

MARINE SAFETY INSPECTION/ACTIVITY REPORT

CHICAGO POLICE DEPARTMENT

ORIGIN OF CALL ON VIEW O.E.M.C.
 MARINE FM OFFICE OTHER (EXPLAIN)

DATE OF INCIDENT -	TIME	DATE RECEIVED -	TIME	P.O.B	LOCATION	BOAT NO.
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BOAT ACTIVITY	CHECK ONE	ARREST ACTIVITY	CHECK ONE	MISCELLANEOUS ASSIGNMENTS			DIVE ACTIVITY		
ACCIDENT	P.D. <input type="checkbox"/> P.I. <input type="checkbox"/>	PART I & II	<input type="checkbox"/>	DETAILS	<input type="checkbox"/>	PERSON(S) RESCUED	<input type="checkbox"/>	SCUBA DIVE	<input type="checkbox"/>
ADRIFT-LOOSE	<input type="checkbox"/>	193-1	<input type="checkbox"/>	ESCORTS	<input type="checkbox"/>	SEARCH-MISSING	<input type="checkbox"/>	BODIES RECOVERED	<input type="checkbox"/>
FIRE	<input type="checkbox"/>	CITATIONS	<input type="checkbox"/>	FLARE SIGHTS	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	WEAPON RECOVERED	<input type="checkbox"/>
INSPECTION	<input type="checkbox"/>	D.U.I.	<input type="checkbox"/>	NAV. HAZARDS	<input type="checkbox"/>		<input type="checkbox"/>	AUTO RECOVERED	<input type="checkbox"/>
PUMP OUT	<input type="checkbox"/>	WARNING ISSUED	<input type="checkbox"/>	OVERDUE SEARCHES	<input type="checkbox"/>		<input type="checkbox"/>	SEARCH DROWNING	<input type="checkbox"/>

REPORT ACTIVITY					
SEARCH	TOW	RD NO. IF ANY	CB NO. IF ANY	CLASSIFICATION	SUPPLEM. SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO

OWNER/OPERATOR'S NAME (LAST - FIRST - M.I.)	TELEPHONE NO.	DATE OF BIRTH	SEX	RACE
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HOME ADDRESS	CITY	STATE	HEIGHT	WEIGHT	EYES	HAIR
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OWNER/OPERATOR'S NAME (LAST - FIRST - M.I.)	TELEPHONE NO.	DATE OF BIRTH	SEX	RACE
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HOME ADDRESS	CITY	STATE	HEIGHT	WEIGHT	EYES	HAIR
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WITNESS/VICTIM'S NAME (LAST - FIRST - M.I.)	TELEPHONE NO.	DATE OF BIRTH	SEX	RACE
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HOME ADDRESS	CITY	STATE	HEIGHT	WEIGHT	EYES	HAIR
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WITNESS/VICTIM'S NAME (LAST - FIRST - M.I.)	TELEPHONE NO.	DATE OF BIRTH	SEX	RACE
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HOME ADDRESS	CITY	STATE	HEIGHT	WEIGHT	EYES	HAIR
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TYPE OF BOAT	PROPULSION	HULL MATERIAL	ENGINE COMPARTMENT <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	MAKE OF BOAT		
<input type="checkbox"/> OPEN <input type="checkbox"/> CABIN <input type="checkbox"/> SAIL <input type="checkbox"/> ROWBOAT <input type="checkbox"/> CANOE/KAYAK <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> INFLATABLE <input type="checkbox"/> JET SKI <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> INBOARD/OUTBOARD <input type="checkbox"/> INBOARD GAS <input type="checkbox"/> INBOARD DIESEL <input type="checkbox"/> OUTBOARD <input type="checkbox"/> JET PROPELLED <input type="checkbox"/> SAIL ONLY <input type="checkbox"/> MANUAL <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> WOOD <input type="checkbox"/> ALUMINUM <input type="checkbox"/> STEEL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> RUBBER/VINYL <input type="checkbox"/> CEMENT <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN	FUEL COMPARTMENT <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	YEAR	LENGTH	H.P.
			USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> PASSENGER <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER	REGISTRATION NO. OR DOC.		
			CAPTAIN'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	HULL/DECK COLOR		
				H.I.N.		
				NAME		

NARRATIVE	CITATIONS
	VIOLATION _____ CITATION NO. _____
	VIOLATION _____ CITATION NO. _____
	VIOLATION _____ CITATION NO. _____
	ISSUING OFFICER _____
	TOTAL ISSUED _____
	PROPERTY INVENTORY NO(S) _____

REPORTING OFFICER(S) - STAR NO(S).	TIME COMPLETED	APPROVING SUPERVISOR - STAR NO.
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NARRATIVE CONTINUED

REPORTING OFFICER(S) - STAR NO(S).

APPROVING SUPERVISOR - STAR NO.