

INCIDENT RESPONSE - CHICAGO POLICE DEPARTMENT

FOR DECLARED COORDINATED MULTIPLE ARREST INCIDENTS		Multiple Arrest Incident Event #:		Multiple Arrest Incident RD #:	
Squad Response During Crowd Management or Civil Disturbance Incidents					
Full Address of Location:		Describe Location:		Date:	
Approximate Total Size of Crowd:		Approximate Number of Subjects Involved:		Approx. No. of Platoons On-Scene:	
				Approx. No. of Squads On-Scene:	
Was Verbal Warning Given to the Crowd? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Member Giving Warning:		Star No.:	
				Number of Warnings Given:	
				Times of Warning:	
Content of Warning:			Method of Warning:		
Was OC Authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Time of Authorization:		Were Arrests Authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Time of Authorization:	
				Did a Supervisor Direct the Response? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Directing Supervisor's Name:	
				Star No.:	
Crowd Actions: <input type="checkbox"/> No Response to Verbal Direction <input type="checkbox"/> Aggressive Positioning <input type="checkbox"/> Verbal Threats <input type="checkbox"/> Marching <input type="checkbox"/> Blocking Public Way <input type="checkbox"/> Blocking Roadway <input type="checkbox"/> Criminal Trespassing <input type="checkbox"/> Criminal Damage <input type="checkbox"/> Curfew Violation <input type="checkbox"/> Advanced on Officers <input type="checkbox"/> Thrown Objects <input type="checkbox"/> Physical Attack-No Weapons <input type="checkbox"/> Physical Attack-Weapons <input type="checkbox"/> Broke Skirmish Line <input type="checkbox"/> Entered Secured Area <input type="checkbox"/> Other (Describe Below)			Response: <input type="checkbox"/> Verbal Direction <input type="checkbox"/> Tactical Positioning <input type="checkbox"/> Skirmish Line <input type="checkbox"/> Move to Avoid Attack <input type="checkbox"/> Port Arms Push <input type="checkbox"/> On-Guard Thrust <input type="checkbox"/> Additional Manpower Requested <input type="checkbox"/> OC Spray <input type="checkbox"/> Rake Maneuver <input type="checkbox"/> 10-1 Called <input type="checkbox"/> Other (Describe Below)		
Injuries to Subjects Observed? <input type="checkbox"/> No <input type="checkbox"/> Yes (Describe)		Approx. No. Injured:		Medical Attention? <input type="checkbox"/> Requested <input type="checkbox"/> Performed <input type="checkbox"/> DNA	
				Injuries to Department Members? <input type="checkbox"/> No <input type="checkbox"/> Yes (Describe)	
				Approx. No. Injured:	
				Medical Attention? <input type="checkbox"/> Requested <input type="checkbox"/> Performed <input type="checkbox"/> DNA	
Narrative: (Describe in the narrative, with specificity, any additional circumstances that precipitated the response or request for response, the subjects' actions necessitating the response, the types of objects beings used/thrown, the specific squad response (including force mitigation efforts), injuries observed, and any medical attention.)					
Arrests Made? <input type="checkbox"/> Yes <input type="checkbox"/> No		No. of Arrests:		Associated CB Numbers:	
				TRR Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				No. of TRRs:	
				Associated RD Numbers:	
Prepared by (Supervisor Name/Rank):			Star No.:		Signature:
					Date: