Illinois Law Enforcement Alarm System Log

Chicago Police Department

Response No. (To be completed by ILEAS Cor.)	Nature of Incident	Level of Alarm	Response In City ☐ Out of City ☐

Location of Incident	Type of Location (House, Street, etc.)	Date of Occurrence	Time of Occurrence

Staging Area Location	Radio Contact Frequency	Areas/Routes to Avoid (Alt. Routes, Travel Directions)

Requesting Agency	Name (Last - First - M.I.)	Time of Contact

Designated Person in Charge (Contact Person)	Call-Back Number	RD No. (If applicable)

Responding Agency	Units Responding

Approved: (Exempt) Name	Denied: (Exempt) Name

CPIC	Name (Last - First - M.I.)	Time of Contact

Other Special Details/Instructions

Brief Summary of Incident

Termination Date/Time	Completed By

Supervisor	Units Notified

CPD-21.311(Rev. 1/16) **DISTRIBUTION: Original to ILEAS Coordinator; Retain (1) copy at CPIC.**