

**COORDINATED MULTIPLE ARREST**  
CHICAGO POLICE DEPARTMENT

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

CMA NUMBER

00943

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00943		
	20 Aug 24	2109	257 S. Clinton Street	Street			
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
Atkinson, Patrick C.				00		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
	8417 Arrowhead Farm Dr Burr Ridge, IL 60521	506	160	glasses
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
Subject was given multiple dispersal orders. Subject refused to abide by given orders.				

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

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

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

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

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

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

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

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

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	Kwa, J	7726		
BEAT NO.	PC NO.	CRT. KEY	SIGNATURE	
CI210		L		

SUPERVISOR'S NAME (PRINT)	STAR NO	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input type="checkbox"/> NO <input type="checkbox"/> YES:
MARINO H	2400	<input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR <input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER:

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

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

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

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO.	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE:
ALVARADO	14623	CDT9	6916	A3	2138	

KUZMAH-16451 searched

**COORDINATED MULTIPLE ARREST**  
CHICAGO POLICE DEPARTMENT

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

CMA NUMBER

00974

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	GENDER	RACE			
	20AUG24	2045	210 S. CLINTON	304					
1. INCIDENT	SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			REFUSED	UNK.	MULTIPLE UNK.	D.O.B. (EST AGE)	ADULT	JUV.
	LIBYRD JUSTIN							00	

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
	156 LILAC ST, BOUNGBROOK IL	6000	150	
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
Subject granted initial order to depart location. Subject refused several verbal orders.				

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):

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

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input 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 checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	<input checked="" type="checkbox"/> TAKE DOWN <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICK <input type="checkbox"/> FIRM GRIP	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
<input checked="" type="checkbox"/> WRIST LOCK <input type="checkbox"/> PRESSURE SENS. AREAS	<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION	
<input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> HANDCUFF/PHYS. RESTR.		

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

CAUSED MAJOR INJURY  IMPACT WEAPON STRIKE  WEAPON DISCHARGE (E.G., DC, 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:
	HARPER R.	14327		
BEAT NO.	PC NO.	CRT KEY	SIGNATURE	
01313		#		

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

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

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

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TR. POS.	TIME	SIGNATURE
ALVARADO	14013	4E	0916	A3			

**COORDINATED MULTIPLE ARREST**  
CHICAGO POLICE DEPARTMENT

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

CMA NUMBER

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00912	07789	
	20 Aug 24 2045		Adams + Clinton Street				
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
Knab Elise D				1989		F	White

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

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	3658 S Hayne 2F	5'4	195	glasses
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
Fail to disperse when given 3 warnings. Interfered with police enforcing arrest BWC Not on officer. Lost and documented by CP311.				

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

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

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

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

PERSON ARMED?  NO  YES (SPECIFY):

RESISTED ARREST?  NO  YES (DESCRIBE):

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

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

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

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

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

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	Vuckovich	17676		
BEAT NO.	PC NO	CRT. KEY	SIGNATURE	
CP311G				

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?  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: Reviewed by BIA Hledu 2024	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED	Reviewed for completeness / not accurate	
<input type="checkbox"/> CITATION ISSUED	TIME:		

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
E. GARCIA	13472	@DTB	6920	3	2241	

# 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	00936	07189	
	20AUG24	2045	200 S CLINTON	301 STREET			
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
FEDOROVA, OLGA R					86	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	11377	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	6010 47TH AVE WOODSIDE, NY	506	110	NONE VIS	
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC)					
PERSON REFUSED MULTIPLE ORDERS TO GET OUT OF STREET AND GET ON SIDEWALK. PERSON DID NOT FOLLOW VERBAL DIRECTION + WAS 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 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): <input type="checkbox"/> RESISTED ARREST? <input type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE):		

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

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

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

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

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

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	MIRBELLES	14977		
	BEAT NO.	PC NO	CRT. KEY	SIGNATURE
	CS420I		A	

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
M. Breen	1058	<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) 4	RELEASED FROM SCENE? <input type="checkbox"/> NO <input type="checkbox"/> YES:	COMMENTS:	SIGNATURE
<input type="checkbox"/> EVID. BAG(S)	<input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	TIME:	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
Breen, M	1058	8023	G920	3	2241	

**COORDINATED MULTIPLE ARREST**  
CHICAGO POLICE DEPARTMENT

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

CMA NUMBER

00961

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00961			
	20 AUG 24	21:10 HRS	208 S. CANAL	304				
1. INCIDENT	SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B (EST AGE)	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV.	GENDER	RACE
	MANDÉVILLE, ADRIAN					(26)	M	I

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

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	130 BRADHURST 805	6'02"	197	None
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC). THE ABOVE SUBJECT WAS GIVEN SEVERAL OPPURTUNITIES TO DISPERSE, WHICH HE REFUSED TO LEAVE THE ABOVE ADDRESS.				

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

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

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):	
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER:	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input 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):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	SPRIGGINS	9463		
	BEAT NO.	PC NO	CRT. KEY	SIGNATURE
	CE 313 J		X	

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
MARINO, NUNEZ ANA	1562	<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)	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
	1625	CE 6916	A3		2204	

**COORDINATED MULTIPLE ARREST**  
CHICAGO POLICE DEPARTMENT

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

CMA LABEL  
00766 - 00766

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00766 - 00766			
	20AUG24	2100	100 S CANAL	303				
1. INCIDENT	SUBJECT NAME (Last, First, M.I.)/DESCRIPTION			<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV.	GENDER	RACE
	HAMMOND, JASON, R					85	M	2

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

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	1818 SASHLAND AVE	600	135	NIV
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC). ABOVE ARRESTEE WAS PLACED IN CUSTODY PER DEPUTY CHIEF PAPIANO FOR FAILURE TO DISPERSE AND RESISTING ARREST, BY INTERLOCKING HIS ARMS AND USING HIS WEIGHT AGAINST THE POLICE.				

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

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

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

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

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

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

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

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

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	<input type="checkbox"/> OUTSIDE AGENCY INFO:
	ESPARZA	8223		
6. REVIEW	BEAT NO.	PC NO	CRT. KEY	SIGNATURE
	CP311		S	

SUPERVISOR'S NAME (PRINT)	STAR NO	MEMBER NOTIFIED TO PERSONAL 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	meds for sinus on 1BK backpack person	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
S. MORRIS	11797	COT3	6915	1A3	2130	

**COORDINATED MULTIPLE ARREST**  
CHICAGO POLICE DEPARTMENT

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

CMA LABEL | CMA NUMBER

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE	00766	00766		
	2100	2100	100 S. <del>ARNDT</del> CANAL	303				
	SUBJECT NAME (Last, First, M.I.)		DESCRIPTION	<input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.	D.O.B. (EST AGE)	<input type="checkbox"/> ADULT	GENDER	RACE
	HAMMOND, JASON R.				85		M	W

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

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).			
<p>500 P/O #1</p>				

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 checked="" type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input checked="" type="checkbox"/> OTHER LOCKED ARMS	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (DESCRIBE):	
		PULLED AWAY/CLAMPS	

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

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

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

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

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

LOCKED ARMS WITH PROTECTOR, PULLED AWAY, DID NOT FOLLOW VERBAL DIRECTION

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)	STAR NO.	MEMBER INJURED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):	OUTSIDE AGENCY INFO:
	Sgt. Warren WARREN	1059		
	BEAT NO.	PC NO.	CRT. KEY	SIGNATURE
	CF314		L	

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

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

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

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

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO.	BEAT NO.	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
S. Morris	11797	6915	6915	A3	2130	

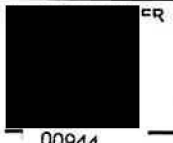
# COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

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

CMA LABEL

PAGE 7  
OF 2



1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE			
	20 AUG 24	2045	200 S CLINTON	303 STREET			
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
KELLEY JOSEPH A				95		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
	4534 N AVERS	603	200	
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
AFTER BEING GIVEN MULTIPLE ORDERS TO DISPERSE ABOVE WAS PLACED INTO CUSTODY FOR FAILURE TO DISPERSE AND WAS PLACED BY SGT WARREN #1639 AND PO FOLEY 3966. ABOVE FURTHER RESISTED ARREST FROM SGT WARREN BY INTERLOCKING HIS ARMS / OTES AN <del>IN</del> <sup>USING</sup> DEAD BODY WEIGHT IN ATTEMPT TO DEFEAT ARREST				

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

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

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON:	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON
	<input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/> PHYSICAL OBSTRUCTION
	<input type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> THROWN OBJECT (DESCRIBE):
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input type="checkbox"/> OTHER: 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 type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (DESCRIBE): INTERLOCK ARMS AND DEAD BODY WEIGHT	

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

MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)		<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT?
	<input 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:	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:
	FOLEY	3966		
BEAT NO.	PC NO.	CRT. KEY	SIGNATURE	
CF311 F		R		

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

TYPE OF SUBJECT INJURY? <input checked="" type="checkbox"/> NONE/NONE APPARENT <input type="checkbox"/> MINOR CONTUSION <input type="checkbox"/> MINOR SWELLING <input type="checkbox"/> MINOR LACERATION/ABRASION	RELEASSED 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	
TIME:			

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO	DET. FAC.	TRANSPORT TIME	SIGNATURE
ALVARADO	1763	CE	6916	A3	2040	



**UNINATED MULTIPLE ARREST**  
**GO POLICE DEPARTMENT**

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

CMA LABEL  
*Page 2 of 2*

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE
	20AUG24	2045	200 S CLUNTON	303 STREET
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)
KELLEY JOSEPH A				85
			<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUV.	GENDER RACE
				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
	4534 N AVEES CHICAGO IL	603	200	
SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).				
DEPUTY CHIEF OCONNOR SEARCH CAR 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 checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON	
<input checked="" type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/DETAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	
<input checked="" type="checkbox"/> OTHER: LOW ARMS WITH PROTECTIVE	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH	
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			
PERSON ARMED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY):		RESISTED ARREST? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (DESCRIBE):	
		LOADED ARMS 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 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 checked="" 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 type="checkbox"/> OTHER
	<input checked="" type="checkbox"/> TACTICAL POSITIONING	<input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input checked="" type="checkbox"/> OTHER: HANDS OF	
	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 type="checkbox"/> FIRM GRIP		
	<input type="checkbox"/> ARMBAR <input type="checkbox"/> HANDCUFF/PHYS. RESTR. <input type="checkbox"/> ELBOW STRIKE <input checked="" type="checkbox"/> PUSH/PHYSICAL REDIRECTION		

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

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):  
SUBJECT LOADED ARMS WITH PROTECTORS, USED BODY WEIGHT TO RESIST ARREST

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:
	WARREN, DANIEL	1659		
	BEAT NO.	PC NO.	CRT. KEY	SIGNATURE
	CF314		2	

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

TYPE OF SUBJECT INJURY? <input checked="" type="checkbox"/> NONE/NONE APPARENT <input type="checkbox"/> MINOR CONTUSION <input type="checkbox"/> MINOR SWELLING <input type="checkbox"/> MINOR LACERATION/ABRASION	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
PROP. BAG(S) <input checked="" type="checkbox"/> 1	RELEASED FROM SCENE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES:
EVID. BAG(S) <input checked="" type="checkbox"/> 1	ISR COMPLETED <input type="checkbox"/> CITATION ISSUED <input type="checkbox"/>
COMMENTS: 2 PAGES	

TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
ALVAREZ	1562	436916	A3	2204		