

COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

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

CMA LABEL

CMA ***** 3

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	CMA LABEL	CMA ***** 3	
	2021/02/24	2000	1005 Cthol	303	00483	00483	
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.	GEN/SEX	RACE
SMYTH, Spencer M				1985	M	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
	1824 SE 59th Ave, Portland, OR 97235	600	150	
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
Unauthorized 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/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:
	Quirk, Brian Quirk	9928		
BEAT NO.	PC NO	CRT. KEY	SIGNATURE	
07417		N		

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	TIME:	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
G. MORRIS	11797	0713	6915	A3	2210	

COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

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

CMA LABEL: [REDACTED] CMA NUMBER: #1 of 2

1. INCIDENT	DATE: 20AUG14	TIME: 2040	LOCATION OF ARREST/INCIDENT (ADDRESS): 525 W MONROE	LOG CODE: 304	00934
	SUBJECT NAME (Last, First, M.I./DESCRIPTION): POLLITT MITCHELL E			D.O.B. (EST AGE): [REDACTED]	ADULT <input checked="" type="checkbox"/> JUV. <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: 711 E PALMER AVE E GLENDALE CA 91206	HEIGHT: 602	WEIGHT: 185	SCARS/MARKS/TATTOOS: NONE VISIBLE
	SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC): FAILURE TO DISPERSE PER SGT WARREN # 1659 USED HIS BODYWEIGHT AGAINST ARRESTING OFFICERS in attempt to defeat arrest. SGT WARREN			

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: SEE PAGE 2 <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 type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input checked="" 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 SEE PAGE 2 <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"/> 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 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): WARREN ARIZAGA	STAR NO: 18526	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	BEAT NO: CF314	PC NO:	CRT. KEY: L	SIGNATURE: [REDACTED]

SUPERVISOR'S NAME (PRINT): ANA NUÑEZ	STAR NO: 1562	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) 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:		[REDACTED]
	<input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT): ALVARADO, R	STAR NO: 14623	BEAT NO: CE	TR. VEH. NO: 6916	DET. FAC: A3	TRANSPORT TIME: 2100	SIGNATURE: [REDACTED]
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COORDINATED MULTIPLE ARREST
CHICAGO POLICE DEPARTMENT

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

CMA NUMBER

10F2
00934

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00934	
	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
	POLLITT, MITCHELL E			01	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
	711 E. PALMER AVE CH 91204	602	185	NU
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
SEE PAGE 1				

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 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 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 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	<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"/> 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	

WAS 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)	STAR NO	MEMBER INJURED?	OUTSIDE AGENCY INFO:
	WARRREN, DANIEL	1659	
BEAT NO.	PC NO.	CRT. KEY	SIGNATURE
CF314		L	

SUPERVISOR'S NAME (PRINT)	STAR NO	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING?
ANA NUNEZ	1562	<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

PROP. BAG(S)	RELEASED FROM SCENE?	COMMENTS:	SIGNATURE
1	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:		
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	1662	CE	6916	A3	2204	

COORDINATED MULTIPLE ARREST
CHICAGO POLICE DEPARTMENT

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

CMA NUMBER

07789

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	02292				
	20 Nov 2024	2107	257 S CLINTON	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
	WALLIS, REA H						2000 (24)	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
	548 W BRUAR PL APT 2C	510	135	UNK
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
FAILING TO RESPOND. COORDINATED MASS ARREST ORDERED BY SUPERINTENDENT. REFUSED TO RESPOND. ARRESTEE STATES TALK FLEX CUFFS ARE TOO TIGHT BUT REFUSED EMS.				

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"/> 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:
	GRAY	8645		
6. REVIEW	BEAT NO.	PC NO.	CRT. KEY	SIGNATURE
	C24205		W	

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
Perez	1503	<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 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: Alleged injury/Resist. 11/20/24 P/O Cuffs Discomfort Sec 7 arrested for compliance	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	<input type="checkbox"/> ISR COMPLETED	TIME:	
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. EAC.	TRANSPORT TIME	SIGNATURE
E. GARCELA	13472	COT8	6920	3	2041	

COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

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

CMA NUMBER

202

1. INCIDENT	DATE 20AUG24	TIME 2107	LOCATION OF ARREST/INCIDENT (ADDRESS) 257 S Clinton	LOC. CODE 303	02292	07789	
	SUBJECT NAME (Last, First, M.I./DESCRIPTION) Wallis, Bea K			D.O.B. (EST AGE) 2000 (24)	<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	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 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 checked="" type="checkbox"/> OTHER: Switched metal handcuffs <input type="checkbox"/> GRAB/HOLD/DETAIN <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input checked="" type="checkbox"/> OTHER: Flex cuffs complaint of discomfort <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. <input checked="" 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 type="checkbox"/> UNK <input checked="" type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN. <input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL
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MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY) <input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input checked="" type="checkbox"/> NONE <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: _____	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: _____ <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)
 After arrest was made by CI 420 G, R/Sgt changed out metal handcuffs for Flex Cuffs. Arrestee complained of discomfort upon Flex cuffs being placed on wrists. No indication of injury/MAJOR VISIBLE. Arrestee refused medical Attn. S.O. 506-06-03 V C 6 (Note) Lt. Cvetkovic #192 consulted. No TRR required.

6. REVIEW	REPORTING MEMBER'S NAME (PRINT) Sgt William Murawski	STAR NO 990	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY)	OUTSIDE AGENCY INFO:
	BEAT NO. CI 420	PC NO.	CRT. KEY F	SIGNATURE

SUPERVISOR'S NAME (PRINT) MORRIS	STAR NO. 1503	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES: <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:
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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: <input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	TIME:	COMMENTS: Alleged injury complaint Flex cuffs discomfort. Released for complaints last evening.	SIGNATURE
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TRANSPORT OFFICER'S NAME (PRINT) E. GARIN	STAR NO 13472	BEAT NO 00T8	TR. VEH. NO. 6920	DET. FAC. 3	TRANSPORT TIME 2241	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 I ARE | CMA NUMBER
07789

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	02674		
	20 AUG 24	1950	22 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.	GENDER	RACE
Stoecker, John O				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	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	6707 UTSA Blvd	510	200	TATTOO / Left Arm
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC). Arrestee involved in protest in which a mass arrest was initiated. During the arrest of another individual, above arrestee kicked the arresting officer numerous times in the leg. Arrestee placed in custody. Arrestee transported to wagon by P.O. Barnes #5031				

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 checked="" type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input checked="" 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 checked="" 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 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 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 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)			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):
Arrestee kicked Lt. Spokuda #243 at which time the Lt performed a take down and arrestee was placed in 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:
	P.O. Barnes	5031		
BEAT NO.	PC NO.	CRT. KEY	SIGNATURE	
CF207 J		Y		

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
SAMMAN	1131	<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	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS: subject identified as female, transported alone	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	TIME:	
	<input type="checkbox"/> CITATION ISSUED		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO.	BEAT NO.	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
Wesley Anderson	19388	CDT5	6917	A3	2030	

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	CMA LABEL	CMA NUMBER	
	20 AUG 24	1950	22 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.	GENDER	RACE
STOECKER, John O,				[REDACTED] 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	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC). <i>SEE ORIGINAL CMA ARREST CARD for CMA # 07789</i>			

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 checked="" type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input checked="" 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 checked="" type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON
<input 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): *Wouldn't get cuffed
Tried to flee*

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 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"/> 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 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	<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):

Arrestee kicked R/LT multiple times in the legs. R/LT performed take down and placed into custody by assisting Officer

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (SPECIFY): <i>Minor Leg</i>	OUTSIDE AGENCY INFO:
	D. Sepulveda	243		
BEAT NO.	PC NO.	CRT. KEY	SIGNATURE	
CF 300		M		

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
<i>Wilfredo Torres</i>	2231	<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	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS: <i>Subject Identified as a Female, Transferred ALONG</i>	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) <input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED	TIME:	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
<i>Wesley Anderson</i>	18388	CDTS	6917	A3	2030	

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	02637	
	SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			D.O.B. (EST AGE)	GENDER	RACE
	20/07/24	1935	500 W Madison	304		
				20-30	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
	SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC)			
		510	160	
	DID NOT FOLLOW VERBAL COMMANDS TO DISPERSE AFTER MASS ARREST COMMANDS 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 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 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 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 checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES	<input checked="" type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input type="checkbox"/> VEHICLE
	<input checked="" 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 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):
 Began pushing and leaning against officers, failing to disperse, subject placed in handcuffs.

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
	Laserby	1131		
	11313			

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
SAMMON	1131	<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 type="checkbox"/> NONE/NONE APPARENT <input type="checkbox"/> MINOR CONTUSION <input type="checkbox"/> MINOR SWELLING <input type="checkbox"/> MINOR LACERATION/ABRASION	<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)	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
<input type="checkbox"/> EVID. BAG(S)	COMMENTS: Transport vehicle left in haste due to volatile/dangerous enviro.

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO.	BEAT NO.	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
SAMMON, Daniel	1131	CTTV	6917	A3	2030	

COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

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

CMA LABEL
07789
02635

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	GENDER	RACE
	20 Aug 24	1940	22 S. Clinton	304		
1. INCIDENT	SUBJECT NAME (Last, First, M.I./DESCRIPTION)			D.O.B. (EST AGE)	<input checked="" type="checkbox"/> ADULT	<input type="checkbox"/> JUV.
	Garcia, Melesjo			76	<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
	747 S. Independence Blvd	53	160	precising left eye
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
listed subject engage officers during protest. listed subject refuse to leave area after mass arrest was 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 checked="" 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 type="checkbox"/> NO <input checked="" 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 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 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 type="checkbox"/> TAKE DOWN	<input type="checkbox"/> KNEE STRIKE	<input type="checkbox"/> KICK
	<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	OUTSIDE AGENCY INFO:
	Santos	6882	<input type="checkbox"/> YES (SPECIFY):	
	BEAT NO	CRT. KEY	SIGNATURE	
	CF417F	M		

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
SAMMON	1131	<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
<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:	COMMENTS: Transport vehicle left in haste due to duress/dangerous environ.	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
SAMMON Daniel	1131	CF-TV	6917	A3	2030	

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	00124	00124
	20 AUG 24	2100	1015 CANAL	704		
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
SZAFARYN, THOMAS ROBERT					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
	4524 W EBENHUR DR	605	156	NON VISIBLE
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
NO CONSCIOUS ARREST SUBJECT REFUSED TO FOLLOW MULTIPLE OFFICERS' ORDERS TO MOVE BACK AND DISOBEYED MULTIPLE OFFICERS' ORDERS WITH OTHER TO BLOCK OFFICERS' PATHS FROM MOVING FORWARD ATHAW ABOUT SUBJECT POSITION ARREST BY POLICE UNIT				

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"/> IMMINENT THREAT OF BATTERY - WITH WEAPON
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input 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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (SPECIFY): SCISSORS (RESISTED ARREST? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (DESCRIBE): 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 CPD 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"/> 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 checked="" type="checkbox"/> TACTICAL POSITIONING <input checked="" 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 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 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 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):
DURING ARREST ABOVE SUBJECT PULLED AWAY FROM A/D AND WAS LEFT WITH OTHERS TO DEFEAT ARREST. SEARCH CONDUCTED BY P.O. ALVARADO

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:
	ALVARADO	60579		
BEAT NO.	PC NO	CRT. KEY	SIGNATURE	
CF313B		5		

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 Fulaidan	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 checked="" 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, Dora D	19964	019	6921	AS	2230	

MASS ARREST

10574

COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

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

08800 CMA NUMBER
 00480

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE			
	20 Aug 24	2:00	10 S Riverside Plaza	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
ORTA, Kelvin J				1965		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
	5700 W School St Chicago	507	138	4.6N
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC)				
N/A gave a order to disperse. above subject did not disperse. Dispersal order 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? 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 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 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 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:
	HARPER	15322		
BEAT NO.	PC NO	ORT. KEY	SIGNATURE	
4315B		1C		

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 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 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
S. MADRIS	1097	CDT3	6915	A3	8:22	