

# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

1919 W MAYPOLE

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

CMA NUMBER

234

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00234			
	19 AUG 24	1748	1880 W Washington St	14184	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
BOYD STEVEN M					85		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
	UNKNOWN	6'1"	200	
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
DISORDERLY CONDUCT, BATTERY TO P.O. OWEN CHARGED TOWARD OFFICER ON THE LINE MAKING CONTACT STRIKING OFFICER.				

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. *RP 1484*

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 type="checkbox"/> NO <input checked="" type="checkbox"/> YES (DESCRIBE):	

PERSON'S CONDITION? <input checked="" 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 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 checked="" 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)		<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 checked="" type="checkbox"/> YES
<input type="checkbox"/> WRIST LOCK <input checked="" 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 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):

P/O PERKINS WAS NOT PART OF THE ARREST BUT WAS ORDER TO PROCESS ARREST FOR SUPERINTENDENT

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: TEA.
	PERKINS	14184		
BEAT NO.	PC NO	CRT. KEY	SIGNATURE	
CH105		IC		

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 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 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
WILLIAMS #17944	17944	CH #1	6916		1915	

# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

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

CMA LABEL

07789

00842

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE								
	20 Aug 2021	1930 hrs	540 W. Madison	304								
1. INCIDENT	SUBJECT NAME (Last, First, M.I.)			DESCRIPTION	REFUSED	UNK.	MULTIPLE UNK.	D.O.B. (EST AGE)	ADULT	JUV.	GENDER	RACE
	Mueller, Randall Paul				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1998	<input type="checkbox"/>	<input type="checkbox"/>	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
	554 5th St Brooklyn, NY	510	160	None visible
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
Above subject refused to leave the area after a mass arrest was initiated. R/O's conducted an emergency take down at which time the subject was placed into custody. Above subject was told to disperse prior to being 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 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): wood stick

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 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 checked="" 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
					<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 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):  
Subject refused to disperse at the area at which time the subject called to disperse, at which time R/O conducted an emergency take down when the subject refused to disperse.

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	LOZA	10515		
	BEAT NO.	PC NO	CRT. KEY	SIGNATURE
	0417		I	

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
O. 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

<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:		
	2:00		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
ferres	Nancy	12209 CA	6913	Area 3	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	00863		
	20AUG 24	1840	540 W MADISON ST	304			
1. INCIDENT	SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			D.O.B. (EST AGE)	ADULT <input type="checkbox"/> JUV. <input type="checkbox"/>	GENDER	RACE
	JILANI HAMZA N			02		M	UNK

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
	1233 Rowland Dr Herndon, VA	509	140	NONE VISIBLE
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
16451 ABOVE ARRESTEE REFUSED MULTIPLE VERBAL COMMANDS TO MOVE BACK. ARRESTEE ALSO IN POSSESSION OF CPD BWC #16451 AT TIME OF ARREST AND POSSESSION OF SPRAY PAINT				

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"/> 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):	OUTSIDE AGENCY INFO:
	KOTRBA	4477		
	BEAT NO.	PC NO	CRT. KEY	SIGNATURE
	CF208A		C	

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
G. 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) <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: 1947	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
Ferreras Nancy	12209CA		0913	Arg3	20:36	

# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

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

CMA NUMBER

07789

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00533		
	70AKG24	1933	5 S. CLINTON	301			
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
McQUAIR, BRIAN				49 / 25 YOA		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
	221 BOHR RD. Kings Park, NY 11754	508	150	NONE VISIBLE
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
THE OFFENDER PUSHED UNIFORMED OFFICERS. THE OFFENDER DID REPEATED VERBAL COMMANDS, PUSHED PAST OFFICERS OF A PROTEST LINE AND ATTEMPTED TO FLEE ON FOOT. THE OFFICERS THAT HE PUSHED COULD NOT BE LOCATED				

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 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:
	VATSANOUES, M	7098		
BEAT NO.	PC NO	CRT. KEY	SIGNATURE	
3051		B		

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
O. 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 TIME:		
<input type="checkbox"/> CITATION ISSUED			

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) - TRD REVIEW  
(PINK) - COURT PACKET  
(GOLD) - REPORTING OFFICER

CMA NUMBER

07789

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00855		
	20 Aug 24	19419	32 S Clinton	304			
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
	Rothman, Shelton	D		22		F	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
	UNK	5'3"	120	UNK
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
Officer 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"/> NO <input type="checkbox"/> FOOT
<input type="checkbox"/> TACTICAL POSITIONING	<input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<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"/> 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"/> OUTSIDE AGENCY INFO:
	10, A	3586	<input checked="" type="checkbox"/> YES (SPECIFY):	
	BEAT NO	PC NO	CRT. KEY	SIGNATURE
	CF419J		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. Cejarnod	1426	<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: 2030	
	<input type="checkbox"/> CITATION ISSUED		

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

Transport

# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

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

CMA LABEL | CMA NUMBER  
00760 | 00760

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE		
	20-02-24	2:00	100 S. CANAL	303		
1. INCIDENT	SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			D.O.B. (EST AGE)	SEX	RACE
	PIZZA NICHOLAS			25	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
	323 JACKSON AVE	5'0"	140	SCAR ON LEFT ARM
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
REFUSED TO DISPERSE AFTER GIVEN 3 DISPERSE WARNINGS				

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):	
		SCOFFED BODY PULLED AWAY	

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 checked="" 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"/> 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"/> 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):

REFUSED TO LEAVE AREA AFTER DISPERSE WARNINGS WTS GIVEN. PULLED AWAY & STIFFENED BODY TO AVOID ARREST

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	PALACKEC	5198		
6. REVIEW	BEAT NO.	PC NO	CRT. KEY	SIGNATURE
	420G			

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	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	AMB 105 BK. BACK BACK LEFT HAND HOSPITAL FOR MANIPULATED PAIN	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
Arturo Partida	4329	1271	6134	3	02:45	

# COORDINATED MULTIPLE ARREST

## CHICAGO POLICE DEPARTMENT

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

CMA LABEL  
 07789  
 00539

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE			
	08AUG19	1940	22N Alhambra	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
Brebner, George, E				03		M	wh

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
		5'87	135	mushrooms-L/R
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
Obstructing police officers conducting official duties by trying to pull officers off offenders				

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"/> TACTICAL POSITIONING	<input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<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:
	Quirk 9928	9928		
BEAT NO.	PC NO.	GRT. KEY	SIGNATURE	
417A		N		

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
O-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 <input type="checkbox"/> CITATION ISSUED	TIME: 1950	

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

transport

# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

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

CMA LABEL

CMA NUMBER

07789

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00528	GENDER	RACE
	10AUG24	1946	540 W MADISON	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 type="checkbox"/> ADULT		

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). MDD ACTION, BATTERY TO PO, STRUCK K/O IN THE FACE WITH AN OPEN HAND			

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 checked="" 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"/> IMMINENT THREAT OF BATTERY - WITH WEAPON
<input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input checked="" type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON
<input checked="" type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN		
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE		

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 away from member

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 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 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 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 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 type="checkbox"/> PUSH/PHYSICAL REDIRECTION	
<input type="checkbox"/> ARMBAR		

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):  
~~MDD ACTION BATTERY TO PO~~ SUBJECT STRUCK K/O WITH AN OPEN HAND, ATTEMPTED TO TAKE A/OS BATON

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:
	ROGERS, Matthew	18666		
BEAT NO.	PC NO.	CRT. KEY	SIGNATURE	
CP 3135		P		

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
O. Cooper	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 <input type="checkbox"/> CITATION ISSUED		
	TIME: 1958		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
Ferreiros Nancy	12209	CA	6913	Acep3	20:36	