



GANG AUDIT QUESTIONNAIRE

Deployment Operations Center/Chicago Police Department

The Gang Factions for the District as noted in the Gang Faction module of CLEARMap Caboodle must be reviewed. Use this form to add, delete or change information and circle the appropriate action on the right. If a Gang Faction is being added, include all the applicable information as shown below. Make extra copies of the questionnaire if necessary and indicate page number as appropriate on bottom. Email the completed questionnaires to gangaudit@chicagopolice.org.

DISTRICT				DATE			Sheet ____ of ____			
GANG NAME			Add	Delete	Change	OFFICER COMPLETING				
FACTION NAME			Add	Delete	Change	SIZE		Add	Delete	Change
BOUNDARIES								Add	Delete	Change
ORGANIZATION LEVEL			Add	Delete	Change	VIOLENCE LEVEL		Add	Delete	Change

ACTIVITIES

Cannabis Sales			Add	Delete	Change	Cocaine Sales			Add	Delete	Change
Heroin Sales			Add	Delete	Change	PCP Sales			Add	Delete	Change
Ecstasy Sales			Add	Delete	Change	Weapons Distribution			Add	Delete	Change
Narcotics Trafficking			Add	Delete	Change	Robbery			Add	Delete	Change
Burglary			Add	Delete	Change	Theft			Add	Delete	Change
Prostitution			Add	Delete	Change	Shootings			Add	Delete	Change

RIVAL FACTIONS

ACTIVE CONFLICT?

	Add	Delete	Change		Add	Delete	Change
	Add	Delete	Change		Add	Delete	Change
	Add	Delete	Change		Add	Delete	Change
	Add	Delete	Change		Add	Delete	Change
	Add	Delete	Change		Add	Delete	Change
	Add	Delete	Change		Add	Delete	Change
	Add	Delete	Change		Add	Delete	Change
	Add	Delete	Change		Add	Delete	Change
	Add	Delete	Change		Add	Delete	Change

ALLIANCE FACTIONS

ACTIVE ALLIANCE?

	Add	Delete	Change		Add	Delete	Change
	Add	Delete	Change		Add	Delete	Change
	Add	Delete	Change		Add	Delete	Change
	Add	Delete	Change		Add	Delete	Change
	Add	Delete	Change		Add	Delete	Change
	Add	Delete	Change		Add	Delete	Change
	Add	Delete	Change		Add	Delete	Change
	Add	Delete	Change		Add	Delete	Change
	Add	Delete	Change		Add	Delete	Change

DEPLOYMENT OPERATIONS CENTER - Bell: (312) 745-6191 Pax: 0308 Fax: (312) 745-6710



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DISTRICT	DATE	Sheet ____ of ____
GANG NAME	FACTION NAME	

MEMBERS

Name	IR#	Sex	Race	Hgt.	Wgt.	DOB			
							Add	Delete	Change
							Add	Delete	Change
							Add	Delete	Change
							Add	Delete	Change
							Add	Delete	Change
							Add	Delete	Change
							Add	Delete	Change
							Add	Delete	Change
							Add	Delete	Change
							Add	Delete	Change

ASSOCIATES

Name	IR#	Sex	Race	Hgt.	Wgt.	DOB			
							Add	Delete	Change
							Add	Delete	Change
							Add	Delete	Change
							Add	Delete	Change
							Add	Delete	Change
							Add	Delete	Change
							Add	Delete	Change
							Add	Delete	Change
							Add	Delete	Change
							Add	Delete	Change

NARCOTICS LINE NAMES (if Known)

	Add	Delete	Change
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DISTINCT NARCOTICS PACKAGING (if Known)

	Add	Delete	Change
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LOCATIONS OF INTEREST

	Add	Delete	Change
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OTHER INFORMATION

	Add	Delete	Change
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