

# COORDINATED MULTIPLE ARREST

## CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
 (YELLOW) - TRFD REVIEW  
 (PINK) - COURT PACKET  
 (GOLD) - REPORTING OFFICER

CMA NUMBER

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00123	07789		
	20AUG24	2100	505 MONROE	303				
1. INCIDENT	SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST. AGE)	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV.	GENDER	RACE
	ROBERTS, MARY, F					06	F	2

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	DOB	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	6524 W EBINGER RD GORTY		509	200	DNA
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).					
REFUSED MULTIPLE DISPERSAL ORDERS AT THE MASS ARREST DECLARED. GREEN BOOK-BAG (PERSONAL PROPERTY)					

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE):	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input checked="" type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input checked="" type="checkbox"/> EMS OFFER/REQ. <input type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK.
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)		<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH			<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP			
<input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION			

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	KEETHO 13978	73978		
	BEAT NO.	PC NO.	CRT. KEY	SIGNATURE
	0426H		Z	

SUPERVISOR'S NAME (PRINT) STAR NO MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING?  NO  YES:

Yolanda Wa Hon 831

TRR REQUIRED:  MAJ. INJURY  WEAPON USE  DEADLY FORCE  DELAYED TRR

VICTIM OF OFFENSE  ADDITIONAL INVESTIGATION  OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	TIME:	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
POSTELLCO	12624	C076	6918	019	2815	

**COORDINATED MULTIPLE ARREST**  
CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRED REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA LABEL: 00401  
CMA NUMBER: 00401

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE			
	20 AUG 24	2:00	101 S. CANAL ST.	303			
SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV.	GENUS	WGT
REEVES, JACOB D.				99 (25)	M		WHT

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	12111 AUDELA RD DALLAS, TX	5'11"	170	M/T
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC). ABOVE SUBJECT WAS GIVEN AN ORDER TO DISPERSE. SUBJECT FAILED TO DO SO. SUBJECT PLACED INTO CUSTODY. SEARCHED BY A/O McDONALD.				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

**5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)**

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
	<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE):	

PERSON'S CONDITION? <input checked="" type="checkbox"/> UNK <input type="checkbox"/> APPARENT, NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input checked="" type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input checked="" type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)		<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES	<input type="checkbox"/> SPECIALIZED UNITS	<input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT
	<input type="checkbox"/> TACTICAL POSITIONING	<input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS	<input type="checkbox"/> OTHER:	<input type="checkbox"/> VEHICLE
CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)				WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
<input checked="" type="checkbox"/> ESCORT HOLDS	<input type="checkbox"/> CONTROL INSTRUMENT	<input type="checkbox"/> OPEN HAND STRIKE	<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> WRIST LOCK	<input type="checkbox"/> PRESSURE SENS. AREAS	<input type="checkbox"/> TAKE DOWN	<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	
<input type="checkbox"/> ARMBAR	<input checked="" type="checkbox"/> HANDCUFF/PHYS. RESTR.	<input type="checkbox"/> ELBOW STRIKE	<input type="checkbox"/> PUSH/PHYSICAL REDIRECTION	

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO.	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	B. McDONALD	19423		
	BEAT NO.	PC NO.	CRT. KEY	SIGNATURE
	CA418D		4	

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
Sgt. David Falardean	2104	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR
		<input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB/PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	EV # 07789	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO.	BEAT NO.	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
SMITH, Donald	19964	0179	6921	A/S	2230	



# COORDINATED MULTIPLE ARREST

## CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
 (YELLOW) - TRD REVIEW  
 (PINK) - COURT PACKET  
 (GOLD) - REPORTING OFFICER

CMA LABEL | CMA NUMBER  
 02276 | 07789  
 02276

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE
	20AUG24	2112	333 S CLINTON	303
SUBJECT NAME (Last, First, M.I.)/DESCRIPTION		<input checked="" type="checkbox"/> REFUSED	<input type="checkbox"/> UNK.	<input type="checkbox"/> MULTIPLE UNK.
SOLOMON LIA C		D.O.B. (EST. AGE) <input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV. GENDER RACE		

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	356 S AIKEN UNK 356 S AIKEN UNK	501	180	NONE VISIBLE
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR PARTICIPANT MEMBER'S OBSERVING ACTION (E.G. SDSC).				
ABOVE UNKNOWN SUBJECT WAS PLACED INTO CUSTODY AS A PART OF A COORDINATED MULTIPLE ARREST. NO INJURIES TO BE REPORTED AT THIS TIME. AFTER SEVERAL COMMANDS TO LEAVE ABOVE LISTED SUBJECT STAYED AT THE SCENE.				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON: <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> PHYSICAL OBSTRUCTION <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> THROWN OBJECT (DESCRIBE): <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input type="checkbox"/> FLED <input type="checkbox"/> GRAB/HOLD/DETAIN <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input type="checkbox"/> OTHER: <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH		
	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input type="checkbox"/> YES		
PERSON ARMED? <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE):	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT? <input type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:		
CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)		<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED? <input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP <input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION			

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	IDIARA MAMADOU	6315		
	BEAT NO. 203	PC NO.	CRT. KEY K	SIGNATURE

SUPERVISOR'S NAME (PRINT)	STAR NO	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
MATA/10	844	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR <input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO.	STR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
E. GARCIA	1342	CF	6920	A13	204	

AND REFUSED TO A LAWFUL ORDER TO LEAVE

**COORDINATED MULTIPLE ARREST**  
CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRFD REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA LABEL: [REDACTED] | CMA NUMBER: 02024

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	02024	GENDER	RACE
	20 April 2008	11:00	1005, Canal	303			
	SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input type="checkbox"/> ADULT <input type="checkbox"/> JUV.	
	Evans Benjamin				99		M W

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	UNK	508	190	Various tattoos
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
No credentials failure to disperse orders given by cop #5. No injuries to report. IN which he failed to disperse. signed by A/1041189				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> FLED <input type="checkbox"/> OTHER:			<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON: <input type="checkbox"/> IMMEDIATE THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> GRAB/HOLD/DETAIN <input type="checkbox"/> WRESTLE/GRAPPLE			<input type="checkbox"/> PHYSICAL OBSTRUCTION <input type="checkbox"/> THROWN OBJECT (DESCRIBE): <input type="checkbox"/> IMMEDIATE THREAT OF BATTERY - WITH WEAPON <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH		
	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES								
PERSON ARMED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):				RESISTED ARREST? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE):					

PERSON'S CONDITION? <input type="checkbox"/> UNK <input checked="" type="checkbox"/> APPARENT, NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input checked="" type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE <input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER <input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS <input type="checkbox"/> TAKEN TO HOSPITAL: <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK <input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN. <input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)			MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE			PURSUIT? <input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER		
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:			<input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> OTHER:					
CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)							OTHER:		
<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP <input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION							WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO.	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	W. Nanniack	11919		
	BEAT NO.	CRT. KEY	SIGNATURE	
	65105B	B		

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
Sgt. David Falaldeen	2104	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR <input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION  
 COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S) <input type="checkbox"/> EVID. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
		Ev# 07789.	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO.	BEAT NO.	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
SMITH, Donald	19964	CBT9	6921	A3	2230	

# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRD REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA LABEL  
CMA NUMBER  
**74028**

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE			
	30 AUG 24	2100	100 S CANAL	303			
1. INCIDENT	SUBJECT NAME (Last, First, M.I.)/DESCRIPTION <input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.			D.O.B. (EST AGE)	ADUL	ENDER	RACE
	GASKIN, FRANCISCO C			98		M	L

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	1123 W VERNON PARK PL	6'00	295	KINK OF HEARTS, DICY RIGHT ARM
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC)				
P.O. GONZALEZ OBSERVED ABOVE OFFENDER FAIL TO DISOBEY AFTER BEING GIVEN NUMEROUS COMMANDS TO CEASE AN UNLAWFUL ASSEMBLY NEAR 100 S CANAL ST.				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE):	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input type="checkbox"/> APPARENT NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)		<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	<input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION	<input type="checkbox"/> NO <input type="checkbox"/> YES

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	GONZALEZ, DANIEL	10364		
BEAT NO.	PC NO	CRT. KEY	SIGNATURE	
C1311F		N		

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input type="checkbox"/> NO <input type="checkbox"/> YES:
C. Flores	925	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR <input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S) <input type="checkbox"/> EVID. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS: necktie, baseball hat, cell phone + wallet keys	SIGNATURE
<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	TIME:		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
S. MORRIS	1197	CM3	6915	A3	2240	



**COORDINATED MULTIPLE ARREST**  
CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRD REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA LABEL: [REDACTED] | CMA NUMBER: 00446

1. INCIDENT	DATE: 20 AUG 24	TIME: 2100 hrs	LOCATION OF ARREST/INCIDENT (ADDRESS): 501 W. MONROE (Monroe)	LOC. CODE: 303	CMA LABEL: [REDACTED]	CMA NUMBER: 00446
	SUBJECT NAME (Last, First, M.I.): RILEY, KEVIN, P.		DESCRIPTION: <input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE): [REDACTED]	AD: [REDACTED]	JUV: [REDACTED]
	GENDER: M		RACE: [REDACTED]		1997	

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS: 33 North Mount AVE	HEIGHT: 510	WEIGHT: 260	SCARS/MARKS/TATTOOS: NONE
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC): ABOVE SUBJECT WAS INVOLVED IN UNLAWFUL ASSEMBLY FAIL TO DISPERSE AFTER GIVEN SEVERAL DISPERSE ORDERS. SUBJECT WAS SEARCHED AND PLACED INTO CUSTODY BY Ruiz 7/1887				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
	<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):
	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON
	<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON
	<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON
	<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH

DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION?  NO  YES

PERSON ARMED?  NO  YES (SPECIFY): RESISTED ARREST?  NO  YES (DESCRIBE):

PERSON'S CONDITION? <input type="checkbox"/> UNK <input type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE? <input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK.
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT? <input type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	

CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED? <input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	
<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION		
<input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR.		

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT): M. Ruiz	STAR NO: 18887	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	BEAT NO: CA417G	PC NO:	CRT. KEY: E	SIGNATURE:

SUPERVISOR'S NAME (PRINT): Sgt. David Faladean	STAR NO: 2104	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
		<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR
		<input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S) 2	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS: EV# 07789.	SIGNATURE:
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	TIME:	

TRANSPORT OFFICER'S NAME (PRINT): SMITH, Donald	STAR NO: 19964	BEAT NO: CDT9	TR. VEH. NO: 6921	DET. FAC: AS	TRANSPORT TIME: 2230	SIGNATURE:
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# COORDINATED MULTIPLE ARREST

## CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
 (YELLOW) - TRED REVIEW  
 (PINK) - COURT PACKET  
 (GOLD) - REPORTING OFFICER

CMA LAB# [REDACTED] | CMA NUMBER 00471

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00471			
	10/4/2014	2:00	100 S. CANAL	303				
	SUBJECT NAME (Last, First, M.I.) DESCRIPTION			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	DOB (EST AGE)	<input type="checkbox"/> AD: -- <input type="checkbox"/> JUV.	GENDER	RACE
	BLA LOCK, DANIEL R.						M	I

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	5104 S. KIMBARK	5'08	155	NA
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC)				
UNLAWFUL ASSEMBLY FAILURE TO DISPERSE AFTER ORDER GIVEN. PLACED INTO CUSTODY. SEARCHED BY R/O.				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

### 5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
	<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE):	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ <input type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL: _____	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
	CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input type="checkbox"/> OTHER: _____	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
	<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH		<input type="checkbox"/> NO <input type="checkbox"/> YES
	<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP		
	<input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION		

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  L/RAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	DE LA O	9329		
	BEAT NO.	PC NO.	CRT. KEY	SIGNATURE
	6547I		Q	

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
Sgt. David Falardeau	2104	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR <input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	TIME: Ev# 07789.	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
SMITH, Donald	1996	CDT9	6921	A3	2230	

# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
 (YELLOW) - TRED REVIEW  
 (PINK) - COURT PACKET  
 (GOLD) - REPORTING OFFICER

CMA LABEL: [REDACTED] CMA NUMBER: 07789  
 00122

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00122			
	20AUG2024	2100	1100 S Canal	304				
SUBJECT NAME (Last, First, M.I.)			DESCRIPTION	<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV.	GENDER	RACE
Bantey Ankita N					24		F	C

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	3071 34th ST APT 1A	5'04"	145	WAK
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. S05C).				
Subject Failed to leave after dispersal order given. Unlawful Protest				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE):	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL: _____	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)		<input type="checkbox"/> OTHER: _____	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH		<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> TAKE DOWN		<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION	
<input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE			

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	Taylor, Joshua	02973		
BEAT NO	PC NO	CRT. KEY	SIGNATURE	
CA412F		15		

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
Yolanda Walker	837	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR <input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	TIME:	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
Po Strellio	1204	CP6	6918	A413	2215	



# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
 (YELLOW) - TRED REVIEW  
 (PINK) - COURT PACKET  
 (GOLD) - REPORTING OFFICER

CMA NUMBER

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00963	07789
	20-AUG-24	2115	330 S Clinton	309		
SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV.	GENDER RACE
Ray, Harshita				01 22yr		F 6

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	1231 Davenport LN, Powell, Ohio	5'0	125	Right bicep/butterfly
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC)				
While separating offender was being placed in custody by Sgt Corona #1937 Offender attempted to stop officers by obstructing the arrest by using her body & hands. Offender was placed in custody. Offender in possession of green bag containing 11 bottles of paint & 1 black in color spray paint can.				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input checked="" type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE):	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input checked="" type="checkbox"/> EMS OFFER/REQ. <input type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input checked="" type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input checked="" type="checkbox"/> PERF. BY CFD EMS Amb 28	<input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input checked="" type="checkbox"/> TAKEN TO HOSPITAL: Rush	<input checked="" type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT? <input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> TACTICAL POSITIONING <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)		<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input checked="" type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	<input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION	

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

Offender alleges injuries to her right knee, transported by amb 28 to Rush hospital. R/O ordered ET for offender, Beat 5814.

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	M. Laurie	15108	NA	
BEAT NO.	PC NO	CRT. KEY	SIGNATURE	
CI 103I		P		

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES:
Patel, Hitesh	1531	<input checked="" type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR
		<input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S) 1	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE			
<input checked="" type="checkbox"/> EVID. BAG(S) 1	<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	TIME: minor pain N/V INJURY				
TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO	DET. FAC.	TRANSPORT TIME	SIGNATURE
Estrada	5965	111	7980	3	0127HR	

# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRED REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA LABEL



1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	CMA LABEL	00496		
	30 AUG 2015	2115	129 S. Canal	304	00496			
	SUBJECT NAME (Last, First, M.I.) DESCRIPTION			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV.	GENDER	RACE
	JACKSON, TERRY J.				88		M	BLK

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	518 N. Leavitt	6'00"	155	NIV
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
Dispersal order given multiple times and failed to disperse. Mass arrest given and still refused to disperse.				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

### 5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
	<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):
	<input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON
	<input checked="" type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON
	<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON
	<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (DESCRIBE):	
		stiffened body pulled away	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input checked="" type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/RECEIVED <input checked="" type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input checked="" type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
	CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
	<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
	<input checked="" type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input checked="" type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP		
	<input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION		

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

refused verbal direction to disperse, stiffened body and pulled away, emergency takedown with a wrist lock and emergency cuffing

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	M. Pocius #11106	11106		
	BEAT NO.	PG NO.	CRT. KEY	SIGNATURE
	CA418C		V	

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
C. FLORES	925	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR
		<input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED		
	<input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
S. MORRIS	11797	CD13	A3	A3	7:53	

6915

# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
 (YELLOW) - TRED REVIEW  
 (PINK) - COURT PACKET  
 (GOLD) - REPORTING OFFICER

CMA NUMBER

00523

07789

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	GENDER	RACE
	20AUG24	2054	CLINTON/MONROE	304		
SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV.	
BOGGS, FLORENCE B.				01	F	3

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	61153 RIDGEWATER Loop Blvd, OR	5'11	130	TATTOO ROT WRIST
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
DISPERSAL WAS ORDERED AND DID NOT COMPLY				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
	<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE):	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input checked="" type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input checked="" type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input checked="" type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES	<input checked="" type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT
	<input checked="" type="checkbox"/> TACTICAL POSITIONING	<input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input type="checkbox"/> VEHICLE
CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)		<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
<input checked="" type="checkbox"/> ESCORT HOLDS	<input type="checkbox"/> CONTROL INSTRUMENT	<input type="checkbox"/> OPEN HAND STRIKE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> WRIST LOCK	<input type="checkbox"/> PRESSURE SENS. AREAS	<input checked="" type="checkbox"/> TAKE DOWN	
<input type="checkbox"/> ARMBAR	<input type="checkbox"/> HANDCUFF/PHYS. RESTR.	<input type="checkbox"/> ELBOW STRIKE	
		<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	
		<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	
		<input type="checkbox"/> PUSH/PHYSICAL REDIRECTION	

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO.	MEMBER INJURED? <input checked="" type="checkbox"/> NO	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	McDERMOTT	15743	<input type="checkbox"/> YES (SPECIFY):	
	BEAT NO.	PC NO.	CRT. KEY	SIGNATURE
	1448P		V	

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input type="checkbox"/> NO <input type="checkbox"/> YES:
Yolanda Wa Hon	837	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR
		<input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY? <input checked="" type="checkbox"/> NONE/NONE APPARENT <input type="checkbox"/> MINOR CONTUSION <input type="checkbox"/> MINOR SWELLING <input type="checkbox"/> MINOR LACERATION/ABRASION	COMMENTS:	SIGNATURE
<input type="checkbox"/> COMPLAINT SUB. PAIN <input type="checkbox"/> SIG. CONTUSION <input type="checkbox"/> LACERATION REQ. SUTURES <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> POT. LIFE-THREAT <input type="checkbox"/> GUN SHOT <input type="checkbox"/> FATAL <input type="checkbox"/> OTHER		
<input checked="" type="checkbox"/> PROP. BAG(S) 1	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED	
	<input type="checkbox"/> CITATION ISSUED	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO.	BEAT NO.	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
Postolko	1204	1056	6418	0193	2215	



**COORDINATED MULTIPLE ARREST**  
CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRED REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA I APR: [REDACTED] | CMA NUMBER  
00119 | **DT789**

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE		
	20 AUG 24	2100	505 W. MONROE	Sidewalk		
1. INCIDENT	SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			D.O.B. (EST AGE)	GENDER	RACE
	LOOS, ALEXANDRA S.			[REDACTED] 90	F	White

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	365 N. HALSTED	5'07"	220	STARS LEFT ANKLE
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
FAILING TO DISPERSE FROM AN ILLEGAL PROTEST AFTER BEEN GIVEN THREE DISPERSAL ORDERS / MASS ARREST SEARCHED BY SGT. # 2326				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	

DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION?  NO  YES

PERSON ARMED?  NO  YES (SPECIFY): \_\_\_\_\_ RESISTED ARREST?  NO  YES (DESCRIBE): \_\_\_\_\_

PERSON'S CONDITION? <input type="checkbox"/> UNK <input type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK.
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL: _____	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NO <input type="checkbox"/> FOOT
	CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> VEHICLE
	<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH		<input type="checkbox"/> OTHER
	<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP		WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
	<input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	P. NIZNIK	9182		
	BEAT NO. CRT. KEY	PC NO.	SIGNATURE	
	C5420D 2	[REDACTED]	[REDACTED]	

SUPERVISOR'S NAME (PRINT) STAR NO. MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING?  NO  YES:

Yolanda Walton	837	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR
		<input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S) <input type="checkbox"/> EVID. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	TIME		[REDACTED]

TRANSPORT OFFICER'S NAME (PRINT) STAR NO. BEAT NO. TR. VEH. NO. DET. FAC. TRANSPORT TIME SIGNATURE

Postrello	12624	C056	6918	Area 3	2215	[REDACTED]
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# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRD REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA LABEL | CMA NUMBER  
00235 | 05741

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE
	19 AUG 24	1748	1926 W WASHINGTON	269
SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE) <input type="checkbox"/> AL
DOE JOHN			25 (EST)	M 2

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	UNK	509	165	UNK
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC): EVENT # 05141 OFFERS IS A BWC INCIDENT. ISSUE OF SUBJECT WAS GIVEN VERBAL COMMANDS TO MOVE BACK WHEN SUBJECT DESCRIBED AND BLOCK THE LINE OF OFFICER. SUBJECT TRIED CONTINUOUSLY TO FLEE AND IN DOING SO WITH FULL FORCE HAD FIRST CHARGE OFFICER RAKOCHY WHO'S ATTEMPTING TO STOP THE SUBJECT COUSINE OFFICER RAKOCHY TO FALL AND HIT HIS HEAD WITH FULL OFF THE CHAIRS AND COUSINE HAD WEAPON TO COME OUT OF THE RESTROOM FROM CARBIDE FIGHT OFFICER. THIS WERE ABLE TO OBTAIN THE ABOVE SUBJECT WHO WAS RESISTING AND PLACE HIM INTO CUSTODY				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input checked="" type="checkbox"/> PULLED AWAY	<input checked="" type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input checked="" type="checkbox"/> FLEW	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (DESCRIBE):	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input checked="" type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input checked="" type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK.
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL/MIN.
<input type="checkbox"/> INFLU-ALCO <input type="checkbox"/> INFLU-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT? <input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)		<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
<input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE	<input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	<input checked="" type="checkbox"/> PUSH/PHYSICAL REDIRECTION	
<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS	<input type="checkbox"/> ELBOW STRIKE		
<input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> HANDCUFF/PHYS. RESTR.			

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)  
 CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):  
HEAD OF BATTERY OFFICER RAKOCHY # 5645 CAUSING INJURIES TO THE OFFICER SENDING HIM TO THE HOSPITAL

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	Stacy Braun	16749		
BEAT NO.	PG NO	CRT. KEY	SIGNATURE	
CH105C		H		

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input type="checkbox"/> NO <input type="checkbox"/> YES:
Yolanda Walton	857	<input checked="" type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR
		<input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION  
 COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED TIME:		
	<input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
ANDON REGENT	13718	501	6919			

# COORDINATED MULTIPLE ARREST

## CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
 (YELLOW) - TRFD REVIEW  
 (PINK) - COURT PACKET  
 (GOLD) - REPORTING OFFICER

CMA NUMBER  
 60233

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00235	OS241
	19 AUG 24	1748	1919 W WASHINGTON	269		
	SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			D.O.B. (EST AGE)	ADULT	JUV.
	DGC JOHN			25 (1977)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					M	R

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	UNK	509	165	UNK
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC). EVENT # OS241 SUBJECT BALK FREE FROM OFFICERS WHO GAVE VERBAL COMMANDS TO STEP BACK AND REFUSED. SUBJECT FLED INTO THE DIRECTION OF PO. RAKOCZY MAKING PHYSICAL CONTACT BY HEAD BUTTING AND WRAPPING HIS HANDS AROUND THE WAIST OF PO RAKOCZY CAUSING HIM TO FALL AND HIT HIS HEAD ON THE GROUND. SUBJECT RESISTED ARREST AND ASSISTANT UNITS WERE ABLE TO PLACE SUBJECT INTO CUSTODY.				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
	<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):
	<input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON
	<input checked="" type="checkbox"/> PULLED AWAY	<input checked="" type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON
	<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON
	<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH

DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION?  NO  YES

PERSON ARMED?  NO  YES (SPECIFY): RESISTED ARREST?  NO  YES (DESCRIBE):

PERSON'S CONDITION? <input type="checkbox"/> UNK <input checked="" type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input checked="" type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input checked="" type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT
	<input type="checkbox"/> TACTICAL POSITIONING		<input type="checkbox"/> VEHICLE
	CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER

<input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP
<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input checked="" type="checkbox"/> TAKE DOWN	<input checked="" type="checkbox"/> PUSH/PHYSICAL REDIRECTION
<input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE	

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):  
 HAD SUBJECT OFFICER RAKOCZY # 5015 CONSIDERED STOMACH WHILE TACKLING THE PD CAUSING INJURY SEND HIM TO THE HOSPITAL

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	Shay BRIAN	16249		
	BEAT NO.	PC NO	CRT. KEY	SIGNATURE
	Chicago		H	

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input type="checkbox"/> NO <input type="checkbox"/> YES:
R. WATERSTRAIT	1540	<input checked="" type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR
		<input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

<input checked="" type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED		
	<input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
ANDON REGINA	13718	CA1	6919		1748	



# COORDINATED MULTIPLE ARREST

## CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRFD REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA LABEL: [REDACTED] CMA NUMBER: 05741

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00235	GENDER	RACE
	19 Aug 24	1744	1919 W Maypole	269			
SUBJECT NAME (Last, First, M.I.)/DESCRIPTION					D.O.B. (EST AGE)	ADULT	JUV.
Doe John					25 (EST)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).			

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input checked="" type="checkbox"/> PULLED AWAY	<input checked="" type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	

DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION?  NO  YES

PERSON ARMED?  NO  YES (SPECIFY):

RESISTED ARREST?  NO  YES (DESCRIBE):

PERSON'S CONDITION? <input type="checkbox"/> UNK <input checked="" type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input checked="" type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK.
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER

CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
<input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input checked="" type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input checked="" type="checkbox"/> PUSH/PHYSICAL REDIRECTION		

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

Headed butted officer Rakocnyff # 5643 caused injury to officer w

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	Lorusso	16512		
BEAT NO	PC NO	CRT KEY	SIGNATURE	
CH105I		B		

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES:
Yolamela Walton	857	<input checked="" type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR <input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	TIME:	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO.	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
ANDONAEGUI	13718	CDJ	6919			

# COORDINATED MULTIPLE ARREST

## CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
 (YELLOW) - TRD REVIEW  
 (PINK) - COURT PACKET  
 (GOLD) - REPORTING OFFICER

CMA LABEL: [REDACTED] CMA NUMBER: 05741  
 00235

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE		
	19/11/24	1748	1919 W MAYRILL	269		
1. INCIDENT	SUBJECT NAME (Last, First, M.I.) DESCRIPTION			D.O.B. (EST AGE)	GENDER	RACE
	DOE, JOHN			25 (CESH)		

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).			

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
	<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):
	<input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON
	<input checked="" type="checkbox"/> PULLED AWAY	<input checked="" type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON
	<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON
	<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH

DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION?  NO  YES

PERSON ARMED?  NO  YES (SPECIFY): \_\_\_\_\_

RESISTED ARREST?  NO  YES (DESCRIBE): \_\_\_\_\_

PERSON'S CONDITION? <input type="checkbox"/> UNK <input checked="" type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input checked="" type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input checked="" type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK.
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL: _____	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT? <input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER

MEMBER'S RESPONSE TO RESISTANCE	CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input type="checkbox"/> OTHER: _____	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
	<input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input checked="" type="checkbox"/> FIRM GRIP	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
	<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input checked="" type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input checked="" type="checkbox"/> PUSH/PHYSICAL REDIRECTION		

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

HEADBUTTED OCP RAKOLNY CAUSED INJURY TO OFFICER

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	RIVBI	3282		
	BEAT NO.	PC NO	CRT. KEY	SIGNATURE
	CH1PSG		B	

SUPERVISOR'S NAME (PRINT) STAR NO. MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING?  NO  YES:

Volanda wa 1009 837

TRR REQUIRED:  MAJ. INJURY  WEAPON USE  DEADLY FORCE  DELAYED TRR  VICTIM OF OFFENSE  ADDITIONAL INVESTIGATION  OTHER: \_\_\_\_\_

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input checked="" type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED TIME:		
	<input type="checkbox"/> CITATION ISSUED		

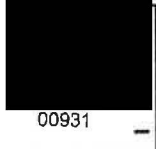
TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
ANDON REGUI	13718	001	6919			

# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
 (YELLOW) - TRED REVIEW  
 (PINK) - COURT PACKET  
 (GOLD) - REPORTING OFFICER

CMA LABEL  
 00931



1. INCIDENT	DATE 19 AUG 24	TIME 1920	LOCATION OF ARREST/INCIDENT (ADDRESS) 1919 W. MAYPOLE	LOC. CODE 304	00931
SUBJECT NAME (Last, First, M.I.)/DESCRIPTION HONKALA - CHERI			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE) 63	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV. GENDER F RACE 2

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS 3160 CUSTER PHILADELPHIA	HEIGHT 505	WEIGHT 170	SCARS/MARKS/TATTOOS "Guillermo" Back
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC). OFFENDER WAS WARNED SEVERAL TIMES TO NOT PUSH THROUGH A/O'S LINE INTO SECURE ZONE. OFFENDER BACKED INTO A/O'S FORCEFULLY TO BREAK INTO SECURE ZONE. OFFENDER PLACED INTO CUSTODY				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
	<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):
	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON
	<input type="checkbox"/> PULLED AWAY	<input checked="" type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON
	<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON
	<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH

DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION?  NO  YES

PERSON ARMED?  NO  YES (SPECIFY): RESISTED ARREST?  NO  YES (DESCRIBE):

PERSON'S CONDITION? <input type="checkbox"/> UNK <input checked="" type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input checked="" type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE? <input checked="" type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT? <input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES	<input type="checkbox"/> SPECIALIZED UNITS	<input type="checkbox"/> MOVEMENT TO AVOID ATTACK
	<input type="checkbox"/> TACTICAL POSITIONING	<input type="checkbox"/> ADDITIONAL UNIT MEMBERS	<input type="checkbox"/> OTHER:

MEMBER'S RESPONSE TO RESISTANCE	CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
	<input checked="" type="checkbox"/> ESCORT HOLDS	<input type="checkbox"/> CONTROL INSTRUMENT	<input type="checkbox"/> OPEN HAND STRIKE
	<input type="checkbox"/> WRIST LOCK	<input type="checkbox"/> PRESSURE SENS. AREAS	<input type="checkbox"/> TAKE DOWN
	<input type="checkbox"/> ARMBAR	<input type="checkbox"/> HANDCUFF/PHYS. RESTR.	<input type="checkbox"/> ELBOW STRIKE
		<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/> KNEE STRIKE
		<input type="checkbox"/> KICK	<input type="checkbox"/> FIRM GRIP
		<input type="checkbox"/> PUSH/PHYSICAL REDIRECTION	

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):  
 OFFENDER BACKED INTO A/O'S FORCEFULLY IN ORDER TO ENTER SECURE ZONE. NO THEN ESCORTED OFFENDER TO OTHER OFFICERS WHO THEN PLACED HER IN CUSTODY

6. REVIEW	REPORTING MEMBER'S NAME (PRINT) PIROLI - JOHN	STAR NO 16870	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	BEAT NO. 4313B	PC NO.	CRT. KEY M	SIGNATURE

SUPERVISOR'S NAME (PRINT) MARINO, Hector	STAR NO. 2480	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
		<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR
		<input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S) 2	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED	TIME:	
	<input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT) ROBINSON, TOLLIVER	STAR NO #16146	BEAT NO 6916	TR. VEH. NO A3	DET. FAC. 1947	TRANSPORT TIME	SIGNATURE
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Best 1272 / FRAYRE # 5889 & FAU # 4365 Vehicle 6814

Searched by Female Officer TOLLIVER # 19565



**COORDINATED MULTIPLE ARREST**  
CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRD REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA NUMBER

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE		CMA NUMBER	
	70AM 24 JUL	1100	525 W MONROE	304	00462	00462	
SUBJECT NAME (Last, First, M.I.)/DESCRIPTION		<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.		D.O.B. (EST AGE)	ADULT <input type="checkbox"/> JUV.	GENDER	RACE
NASSIM, SINNA BUTLE				1983		M	Z

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	25 TUBOR CITY PL, NY	509	165	PNA
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
MISS ARREST GIVEN, SUBJECT REFUSED TO OBEY DISPENSAL COMMANDS, UNLAWFUL ASSEMBLY				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON: <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> PHYSICAL OBSTRUCTION <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> THROWN OBJECT (DESCRIBE): _____ <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input type="checkbox"/> FLED <input type="checkbox"/> GRAB/HOLD/DETAIN <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH		
	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input type="checkbox"/> YES		
PERSON ARMED? <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY): _____		RESISTED ARREST? <input type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE): _____	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL: _____	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input checked="" type="checkbox"/> TACTICAL POSITIONING <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER: _____		<input type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)		<input type="checkbox"/> OTHER: _____	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP <input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION			<input type="checkbox"/> NO <input type="checkbox"/> YES

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)  
 CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	WMA, ANNUIA Nunez	18049		
	BEAT NO.	PC NO	CRT. KEY	SIGNATURE
	CA4170		M	

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input type="checkbox"/> NO <input type="checkbox"/> YES:
C. FLORES	925	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR <input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER: _____

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION  
 COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS: Prop = video/photo cameras.	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	TIME:	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
C. WILSON	19401	CDT3	0915	A3	2220	

**COORDINATED MULTIPLE ARREST**  
CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRD REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA LABEL  
00484

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE			
	20 Aug 24	2127	109 S. Cana	00484			
1. INCIDENT	SUBJECT NAME (Last, First, M.I.)	DESCRIPTION	<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV.	GENDER	RACE
	Mccabe, James T				171	M	2

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	7566 Thistle poppy Ave	6'00	230	spinal colon scar
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSP).				
Dispersal order given multiple times. Failed to disperse arrest order was issued.				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE):	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input type="checkbox"/> APPARENT, NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
MEMBER'S RESPONSE TO RESISTANCE	CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
	<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION			

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	Carney	7591		
6. REVIEW	BEAT NO.	PC NO	CRT. KEY	SIGNATURE
	CA420		S	

SUPERVISOR'S NAME (PRINT)	STAR NO	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
C. FLORES	925	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR <input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S) 1	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	TIME:	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
S. MORRIS	11797	CA3	6915	A3	2145	

# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRED REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA NUMBER

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00114	07789	
	20 Aug 24	2057	Car 5 Canal	303			
SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			<input checked="" type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV.	GENDER	RACE
Doe Jane				18		F	W

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	Unknown	567	130	Small scar on neck
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC). Car 5 gave mass arrest order for unlawful protest and fail to leave after given time to leave (disperse)				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON: <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> PHYSICAL OBSTRUCTION
	<input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> THROWN OBJECT (DESCRIBE):
<input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED <input type="checkbox"/> GRAB/HOLD/DETAIN <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input checked="" type="checkbox"/> OTHER: <i>Gripping officers to not be struck</i> <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
PERSON ARMED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	RESISTED ARREST? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (DESCRIBE): <i>stiffened and pulled away</i>

PERSON'S CONDITION? <input type="checkbox"/> UNK <input checked="" type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input checked="" type="checkbox"/> EMS OFFER/REQ. <input checked="" type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input checked="" type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> TACTICAL POSITIONING <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT
	CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> OTHER: <i>Firm Grip</i>	<input type="checkbox"/> VEHICLE
<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	<input type="checkbox"/> OTHER	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input checked="" type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION			

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):  
*above arrested did not give A/G his hands when A/G gave his lawful commands to do so, due to not being placed into custody. A/G arrested them based on full duty and grab order - protested to detect arrest, A/G gave severely commands but refused making her a active resistor. A/G got conductive emergency to law*

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	BEAT NO. CA416G	PC NO	CRT. KEY G	SIGNATURE

SUPERVISOR'S NAME (PRINT) STAR NO. MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING?  NO  YES:  
*Yolanda Walton 837*  
 TRR REQUIRED:  MAJ. INJURY  WEAPON USE  DEADLY FORCE  DELAYED TRR  
 VICTIM OF OFFENSE  ADDITIONAL INVESTIGATION  OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION  
 COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED TIME:		
	<input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
<i>Postvelles</i>	12624	COT 6	6918	23	2215	



**COORDINATED MULTIPLE ARREST**  
CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) -- PROCESSING TEAM  
(YELLOW) - TRED REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA LABEL: [Redacted]  
CMA NUMBER: 05741  
233

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00233	GENDER	RACE
	14 Nov 2024	1748	1919 W Maypoth	304			
SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input checked="" type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input checked="" type="checkbox"/> ADULT	F	Y
Moore Emily R				[Redacted]	1988		

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	3612 W Argyle Chicago IL 60629	5'10"	170	Right arm abrasion / contusions left fore arm face / shirt
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
Breached the, resisted arrest, dead weight after multiple verbal commands to move back. MASS arrest order given at 1748hrs.				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (DESCRIBE):	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input checked="" type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input checked="" type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input checked="" type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK.
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL: _____	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES	<input type="checkbox"/> SPECIALIZED UNITS	<input type="checkbox"/> NO <input type="checkbox"/> FOOT
	<input type="checkbox"/> TACTICAL POSITIONING	<input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> VEHICLE
	CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input type="checkbox"/> OTHER: _____	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
	<input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT	<input type="checkbox"/> OPEN HAND STRIKE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
	<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS	<input type="checkbox"/> TAKE DOWN	
	<input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> HANDCUFF/PHYS. RESTR.	<input type="checkbox"/> ELBOW STRIKE	
		<input checked="" type="checkbox"/> PUSH/PHYSICAL REDIRECTION	

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

R/O was ordering crowd to move back and subject refused and began to keep coming forward. R/O attempted to gain control of above subject and that when above individuals began to resist by becoming dead weight, kick and that when R/O gain control of who by

8. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input type="checkbox"/> NO	<input type="checkbox"/> OUTSIDE AGENCY INFO
	CRISTIAN ARONCE	11370	<input checked="" type="checkbox"/> YES (SPECIFY): <i>not with firm grip.</i>	
	BEAT NO.	PC NO	CRT. KEY	SIGNATURE
	(6105H)			

SUPERVISOR'S NAME (PRINT)	STAR NO	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES:
Yolanda Walton	837	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR
		<input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input checked="" type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED		
	<input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
ARNEO PARRIDA	4329	1271	6134	3	19:48	

# COORDINATED MULTIPLE ARREST

## CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRD REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA LABEL | CMA NUMBER  
00233 | 05741

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE			
	19 AUG 24	1748	1919 W Maypole	304			
SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK <input type="checkbox"/> MULTIPLE UNK	D.O.B. (EST AGE)	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV.	GENDER	RACE
MOORE, EMILY R.				1988		F	4

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).			

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

### 5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input checked="" type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (DESCRIBE): STIFFENED, PULLED AWAY	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input checked="" type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input checked="" type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input checked="" type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK.
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL: _____	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER: _____	<input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)		<input type="checkbox"/> OTHER: _____	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
<input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH			<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input checked="" type="checkbox"/> FIRM GRIP			
<input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input checked="" type="checkbox"/> PUSH/PHYSICAL REDIRECTION			

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

BWA R/O ASSISTED A/O WITH SUBJECT WHO REFUSED TO COMPLY WITH VERBAL DIRECTIONS AFTER SUBJECT BREACHED LINE OF OFFICERS. R/O RESTRAINED SUBJECT WHILE A/O AND ASSISTIVE OFFICERS HANDCUFFED SUBJECT. R/O PROVIDED ESCORT HOLD AS SUBJECT RESISTED ARREST. INCIDENT

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	MEANO, JONATHAN	6689		
BEAT NO.	PC NO.	CRT. KEY	SIGNATURE	
3054		2		

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
WALTON, YOLANDA	837	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR <input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION  
 COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input checked="" type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED	TIME:	
	<input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO.	BEAT NO.	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
ANDONAEGBE	13718	001	6969		1945	

**COORDINATED MULTIPLE ARREST**  
CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) -- PROCESSING TEAM  
(YELLOW) -- TRED REVIEW  
(PINK) -- COURT PACKET  
(GOLD) -- REPORTING OFFICER

CMA LABEL | CMA NUMBER  
05741  
233

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00233	ENDER	RACE
	19 AUG 24	1748	1919 W MAYPOLE	304			
SUBJECT NAME (Last, First, M.I.)/DESCRIPTION		<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.		D.O.B. (EST AGE)			
MOORE, EMILY R.				1988	F 4		

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).			

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input checked="" type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	

DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION?  NO  YES

PERSON ARMED?  NO  YES (SPECIFY): RESISTED ARREST?  NO  YES (DESCRIBE): STIFFENED, PULLED AWAY

PERSON'S CONDITION? <input type="checkbox"/> UNK <input checked="" type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input checked="" type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input checked="" type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK.
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES	<input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT
	<input type="checkbox"/> TACTICAL POSITIONING	<input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input type="checkbox"/> VEHICLE
	CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER

<input checked="" type="checkbox"/> ESCORT HOLDS	<input type="checkbox"/> CONTROL INSTRUMENT	<input type="checkbox"/> OPEN HAND STRIKE	<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> WRIST LOCK	<input type="checkbox"/> PRESSURE SENS. AREAS	<input type="checkbox"/> TAKE DOWN	<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input checked="" type="checkbox"/> FIRM GRIP	
<input type="checkbox"/> ARMBAR	<input checked="" type="checkbox"/> HANDCUFF/PHYS. RESTR.	<input type="checkbox"/> ELBOW STRIKE	<input checked="" type="checkbox"/> PUSH/PHYSICAL REDIRECTION	

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):  
R/O ASSISTED ATO WITH SUBJECT WHO WAS NOT FOLLOWING VERBAL COMMANDS. R/O ASSISTED ATO WITH TRAW'S PULLING SUBJECT TO ARRESTING STAGE SUBJECT BREACH LINE. PULLED AWAY, R/O GAIN CONTROL WHO PULLING THE R/O

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO.	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	Echevarria Jr., EDUARDO	17240		
	BEAT NO.	PC NO.	CRT. KEY	SIGNATURE
	3DST		M	

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input type="checkbox"/> NO <input type="checkbox"/> YES:
WALTON, YOLANDA	837	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR
		<input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION  
 COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input checked="" type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED		
	<input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO.	BEAT NO.	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
ANDON, ABRAHAM	137/4	001	6919		1915	



**COORDINATED MULTIPLE ARREST**  
CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRD REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA LABEL: [REDACTED] | CMA NUMBER: **05741**  
00233

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE
	19 AUG 24	1748	1919 W. MAYPOLE	304
SUBJECT NAME (Last, First, M.I.)			DESCRIPTION	REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK. <input type="checkbox"/> D.O.B. (EST AGE)
MOORE, EMILY R.			[REDACTED]	88
			ADULT <input checked="" type="checkbox"/> JUV. <input type="checkbox"/>	GENDER: F RACE: Y

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).			

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input checked="" type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	

DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION?  NO  YES

PERSON ARMED?  NO  YES (SPECIFY): RESISTED ARREST?  NO  YES (DESCRIBE): **PULLED, PULLED AWAY**

PERSON'S CONDITION? <input type="checkbox"/> UNK <input checked="" type="checkbox"/> APPARENT, NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input checked="" type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY SED EMS	<input checked="" type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK.
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES	<input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT
	<input type="checkbox"/> TACTICAL POSITIONING	<input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input type="checkbox"/> VEHICLE

MEMBER'S RESPONSE TO RESISTANCE	CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
	<input checked="" type="checkbox"/> ESCORT HOLDS	<input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
	<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS	<input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	
	<input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> HANDCUFF/PHYS. RESTR.	<input type="checkbox"/> ELBOW STRIKE <input checked="" type="checkbox"/> PUSH/PHYSICAL REDIRECTION	

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE): **R/O OBSERVED A/O ATTEMPTING TO APPROACH ABOVE SUBJECT AT WHICH TIME SUBJECT SLIPPED TO THE GROUND. R/O ASSISTED BY PHYSICALLY HOLDING THE SUBJECT'S LEGS AND HOLD HER LEGS TO ESCORT SUBJECT TO THE ARRESTING STABLE AREA.**

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO.	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	GARCIA VEGA, MARIA	10045		
	BEAT NO.	IPC NO.	CRT KEY	SIGNATURE
	3D54		S	

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
WALTON, YOLANDA	837	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR
		<input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

<input type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input checked="" type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED	TIME:	
	<input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO.	BEAT NO.	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
ANDREZ...	13718	001	6919		1915	

# COORDINATED MULTIPLE ARREST

## CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
 (YELLOW) - TRD REVIEW  
 (PINK) - COURT PACKET  
 (GOLD) - REPORTING OFFICER

CMA NUMBER

00402

00402

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	GENDER	RACE
	20 Aug 24	2100	101 S Canal	303		
SUBJECT NAME (Last, First, M.I.)			DESCRIPTION	D.O.B. (EST AGE)	ADULT	JUV.
Beneman Nathan A				02		

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	25399 N Countryside dr	601	155	N/A
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
The above arrestee engaged in an unlawful protest car 5 initiated mass arrest after dispersal orders given. Arrestee refused to obey dispersal orders and was placed into custody. No injuries at time of report.				
SEARCHED BY LOPEZ H 5094				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

### 5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	

DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION?  NO  YES

PERSON ARMED?  NO  YES (SPECIFY): RESISTED ARREST?  NO  YES (DESCRIBE):

PERSON'S CONDITION? <input type="checkbox"/> UNK <input checked="" type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input checked="" type="checkbox"/> EMS OFFER/REQ. <input type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input checked="" type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER

MEMBER'S RESPONSE TO RESISTANCE	CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
	<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> TAKE DOWN	<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION		
<input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR.			

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	G. LOPEZ	5094		
BEAT NO.	PC NO.	CRT. KEY	SIGNATURE	
CA418J				

SUPERVISOR'S NAME (PRINT)	STAR NO	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
Sgt. David Falalidean	2104	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR
		<input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	EV#0789	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
SMITH, Dona D	19964	KDT9	6921	A3	2250	

**COORDINATED MULTIPLE ARREST**  
CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRD REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA NUMBER

00498

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00498			
	20AUG24	2140	525 W MONROE	303				
	SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV.	GENDER	RACE
	SULLIVAN SCOTT				89		M	W

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	1189 COLSTON DR WESTERLY	600	195	NONE VISIBLE
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC)				
ARRESTEE INVOLVED IN AN UNLAWFUL ASSEMBLY FAILURE TO DISPURSE UNLAWFUL ASSEMBLY. UPON SEVERAL VERBAL COMMANDS ABOVE LISTED CONTINUED TO YELL AT OFFICERS IN A THREATENING MANNER.				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	

DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION?  NO  YES

PERSON ARMED?  NO  YES (SPECIFY): RESISTED ARREST?  NO  YES (DESCRIBE):

PERSON'S CONDITION? <input type="checkbox"/> UNK <input type="checkbox"/> APPARENT NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ <input type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)		<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH		<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION			

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED?	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	CORONA SERGIO	1937	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	
	BEAT NO.	PC NO	RT. KEY	SIGNATURE
	2B1		R	

SUPERVISOR'S NAME (PRINT)	STAR NO	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input type="checkbox"/> NO <input type="checkbox"/> YES:
C. FLORES	925	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR <input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	TIME:	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
S. MORRIS	1197	4053	001	A3	776	

6915



# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRFD REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA NUMBER

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00468	00468
	20 MAR 24	2100	101 S CANAL	304		00468
SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV.	GENDER RACE
JANIS, PATRICK M				97		M 2

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	1130 S OAK PARK AVE	5'09	210	NON-VESICLE
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
ABOVE SUBJECT REFUSED TO DISPERSE AFTER DISPERSAL ORDER WAS GIVEN BY CAR S. MASS ARREST DECEASED. ABOVE SUBJECT LINKED ARMS TO ATTEMPT TO DEFEAT ARREST. SEARCH BY SAMUEL 4635				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

### 5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input checked="" type="checkbox"/> OTHER: LINKED ARMS	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	

DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION?  NO  YES

PERSON ARMED?  NO  YES (SPECIFY): \_\_\_\_\_

RESISTED ARREST?  NO  YES (DESCRIBE): STIFFENED, & resist

PERSON'S CONDITION? <input checked="" type="checkbox"/> UNK <input type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input checked="" type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input checked="" type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL: _____	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER: _____	<input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER

CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input type="checkbox"/> OTHER: _____	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
<input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	<input checked="" type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input checked="" type="checkbox"/> TAKE DOWN	<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION	
<input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE		

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

ABOVE SUBJECT REFUSES TO DISPERSE, LINKED ARMS AND STIFFENED BODY. CONTROL TAKE DOWN PERFORMED AND SUBJECT PLACED INTO CUSTODY

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	SAMUEL	4635		
BEAT NO.	PCNK	CRT. KEY	SIGNATURE	
CF313E		F		

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
Sgt. David Falardeau	2104	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR <input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S) <input type="checkbox"/> EVID. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	TIME:	EV#07789.	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
SMITH, Donald	19964	CDT9	6921	A/3	2230	

**COORDINATED MULTIPLE ARREST**  
CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRD REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA I ADP  
CMA NUMBER  
00112  
007789  
00112

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOG. CODE	GENDER	RACE
	20 AUG 24	2:10D	CANAL/ADAMS	303		
SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV.	
DRAGOIU LVCA, NICOLE				01		

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	94 PEARL ST. N.J 08807	600	185	UNK
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
Subject refused to leave AREA AFTER MULTIPLE DISPER SALS/OPPORTUNITIES TO LEAVE WERE GIVEN				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE):	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CPD EMS	<input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)		<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH		<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> TAKE DOWN		<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION	
<input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR.			

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	HARTE	10110		
	BEAT NO.	PC NO.	CRT. KEY	SIGNATURE
	CF3136		B	

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
Volanda Walton	837	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR
		<input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
Postrelko	12624	6096	6918	Aug 3	2215	

# COORDINATED MULTIPLE ARREST

## CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
 (YELLOW) - TRED REVIEW  
 (PINK) - COURT PACKET  
 (GOLD) - REPORTING OFFICER

CMA NUMBER

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00935	00935
	20 AUG 24	2019	street / 330 S Clinton #839	304		
	SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			<input checked="" type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV. GENDER RACE
	Ness, Michael L 5				20	M 2

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	330 S Clinton / Refused #839	6'0	150	
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
Miscalculation was set into motion. Subject was given multiple warnings and chances to disperse. Above subject refused multiple warnings and chances to comply. SUPERINTENDENT SWELLING GAVE DISPERSE ORDER				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)		
PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON: <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> PHYSICAL OBSTRUCTION <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> THROWN OBJECT (DESCRIBE): <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input type="checkbox"/> FLED <input type="checkbox"/> GRAB/HOLD/DETAIN <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input type="checkbox"/> OTHER: <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
	PERSON ARMED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	RESISTED ARREST? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE):

PERSON'S CONDITION? <input type="checkbox"/> UNK <input checked="" type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input checked="" type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input checked="" type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:		<input type="checkbox"/> NO <input checked="" type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
	CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
	<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP <input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

Above subject was issued multiple warnings to leave above subject refused. Miscalculation was put into motion. Above subject still refused to leave the area.

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	Morrison	4085		
	BEAT NO.	PC NO	CRT. KEY	SIGNATURE
	C2420		D	

SUPERVISOR'S NAME (PRINT)	STAR NO	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
ANA NUNEZ	1562	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR <input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S) 1	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED TIME:		
	<input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
ALVARADO	14623	CE	10916	A3	2204	



# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRFD REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA LABEL: 00932  
CMA NUMBER: [REDACTED]

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	GENDER	RACE
	20040428	2107	257 S CLINTON	292		
SUBJECT NAME (Last, First, M.I.)			DESCRIPTION	<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV.
MAZZARA, Gregory M.			Mias: WREN		[REDACTED]	88

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	117 W BISHOP BELLEFONTE, PA 16823	509	150	NOTE VISIBLE
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
KID OBSERVED SUBJECT STIFFENING BODY AND PUTTING HANDS UNDERNEATH BODY TO RESIST OFFICERS AFTER BEING GIVEN A LAWFUL ORDER TO DISPERSE THE AREA. SEARCHED BY COUGHLIN #3818 POST ARREST.				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	

DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION?  NO  YES

PERSON ARMED?  NO  YES (SPECIFY): RESISTED ARREST?  NO  YES (DESCRIBE):

PERSON'S CONDITION? <input type="checkbox"/> UNK <input type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input checked="" type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER

MEMBER'S RESPONSE TO RESISTANCE	CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
	<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION			

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	BAILEY, IK.	13045		
	BEAT NO.	PC NO.	CRT KEY	SIGNATURE
	3DS1		Q	

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
MARINO, H	2480	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR <input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	TIME:	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
ALVARADO	19623	0074	6916	A3	9:41	

Searched by - See Narrative

# COORDINATED MULTIPLE ARREST

## CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
 (YELLOW) - TRD REVIEW  
 (PINK) - COURT PACKET  
 (GOLD) - REPORTING OFFICER

CMA LABEL: [REDACTED] CMA NUMBER: 00765

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00765	00765
	20AV624	2:00	525 W MAN ROE	304		
1. INCIDENT	SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			REFUSED	UNK	MULTIPLE UNK
	ANTONELLI, Catherine					
D.O.B. (EST AGE)		ADULT	JUV.	SENDER	RACE	
03/21				M	I	

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	5202 E Cornell ave apt B	506	115	unk
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
<del>MOD ACTION, ALSO BEYOND LAWFUL ORDER TO DISPERSE</del> UNLAWFUL ASSEMBLY FAILURE TO DISPERSE				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

### 5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/EG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input checked="" type="checkbox"/> MOUTH PEST/SPLIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input checked="" type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE):	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input checked="" type="checkbox"/> APPARENT, NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input checked="" type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input checked="" type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK.
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU. ALCO <input type="checkbox"/> INFLU. DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT? <input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES	<input checked="" type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> VEHICLE
	<input type="checkbox"/> TACTICAL POSITIONING	<input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input type="checkbox"/> OTHER
	CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
	<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE	<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	
	<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input checked="" type="checkbox"/> TAKE DOWN	<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	
	<input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE	<input type="checkbox"/> PUSH/PHYSICAL REDIRECTION	

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G. OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO.	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	R/AR W/S, DAVID VARGAS	17304		
	BEAT NO.	PC NO.	CRT. KEY	SIGNATURE
	CP313C		6	

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input type="checkbox"/> NO <input type="checkbox"/> YES:
C. Flores	925	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR
		<input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS: 1 BIK. BACK PACK	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED TIME:		
	<input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO.	BEAT NO.	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
Sc Moran	11297	CP3	4915	A3	2:53	

# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRD REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA NUMBER  
07789  
00133

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOG. CODE	00133			
	2/11/2024	2100	505 W MONROE	903				
1. INCIDENT	SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK. <input type="checkbox"/>	D.O.B (EST AGE)	ADULT <input checked="" type="checkbox"/> JUV. <input type="checkbox"/>	GENDER	RACE
	GLAZER, VIOLET B					99	F	2

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	MA #H	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	20 ARBUNDALE, WEST NEWTON		502	95	(15) UNK. (1) ABUSE (1) CT - LWR
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).					
MASS ARREST ORDER, WITH MULTIPLE DISPENSES WHICH ABOVE SUBJECT DECLINED AND REFUSED TO DISPERSE					

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE):	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input checked="" type="checkbox"/> APPARENT NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK.
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK		<input type="checkbox"/> NO <input type="checkbox"/> FOOT
<input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:			<input type="checkbox"/> VEHICLE
CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)			WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH			<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP			
<input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION			

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	CHESTER	11418		
BEAT NO.	PC NO	CRT. KEY	SIGNATURE	
654206		R		

SUPERVISOR'S NAME (PRINT) STAR NO. MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING?  NO  YES:

Yolanda wa (ten) 837

TYPE OF SUBJECT INJURY? <input checked="" type="checkbox"/> NONE/NONE APPARENT <input type="checkbox"/> MINOR CONTUSION <input type="checkbox"/> MINOR SWELLING <input type="checkbox"/> MINOR LACERATION/ABRASION	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> COMPLAINT SUB. PAIN <input type="checkbox"/> SIG. CONTUSION <input type="checkbox"/> LACERATION REQ. SUTURES <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> POT. LIFE-THREAT <input type="checkbox"/> GUN SHOT <input type="checkbox"/> FATAL <input type="checkbox"/> OTHER	<input type="checkbox"/> ISR COMPLETED TIME:		
<input checked="" type="checkbox"/> PROP. BAG(S) <input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
POSTRELK	12024	6076	6418	ana3	2215	



# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRED REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CM [REDACTED] CMA NUMBER  
**00938** **00938**

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE			
	20 AUG 24	2054	200 E Adams	304			
SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV.	GENDER	RACE
Konnaris, Joseph				[REDACTED] 1999		M	Y

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	DNA	511	185	LINK
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
Failure to disperse after lawful order to do so multiple				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
	<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	

DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION?  NO  YES

PERSON ARMED?  NO  YES (SPECIFY): RESISTED ARREST?  NO  YES (DESCRIBE):

PERSON'S CONDITION? <input type="checkbox"/> UNK <input type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES	<input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> NO <input type="checkbox"/> FOOT
	<input type="checkbox"/> TACTICAL POSITIONING	<input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input type="checkbox"/> VEHICLE
CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)		<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
<input type="checkbox"/> ESCORT HOLDS	<input type="checkbox"/> CONTROL INSTRUMENT	<input type="checkbox"/> OPEN HAND STRIKE	<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> WRIST LOCK	<input type="checkbox"/> PRESSURE SENS. AREAS	<input type="checkbox"/> TAKE DOWN	
<input type="checkbox"/> ARMBAR	<input type="checkbox"/> HANDCUFF/PHYS. RESTR.	<input type="checkbox"/> ELBOW STRIKE	
		<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	
		<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	
		<input type="checkbox"/> PUSH/PHYSICAL REDIRECTION	

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	Syarez	18169		
	BEAT NO.	PC NO.	CRT. KEY	SIGNATURE
	CP314J	[REDACTED]	M	[REDACTED]

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
MARIVO H	2480	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR
		<input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

<input checked="" type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	TIME:	[REDACTED]

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
ALVARADO	14623	CP14	6916	A3	2122	[REDACTED]

UNK - 1016-1 - Xarez

# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRD REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA NUMBER

00977

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00977
	SUBJECT NAME (Last, First, M.I.)/DESCRIPTION <input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK. D.O.B. (EST AGE) <input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV. GENDER RACE				

20 AUG 24 20:54 200 S. Clinton 304 05 M 2

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).			

1210 Cottonwood St/PA PA 5'08 145 None Visible

FAILED TO DISPERSE WHEN GIVEN LAWFUL ORDER

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION <input type="checkbox"/> VERBAL THREATS <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> FLED <input type="checkbox"/> OTHER:	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON: <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> GRAB/HOLD/DETAIN <input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> PHYSICAL OBSTRUCTION <input type="checkbox"/> THROWN OBJECT (DESCRIBE): <input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH
	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		

PERSON ARMED?  NO  YES (SPECIFY): RESISTED ARREST?  NO  YES (DESCRIBE):

PERSON'S CONDITION? <input type="checkbox"/> UNK <input checked="" type="checkbox"/> APPARENT. NORM. <input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE <input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER <input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input checked="" type="checkbox"/> REFUSED <input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS <input type="checkbox"/> TAKEN TO HOSPITAL: <input type="checkbox"/> OTHER:	INJURED BY MEMBER'S FORCE? <input type="checkbox"/> NO/NONE APPARENT <input checked="" type="checkbox"/> UNK <input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN. <input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL
---	---	---

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT? <input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
	CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES

VERBAL DIRECTION/CONTROL TECHNIQUES  SPECIALIZED UNITS  MOVEMENT TO AVOID ATTACK  TACTICAL POSITIONING  ADDITIONAL UNIT MEMBERS  OTHER:

ESCORT HOLDS  CONTROL INSTRUMENT  OPEN HAND STRIKE  CLOSED HAND STRIKE/PUNCH  WRIST LOCK  PRESSURE SENS. AREAS  TAKE DOWN  KNEE STRIKE  KICK  FIRM GRIP  ARMBAR  HANDCUFF/PHYS. RESTR.  ELBOW STRIKE  PUSH/PHYSICAL REDIRECTION

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G. OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

INDIVIDUAL REFUSED TO DISPERSE WHEN ORDERED. INDIVIDUAL STIFFENED WHEN AIO ATTEMPTED TO PLACE INDIVIDUAL INTO CUSTODY. EMERGENCY TAKE DOWN PERFORMED TO PLACE INTO CUSTODY.

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	BEAT NO.	PC NO.	CRT. KEY	SIGNATURE

GRANT 18101

C.P. 313B

SUPERVISOR'S NAME (PRINT)	STAR NO	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR <input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:		

MARINO, Hector 2980

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S) 2 <input type="checkbox"/> EVID. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	TIME:		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
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ALVARADO 14623 CDTY 6916

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# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRD REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA NUMBER

07789

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00800		
	20AUG24	1940	32 S Clinton	304			
SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV.	GENDER	RACE
KATZ, Hazel SNOWFLAKE				88		F	2

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	83 W MENDOCINOST	509	130	UNK.
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
offender was present in an area where they were given a lawful order to disperse				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE):	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?	
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES	<input type="checkbox"/> SPECIALIZED UNITS	<input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> NO <input type="checkbox"/> FOOT
<input type="checkbox"/> TACTICAL POSITIONING	<input type="checkbox"/> ADDITIONAL UNIT MEMBERS	<input type="checkbox"/> OTHER:	<input type="checkbox"/> VEHICLE	
CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)			WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?	
<input type="checkbox"/> ESCORT HOLDS	<input type="checkbox"/> CONTROL INSTRUMENT	<input type="checkbox"/> OPEN HAND STRIKE	<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> WRIST LOCK	<input type="checkbox"/> PRESSURE SENS. AREAS	<input type="checkbox"/> TAKE DOWN	<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	
<input type="checkbox"/> ARMBAR	<input type="checkbox"/> HANDCUFF/PHYS. RESTR.	<input type="checkbox"/> ELBOW STRIKE	<input type="checkbox"/> PUSH/PHYSICAL REDIRECTION	

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	8014	1274	<input type="checkbox"/> YES (SPECIFY):	
BEAT NO.	PC NO.	CRT. KEY	SIGNATURE	
8014		A		

SUPERVISOR'S NAME (PRINT)	STAR NO	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
Ozzie Cooperwood	1496	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR
<input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:		

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S) 1	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED	TIME: 2030	
<input type="checkbox"/> CITATION ISSUED			

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
Ferrers Nancy	12209	CA	6913	Anc3	20:36	



# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
 (YELLOW) - TRD REVIEW  
 (PINK) - COURT PACKET  
 (GOLD) - REPORTING OFFICER

CMA NUMBER

07789

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	
	20 AUG 24 2011	22 N CLINTON	304	00524	
SUBJECT NAME (Last, First, M.I./DESCRIPTION)			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input type="checkbox"/> ADULT <input type="checkbox"/> JUV.
CLARK, MAX R			Refused		GENDER: M RACE: 2

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	Refused	510	140	HEART ON UPPER BACK
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
THE ABOVE LISTED OFFENDER WAS LAWFULLY ORDERED TO DISPERSE MULTIPLE TIMES AND DISOBEYED THE LAWFULL ORDER AND CONTINUED TO ENGAGE WITHIN THE AREA. OFFENDER PLACED IN CUSTODY. NO INJURIES TO REPORT				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON: <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> PHYSICAL OBSTRUCTION <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> THROWN OBJECT (DESCRIBE): _____ <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input type="checkbox"/> FLED <input type="checkbox"/> GRAB/HOLD/DETAIN <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH		
	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input type="checkbox"/> YES PERSON ARMED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY): _____ RESISTED ARREST? <input type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE): _____		

PERSON'S CONDITION? <input type="checkbox"/> UNK <input type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input checked="" type="checkbox"/> EMS OFFER/REQ. <input checked="" type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input checked="" type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL: _____	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER: _____		<input type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)		<input type="checkbox"/> OTHER: _____	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP <input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION			<input type="checkbox"/> NO <input type="checkbox"/> YES

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES. INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	Thomas Fineson	1274		
	BEAT NO.	PC NO.	CRT. KEY	SIGNATURE
	2014		F	

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
B. Cooperwood	1496	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR <input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE:
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	TIME: 2005	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
Ferreras Nancy	12209	CA	6913	Area 3	20:36	

**COORDINATED MULTIPLE ARREST**  
CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRFD REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA LABEL: [REDACTED] CMA NUMBER: **07789**  
**02228**

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	02228	GENDER	RACE
	20A 04 21 05	301 S. Clinton	303				
	SUBJECT NAME (Last, First, M.I.)	DESCRIPTION	<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV.		
	St. Rose Adolphe, Katja			98		F	W

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES; COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO; SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	142 E 56th Chgo, IL	502	105	N/A
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
Arrestee given orders to disperse, Arrestee failed to comply and placed into custody for obstruction.				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES; COMPLETE SEC. 5.  NO; SKIP TO SEC. 6.

**5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)**

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
	<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):
	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON
	<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON
	<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON
	<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES			
PERSON ARMED? <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE):	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERK. BY MEMBER <input type="checkbox"/> PERK. BY CFD EMS	<input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
	CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)	<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
	<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH		<input type="checkbox"/> NO <input type="checkbox"/> YES
	<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP		
	<input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION		

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES; INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	Dr. Daniela	7552		
	BEAT NO. PC NO. CRT. KEY SIGNATURE			
	C1102 [REDACTED] L [REDACTED]			

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
MAGA / ON 844	[REDACTED]	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR
		<input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SIG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED TIME: <input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
E. GARCIA	13472	0078	6920		2241	[REDACTED]

# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM  
(YELLOW) - TRFD REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA LABEL	CMA NUMBER
[REDACTED]	07789
04240	ENDER RACE
	F 1

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE
	20 AUG 24	2:00	100 S Canal	303
SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)
Patterson, Elizabeth				03

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST?  YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4.  NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	305 Madison IL 60649	5'07"	160	
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
Subject refused to leave area after being dispersed to leave (unlawful protest)				

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU?  YES: COMPLETE SEC. 5.  NO: SKIP TO SEC. 6.

### 5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE):	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input type="checkbox"/> APPARENT. NORM.	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input type="checkbox"/> REFUSED	INJURED BY MEMBER'S FORCE?
<input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE	<input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS	<input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK.
<input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER	<input type="checkbox"/> TAKEN TO HOSPITAL:	<input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN.
<input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER:	<input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER:	<input type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)		<input type="checkbox"/> OTHER:	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE	<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH		<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS <input type="checkbox"/> TAKE DOWN	<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP		
<input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE	<input type="checkbox"/> PUSH/PHYSICAL REDIRECTION		

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING?  NO  YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., OC, TASER)  LRAD  CANINE  DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	Jgt. Antiveros	1469		
BEAT NO.	PC NO.	CRT. KEY	SIGNATURE	
C134		Q		

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
Yolanda Walton	837	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input checked="" type="checkbox"/> DELAYED TRR
		<input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

TYPE OF SUBJECT INJURY?  NONE/NONE APPARENT  MINOR CONTUSION  MINOR SWELLING  MINOR LACERATION/ABRASION

COMPLAINT SUB. PAIN  SG. CONTUSION  LACERATION REQ. SUTURES  BROKEN BONES  POT. LIFE-THREAT  GUN SHOT  FATAL  OTHER

<input checked="" type="checkbox"/> PROP. BAG(S) <input checked="" type="checkbox"/> 2	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input checked="" type="checkbox"/> EVID. BAG(S) <input checked="" type="checkbox"/> 1	<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
Posinello	1200	Cop 6	648	Aug 3	2024	