

INFORMATION REPORT / CHICAGO POLICE DEPARTMENT

DATE

INSTRUCTIONS: FORWARD TO THE DEPLOYMENT OPERATIONS CENTER (DOC) SECTION. ATTACH COPIES OF RELATED REPORTS AND COMPUTER INQUIRY PRINTOUTS, AS NECESSARY.

INFORMATION CONCERNS:

SEX OFFENDER (SEE BOX BELOW)
 ORGANIZED CRIME / NARCOTICS
 SCHOOL ACTIVITY / DISTURBANCE
 FUTURE PUBLIC GATHERING / FUTURE LABOR DISPUTE
 AUTO THEFT
 STREET GANGS
 POLICE IMPERSONATOR
 HUMAN RIGHTS
 OTHER

DATE & TIME OF INCIDENT _____ LOCATION OF INCIDENT _____

SUBJECT	NAME		A.K.A		SCARS, TATTOOS, ETC.				
	ADDRESS		SEX	RACE	DATE OF BIRTH DAY-MO.-YEAR	HEIGHT	WEIGHT	HAIR	EYES
SOCIAL SECURITY NO.		DRIVERS LICENSE NO.		STATE	I.R. NO.	RELATED C.B. NO.		RELATED R.D. NO.	
VEHICLE USED IF ANY	YEAR	MAKE	BODY STYLE	COLOR	LICENSE PLATE NO.	STATE	MO./YR EXP.	V.I.N NO.	

SEX OFFENDERS

<input type="checkbox"/> REGISTERED <input type="checkbox"/> NOT NOTIFIED/ TO BE NOTIFIED		<input type="checkbox"/> NOTIFIED/ NOT REGISTERED NOTIFIED TO REGISTER BY - NAME _____		STAR _____	UNIT _____	DATE/TIME _____
IS CURRENT ADDRESS SAME AS REGISTERED ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WAS LOCAL LAW ENFORCEMENT NOTIFIED OF ADDRESS CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS SUBJECT CHARGED WITH VIOLATION OF SEX OFFENDER REGISTRATION ACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		CHARGES (CH. - PAR.) _____		LEADS NO. _____

NARRATIVE

C.P.I.C. NOTIFIED? (IF REQUIRED) <input type="checkbox"/> YES <input type="checkbox"/> NO	PERSON NOTIFIED _____	DATE/TIME _____
REPORTING MEMBER _____	STAR NO. _____ UNIT _____	REPORTING MEMBER _____ STAR NO. _____ UNIT _____
REVIEWING SUPERVISOR/ UNIT COMMANDING OFFICER _____	STAR NO. _____	<input type="checkbox"/> CONTINUED ON REVERSE SIDE THIS REPORT HAS _____ PAGES

DISTRIBUTION FOR USE BY DEPLOYMENT OPERATIONS CENTER (DOC) SECTION PERSONNEL ONLY

CHIEF, B.O.P.	CHIEF, B.O.D.	CHIEF, B.O.C.	CHIEF, B.O.ORG.DEV.	CHIEF, B.T.S.	DIR., OFFICE OF STRATEGY	SPECIAL EVENTS
CHIEF, B.I.A.	LEADS DESK	OTHER (SPECIFY) _____				
MEMBER AUTHORIZING DISTRIBUTION _____	STAR NO. _____			DATE DISTRIBUTED _____		

CONTINUATION OF NARRATIVE

DATE & TIME OF INCIDENT

LOCATION OF INCIDENT

Lined area for writing the continuation of the narrative.