

INVESTIGATORY STOP REPORT

CHICAGO POLICE DEPARTMENT

 ADULT

 JUVENILE

ISR NO.	EVENT NO.	DATE	TIME OF STOP
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SUBMITTING BEAT NO.	BEAT OF OCCURRENCE	LOCATION CODE NO.	ADDRESS OF STOP (Number/Direction/Street Name)
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NAME (Last, First, Middle)	NICKNAME(S)	RELATED ISR NO. (To Identify Associates)
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ADDRESS OF RESIDENCE (Number/Direction/Street Name/Apt./Floor/City/State/Zipcode)

DATE OF BIRTH	AGE / ESTIMATED AGE RANGE	HOME PHONE NO.	CELL PHONE NO.
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WHICH OF THE FOLLOWING DO YOU BELIEVE IS THE RACE OF THE PERSON STOPPED?

AMERICAN INDIAN OR ALASKA NATIVE
 BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 ASIAN
 HISPANIC OR LATINO
 WHITE

SEX	HEIGHT	WEIGHT	BUILD	EYE COLOR	HAIR COLOR	HAIRSTYLE	COMPLEXION
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CLOTHING TYPE/COLOR	SCARS/MARKS/TATTOOS
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EMPLOYER'S NAME	EMPLOYER'S ADDRESS
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SCHOOL'S NAME	SCHOOL'S ADDRESS
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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
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VEHICLE INVOLVED <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE PLATE NO.	TYPE/STATE/EXP. (OR TEMP. TAG NO.)	V.I.N. NO.
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VEHICLE YEAR	MAKE	MODEL	BODY STYLE	COLOR
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MISSION NO.	BOC-I NO.	HOT SPOT NO.	RD NO. (If Related)
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GANG/NARCOTIC RELATED ENFORCEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	DISPERSAL TIME <small>AS SPECIFIED IN S10-02-03.</small>	NUMBER OF PERSONS DISPERSED
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COMPLETE BELOW ONLY IF INCIDENT/SUBJECT HAS GANG INVOLEMENT:

GANG/FACTION	GANG KNOWN HANG-OUTS
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TYPES OF GANG CRIMINAL ACTIVITIES (Describe in Investigatory Stop Narrative)

GANG LOOKOUT
 GANG SECURITY
 INTIMIDATION
 SUSPECT NARCOTIC ACTIVITY

OTHER (Describe in Investigatory Stop Narrative)

DISPOSITION OF THE STOP:	IF YES, CHECK APPLICABLE BOX BELOW.	CITED VIOLATIONS/CHARGES
ENFORCEMENT ACTION TAKEN?	<input type="checkbox"/> ARREST PERSONAL SERVICE CITATION (CIT. #) _____ <input type="checkbox"/> ANOV(CIT. #) _____ <input type="checkbox"/> OTHER (Specify) _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO		

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.)

ACTIONS INDICATIVE OF ENGAGING IN DRUG TRANSACTION
 ACTIONS INDICATIVE OF "CASING" VICTIM OR LOCATION
 FITS DESCRIPTION FROM FLASH MESSAGE
 PROXIMITY TO THE REPORTED CRIME LOCATION
 FITS DESCRIPTION OF AN OFFENDER AS DESCRIBED BY VICTIM OR WITNESS
 GANG/NARCOTIC RELATED ENFORCEMENT
 OTHER

INVESTIGATORY STOP NARRATIVE (Must include factors that support Reasonable Articulate Suspicion to justify the Investigatory Stop) Continued on back.
