

# SPECIAL EVENT EVALUATION REPORT

## CHICAGO POLICE REPORT

NAME OF EVENT			LOCATION				DISTRICT	
DATE & TIME OF EVENT			TIME OF POLICE DETAIL			TOTAL HOURS		
FROM		HRS	TO	HRS	BEGAN	HRS	ENDED	HRS
EVENT ORGANIZER'S NAME			ADDRESS				TELEPHONE NO.	
NO. OF ARRESTS		NO. OF ANOVS		NO. OF PARKING CITATIONS		NO. OF VEHICLES TOWED		
TYPE OF EVENT (ATHLETIC, DEMONSTRATION, RALLY, PARADE, FESTIVAL, ETC.)				EVACUATION PLAN EXECUTED?		POLICE ESTIMATE OF ATTENDANCE		
				<input type="checkbox"/> YES <input type="checkbox"/> NO				
OUTSIDE RESOURCES (SALT TRUCKS, TMAS, ETC.)						GROUPS PREDOMINANTLY		
						<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE		
TOTAL NO.	DEPUTY CHIEFS	COMMANDERS	CAPTAINS	LIEUTENANTS	SERGEANTS	POLICE OFFICERS		
SPECIALIZED UNITS (SWAT, CANINE, TRAFFIC, ETC.)				SQUADROLS	CIVILIAN DRESS	DETECTIVES	OTHER	
OFF DUTY TEAMS/MEMBERS UTILIZED								
WEATHER CONDITIONS (OTHER)								ARRANGEMENTS SATISFACTORY?
<input type="checkbox"/> RAIN	<input type="checkbox"/> SNOW	<input type="checkbox"/> CLEAR	<input type="checkbox"/> CLOUDY	<input type="checkbox"/> WARM	<input type="checkbox"/> COLD	<input type="checkbox"/> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	

EVALUATE THE COVERAGE OF THIS EVENT, AND GIVE RECOMMENDATIONS, IF ANY.

INCIDENT COMMANDER (NAME)			RANK	STAR NO.		DISTRICT
REPORTING OFFICER (NAME)			RANK	STAR NO.		DISTRICT