

COORDINATED MULTIPLE ARREST

CHICAGO POLICE DEPARTMENT

DISTRIBUTION: (ORIGINAL) – PROCESSING TEAM
(YELLOW) – TRED REVIEW
(PINK) – COURT PACKET
(GOLD) – REPORTING OFFICER

CMA LABEL | CMA NUMBER

1. INCIDENT	DATE	TIME	LOCATION OF ARREST/INCIDENT (ADDRESS)	LOC. CODE
	SUBJECT NAME (Last, First, M.I.)/DESCRIPTION <input type="checkbox"/> REFUSED <input type="checkbox"/> UNK. <input type="checkbox"/> MULTIPLE UNK.			D.O.B. (EST AGE) <input type="checkbox"/> ADULT <input type="checkbox"/> JUV.

2. ARE YOU THE ARRESTING OFFICER DOCUMENTING AN ARREST? YES: COMPLETE SEC. 3 CONTINUE TO SEC. 4. NO: SKIP TO SEC. 4.

3. ARREST (ONLY COMPLETE IF ARRESTING OFFICER)	SUBJECT ADDRESS	HEIGHT	WEIGHT	SCARS/MARKS/TATTOOS
	SUMMARY OF PROBABLE CAUSE FOR ARREST, INCLUDING WITNESSES OR DEPARTMENT MEMBERS OBSERVING ACTION (E.G. SDSC).			

4. ARE YOU DOCUMENTING REPORTABLE USE OF FORCE BY YOU OR AN ASSAULT/BATTERY AGAINST YOU? YES: COMPLETE SEC. 5. NO: SKIP TO SEC. 6.

5. TACTICAL RESPONSE REPORTING (ONLY COMPLETE TO DOCUMENT YOUR OFFICER ASSAULT/BATTERY OR REPORTABLE USE OF FORCE)

PERSON'S ACTIONS (CHECK ALL THAT APPLY)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON: <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> UNABLE TO UNDERSTAND DIRECTION <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> PHYSICAL OBSTRUCTION <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> THROWN OBJECT (DESCRIBE): _____ <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> IMMINENT THREAT OF BATTERY - WITH WEAPON <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input type="checkbox"/> FLED <input type="checkbox"/> GRAB/HOLD/DETAIN <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GBH		
	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE REPORTING MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input type="checkbox"/> YES		
	PERSON ARMED? <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY): _____	RESISTED ARREST? <input type="checkbox"/> NO <input type="checkbox"/> YES (DESCRIBE): _____	

PERSON'S CONDITION? <input type="checkbox"/> UNK <input type="checkbox"/> APPARENT. NORM. <input type="checkbox"/> ALLEGE INJ. BY MEMBER <input type="checkbox"/> INJ. NOT BY MEMBER FORCE <input type="checkbox"/> INJ. BY MEMBER <input type="checkbox"/> MENTAL/EMOTION DISORDER <input type="checkbox"/> INFLU.-ALCO <input type="checkbox"/> INFLU.-DRUG <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER	MEDICAL TREATMENT? <input type="checkbox"/> EMS OFFER/REQ. <input type="checkbox"/> REFUSED <input type="checkbox"/> PERF. BY MEMBER <input type="checkbox"/> PERF. BY CFD EMS <input type="checkbox"/> TAKEN TO HOSPITAL: _____ <input type="checkbox"/> OTHER: _____	INJURED BY MEMBER'S FORCE? <input type="checkbox"/> NO/NONE APPARENT <input type="checkbox"/> UNK <input type="checkbox"/> ALLEGE INJURY <input type="checkbox"/> NON-FATAL MIN. <input type="checkbox"/> NON-FATAL MAJ <input type="checkbox"/> FATAL
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MEMBER'S RESPONSE TO RESISTANCE	FORCE MITIGATION EFFORTS (CHECK ALL THAT APPLY)		<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> NONE	PURSUIT? <input type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER: _____			
	CONTROL TACTICS/MEMBER'S RESPONSE (CHECK ALL THAT APPLY)			<input type="checkbox"/> OTHER: _____

DID MEMBER'S RESPONSE INVOLVE THE FOLLOWING? NO YES: INDICATE. (TRR REQUIRED - DO NOT COMPLETE CONCISE SUMMARY BELOW)
 CAUSED MAJOR INJURY IMPACT WEAPON STRIKE WEAPON DISCHARGE (E.G., OC, TASER) LRAD CANINE DEADLY FORCE

CONCISE SUMMARY OF PERSON'S ACTIONS AND MEMBER'S RESPONSE (ONLY COMPLETE TO DOCUMENT YOUR ASSAULT/BATTERY OR REPORTED FORCE):

6. REVIEW	REPORTING MEMBER'S NAME (PRINT)		STAR NO	MEMBER INJURED? <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY): _____	OUTSIDE AGENCY INFO:
	BEAT NO.	PC NO.	CRT. KEY	SIGNATURE	

SUPERVISOR'S NAME (PRINT)	STAR NO.	MEMBER NOTIFIED TO PERSONALLY REPORT FOR ADDITIONAL PROCESSING? <input type="checkbox"/> NO <input type="checkbox"/> YES: <input type="checkbox"/> TRR REQUIRED: <input type="checkbox"/> MAJ. INJURY <input type="checkbox"/> WEAPON USE <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> DELAYED TRR <input type="checkbox"/> VICTIM OF OFFENSE <input type="checkbox"/> ADDITIONAL INVESTIGATION <input type="checkbox"/> OTHER: _____
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TYPE OF SUBJECT INJURY? NONE/NONE APPARENT MINOR CONTUSION MINOR SWELLING MINOR LACERATION/ABRASION
 COMPLAINT SUB. PAIN SIG. CONTUSION LACERATION REQ. SUTURES BROKEN BONES POT. LIFE-THREAT GUN SHOT FATAL OTHER

<input type="checkbox"/> PROP. BAG(S) _____ <input type="checkbox"/> EVID. BAG(S) _____	RELEASED FROM SCENE? <input type="checkbox"/> NO <input type="checkbox"/> YES: <input type="checkbox"/> ISR COMPLETED <input type="checkbox"/> CITATION ISSUED	TIME: _____	COMMENTS:	SIGNATURE
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TRANSPORT OFFICER'S NAME (PRINT)	STAR NO	BEAT NO	TR. VEH. NO.	DET. FAC.	TRANSPORT TIME	SIGNATURE
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CHICAGO POLICE DEPARTMENT

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This quick guide only contains a summary of the responsibilities during a Coordinated Multiple Arrest (CMA) incident. For the complete CMA procedures, refer to the S06-06 suite of directives on the Department Directives System at <http://directives.chicagopolice.org>.

QUICK GUIDE: Processing On-Scene Arresting Officers WILL: (Reference S06-06-02)

- ensure their BWCs are activated to event mode during the arrest incident and on-scene processing. Record the following:
 - the announcement of their name, star number, and beat number;
 - the name, recording the Coordinated Multiple Arrest Report number, and facial images of the arrestee;
 - a description of the actions of the arrestee supporting probable cause for arrest;
 - a description of the evidence or contraband recovered;
 - a description of the arrestee's personal property, including bulk property recovered; and
 - a description of any physical injury to the arrestee.
- conduct a custodial search of the person in custody for weapons or other objects as weapons.
- complete the CMA Report (CPD-11.433) for each arrestee with all the arresting officer's information clearly written.
- secure the arrestee's unique QR code sticker to the:
 - original copy of the CMA Report;
 - flex cuff attached to the wrist of the arrestee;
 - identification wristband attached to the arrestee's right wrist, when safe and feasible;
 - property inventory bags associated with the arrestee;
 - bulk personal property associated with the arrestee; and
 - evidence recovery bag(s) associated with the arrestee.
- present the completed CMA Report to the on-scene processing supervisor for review and approval. Upon supervisor approval:
 - provide the transporting officer any evidence, contraband, or personal property recovered;
 - turn over the custody of the arrestee over to transporting personnel;
 - retain the Reporting Officer's copy and provide the original and remaining copies of the completed CMA Report to the on-scene arrest processing supervisor.
- return to their duty assignment, unless directed otherwise by the field commander.
- proceed to the designated detention facility for completion of arrestee processing ONLY when directed by the field commander or a supervisor direction (e.g., member is the victim of an aggravated battery.)

QUICK GUIDE: On-Scene Arrest Processing Supervisor WILL: (Reference S06-06-02)

- ensure that a CMA Report is completed for each arrestee and:
 - ensure arresting officers secure the arrestee's unique QR code sticker to CMA Report.
 - ensure the arresting officer's name and star number are clearly written on the report.
 - be the recipient of all reports until provided with the arrestee to the processing facility supervisor.
 - complete the fields of the Supervisor's section of the CMA Report, including indicating the type of subject injury, if applicable.
 - review and, if approved, place their signature on the CMA Report (Supervisor's Section) confirming the report's completeness and sufficiency.
- complete the required information on the CMA-Transport Roster (CPD-11.305).
- direct the transport team personnel to take custody of the arrestee.
- direct the arresting officers to report back to their immediate supervisor for their next assignment, unless directed otherwise by the field commander, after custody of the arrestee has been securely transferred to transport team personnel.
- ensure juvenile arrestees are transported separately from adult arrestees.
- ensure any arrestee requiring use of a wheelchair is transported accordingly.
- remain with the transport vehicle, including during the transport to the designated detention facility through the completion of the booking process for the arrestees, unless directed by the incident commander.
- direct the individual on-scene processing to document and process an arrest and release a person in the field, when authorized.

QUICK GUIDE: Transporting Team Officers WILL: (Reference S06-06-02)

- accept custody of all arrestees with completed and approved CMA Reports
- conduct a custodial search for contraband and weapon
- take a photograph of the arrestee with the arresting Department member with a Department-issued electronic communication device camera and complete any other additional required information in any CMA Application using the device.
- secure weapons, any contraband, or other items of evidentiary value in an evidence bag, record the arrestee name and place the arrestee's unique QR code sticker on the bag.
- secure any electronic communications devices and other arrestee's property in a property bag, record the arrestee's name and place the arrestee's unique QR code sticker on the bag.
- transporting officer(s) will ensure the BWC is activated during the on-scene arrest processing, search of the arrestee, and completion of the transportation process, including:
 - announcing their name, star number, and beat number.
 - recording the name and facial images of the arrestee and the arresting/escorting officer.
 - recording the CMA Report number.
- will verify the arrestee's QR code sticker is affixed to the CMA Report prior to transporting.
- secure the arrestee in the transport vehicle and transport the arrestee to the designated detention facility

TRANSPORT REMINDER: Unless circumstances would make it unreasonable or impractical, transport will be separated by juvenile/adult and identified gender (male/female).

CMA LABEL | **CMA NUMBER**


