

# **Nebraska Death in Custody Reporting Act (DCRA) State Implementation Plan**

## **2023**

### **1. OVERVIEW:**

The Death in Custody Reporting Act (DCRA) is a federally mandated law requiring all State Administering Agencies (SAAs) to report the deaths of any person being detained, arrested, incarcerated, or at any point during this process. Through funding of the Edward Byrne Memorial Justice Assistance Grant, SAs are required to gather quarterly DCRA data from law enforcement agencies located in their respective state (this includes local, county, and state law enforcement agencies). This data is then reported to the Bureau of Justice Assistance (BJA). This plan is a guideline for the implementation and continued efforts of DCRA reporting in the State of Nebraska.

### **2. DATA COLLECTION INFRASTRUCTURE**

Nebraska currently does not have any state laws requiring law enforcement agencies to report DCRA data. The Nebraska Commission on Law Enforcement and Criminal Justice (herein NCC) has been given statutory authority to accredit Nebraska law enforcement agencies and can necessitate all DCRA reporting as part of the accreditation requirements. As part of the required DCRA reporting included quarterly zero reporting.

There are currently 219 law enforcement agencies, 63 county jails, and 9 state prison facilities in Nebraska. In 2022, DCRA reporting was completed by 86% of agencies which covered 98.18% of the state population and comprise of 97.7% of sworn law enforcement officers. Of the agencies not reporting, most consist of small townships and county sheriff's offices.

Nebraska agencies are reminded to submit DCRA reporting via email on a quarterly basis, with individual agencies being contacted by telephone if additional reminders are necessary. Training and technical assistance are provided to agencies Monday through Friday, during standard business hours. The DCRA data entry form (Attachment A) has been designed for ease-of-use and simplicity, and is consistent with other DCRA reporting agencies.

### **3. DATA COLLECTION METHODS**

Nebraska DCRA reporting is collected through a standardized reporting process within the state's Criminal Justice Information System (CJIS). Each agency submits incident reports or quarterly zero reports when no incidents occurred through CJIS. This process is consistent with other mandatory reporting processes for Nebraska agencies which helps familiarize the overall procedure. Once the DCRA data is entered, it is then reviewed and aggregated by the state's Statistical Analysis Center (SAC) and reported directly into Performance Measurement Tool (PMT).

Currently, the largest issue Nebraska faces on DCRA reporting is tied to staffing issues within smaller law enforcement agencies. Due to staffing issues, agencies lack the resources to remain in compliance with DRCA standards. Consequently, most of these non-compliant agencies consist of a single law enforcement officer and do not receive any state or federal grant funding.

#### 4. DATA REPORTING METHODS

DCRA data is imported into Tableau and goes through a data scrubbing process. At this point, corrections can be made as necessary, and missing information is flagged. Following this, the data is processed into a simple spreadsheet format and is then submitted to PMT using the provided template. This process allows for individual manual entries to be avoided.

NCC tracks and updates pending and open investigations once BJA has reviewed the submissions and returned a follow-up list. Once this list is received, SAC staff contact the respective reporting agencies and update the DCRA information. If no review list is received from BJA, a red flag report captures pending values by comparing time passed between the last [modification date] and the [current date].

# Death In Custody Reporting Act (DICRA)

## Reporting Period

- |   |           |
|---|-----------|
| <input type="checkbox"/> January - March    | Quarter 1 |
| <input type="checkbox"/> April - June       | Quarter 2 |
| <input type="checkbox"/> July - September   | Quarter 3 |
| <input type="checkbox"/> October - December | Quarter 4 |

Reporting Year \_\_\_\_\_

## Please Return Completed Form To

Mail: Nebraska Crime Commission DICRA  
301 Centennial Mall South  
PO Box 94946  
Lincoln, NE 68509-4946  
Fax: (402) 471-2837  
Email: [elliott.veal@nebraska.gov](mailto:elliott.veal@nebraska.gov)

## Report Completed By

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## Agency Information

Agency Name \_\_\_\_\_  
Agency ORI \_\_\_\_\_  
Agency Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Was there at least one reportable death involving your agency during the reporting period?

 No

If no, please sign and return first page only.

 Yes

How many? \_\_\_\_\_

If yes, please sign and return the following questionnaire for each death along with one copy of first page.

## 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

# Incident Report

Name of Decedent \_\_\_\_\_

**1**

## **Decedent Demographic Information**

A Name \_\_\_\_\_

B Date of Birth MM/DD/YYYY If unknown, enter 9999 Age \_\_\_\_\_

C Social Security Number (if known) \_\_\_\_\_

D Gender

- Male  
 Female  
 Other

If other, please specify \_\_\_\_\_

E Race (Select all that apply)

- American Indian or Alaska Native  
 Asian  
 Native Hawaiian or Other Pacific Islander  
 Unspecified Asian  
 Black or African American  
 White  
 Unknown

F Ethnicity

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

**2**

## **Decedent Death Information**

A Date of Arrest or Facility Admission MM/DD/YYYY

B Date of Death MM/DD/YYYY

C Time of Death (24-Hour Clock) \_\_\_\_\_

D Location of Death

Location Name \_\_\_\_\_

Street Address \_\_\_\_\_

City State Zip Code

E Type of Location at Which Death Occurred

- Field/Woods  
 Government/Public Building  
 Grocery/Supermarket  
 Highway/Road/Alley/Street/Sidewalk  
 Hotel/Motel/Etc.  
 Jail/Prison/Penitentiary/Corrections Facility  
 Lake/Waterway/Beach  
 Liquor Store  
 Parking Lot/Drop Lot/Garage  
 Rental Storage Facility  
 Residence/Home  
 Restaurant

# Incident Report

Name of Decedent \_\_\_\_\_

- Service/Gas Station
- Specialty Store
- Other/Unknown

▲ If other, please specify \_\_\_\_\_

- Abandoned/Condemned Structure
- Amusement Park
- Arena/Stadium/Fairgrounds/Coliseum
- ATM Separate from Bank
- Auto Dealership New/Used
- Camp/Campground
- Daycare Facility
- Dock/Wharf/Freight/Modal Terminal
- Farm Facility
- Gambling Facility/Casino/Race Track
- Industrial Site
- Military Installation
- Park/Parkground
- Rest Area
- School - College/University
- School - Elementary/Secondary
- Shelter - Mission/Homeless
- Shopping Mall
- Tribal Lands
- Community Center

**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.

- Municipal or county jail
- State Prison
- State-run boot camp prison
- Other local or state correctional facility (to include any juvenile facilities)
- None of the above

**2** Where did the death occur?

- In general population within jail facility or on jail grounds
- In a restrictive housing/segregation unit
- In a special medical unity/infirmery within jail facility
- In a special mental health services unit within jail facility
- In a medical center outside jail facility
- In a mental health center outside jail facility
- While in transit

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

- Yes
- No
- Unknown

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

- Accident

# Incident Report

Name of Decedent \_\_\_\_\_

- Death attributed to use of force by a law enforcement or corrections officer
- Homicide
- Natural Causes
- Suicide
- State-Sanctioned Execution
- Could not be determined
- Unavailable, investigation pending

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

- Handgun
- Rifle/Shotgun
- Firearm, unspecified
- Conducted energy device (e.g., Taser)
- Knife/edged instrument
- Baton/blunt instrument
- Vehicle used as a weapon
- Vehicle accident
- Other weapon

If other, please specify \_\_\_\_\_

- Unknown weapon
- Not applicable, weapon or vehicle did not cause death

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

- Yes
- No

**1** How many agencies? \_\_\_\_\_

**2** Please list all agencies

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## **3**

### **Narrative**

**A** What was the reason for initial contact?

- Warrant service
- Unknown and is unlikely to ever be known
- Traffic stop
- Routine patrol other than traffic stop
- Response to unlawful or suspicious activity
- Pending further investigation
- Other

If other, please specify \_\_\_\_\_

- Medical, Mental health, or welfare assistance
- Mass Demonstration

# Incident Report

Name of Decedent \_\_\_\_\_

Follow up investigation

**B** Aside from the decedent and law enforcement/correctional staff, how many additional parties were involved?

Each Party

**1** Relationship to decedent

**Within Family**

- Spouse
- Parent
- Sibling
- Child
- Grandparent
- Grandchild
- In-Law
- Stepparent
- Stepchild
- Stepsibling
- Other family member

**Outside Family but Known**

- Acquaintance
- Friend
- Neighbor
- Baby/Child in care of a Babysitter
- Boyfriend/Girlfriend
- Ex-Spouse
- Employee
- Employer
- Otherwise known

**Not Known**

- Stranger
- Relationship unknown

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

Yes  No

Was party injured by decedent?

Yes  No

Was party fatally injured?

Yes  No

**3** Did the party injure the decedent?

Yes  No

Was the decedent fatally injured by party?

Yes  No

**C** At any time during the incident, did the decedent display or use a weapon?

Yes

Displayed

Used

No

# Incident Report

Name of Decedent \_\_\_\_\_

Unknown

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

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

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

Fight or struggle with decedent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physically restrain decedent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restrain decedent with equipment (e.g., handcuffs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Place decedent in prone position	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Engage in motor vehicle pursuit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Engage in foot pursuit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arrest the decedent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

→ If other, please specify \_\_\_\_\_

**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

**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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pepper/OC Spray or mace dispersion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Baton/blunt instrument impact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

→ If other, please specify \_\_\_\_\_

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

- Law enforcement facility/booking center
- Scene of incident
- Dead on arrival at medical facility
- Medical facility following clinical intervention
- Other

→ If other, please specify \_\_\_\_\_

## **4** Additional Decedent Demographic Information

**A** Marital Status



# Incident Report

Name of Decedent \_\_\_\_\_

- Divorced
- Married
- Single
- Widow
- Separated
- Unknown

## B Occupation

- Professional/Technical
- Management/Administration
- Farmer/Rancher
- Sales
- Skilled Labor
- Clerical
- Unskilled Labor
- Self Employed
- Other (employed)
- Armed Services
- Unemployed
- Housewife
- Retired
- Disabled
- Student
- Unknown

## C Did the decedent have any of the following disabilities? (Check all that apply)

- Deafness
- Blindness
- Diabetes
- Cancer
- Epilepsy
- Intellectual disabilities
- Partial or completely missing limbs
- Mobility Impairments requiring the use of a wheel chair
- Autism
- Cerebral palsy
- HIV infection
- Multiple sclerosis
- Muscular Dystrophy
- Major depressive disorder
- Bipolar disorder
- Post-traumatic stress disorder
- Obsessive-compulsive disorder
- Schizophrenia