

# INCIDENT RESPONSE - CHICAGO POLICE DEPARTMENT

<b>INCIDENT INFORMATION</b>		RD NO.		EVENT NO.		WAS A COORDINATED MULTIPLE ARREST DECLARED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Squad Response to Crowd, Protest or Civil Disturbance Incidents</b>							
Full Address of Location:			Describe Location:		Date:		Times:
Approximate Total Size of Crowd:	Approximate Number of Subjects Involved:	Approx. No. of Platoons On-Scene:	Approx. No. of Squads On-Scene:	BWC Equipped? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, explain below)			
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.:
<b>Crowd Actions:</b> <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 Officer Line <input type="checkbox"/> Entered Secured Area <input type="checkbox"/> Other (Describe Below)				<b>Response:</b> <input type="checkbox"/> Verbal Direction <input type="checkbox"/> Tactical Positioning <input type="checkbox"/> Officer Line <input type="checkbox"/> Move to Avoid Attack <input type="checkbox"/> Port Arms Push <input type="checkbox"/> Additional Manpower Requested <input type="checkbox"/> Push <input type="checkbox"/> Stunning <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		
<b>Narrative:</b> (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.)							
<input type="checkbox"/> Narrative continued on Side 2							
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 (Squad Supervisor Name/Rank):			Star No.:	Signature:			Date:

**Narrative Continued:**

---