SPECIALIZED TRANSPORTATION VOUCHER

CITY OF CHICAGO/CHICAGO POLICE DEPARTMENT

As described in Chicago Police Department General Order G06-01-01, entitled "Field Arrest Procedures," the designated holding facility for adult arrestees will be based upon the district of arrest, the gender of the arrestee, and whether the arrestee requires wheelchair accessibility as follows:

WHEELCHAIR - ACCESSIBLE HOLDING FACILITIES								
DISTRICT OF ARREST	MALE	FEMALE						
001	CENTRAL DETENTION	CENTRAL DETENTION						
002	002	002						
003	003	002						
004	004	002						
005	006	002						
006	006	002						
007	007	002						
008	008	002						
009	009	CENTRAL DETENTION						
010	010	011						
011	011	011						
012	CENTRAL DETENTION	CENTRAL DETENTION						
014	019 (BELMONT & WESTERN)	019 (BELMONT & WESTERN)						
015	015	025						
016	016	025						
017	016	019 (BELMONT & WESTERN)						
018	018	CENTRAL DETENTION						
019	019 (BELMONT & WESTERN)	019 (BELMONT & WESTERN)						
020	020	019 (BELMONT & WESTERN)						
022	022	002						
024	020	019 (BELMONT & WESTERN)						
025	025	025						

LOCATIONS					
DISTRICT	ADDRESS				
002	5101 S. Wentworth Ave.				
003	7040 S. Cottage Grove				
004	2255 E. 103rd St.				
006	7808 S. Halsted St.				
007	1438 W. 63rd St.				
008	3420 W. 63rd St.				
009	3120 S. Halsted St.				
010	3315 W. Ogden Ave.				
011	3151 W. Harrison St.				
015	5701 W. Madison Ave.				
016	5151 N. Milwaukee Ave.				
018	1160 N. Larrabee St.				
019	2452 W. Belmont Ave.				
020	5400 N. Lincoln Ave.				
022	1900 W. Monterey Ave.				
025	5555 W. Grand Ave.				
CENTRAL DETENTION	1718 S. State St.				

NOTE: The designated holding facility for arrestees identified as transgender, intersex, or gender nonconforming (TIGN) will be Central Detention.

ARRESTEE INFORMATION										
NAME OF ARRESTEE TRANSPORTED (Last-First-M.I.)					SEX TYPE					
		•				☐ MALE	☐ FEMALE	□ A	DULT	JUVENILE
DATE OF TRANSPORT	TIME OF REQUI	EST	EVENT NO.	APPROVING SUPERVISOR NAME, STAR NO./BEAT NO.					T NO.	
LOCATION OF REQUEST FOR SPECIALIZED TRANSPORTATION SERVICES										
FROM: (STREET ADDRESS) TRANSPORTED TO: (DISTRICT, AREA, HOSPITAL, OR COURT ADDRESS)							URT ADDRESS)			
NAME OF MEMBER REQUESTING TRANSPORT (Last-First-M.I.)					STAR/EMPLOYEE. NO.			BEAT NO.		
SPECIALLY EQUIPPED VEHICLE (SEV) COMPANY INFORMATION										
NAME OF SEV COMPANY		DRIVER'S NAME & IDENTIFICATION NO.				TIME SEV ARRIVED AT SCENE				