NCS-X NIBRS Readiness Assessment

*for Agencies with a Commercial Off the Shelf (COTS) RMS*

The intent of this readiness assessment is to gain an understanding of the capabilities and barriers that exist in your agency with regards to collecting and reporting crime incident data according to the FBI’s National Incident Based Reporting System (NIBRS) standard. Please note that some states have additional incident-based reporting requirements beyond the Federal NIBRS standard presented in this self-assessment tool. Please check with your state Uniform Crime Reporting (UCR) program to determine what, if any, additional incident-based reporting requirements exist for your state. If you do not know how to contact your state’s UCR Program, contact FBI CJIS by e-mail at crimestatsinfo.ic.fbi.gov or phone at 304.625.4830 to obtain this information.

The following questions are intended to help identify and understand the existing system(s) that would be used by your agency to capture and report NIBRS data. These systems could include your Records Management System (RMS), a field-based data entry system, or a computer aided dispatch (CAD) system. Answers to these questions will assist the NCS-X team, in conjunction with your agency, in developing a general cost estimate for implementing NIBRS reporting in your agency which will also help BJS understand where investments need to be made to meet reporting requirements for the agencies included in the NCS-X sample.

**Instructions:** Please answer questions to the best of your ability. If any question is not applicable to the particular system, please write “N/A”.

You should complete this assessment form based upon the operation and structure of your Agency’s current RMS, unless you are in the process of switching to a new RMS (e.g., an RFP has been released and a contract signed or close to being signed and implementation will occur within the next 18 months) in which case please complete this assessment form based on the new RMS. If you are in process of creating an RFP for a new RMS we encourage you to include the information within this assessment form in your technical requirements to ensure the NIBRS standard is included in the RFP. If you have any questions about which RMS to base your answers, or wish to discuss your agency’s specific situation, please contact the NCS-X Implementation Team (ncsx@rti.org; 800.344.1389).

**Agency Name:**

**Respondent(s):**

**Date:**

# Overview

This section asks about the name of the system being assessed and the primary functions and users of the system.

1. How large is your agency?
   1. # of sworn personnel
   2. # of civilian personnel
2. What is the name of the existing Records Management System (RMS) (henceforth ‘the system’)?
3. What are the primary functions of the system? (e.g., field-based reporting, office-based data entry, crime mapping, data analytics, etc.)
4. Who are the system users? (e.g., officers, supervisory personnel, investigators, records staff, crime analysts, etc.)
5. Is this system used by any other agencies for their crime incident reporting? If so, which agency owns the system?
6. Describe how reports are currently reviewed to produce summary UCR submissions. Examples include, but are not limited to:
   1. Records staff reviews each report individually to compile summary UCR statistics.
   2. Supervisors approve reports with minimal additional review from records staff.
   3. RMS system produces summary UCR statistics with minimal staff intervention.
7. Please indicate you current RMS’s ability to collect the following information.

|  |  |
| --- | --- |
| **NIBRS Standard Requirement** | **Does Your Agency Currently Do This, or Is It Able To Do This?** |
| Able to collect information about all offenses in an incident |  |
| Detailed offense code assigned to each offense in an incident |  |
| Demographic information stored for each victim in an incident |  |
| Victim injury stored for each victim in an incident |  |
| Demographic information stored for each known offender in an incident |  |
| Relationship between each victim and offender stored for all offenses in an incident |  |
| Track multiple clearances |  |
| Track whether an incident was exceptionally cleared |  |
| Record and store exceptional clearance date |  |

1. Please review the NIBRS elements in the below table to determine if and how the system collects and stores each NIBRS element. If you have any questions about any of these data elements, please refer to the NIBRS user manual available at <http://www.fbi.gov/about-us/cjis/ucr/nibrs/nibrs-user-manual> which describes each data element in detail.

| **Data Element #** | **Description** | **NIBRS Code Values** | **Are data currently collected? (Y/N)**  **Or can the element be derived from what you currently collect? (Yes-Derived)** | **Data Element Notes** | **Agency Comments** |
| --- | --- | --- | --- | --- | --- |
| 1 | ORI | 0-9, A-Z |  |  |  |
| 2 | Incident Number | 0-9, A-Z |  |  |  |
| 2A | Cargo Theft | Y/N |  |  |  |
| 3 | Incident Date | YYYYMMDD |  |  |  |
| 4 | Cleared Exceptionally | A = Death of Offender.  B = Prosecution Declined (by the prosecutor for other than lack of probable cause).  C = In Custody of Other Jurisdiction.  D = Victim Refused to Cooperate (in the prosecution).  E = Juvenile/No Custody (the handling of a juvenile without taking him/her into custody, but rather by oral or written notice given to the parents or legal guardian in a case involving a minor offense, such as petty larceny).  N = Not Applicable (not cleared exceptionally) |  |  |  |
| 5 | Exceptional Clearance Date | YYYYMMDD |  |  |  |
| 6 | UCR Offense Code | 3-Character Alphanumeric |  |  |  |
| 7 | Offense Attempted/Completed | A = Attempted  C = Completed |  |  |  |
| 8 | Offender Suspected of Using | A = Alcohol  C = Computer Equipment  D = Drugs/Narcotics  N = Not Applicable |  |  |  |
| 8A | Bias Motivation | 2 character numeric |  |  |  |
| 9 | Location Type | 2 character numeric |  | The list of location types is available at the link at the top of this table. Many states capture additional location codes. If your state collects a super-set of the NIBRS values, please indicate “derived” in the previous column. |  |
| 10 | Number of Premises Entered | Mandatory when Data Element 6 (UCR Offense Code) is 220 = Burglary/Breaking & Entering and Data Element 9 (Location Type) is 14 = Hotel/Motel/Etc. or 19 = Rental Storage Facility. |  | This is a conditionally required data element that is rarely collected unless an agency has converted to NIBRS reporting. |  |
| 11 | Method of Entry | F = Force  N = No Force |  |  |  |
| 12 | Type Criminal Activity/Gang Information | B = Buying/Receiving  C = Cultivating/Manufacturing/Publishing (i.e., production of any type)  D = Distributing/Selling  E = Exploiting Children  0 = Operating/Promoting/ Assisting  P = Possessing/Concealing  T = Transporting/Transmitting/Hauling  U = Using/Consuming  Gang Information  J = Juvenile Gang  G = Other Gang  N = None/Unknown |  | This is a conditionally required data element that is rarely collected unless an agency has converted to NIBRS reporting. |  |
| 13 | Type Weapon/Force Involved | 11 = Firearm  12 = Handgun  13 = Rifle  14 = Shotgun  15 = Other Firearm  20 = Knife/Cutting instrument  30 = Blunt Object  35 = Motor Vehicle  40 = Personal Weapons  50 = Poison  60 = Explosives  65 = Fire/Incendiary Device  70 = Drugs/Narcotics/Sleeping Pills  85 = Asphyxiation  90 = Other  95 = Unknown  99 = None |  |  |  |
| 14 | Type Property Loss/Etc. | 1 =None  2 = Burned (includes damage caused in fighting the fire)  3 = Counterfeited/Forged  4 = Destroyed/Damaged/Vandalized  5 =Recovered (to impound property that was previously stolen)  6 = Seized (to impound property that was not previously stolen)  7 = Stolen/Etc. (includes bribed, defrauded, embezzled, extorted, ransomed, robbed, etc.)  8 =Unknown |  |  |  |
| 15 | Property Description | 2-Character Numeric |  |  |  |
| 16 | Value of Property | $0-$999,999,999 |  |  |  |
| 17 | Date Recovered | YYYYMMDD |  |  |  |
| 18 | Number of Stolen Motor Vehicles. | 2-Character Numeric |  |  |  |
| 19 | Number of Recovered Motor Vehicles | 2-Character Numeric |  |  |  |
| 20 | Suspected Drug Type | A = Crack Cocaine  B = Cocaine (All forms except Crack)  C =Hashish  D =Heroin  E = Marijuana  F = Morphine  G = Opium  H = Other Narcotics  I =LSD  J =PCP  K = Other Hallucinogens  L = Amphetamines/Methamphetamines  M = Other Stimulants  N = Barbiturates  0 = Other Depressants  P = Other Drugs  U = Unknown Drug Type  X = Over 3 Drug Types |  | Many states capture additional suspected drug types. If your state collects a super-set of the NIBRS values, please indicate “derived” in the previous column. |  |
| 21 | Estimated Drug Quantity | 12-Character Numeric |  | This is a conditionally required data element that typically captured in the narrative unless an agency has converted to NIBRS reporting. If your system does not have a data element for estimated drug quantity, please indicate “no” in the previous column. |  |
| 22 | Type Drug Measurement | DU = Dosage Units/Items  FO = Fluid Ounce  GL= Gallon  GM = Gram  KG = Kilogram  LB = Pound  LT = Liter  ML= Milliliter  NP = Number of Plants  OZ = Ounce  XX= Not Reported |  | This is a conditionally required data element that typically captured in the narrative unless an agency has converted to NIBRS reporting. If your system does not have a data element for estimated drug quantity, please indicate “no” in the previous column. |  |
| 23 | Victim Sequence Number |  |  |  |  |
| 24 | Victim Connected to UCR Offense Code | 3-Character Alphanumeric |  |  |  |
| 25 | Type of Victim | B = Business  F = Financial Institution  G = Government  I = Individual  L = Law Enforcement Officer  0 =Other  R = Religious Organization  S = Society/Public  U= Unknown |  |  |  |
| 25A | LEOKA – Type of Officer Activity/Circumstance | 01 =Responding to Disturbance Call  (Family Quarrels, Person with Firearm, Etc.)  02 = Burglaries in Progress or Pursuing Burglary Suspects  03 =Robberies in Progress or Pursuing Robbery Suspects  04 = Attempting Other Arrests  05 = Civil Disorder (Riot, Mass Disobedience)  06 = Handling, Transporting, Custody of Prisoners  07 = Investigating Suspicious Persons or Circumstances  08 =Ambush-No Warning  09 = Handling Persons with Mental Illness  10 = Traffic Pursuits and Stops  11 = All Other |  |  |  |
| 25B | LEOKA – Officer Assignment Type | For Uniformed Law Enforcement Officers:  F = Two-Officer Vehicle  G = One-Officer Vehicle (Alone)  H = One-Officer Vehicle (Assisted)  For Non-unifo1med Officers:  I= Detective or Special Assignment (Alone)  J = Detective or Special Assignment (Assisted)  For Law Enforcement Officers Serving in Other Capacities (foot patrol, off duty, etc.):  K = Other (Alone)  L = Other (Assisted) |  |  |  |
| 25C | LEOKA – Officer – ORI Other Jurisdiction | 9-Character Alphanumeric |  |  |  |
| 26 | Age of Victim | NN = Under 24 Hours  NB = 1- 6 Days Old  BB = 7- 364 Days Old  01- 98 = Years Old  99 = Over 98 Years Old  OO= Unknown |  |  |  |
| 27 | Sex of Victim | F = Female  M=Male  U= Unknown |  |  |  |
| 28 | Race of Victim | W = White  B = Black or African American  I= American Indian or Alaska Native  A =Asian  P = Native Hawaiian or Other Pacific Islander  U= Unknown |  |  |  |
| 29 | Ethnicity of Victim | H = Hispanic or Latino  N = Not Hispanic or Latino  U=Unknown |  |  |  |
| 30 | Resident Status of Victim | N = Nonresident  R= Resident  U=Unknown |  | This refers to whether the victim resides within the geographic boundaries of your jurisdiction. |  |
| 31 | Aggravated Assault/Homicide Circumstances | 13A = Aggravated Assault  09A = Murder and Nonnegligent Manslaughter (enter up to two)  01 = Argument  02 = Assault on Law Enforcement Officer  03 = Drug Dealing  04 = Gangland (Organized Crime Involvement)  05 = Juvenile Gang  06 = Lovers' Quarrel  07 = Mercy Killing (Not applicable to Aggravated Assault)  08 = Other Felony Involved  09 = Other Circumstances  10 = Unknown Circumstances  09B = Negligent Manslaughter (enter only one)  30 = Child Playing With Weapon  31 = Gun-Cleaning Accident  32 =Hunting Accident  33 =Other Negligent Weapon Handling  34 =Other Negligent Killing  09C = Justifiable Homicide (enter only one)  20 = Criminal Killed by Private Citizen  2 I = Criminal Killed by Police Office |  |  |  |
| 32 | Additional Justifiable Homicide Circumstances | A = Criminal Attacked Police Officer and That Officer Killed Criminal  B = Criminal Attacked Police Officer and Criminal Killed by Another Police  Officer  C = Criminal Attacked a Civilian  D = Criminal Attempted Flight From a Crime  E = Criminal Killed in Commission of a Crime  F = Criminal Resisted Arrest  G = Unable to Determine/Not Enough Information |  |  |  |
| 33 | Type Injury | N = None  B = Apparent Broken Bones  I = Possible Internal Injury  L = Severe Laceration  M = Apparent Minor Injury  0 = Other Major Injury  T = Loss of Teeth  U = Unconsciousness |  |  |  |
| 34 | Offender Number to be Related | 2-Character Numeric |  |  |  |
| 35 | Relationship of Victim to Offender | SE= Victim Was Spouse  CS = Victim Was Common-Law Spouse  PA = Victim Was Parent  SB= Victim Was Sibling  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  OF= Victim Was Other Family Member  AQ = Victim Was Acquaintance  FR= Victim Was Friend  NE= Victim Was Neighbor  BE= Victim Was Babysitter  BG= Victim Was Boyfriend/Girlfriend  CF = Victim Was Child of Boyfriend/Girlfriend  HR = Homosexual Relationship  XS = Victim Was Ex-Spouse  EE= Victim Was Employee  ER= Victim Was Employer  OK= Victim Was Otherwise Known  RU= Relationship Unknown  ST = Victim Was Stranger  VO= Victim Was Offender |  |  |  |
| 36 | Offender Sequence Number | 2-Character Numeric |  |  |  |
| 37 | Age of Offender | 01- 98 = Years Old  99 = Over 98 Years Old  OO = Unknown |  |  |  |
| 38 | Sex of Offender | F = Female  M=Male  U= Unknown |  |  |  |
| 39 | Race of Offender | W = White  B = Black or African American  I= American Indian or Alaska Native  A = Asian  P = Native Hawaiian or Other Pacific Islander  U= Unknown |  |  |  |
| 39A | Ethnicity of Offender | H = Hispanic or Latino  N = Not Hispanic or Latino  U=Unknown |  |  |  |
| 40 | Arrestee Sequence Number | 2-Character Numeric |  |  |  |
| 41 | Arrest Transaction Number | 12-Character Alphanumeric |  |  |  |
| 42 | Arrest Date. | YYYYMMDD |  |  |  |
| 43 | Type of Arrest | 0 = On-View Arrest  S = Summoned/Cited  T = Taken Into Custody |  |  |  |
| 44 | Multiple Arrestee Segments Indicator | C = Count Arrestee  M = Multiple  N = Not Applicable |  |  |  |
| 45 | UCR Arrest Offense Code | 3-Character Alphanumeric |  |  |  |
| 46 | Arrestee Was Armed With | 01 = Unarmed  11 = Firearm (type not stated)  12 = Handgun  13 =Rifle  14 = Shotgun  15 = Other Firearm  16 = Lethal Cutting Instrument  17 = Club/Blackjack/Brass Knuckles |  |  |  |
| 47 | Age of Arrestee | 01- 98 = Years Old  99 = Over 98 Years Old  OO = Unknown |  |  |  |
| 48 | Sex of Arrestee | F = Female  M=Male |  |  |  |
| 49 | Race of Arrestee | W = White  B = Black or African American  I= American Indian or Alaska Native  A =Asian  P = Native Hawaiian or Other Pacific Islander  U=Unknown |  |  |  |
| 50 | Ethnicity of Arrestee | H = Hispanic or Latino  N = Not Hispanic or Latino  U=Unknown |  |  |  |
| 51 | Resident Status of Arrestee | R = Resident  N = Nonresident  U=Unknown |  | This refers to whether the arrestee resides within the geographic boundaries of your jurisdiction. |  |
| 52 | Disposition of Arrestee Under 18 | H = Handled Within Department  R = Referred to Other Authorities |  |  |  |
| 53 | Animal Cruelty | A = Simple/Gross Neglect (failure to provide food, water, shelter, veterinary care, or intentionally or knowingly withholding food or water)  I = Intentional Abuse and Torture F = Organized Abuse (dog fighting and cock fighting)  S =Animal Sexual Abuse (bestiality) |  | Effective January 1, 2016 |  |

1. Does the application or system enforce any of the NIBRS data edit and validation checks at the time of data entry? Data edit and validation checks are logical test that NIBRS enforces to ensure data quality and integrity (e.g., a Larceny offense can’t be entered without having the corresponding stolen property). The full list of data edit checks is available at https://ucr.fbi.gov/nibrs\_technical\_specification\_version\_3.1\_pdf.
2. Does your current system create or have the ability to create a NIBRS or UCR report/export file?
   1. If yes, in what format? How done?
   2. If no, how do you report NIBRS? State website? Other?
   3. What reporting methods are available for submitting UCR/NIBRS data?
3. Does your state have additional incident based reporting requirements (e.g., ONIBRS in Oregon) that would need to be met beyond the federal NIBRS standard? If yes, can the system capture these additional data elements? (If you are not sure, contact your State UCR Program. See contact information listed on the first page of this document.)
4. Describe procedural and/or technical changes that will need to be made to support NIBRS reporting. Examples include, but are not limited to
   1. Reporting multiple offenses in a single incident
   2. Enforcement of additional NIBRS validation requirements
   3. Changes to report creation and/or data entry process
   4. Changes to Law Enforcement Killed or Assaulted and/or hate crime reporting procedures
   5. Collection of additional data elements and values

|  |
| --- |
| General System Information The purpose of this section is to develop an overview of the system being reviewed to better understand its design and use with respect to collecting and reporting NIBRS data. |

1. At what location is the system hosted?
2. Who is responsible for the daily operation, management, and availability of the system?
3. Who is responsible for development work on the system? If an industry partner performs this work, then provide name of the industry partner.
4. What is the network connectivity to the system (assuming a web-based or client-server system)? Is the system connected to the Internet? Describe how you share information from your system with outside organizations (DA, state, etc.).
5. Are there logging and auditing requirements for the system? Do you need to know who accessed what information and when it was accessed? If so, how are they implemented? Can a report be deleted once it has been approved? If so, describe who can delete reports. Describe what kind of approval is required to delete reports (e.g., written request to command staff).

|  |
| --- |
| Business Practices including Staffing and Resources The purpose of this section is to understand your agency’s current business practices on how data is entered into the system and how transitioning to NIBRS will impact those business practices. |

1. Describe current process for creating Incident/Offense (IO) and Arrest reports. Examples include, but are not limited to:
   1. Reports are taken on paper in the field and data entry is performed at the station
   2. Reports are taken electronically in the field and uploaded to a centralized database
   3. Combination of paper-based and electronic reporting
2. Describe how reports are currently reviewed to produce summary UCR submissions. Examples include, but are not limited to:
   1. Records staff reviews each report individually to compile summary UCR statistics
   2. Supervisors approve reports with minimal additional review from records staff
   3. RMS system produces summary UCR statistics with minimal staff intervention
3. If moving to NIBRS would entail significantly more data collection for each crime incident than is currently being done, how will training needs be affected? Examples include (but are not limited to):
   1. NIBRS reporting requirements and validation rules
   2. New reporting procedures
   3. Software training
   4. Information about how crime statistics may appear to change

|  |
| --- |
| Cost Assessment The purpose of this section is to understand the costs to your agency associated with making the transition to NIBRS. |

1. If available, provide cost estimates for making the transition to NIBRS.
2. Include information about all anticipated costs. Examples include, but are not limited to:
   1. Software upgrades or replacement
   2. Hardware upgrades or replacement
   3. Training for officers and support personnel
   4. Increased workload for officers and support personnel
   5. Public outreach and information efforts
3. If known, describe how the department plans to fund the transition to NIBRS.
4. NCS-X grant request
5. State funds
   1. Sub-grant from state NIBRS implementation grant
   2. Legislative appropriation
6. Local funds
7. Combination of any (or all) of the above

|  |
| --- |
| Summary The purpose of this section is to provide a high-level summary of your agency’s plans to transition to NIBRS. |

1. State whether the department is willing to transition to NIBRS.
2. Describe any technical, political, or financial barriers to making the transition to NIBRS.
3. Describe the anticipated timeframe for making the transition to NIBRS.
4. Describe any addition technical assistance needed from the state UCR program and/or the NCS-X team. Examples include, but are not limited to:
   1. Developing or reviewing RFP
   2. Education and outreach materials
   3. NIBRS training for officers and support staff

**Notes:**