

BODY WORN CAMERA VIDEO REVIEW REPORT/Chicago Police Department

BWC - Video Info

Date/Time Video Viewed?	BWC Serial #	Event #
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Officer Information

Last Name	First Name	Employee #	Star #
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Unit	Watch	Beat #	Assignment Description
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Incident Details

RD #	Date/Time	Location of Occurrence	Beat of Occ.
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Arrest made? <input type="checkbox"/> Y <input type="checkbox"/> N	IR #	CB #	TRR completed? <input type="checkbox"/> Y <input type="checkbox"/> N	Supervisor on scene? <input type="checkbox"/> Y <input type="checkbox"/> N
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NARRATIVE: (Briefly describe the incident.)

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BWC Review	BWC activated at appropriate time of incident? <input type="checkbox"/> Y <input type="checkbox"/> N	BWC worn appropriately? <input type="checkbox"/> Y <input type="checkbox"/> N	Officer stated intent to record? <input type="checkbox"/> Y <input type="checkbox"/> N	BWC deactivated properly? <input type="checkbox"/> Y <input type="checkbox"/> N	BWC functioning properly? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged RD # _____
	Law-enforcement-related activity? <input type="checkbox"/> Y <input type="checkbox"/> N	Ticket # generated? <input type="checkbox"/> Y <input type="checkbox"/> N	Ticket # (If Applicable)	Entire incident recorded? <input type="checkbox"/> Y <input type="checkbox"/> N		

BWC Supervisory Action	Prohibited conduct recorded? <input type="checkbox"/> Y <input type="checkbox"/> N	Infraction given? <input type="checkbox"/> CR <input type="checkbox"/> CL <input type="checkbox"/> SPAR	Infraction # (If Applicable)	Non-Disciplinary <input type="checkbox"/> Counseling <input type="checkbox"/> Training <input type="checkbox"/> Policy Review
	After viewing the BWC footage, the undersigned classifies the usage in this incident as: <input type="checkbox"/> IN Compliance <input type="checkbox"/> NOT IN Compliance			

NOTES: (Describe any additional information and if you answered no to any of the questions above, explain in this section.)

Reviewing Supervisor Name (Print)	Star #	Signature	Date/Time Completed
Executive Officer Name (Print)	Star #	Signature	Date/Time Completed