	ORDINATED MULTIPLE ARREST AGO POLICE DEPARTMENT	DISTRIBUTION: (ORIGINAL) – PROCESSING TEAM (YELLOW) – TRED REVIEW (PINK) – COURT PACKET (GOLD) – REPORTING OFFICER	CMA LABEL	00470					
DENT	DATE TIME TO SU LOCATION OF ARREST/INCIDE LO	PNROE	ADOL: L	NDER RACE					
÷ N	SARTO AHMED Y	9	$B = \Lambda$						
2. Al	RE YOU THE ARRESTING OFFICER DOCUMENTING AN ARRE	EST? IX YES: COMPLETE SEC. 3 CONTINUE		SKIP TO SEC. 4					
ST ETE IF		140 BL	NG ACTION (E.G. SDS	Low Mize					
3. ARREST (ONLY COMPLETE IF	ABOVE DITUEPATORD	MULTIPLE LAWF LAWFULL ASSEMBLY	UC OK	0012)					
. <u>0</u>	TO DYIFEDIE PLACE	DINTO CUSTOS							
4. AR	E YOU DOCUMENTING REPORTABLE USE OF FORCE BY YO	OU OR AN ASSAULT/BATTERY AGAINST YO	OU? SKIR TO						
5. TA	CTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCU	MENT YOUR OFFICER ASSAULT/BATTERY O	R REPORTABLE US	E OF FORCE)					
ON'S ACTIONS ALL THAT APPLY)	□ DID NOT FOLLOW VERBAL DIRECTION □ PHYSICAL ATTA □ UNABLE TO UNDERSTAND DIRECTION □ HAND/ARM/E □ VERBAL THREATS □ KNEE/LEG S □ STIFFENED (DEAD WEIGHT) □ PUSH/SHOV □ PULLED AWAY □ PUSH/SHOV □ FLED □ GRAB/HOLD. □ OTHER: □ WRESTLE/G	CK WITHOUT WEAPON: IMMINENT THREA ELBOW STRIKE PHYSICAL OBSTR TRIKE THROWN OBJECT THISPIT IMMINENT THREA E/PULL ATTEMPT TO OBT (DETAIN PHYSICAL ATTAC RAPPLE USED FORCE LIK	IT OF BATTERY - NO RUCTION F (DESCRIBE): IT OF BATTERY - WI TAIN MEMBER'S WEA IK WITH WEAPON ELY TO CAUSE DEA	TH WEAPON APON TH OR GBH					
PERS (CHECK	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAIN			4: 2140 2120					
- HO	PERSON ARMED? TO NO YES (SPECIFY):	RESISTED ARREST? NO SES (DESC							
☐ ALI	PERSON'S CONDITION? UNK APPARENT. NORM. MEDICAL TREATMENT? EMS OFFER/REQ. REFUSED INJURED BY MEMBER'S FORCE? PERF. BY MEMBER PERF. BY CFD EMS NO/NONE APPARENT UNK NO/NONE APPARENT UNK UNK NO/NONE APPARENT UNK NO/NONE APPARENT UNK UNK NO/NONE APPARENT NON-FATAL MIN. ALLEGE INJURY NON-FATAL MIN. NON-FATAL MAJ FATAL								
110	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	MEMBER PRESENCE ZONE OF SAF	ETY NONE	PURSUIT? ☑ NO ☐ FOOT					
SPONS	✓ VERBAL DIRECTION/CONTROL TECHNIQUES ☐ SPECIALIZ	ZED UNITS	DID ATTACK	□ VEHICLE □ OTHER					
SIS	CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL TH	HAT APPLY)		WAS FORCE USED WHILE PERSON					
MEMBER'S RE TO RESISTA	☐ ESCORT HOLDS ☐ CONTROL INSTRUMENT ☐ OPEN H	HAND STRIKE CLOSED HAND STRIKE/PU	NCH	HANDCUFFED OR					
-2000	☐ WRIST LOCK ☐ PRESSURE SENS. AREAS ☐ TAKE D☐ ARMBAR ☐ HANDCUFF/PHYS. RESTR. ☐ ELBOW	STRIKE PUSH/PHYSICAL REDIREC	TION	RESTRAINED? NO ☐ YES					
DID M	☐ WRIST LOCK ☐ PRESSURE SENS. AREAS ☐ TAKE D☐ ARMBAR ☐ HANDCUFF/PHYS. RESTR. ☐ ELBOW EMBER'S RESPONSE INVOLVE THE FOLLOWING? ☑ NO ☐ YES	STRIKE PUSH/PHYSICAL REDIRECTION STRIKE PUSH/PHYSICAL REDIRECTION STRIP PUSH PHYSICAL REDIRECTION STRIP PUSH PUSH PUSH PUSH PUSH PUSH PUSH PUS	TION TE CONCISE SUMMA	RESTRAINED? NO ☐ YES					
DID M	☐ WRIST LOCK ☐ PRESSURE SENS. AREAS ☐ TAKE D ☐ ARMBAR ☐ HANDCUFF/PHYS. RESTR. ☐ ELBOW EMBER'S RESPONSE INVOLVE THE FOLLOWING? ☑ NO ☐ YES	STRIKE PUSH/PHYSICAL REDIRECTION S: INDICATE. (TRR REQUIRED - DO NOT COMPLETARION DISCHARGE (F.G., OC. TASER) LRA	TION TE CONCISE SUMMA	RESTRAINED? NO YES RY BELOW) DEADLY FORCE					
DID M	☐ WRIST LOCK ☐ PRESSURE SENS. AREAS ☐ TAKE D☐ ARMBAR ☐ HANDCUFF/PHYS. RESTR. ☐ ELBOW EMBER'S RESPONSE INVOLVE THE FOLLOWING? ☑ NO ☐ YES	STRIKE PUSH/PHYSICAL REDIRECTION S: INDICATE. (TRR REQUIRED - DO NOT COMPLETARION DISCHARGE (F.G., OC. TASER) LRA	TION TE CONCISE SUMMA D CANINE LT/BATTERY OR REP	RESTRAINED? NO YES RY BELOW) DEADLY FORCE					
REVIEW 5	☐ WRIST LOCK ☐ PRESSURE SENS. AREAS ☐ TAKE D ☐ ARMBAR ☐ HANDCUFF/PHYS. RESTR. ☐ ELBOW EMBER'S RESPONSE INVOLVE THE FOLLOWING? ☑ NO ☐ YES	PUSH/PHYSICAL REDIRECT SEINDICATE. (TRR REQUIRED - DO NOT COMPLETAPON DISCHARGE (E.G., OC, TASER) IN LARGE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT)	TION TE CONCISE SUMMA D CANINE LT/BATTERY OR REP	RESTRAINED? NO YES RY BELOW) DEADLY FORCE ORTED FORCE):					
6. REVIEW	WRIST LOCK PRESSURE SENS. AREAS TAKE D ARMBAR HANDCUFF/PHYS. RESTR. ELBOW EMBER'S RESPONSE INVOLVE THE FOLLOWING? NO YES AUSED MAJOR INJURY MAPACT WEAPON STRIKE WE ISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE DEPORTING MEMBER'S NAME (PRINT) SEAT, NO. CALIT HIPC NO. REVISOR'S NAME (PRINT) STAR NO. MEMBER TERRE	STRIKE PUSH/PHYSICAL REDIRECT S. INDICATE. (TRR REQUIRED - DO NOT COMPLE SAPON DISCHARGE (E.G., OC, TASER)	TION TE CONCISE SUMMA D CANINE LT/BATTERY OR REP O OUTSIDE ACT TIONAL PROCESSIN DEADLY FORCE O THER:	RESTRAINED? NO YES RY BELOW) DEADLY FORCE ORTED FORCE): GENCY INFO: DELAYED TRR					
W DIO	WRIST LOCK PRESSURE SENS. AREAS TAKE D ARMBAR HANDCUFF/PHYS. RESTR. ELBOW EMBER'S RESPONSE INVOLVE THE FOLLOWING? NO YES AUSED MAJOR INJURY MAPACT WEAPON STRIKE WE ISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE PROTING MEMBER'S NAME (PRINT) SEAT, NO. CAUTH PC NO. CRT. KEY WEMBER OF SUBJECT IN HIPY? WINDLENONE APPARENT MINOR CO.	STRIKE PUSH/PHYSICAL REDIRECT S. INDICATE. (TRR REQUIRED - DO NOT COMPLE SAPON DISCHARGE (E.G., OC, TASER)	TION TE CONCISE SUMMA D CANINE LT/BATTERY OR REP O UTSIDE ACT ITIONAL PROCESSIN DEADLY FORCE N OTHER: LACERATION/ABRAS	RESTRAINED? NO YES RY BELOW) DEADLY FORCE ORTED FORCE): GENCY INFO: DELAYED TRR					
SUPER STATE OF THE	WRIST LOCK PRESSURE SENS. AREAS TAKE D ARMBAR HANDCUFF/PHYS. RESTR. ELBOW EMBER'S RESPONSE INVOLVE THE FOLLOWING? NO YES AUSED MAJOR INJURY MAPACT WEAPON STRIKE WE ISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE PROPORTING MEMBER'S NAME (PRINT) SEAL, NO. CALIT HIPC NO. CRT. KEY REPORTING MEMBER'S NAME (PRINT) OF SUBJECT INJURY? NONE/NONE APPARENT MINOR COMPLAINT SUB. PAIN SIG. CONTUSION LACERATION REQ. SU OR BAG(S) RELEASED FROM SCENE? NO YES: COM	STRIKE PUSH/PHYSICAL REDIRECT S: INDICATE. (TRR REQUIRED - DO NOT COMPLETE APON DISCHARGE (E.G., OC, TASER)	TION TE CONCISE SUMMA D CANINE LT/BATTERY OR REP O UTSIDE ACT ITIONAL PROCESSIN DEADLY FORCE N OTHER: LACERATION/ABRAS	RESTRAINED? NO YES RY BELOW) DEADLY FORCE ORTED FORCE): GENCY INFO: DELAYED TRR					
W DID CONCO	WRIST LOCK PRESSURE SENS. AREAS TAKE D ARMBAR HANDCUFF/PHYS. RESTR. ELBOW EMBER'S RESPONSE INVOLVE THE FOLLOWING? NO YES AUSED MAJOR INJURY MAPACT WEAPON STRIKE WE SEE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE WEPORTING MEMBER'S NAME (PRINT) PERSON'S NAME (PRINT) OF SUBJECT INJURY? NONE/NONE APPARENT MINOR COMPLAINT SUB. PAIN SIG. CONTUSION LACERATION REQ. SU DELEASED EROM SCENE? NO YES: COM	PUSH/PHYSICAL REDIRECT S. INDICATE. (TRR REQUIRED - DO NOT COMPLE EAPON DISCHARGE (E.G., OC, TASER)	TION TE CONCISE SUMMA D CANINE LT/BATTERY OR REP O UTSIDE AC ITIONAL PROCESSIN D DEADLY FORCE N OTHER: LACERATION/ABRAS EAT GUN SHOT GIA	RESTRAINED? NO YES RY BELOW) DEADLY FORCE ORTED FORCE): GENCY INFO: DELAYED TRR					

CDD 44 422 /Dov. 7/2/1

COORDINATED MULTIPLE ARREST CHICAGO POLICE DEPARTMENT	DISTRIBUTION: (ORIGINAL) – PROCESSING TEAM (YELLOW) – TRED REVIEW (PINK) – COURT PACKET (GOLD) – REPORTING OFFICER								
DATE TIME LOCATION OF ARREST/INCID SUBJECT NAME (Last, First, M.1.)/DESCRIPTION REFUSED									
" NEENLE ASA W.	95 MZ								
2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARE	REST? YES; COMPLETE SEC. 3 CONTINUE TO SEC. 4. NO: SKIP TO SEC. 4.								
SUBJECT ADDRESS 149 WHUNTST CT 00246 SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING W WHAT HOLD TO TO THE STATE OF THE	WEIGHT SCARS/MARKS/TATTOOS POVE VISIBLE VITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).								
4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY Y	T VES COMPLETE SEC 5								
	NO: SKIP TO SEC. 6.								
	CUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE) TACK WITHOUT WEAPON: IMMINENT THREAT OF BATTERY - NO WEAPON								
UNABLE TO UNDERSTAND DIRECTION VERBAL THREATS STIFFENED (DEAD WEIGHT) PUSH/SHOVE COMPANY	## PHYSICAL OBSTRUCTION STRIKE								
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAIN PERSON ARMED? NO YES (SPECIFY):	NST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? ☐ NO ☐ YES								
PERSON ARMED? NO YES (SPECIFY):	RESISTED ARREST? NO YES (DESCRIBE):								
☐ ALLEGE INJ, BY MEMBER ☐ INJ. NOT BY MEMBER FORCE ☐ PERF. €	TREATMENT? EMS OFFER/REQ. REFUSED INJURED BY MEMBER'S FORCE? BY MEMBER PERF. BY CFD EMS NO/NONE APPARENT UNK TO HOSPITAL: ALLEGE INJURY NON-FATAL MIN. R: NON-FATAL MAJ FATAL								
	☐ MEMBER PRESENCE ☐ ZONE OF SAFETY ☐ NONE ☐ PURSUIT? ☐ NO ☐ FOOT ☐ VEHICLE ☐ NAL UNIT MEMBERS ☐ OTHER: ☐ OTHER								
CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL T	THAT APPLY) OTHER: WAS FORCE USED WHILE PERSON								
PRESSURE SENS. AREAS TAKE (HAND STRIKE CLOSED HAND STRIKE/PUNCH HANDCUFFED OR								
	ES: 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) STAR NO MEMBER INJURED? NO OUTSIDE AGENCY INFO: 19384 PE NO. PE NO. CRT. KEY SIGNATURE OUTSIDE AGENCY INFO: OUTSIDE AGENCY INFO:									
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 DADDITIONAL INVESTIGATION OTHER:									
TYPE OF SUBJECT INJURY2 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									
COMMENTS: SIGNATURE									
U ISR COMPLETED TIME:									
TRANSPORT OFFICER'S NAME (PRINT) STAR NO BEAT NO	TR. VEH, NO. DET. FAC. TRANSPORT TIME SIGNATURE								
5 MOM 1997 (053)	(A13 A5 2230								
CPD-11.433 (Rev. 7/24)	~ 0								

COORDINATED MULTIPLE ARREST CHICAGO POLICE DEPARTMENT DISTRIBUTION: (ORIGINAL) - PROCESSING TEAM (YELLOW) - TRED REVIEW (PINK) - COURT PACKET (GOLD) - REPORTING OFFICER									
1. INCIDENT	3	SECT NAME (TASPER	S CAN	JAL NK. MULTIPLE (JNK. D.O.B. (EST AG	3 00429 E) X ADULT U JUV. 2、0 ス	m 2
2. /	ARE	YOU THE A	RRESTING OFFICE	R DOCUMENTIN	G AN ARRE	ST? 🗆 ÝES: COM	MPLETE SEC. 3 CO		NO: SKIP TO SEC. 4.
	ICER)	SUBJECT A	N AUR 51	Los ANbei	96392 HE es (A	601	WEIGHT	SCARS/MARKS/TAT	1E
	ARRESTING OFFICER)	14E 5 M 0 FK	Abou US ASS ARRES WAS PLACE EARLE SE	ted officed in ARCLED	UX (n3+09 59 Ot 6456 O	fender 19 fender 19 y No In A 10 JAS	in an un ecfused r juries to DER sac	LOAITA 13	SDSC). UST. PER CAR SPRISH OF LITE SMPLETE SEC. 5.
4. AF	RE Y	OU DOCUM	ENTING REPORTA	ABLE USE OF FO	RCE BY YO	U OR AN <u>ASSAU</u>	LT/BATTERY AGA	INST YOU? NO: SK	KIP TO SEC. 6.
5. T.	ACT	ICAL RESP	ONSE REPORTING	(ONLY COMPLET	TE TO DOCU	MENT YOUR OFFIC	CER ASSAULT/BAT	TERY OR REPORTABLE	E USE OF FORCE)
S ACTIONS THAT APPLY	5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE) DID NOT FOLLOW VERBAL DIRECTION PHYSICAL ATTACK WITHOUT WEAPON: IMMINENT THREAT OF BATTERY - NO WEAPON PHYSICAL OBSTRUCTION PHYSICAL OBSTRUCTION PHYSICAL OBSTRUCTION THROWN OBJECT (DESCRIBE): THROWN OBJECT (DESCRIBE): MOUNT/TEETH/SPIT IMMINENT THREAT OF BATTERY - WITH WEAPON PULLED AWAY PUSH/SHOVE/PULL ATTEMPT TO OBTAIN MEMBER'S WEAPON PHYSICAL ATTACK WITH WEAPON PHYSICAL ATTACK WITH WEAPON PHYSICAL ATTACK WITH WEAPON USED FORCE LIKELY TO CAUSE DEATH OR GBH								
PERSON"	1	DID THE SUB	JECT COMMIT AN A	SSAULT OR BATT	TERY AGAINS	T THE REPORTIN	G MEMBER PERFO	RMING A POLICE FUNC	TION? NO YES
H	PI		ED? NO YES				ST? - NO - YES		
PERS	ON'S LEG J. BY	MEMBER [? □ UNK □ APPA MBER □ INJ. NOT B' □ MENTAL/EMOTION FLU -DRUG □ DISAB	DISORDER	☐ PERF. BY	REATMENT? DEM MEMBER DEF DHOSPITAL:		REFUSED INJURED BY ME NO/NONE AF ALLEGE INJURED INJURED BY ME	PPARENT □ UNK URY □ NON-FATAL MIN.
1356	1	RCE MITIG	ATION EFFORTS (C	TECHNIQUES [☐ SPECIALIŻ	☐ MEMBER PRE ED UNITS AL UNIT MEMBERS	☐ MOVEMENT	OF SAFETY INONE	PURSUIT? NO FOOT VEHICLE OTHER
MEMBER'S RESPONSE TO RESISTANCE	CC	Account to the second				AND STRIKE	OTHER: CLOSED HAND STR KNEE STRIKE I PUSH/PHYSICAL R	☐ KICK ☐ FIRM GRIF	WAS FORCE USED WHILE PERSON HANDCUFFED OR RESTRAINED?
DID I	MEM	BER'S RESE				INDICATE. (TRR RI	EQUIRED - DO NOT	COMPLETE CONCISE SU	MMARY 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		CORTING MEN COAJZ TNO.	PC NO.	JASPER	CRT, KEY	13873 D	MBER INJURED? A		DE AGENCY INFO:
SUPERVISOR'S NAME (PRINTY STAR NO. STAR NO. STAR NO. 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									
Ø PF	ROP. /ID. I	BAG(S)	RELEASED FROM S ISR COMPLETED CITATION ISSUE	CENE? NO D	YES: COM	MENTS: EV#07	789.	SIGNATURE	
TRAN		ORT OFFICER	S NAME (PRINT)	19964 C	DT9 TF	6921 A	3 ZZZ	IME ISKSWARURE	