

OPEN & VACANT BUILDING CHECKLIST
BUREAU OF PATROL
CHICAGO POLICE DEPARTMENT

DISTRICT NO.	BEAT OF OCCUR.	REPORT DATE
BEAT OF ASSIGNMENT		<input type="checkbox"/> BEAT OFFICER <input type="checkbox"/> TACT <input type="checkbox"/> RAPID <input type="checkbox"/> OTHER _____

BUILDING ADDRESS	EVENT NO.	RD NO.
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BUILDING TYPE (Check one.)

SINGLE FAMILY MULTIPLE UNITS (APPROXIMATE NO. OF UNITS) _____

TWO-FLAT FACTORY CHURCH

THREE-FLAT STORE OTHER (SPECIFY) _____

WAS THE BUILDING OPEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AND TIME THE BUILDING WAS FOUND OPEN OR VACANT?
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WAS THE GARAGE OPEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THERE GARBAGE OR RUBBISH IN THE GARAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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WAS THERE EVIDENCE OF SQUATTERS OCCUPYING THE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THERE AN ABANDONED VEHICLE ON THE PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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WERE THE WINDOWS OPEN OR UNSECURED ON THE GROUND FLOOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY?
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WERE THE DOORS OPEN OR UNSECURED ON THE FIRST FLOOR? YES NO

FRONT DOOR OPEN OR UNSECURED? YES NO | REAR DOOR OPEN OR UNSECURED? YES NO

TYPE OF EVENT

911 CALL ON-VIEW COMMUNITY POLICING COMPLAINT COMMUNITY SERVICE REQUEST

BUILDING ASSESSMENT

NARCOTIC SALES	<input type="checkbox"/> YES <input type="checkbox"/> NO	GRAFFITI	<input type="checkbox"/> YES <input type="checkbox"/> NO
NARCOTIC PARAPHERNALIA	<input type="checkbox"/> YES <input type="checkbox"/> NO	TALL WEEDS OR GRASS	<input type="checkbox"/> YES <input type="checkbox"/> NO
BEER OR ALCOHOL INSIDE	<input type="checkbox"/> YES <input type="checkbox"/> NO	GARBAGE OR RUBBISH	<input type="checkbox"/> YES <input type="checkbox"/> NO
BEER OR ALCOHOL OUTSIDE	<input type="checkbox"/> YES <input type="checkbox"/> NO	GANG ACTIVITY	<input type="checkbox"/> YES <input type="checkbox"/> NO

CRIME/ARREST

DID A CRIME OCCUR? YES NO DID AN ARREST OCCUR? YES NO

TYPE OF CRIME (Specify.) _____

CSR NO. _____

CHARGE _____

CB NO. _____

OTHER (Describe.) _____

ADDITIONAL INFORMATION (If applicable.) _____

NAME OF OFFICER(S) SUBMITTING FORM	STAR NO.	BEAT NO.
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Please forward this completed form to the District Community Policing Office - Troubled Buildings Officer for Investigation & Enforcement and forward a copy to the Troubled Building Unit - Unit 241.