

COORDINATED MULTIPLE ARREST
CHICAGO POLICE DEPARTMENT

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

CMA LABEL | CMA NUMBER
00470 | 00470

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	DOC. CODE			
	20 AUG 24	7054	CANAL / MONROE	0303			
1. INCIDENT	SUBJECT NAME (Last, First, M.I.) / DESCRIPTION			REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK. <input type="checkbox"/> DOB (EST AGE)	ADULT <input checked="" type="checkbox"/>	GENDER	RACE
	GARTB AHMED Y					98	M

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
	1535 N WICKER PK AVE	508	140	BLACK / YELLOW STRIPES
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
ABOVE DISREBARDED MULTIPLE UNLAWFUL ORDERS TO DISASSEMBLE, UNLAWFUL ASSEMBLY AND FAILED TO OBEY. 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 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 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 checked="" 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 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 checked="" 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 type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):
	A. SANCHEZ	11387	
BEAT NO.	PC NO.	CRT. KEY	SIGNATURE
SAC174		M	

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

TRR REQUIRED: MAJ. INJURY WEAPON USE DEADLY FORCE DELAYED TRR VICTIM OF OFFENSE ADDITIONAL INVESTIGATION 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	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"/> PROP. BAG(S) <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
Jim Morris	11797	0033	6915	A3	2235	

COORDINATED MULTIPLE ARREST
CHICAGO POLICE DEPARTMENT

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

CMA NUMBER
00568
20568

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00568	20568	
	20AN024	2100	525 W MONTGOMERY	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
NEEDLE, ASA W.					95	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
	149 WALNUT ST CT 00244	507	180	NONE VISIBLE
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
UNLAWFUL ASSEMBLY FAIL TO DISPERSSE AFTER SEVERAL VERBAL COMMANDS FAIL TO LISTEN				

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

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:
	VASQUEZ, MARCO	19384		
BEAT NO.	PC NO.	CRT. KEY	SIGNATURE	
C4418A		1		

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 TIME:		
	<input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
J. MORM	11997	C073	6A15	A3	2230	

COORDINATED MULTIPLE ARREST
CHICAGO POLICE DEPARTMENT

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

CMA NUMBER

00429

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00429			
	20 AUG 24	2:10P	102 S CANAL	303				
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
	TALWANI, JASPER				2002		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	90312 HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	1805 N Ave 5th Los Angeles CA 601		170	NONE

SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).
THE ABOVE LISTED OFFENDER ENGAGED IN AN UNLAWFUL PROTEST. PER CA 5 MASS ARREST INITIATED. OFFENDER REFUSED MULTIPLE DISPERSALS ORDERS AND WAS PLACED IN CUSTODY. NO INJURIES TO REPORT. OFFENDER SEARCHED BY A/O JASPER GAC 6017A 13873

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

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

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):

REPORTING MEMBER'S NAME (PRINT) #4079
LOAIZA / JASPER STAR NO 13873 MEMBER INJURED? NO YES (SPECIFY): OUTSIDE AGENCY INFO:

6. REVIEW	BEAT NO.	PC NO.	CRT. KEY	SIGNATURE
	CJ4174H		A	

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

Sgt. David Falduta 2104 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) 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	EV#07789	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
SMITH, Dona D	19964	CDT9	6921	A3	2230	