update the information. The Nebraska Crime Commission needs the initial submission in order to comply with federal requirements. We will update the information we’ve submitted when your agency updates this record in NCJIS.

Required information, per the Death in Custody Reporting Act of 2013, include

- (1) the name, gender, race, ethnicity, and age of the deceased;
- (2) the date, time, and location of death;
- (3) the law enforcement agency that detained, arrested, or was in the process of arresting the deceased; and
- (4) a brief description of the circumstances surrounding the death.

Sections 1 (Decedent Demographic Information) and 2 (Decedent Death Information) of the DICRA Incident Report in NCJIS collect information regarding the first three requirements. The fourth requirement (a brief description...) is collected through Section 3 (Narrative). Section 4 (Additional Decedent Demographic Information) is optional and will be used by the Crime Commission in potential future analysis.

Section 1

1. Decedent Demographic Information

The screenshot shows the following fields for '1. Decedent Demographic Information':

- Last Name: * [Text Input]
- Middle Name: [Text Input]
- Date of Birth: * [Text Input] "(mm/dd/yyyy)" if unknown, enter 01/01/9999
- Social Security Number(if known): [Text Input] "(xxx-xx-xxxx)"
- Gender: **Select** [Dropdown]
- Race: [Dropdown menu with options: American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian, Black or African-American, White, Unknown. Note: "Select all that apply, Press and hold CTRL key when clicking to select more than one item."]
- Ethnicity: **Select** [Dropdown]
- First Name: * [Text Input]
- Age: [Text Input]

First and Last Name are required information to submit a report

If the date of birth is unknown, please enter “01/01/9999” to signify this and enter an approximate age.

Social security number is not required for submission. This information will only be used as a verification of identity.

Gender is required and there are only three options (Male, Female, and Other).

The close-up shows the Gender dropdown menu with the following options: Male, Female, and Other.

Race and ethnicity are both required for submission. You can select multiple options in the Race field. Hispanic is not a valid Race option according to the federal government for this submission, similar to the Race field on a fingerprint card/LiveScan submission.

Ethnicity has three options. This exists because a person can be any of any race and still be classified as Hispanic. If you are unsure, please select “Unknown.”

Ethnicity: ****Select****

- **Select****
- Hispanic, Latino, or Spanish origin
- Not of Hispanic, Latino, or Spanish origin
- Unknown

Section 2

2. Decedent Death Information

Date of Arrest or Facility Admission: * "(mm/dd/yyyy)" if unknown, enter 01/01/9999

Date of Death: * "(mm/dd/yyyy)" if unknown, enter 01/01/9999

Time of Death (24-Hour Clock) * :

Location of Death: *

Location Name:

Street Address:

City: State: ZipCode:

Type of Location at Which Death Occurred: ****Select****

Please indicate the manner of death (Mark only one). ****Select****

Were other agencies involved in the incident? ****Select****

Date of Arrest or Facility Admission are required for submission. Date of Arrest includes the date that the arrest was attempted but ultimately resulted in the death. Date of Arrest and Date of Death will often be the same. Date of Facility Administration will be whenever the decedent was admitted into a correctional facility. Date of Admission and Date of Death will often be different but can be the same.

Time of Death is required and will be the closest approximation to the time of death or the time at which a medical professional declares the death to have occurred.

Location of Death is required. The Location Name and address will be that of the facility or building in which a death occurred. If death does not occur in or near a building, please provide a brief description of the location in the Location Name field. Street address can be approximated by cross streets, mile markers, and/or road names when an exact address isn't available.

Type of Location at Which Death Occurred matches up with NIBRS location codes. In the event that the death occurred in a correctional facility, three additional questions will be asked to clarify the type of correctional facility and where in the facility the death occurred. Failure to answer these questions may result in a follow-up call being made to clarify.

Type of Location at Which Death Occurred: **Jail/Prison/Penitentiary/Corrections Facilit**

1) If the event causing the death occurred in any of the following facilities, please indicate the appropriate facility below. If the event causing the death did not occur in one of the facilities listed below, please use the "None of the above" option. ****Select****

2) Where did the death occur? ****Select****

3) Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility? ****Select****

If the manner of death involves a use of force by law enforcement, a homicide, or a suicide you will see an additional question pop up regarding the type of weapon that caused the death.

Please indicate the manner of death (Mark only one). **Death attributed to use of force by a law** ▼

If a weapon or vehicle caused the death, what type of weapon/vehicle involvement? *****Select***** ▼

In the event that other agencies were involved in the incident, two additional questions will open up asking how many other agencies were involved and a space to list all other agencies involved. A death in custody will only need to be reported by the lead agency.

Were other agencies involved in the incident? **Yes** ▼

How many agencies?

Please list all agencies

Section 3

This section is used to build a short narrative and asks questions regarding the behaviors of the decedent and the response of law enforcement.

When you click the “Add Parties” button to include any additional parties in the report, it will open a new window in which you can enter the party’s information including several questions regarding any injuries sustained from or inflicted on the decedent.

B) Aside from the decedent and law enforcement/correctional staff, please add any additional parties involved.

Add Parties

Party Name:

1) Relationship to decedent: **Relationship unknown** ▼

2) At any time during the incident, did the decedent injure or attempt to injure Party?

Was party injured by decedent? Yes No

Was party fatally injured? Yes No

3) Did the party injure the decedent?

Was the decedent fatally injured by party? Yes No

When all information is entered, hit save and the party will appear on the report. You can edit or delete parties from here. If you need to add another additional party, simply click the Add Parties button again.

Party 1

Party Name: Steve
Relationship to Decedent: Relationship unknown
At any time during the incident, did the decedent injure or attempt to injure Party? :Yes
Was party injured by decedent? :Yes
Was party fatally injured? :Yes
Did the party injure the decedent? :Yes
Was the decedent fatally injured by party? :Yes

If it is indicated that the decedent was in possession of a weapon, an additional line will appear to clarify if the weapon was used or simply displayed by the decedent.

C) At any time during the incident, did the decedent display or use a weapon? Yes No Unknown
 Displayed Used

Following this, there will be a series of yes/no questions regarding the behavior of the decedent and the actions of law enforcement in response. If you don't know or are unsure, please select No or leave blank.

D) At any time during the incident, did the decedent:

- Make Suicidal Statements Yes No
- Barricade self or initiate standoff Yes No
- Verbally threaten other(s) Yes No
- Resist being handcuffed or arrested Yes No
- Attempt to escape/flee from custody Yes No
- Attempt to grab, hit, or kick officer(s) Yes No
- Attempt to gain possession of officer's weapon Yes No
- Gain possession of officer's weapon Yes No

E) At any time during the incident, did law enforcement personnel/correctional staff:

- Fight or struggle with decedent Yes No
- Physically restrain decedent Yes No
- Restrain decedent with equipment (e.g. handcuffs) Yes No
- Place decedent in prone position Yes No
- Engage in motor vehicle pursuit Yes No
- Engage in foot pursuit Yes No
- Arrest the decedent Yes No
- Other Yes No

If the decedent injured or attempted to injure law enforcement personnel, follow-up questions will pop up to clarify if they were injured or killed by the decedent similar to the Additional Parties section.

F) At any time during the incident, did the decedent injure or attempt to injure law enforcement personnel/correctional staff?

Yes No

If Yes, was law enforcement personnel injured? Yes No

If Yes, was law enforcement personnel fatally injured? Yes No

Please indicate whether or not the following weapons/tools were used by law enforcement or corrections personnel. If a firearm was discharge, a follow-up question will appear asking how many shots were fired.

G) At any point during the incident, did law enforcement personnel/correctional staff use any of the following weapons:

- Firearm discharge Yes No
 If Yes, how many shots fired?
- Conducted energy device(Taser) contact Yes No
- Pepper/OC Spray or mace dispersion Yes No
- Baton/blunt instrument impact Yes No
- Other Yes No

The final question in this section may seem like a repeat but it serves to clarify additional details about the location of the death beyond where the incident occurred.

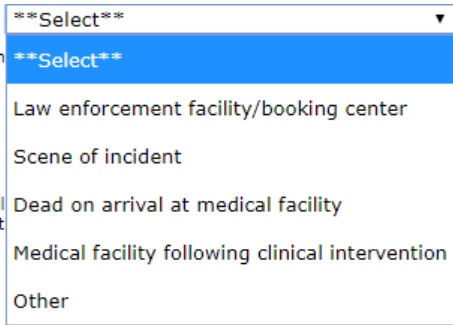
H) Where did the death occur? (Mark only one)

4. Additional Decedent Demographic Information

A) Marital Status

B) Occupation

C) Did the decedent have any of the following conditions? (Select all that apply, Press and hold CTRL key when clicking to select more than one item)



Section 4

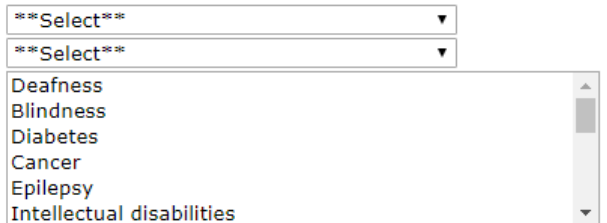
Section 4 involves some demographic information that can be useful for analysis by the Systems and Research section of the Nebraska Crime Commission. Please answer if known but this section is not required.

4. Additional Decedent Demographic Information

A) Marital Status

B) Occupation

C) Did the decedent have any of the following disabilities? (Select all that apply, Press and hold CTRL key when clicking to select more than one item)



If you have any questions regarding this report please reach out to the [Systems and Research Division](#) of the Nebraska Crime Commission.

Contact information can be found at <https://ncc.nebraska.gov/staff>

As of the time of this publication, the primary contact for DICRA related questions is:

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