

INVESTIGATORY STOP REPORT

CHICAGO POLICE DEPARTMENT CPD-11.910 (REV. 7/17)

ADULT
 JUVENILE

ISR NO.

EVENT NO.

DATE OF STOP	TIME OF STOP	SUBMITTING BEAT	BEAT OF OCC.	LOCATION CODE	ADDRESS OF STOP (Number/Direction/Street Name)			
NAME (Last, First, Middle)				NICKNAME(S)		DATE OF BIRTH	AGE / EST. AGE	
ADDRESS OF RESIDENCE (Number/Direction/Street Name/Apt./Floor/City/State/Zipcode)					HOME PHONE NO.	CELL PHONE NO.		
SEX	HEIGHT	WEIGHT	BUILD	EYE COLOR	HAIR COLOR	HAIRSTYLE	COMPLEXION	
WHICH OF THE FOLLOWING DO YOU BELIEVE IS THE RACE OF THE PERSON STOPPED? <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER						RELATED ISR NO. (To Identify Associates)		
CLOTHING TYPE/COLOR			SCARS/MARKS/TATTOOS			FACIAL HAIR	RECORDED: <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> BODY WORN CAM.	
EMPLOYER'S NAME				EMPLOYER'S ADDRESS				
SCHOOL'S NAME			SCHOOL'S ADDRESS		EVENT ASSIGNED BY <input type="checkbox"/> DISPATCHED <input type="checkbox"/> ON VIEW <input type="checkbox"/> OTHER			
NAME VERIFIED BY ID <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVERS LICENSE NO./STATE ID NO.		OTHER ID TYPE OR MEANS				
DID THE STOP INVOLVE A VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO		LICENSE PLATE NO.			TYPE/STATE/EXP. (OR TEMP. TAG NO.)			
V.I.N. NO.		VEHICLE YEAR	MAKE	MODEL	BODY STYLE	COLOR		
MISSION NO.	BOC-I NO.	HOT SPOT NO.	RD NO. (If Related)	GANG/NARCOTIC RELATED ENFORCEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO (AS IN S10-02-03)		DISPERSAL TIME	NO. DISP.	
DISPOSITION OF THE STOP:		IF YES, CHECK APPLICABLE BOX BELOW.					CITED VIOLATIONS/CHARGES	
ENFORCEMENT ACTION TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ARREST <input type="checkbox"/> PERSONAL SERVICE CITATION (CIT. #)		<input type="checkbox"/> ANOV (CIT. #)		<input type="checkbox"/> OTHER (Specify)		
GANG INFORMATION SECTION (COMPLETE THIS SHADED SECTION ONLY IF INCIDENT/SUBJECT HAS GANG INVOLVEMENT):								
GANG/FACTION		GANG KNOWN HANG-OUTS						
TYPES OF GANG CRIMINAL ACTIVITIES (Describe in Investigatory Stop Narrative on Side 2) <input type="checkbox"/> GANG LOOKOUT <input type="checkbox"/> GANG SECURITY <input type="checkbox"/> INTIMIDATION <input type="checkbox"/> SUSPECT NARCOTIC ACTIVITY <input type="checkbox"/> OTHER (Describe:)								
WHAT WERE THE FACTORS THAT LED TO THE STOP?								
<input type="checkbox"/> REASONABLE ARTICULABLE SUSPICION (Check all that apply. All checked items must be described in the Investigatory Stop Narrative on Side 2) <input type="checkbox"/> ACTIONS INDICATIVE OF ENGAGING IN DRUG TRANSACTION <input type="checkbox"/> FITS DESCRIPTION OF AN OFFENDER AS DESCRIBED BY VICTIM OR WITNESS <input type="checkbox"/> FITS DESCRIPTION FROM FLASH MESSAGE <input type="checkbox"/> ACTIONS INDICATIVE OF "CASING" VICTIM OR LOCATION <input type="checkbox"/> PROXIMITY TO THE REPORTED CRIME LOCATION						<input type="checkbox"/> PROBABLE CAUSE (Explain in the Investigatory Stop Narrative on Side 2)		
WHAT WERE THE REASONABLE ARTICULABLE SUSPICION FACTORS THAT LED TO THE PROTECTIVE PAT DOWN CONDUCTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHAT WERE THE REASONABLE ARTICULABLE SUSPICION FACTORS THAT LED TO THE PROTECTIVE PAT DOWN? (Check all that apply. All checked items must be described in the Investigatory Stop Narrative on Side 2): <input type="checkbox"/> VERBAL THREATS OF VIOLENCE BY SUSPECT <input type="checkbox"/> KNOWLEDGE OF SUSPECT'S PRIOR CRIMINAL VIOLENT BEHAVIOR/USE OF FORCE/USE OF WEAPON <input type="checkbox"/> ACTIONS INDICATIVE OF ENGAGING IN VIOLENT BEHAVIOR <input type="checkbox"/> VIOLENT CRIME SUSPECTED <input type="checkbox"/> SUSPICIOUS BULGE/OBJECT <input type="checkbox"/> OTHER REASONABLE SUSPICION OF WEAPONS						
WAS PROTECTIVE PAT DOWN BASED ON CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		RECEIPT GIVEN? <input type="checkbox"/> YES <input type="checkbox"/> NO						
WAS A WEAPON OR CONTRABAND DISCOVERED AS A RESULT OF THE PROTECTIVE PAT DOWN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE BELOW. <input type="checkbox"/> FIREARM <input type="checkbox"/> COCAINE Wgt. _____ <input type="checkbox"/> HEROIN Wgt. _____ <input type="checkbox"/> OTHER Describe: _____ <input type="checkbox"/> OTHER WEAPON Describe: _____ <input type="checkbox"/> CANNABIS Wgt. _____ <input type="checkbox"/> OTHER CONTROLLED SUBSTANCE Describe below: _____ <input type="checkbox"/> STOLEN PROPERTY <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUG PARAPHERNALIA _____ Wgt. _____								
WAS A SEARCH BEYOND A PROTECTIVE PAT DOWN CONDUCTED OF THE PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS A SEARCH BEYOND A PROTECTIVE PAT DOWN CONDUCTED OF HIS/HER EFFECTS? <input type="checkbox"/> YES <input type="checkbox"/> NO WAS THE SEARCH BEYOND CONDUCTED BY CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN THE BASIS FOR AND ALL THE REASONS THAT LED TO THE SEARCH BEYOND A PROTECTIVE PAT DOWN IN THE NARRATIVE								
WAS CONTRABAND FOUND AS A RESULT OF THE SEARCH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE BELOW. <input type="checkbox"/> FIREARM <input type="checkbox"/> COCAINE Wgt. _____ <input type="checkbox"/> HEROIN Wgt. _____ <input type="checkbox"/> OTHER Describe: _____ <input type="checkbox"/> OTHER WEAPON Describe: _____ <input type="checkbox"/> CANNABIS Wgt. _____ <input type="checkbox"/> OTHER CONTROLLED SUBSTANCE Describe below: _____ <input type="checkbox"/> STOLEN PROPERTY <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUG PARAPHERNALIA _____ Wgt. _____								

