

08802467

DATE / TIME CONTACTED

SUBMITTING BEAT

RELATED CASE #S
(TO IDENTIFY ASSOCIATES)NAME VERIFIED DRIVERS LIC #
BY I.D. ?

SOCIAL SEC #

OTHER I.D. TYPE OR MEANS ?

ADDRESS OF CONTACT

(NUMBER / DIR / STREET)

R.D. # (IF RELATED)

OCD - I #

HOT SPOT #

EVENT #

SCARS / MARKS / TATTOOS

MISSION #

TYPE OF CONTACT	TRAFFIC RELATED	CRIME VICTIM	SUSPICIOUS PERSON	GANG / NARC RELATED	H.Q. & U.E.S OFFENDER	OTHER
NAME (LAST - FIRST - M.I.)			NICKNAME			

ADDRESS OF RESIDENCE (NUMBER / DIR / STREET NAME)				APT/FLOOR	CITY / STATE / ZIP			D.O.B.
SEX	RACE	HEIGHT	WEIGHT	BUILD	EYES	HAIR	HAIRSTYLE	COMPLEXION

CLOTHING TYPE / COLOR	PHONE #
EMPLOYER / SCHOOL	
ADDRESS	
CELL #	

TIME PLATE # - TYPE / STATE / EXP. (OR TEMP TAG) #	VIN #
VEH YR	MAKE
MODEL	BODY STYLE
COLOR	

CPD 21 101 (Rev 8/06)

CONTACT INFORMATION CARD / CHICAGO POLICE DEPT.

TO BE COMPLETED ONLY IF INCIDENT / CONTACT HAS GANG INVOLVEMENT

POSSIBLE INVOLVED GANG

GANGS KNOWN HANG-OUTS

TYPES OF GANG

RELATED CRIMINAL
ACTIVITIES: (EXAMPLE)GANG
LOOKOUTGANG
SECURITY

INTIMIDATION

SUSPECT
NARCOTIC
ACTIVITYOTHER
DESCRIBE
BELOW

DESCRIBE REASONS FOR CONTACT

PREPARING OFFICER - NAME & STAR #

PREPARING OFFICER - NAME & STAR #

SUPV. APPROVAL - NAME & STAR #

INVESTIGATORY STOP REPORT

CHICAGO POLICE DEPARTMENT

☐ ADULT☐ JUVENILE

ISR NO.		EVENT NO.		DATE		TIME OF STOP	
SUBMITTING BEAT NO.		BEAT OF OCCURRENCE		LOCATION CODE NO.		ADDRESS OF STOP (Number/Direction/Street Name)	
NAME (Last, First, Middle)				NICKNAME(S)		RECORDED: <input type="checkbox"/> IN-CAR CAM. <input type="checkbox"/> BODY WORN CAM.	
ADDRESS OF RESIDENCE (Number/Direction/Street Name/Apt./Floor/City/State/Zipcode)					HOME PHONE NO.		CELL PHONE NO.
DATE OF BIRTH		AGE / ESTIMATED AGE RANGE		RELATED ISR NO. (To Identify Associates)			
WHICH OF THE FOLLOWING DO YOU BELIEVE IS THE RACE OF THE PERSON STOPPED?							
<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		<input type="checkbox"/> BLACK OR AFRICAN AMERICAN		<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER			
<input type="checkbox"/> ASIAN		<input type="checkbox"/> HISPANIC OR LATINO		<input type="checkbox"/> WHITE			
SEX	HEIGHT	WEIGHT	BUILD	EYE COLOR	HAIR COLOR	HAIRSTYLE	COMPLEXION
CLOTHING TYPE/COLOR				SCARS/MARKS/TATTOOS			FACIAL HAIR
EMPLOYER'S NAME				EMPLOYER'S ADDRESS			
SCHOOL'S NAME		SCHOOL'S ADDRESS			EVENT ASSIGNED BY <input type="checkbox"/> DISPATCHED <input type="checkbox"/> ON VIEW <input type="checkbox"/> OTHER		
WAS THE SUBJECT OF THE STOP HANDCUFFED <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME VERIFIED BY ID <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVERS LICENSE NO/STATE ID NO.		OTHER ID TYPE OR MEANS	
DID THE STOP INVOLVE A VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS THE VEHICLE CURBED AS A RESULT OF THIS STOP <input type="checkbox"/> YES <input type="checkbox"/> NO		LICENSE PLATE NO.		TYPE/STATE/EXP. (OR TEMP. TAG NO.)	
V.I.N. NO.		VEHICLE YEAR/MAKE		MODEL		BODY STYLE/COLOR	
MISSION NO.		BOC-I NO.		HOT SPOT NO.		RD NO. (If Related)	
GANG/NARCOTIC RELATED ENFORCEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO		DISPERSAL TIME AS SPECIFIED IN S10-02-03.			NUMBER OF PERSONS DISPERSED		
COMPLETE BELOW ONLY IF INCIDENT/SUBJECT HAS GANG INVOLEMENT:							
GANG/FACTION		GANG KNOWN HANG-OUTS					
TYPES OF GANG CRIMINAL ACTIVITIES (Describe in Investigatory Stop Narrative)							
<input type="checkbox"/> GANG LOOKOUT <input type="checkbox"/> GANG SECURITY <input type="checkbox"/> INTIMIDATION <input type="checkbox"/> SUSPECT NARCOTIC ACTIVITY <input type="checkbox"/> OTHER (Describe)							
DISPOSITION OF THE STOP:		IF YES, CHECK APPLICABLE BOX BELOW.				CITED VIOLATIONS/CHARGES	
ENFORCEMENT ACTION TAKEN?		<input type="checkbox"/> ARREST <input type="checkbox"/> PERSONAL SERVICE CITATION (CIT. #) <input type="checkbox"/> OTHER (Specify)					
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ANOV(CIT. #) _____					
WHAT WERE THE REASONABLE ARTICULABLE SUSPICION FACTORS THAT LED TO THE STOP? (Check all that apply. All checked items must be described in the Investigatory Stop Narrative.)							
<input type="checkbox"/> ACTIONS INDICATIVE OF ENGAGING IN DRUG TRANSACTION				<input type="checkbox"/> ACTIONS INDICATIVE OF "CASING" VICTIM OR LOCATION			
<input type="checkbox"/> FITS DESCRIPTION FROM FLASH MESSAGE				<input type="checkbox"/> PROXIMITY TO THE REPORTED CRIME LOCATION			
<input type="checkbox"/> FITS DESCRIPTION OF AN OFFENDER AS DESCRIBED BY VICTIM OR WITNESS				<input type="checkbox"/> GANG/NARCOTIC RELATED ENFORCEMENT			
				<input type="checkbox"/> OTHER			
INVESTIGATORY STOP NARRATIVE (Must include factors that support Reasonable Articulate Suspicion to justify the Investigatory Stop) Continued on back.							

WHAT WERE THE REASONABLE ARTICULABLE SUSPICION FACTORS THAT LED TO THE PROTECTIVE PAT DOWN?
(Check all that apply. All checked items must be described in the Protective Pat Down Narrative.)

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SIDE 2