

**TRAFFIC PURSUIT REPORT  
CHICAGO POLICE DEPARTMENT**

RD NO(S). (If applicable)

PURSUIT TRACKING NUMBER  
(Call MAIU - Pax 0158)

TO BE PREPARED BY THE DEPARTMENT  
MEMBER INITIATING THE PURSUIT  
AND REQUIRED SUPERVISORY PERSONNEL.

EVENT NO.

DATE OF OCCURRENCE

TIME/START

TIME /FINISH

ORIGINATING DISTRICT

LOCATION/PRIMARY UNIT

LOCATION INITIATED (Approximate Address)

LOCATION FINISHED (Approximate Address)

DISTANCE TRAVELED (Approximate)

PURSUED VEHICLE HIGHEST SPEED

PRIMARY POLICE VEHICLE HIGHEST SPEED

OPERATOR OF DEPARTMENT VEHICLE INITIATING PURSUIT- NAME (Last-First-M.I.)

RANK

STAR NO.

EMPLOYEE NO.

UNIT ASSIGNED

BEAT NO.

VEHICLE USED

MARKED  UNMARKED

VEHICLE TYPE

OTHER (Specify)

SQUAD CAR

VEHICLE NO.

NUMBER OF UNITS INVOLVED IN PURSUIT

TOTAL OUTSIDE AGENCY UNITS

TOTAL UNITS

TOTAL CPD UNITS

CPD BEAT NO.s

(Specify agency name)

BALANCING TEST INFORMATION

VIOLATION KNOWN AT BEGINNING OF PURSUIT

FELONY  MISDEMEANOR

SPECIFY OFFENSE

TRAFFIC  OTHER

VIOLATION INFORMED OF /OBSERVED DURING PURSUIT

CRASH: PROP  CRASH: INJURY  FELONY - (Specify)

D.U.I.  WEAPONS VIOLATION  MISDEMEANOR - (Specify)

SUSPECT'S ACTIONS DURING PURSUIT (Check all that apply.)

DISOBEYED STOP SIGN/LIGHT (How many?)

FORCED VEHICLE OFF ROAD

HIT AND RUN

SPEEDING  WEAVING  DROVE WRONG WAY

DROVE WITHOUT LIGHTS

OTHER -(Specify)

ROAD TYPE (Check all that apply.)

TWO WAY  ONE WAY  DIVIDED TWO WAY  EXPRESSWAY

SERVICE ROAD  ALLEY  OTHER (Specify)

SURFACE CONDITION (Check all that apply.)

DRY  WET

SNOWY/ICY

MUDDY

OTHER ROADWAY IMPAIRMENT (Specify)

LIGHT (Check all that apply.)

DAWN  DAYLIGHT  DUSK  DARK-NOT LIGHTED

DARK- LIGHTED  OTHER (Specify)

WEATHER (Check all that apply.)

CLEAR  CLOUDY

FOG

RAINING  SNOWING

ICE

TRAFFIC CONDITIONS - VEHICULAR (Check all that apply.)

NONE

LIGHT

MEDIUM

HEAVY

TRAFFIC CONDITIONS - PEDESTRIAN (Check all that apply.)

NONE

LIGHT

MEDIUM

HEAVY

SUBJECTS/PURSUED VEHICLE INFO.

YEAR

MAKE

MODEL

COLOR

STATE LICENSE NO.

EXPIRATION DATE

VEHICLE IDENTIFICATION NUMBER (VIN)

WAS A "REQUEST TO IMPOUND VEHICLE BY POLICE " FORM SUBMITTED?

YES  NO

FLEEING DRIVER'S NAME

SEX  MALE

RACE

AGE

DATE OF BIRTH

FEMALE

PHYSICAL DESCRIPTION

ARRESTED

EVADED

CB NO.

CHARGES:  FELONY  MISDEMEANOR  ORDINANCE  TRAFFIC

SPECIFY:

NUMBER OF PASSENGERS

ARRESTED

CB NO.S

SUMMARY

SUMMARIZE THE APPLICATION OF THE BALANCING TEST/RATIONALE AND JUSTIFICATION FOR PURSUIT INITIATION AND TERMINATION.

CONTINUATION SHEET (CPD-22.960) ATTACHED

SIGNATURES

DEPARTMENT VEHICLE OPERATOR'S NAME (PRINT)

STAR NO./UNIT

SIGNATURE

PASSENGER OFFICER'S NAME IN PRIMARY VEHICLE (PRINT)

STAR NO./UNIT

SIGNATURE

REPORTING SUPERVISOR

1. Was the Office of Emergency Management & Communications immediately notified?  YES  NO
2. Did the speeds involved permit initiating the pursuit?  YES  NO
3. After initiation, did the speeds involved require the pursuit to be terminated?  YES  NO
4. Did the volume of pedestrian and/or vehicular traffic permit initiating the pursuit?  YES  NO
5. After initiation, did the volume of pedestrian and/or vehicular traffic require the pursuit to be terminated?  YES  NO
6. Did the weather conditions and/or road conditions permit continuing the pursuit?  YES  NO
7. Was continuation initially authorized? (If YES, also answer B & C. If NO, also answer A & C.)  YES  NO
- A.  1. Duration too short  3. Unable to communicate  5. Ordered terminated immediately
2. Not notified  4. Member self-terminated
- B. Subsequently ordered terminated?  YES  NO
- C. Termination order complied with?  DNA  YES  NO
8. Was there a crash associated with this pursuit?  YES  NO
- A. If yes, complete the following:
- |  |  |   |   |
|--|--|---|---|
| <b>STRIKING VEHICLE</b>                                      | <b>PROPERTY DAMAGE</b>                         | <b>PERSONAL INJURY</b>                      | <b>FATAL</b>                                |
| <input type="checkbox"/> A. PURSUED VEHICLE                  | <input type="checkbox"/> A. CPD VEHICLE        | <input type="checkbox"/> A. CPD VEHICLE     | <input type="checkbox"/> A. CPD VEHICLE     |
| <input type="checkbox"/> B. CPD VEHICLE                      | <input type="checkbox"/> B. PURSUED VEHICLE    | <input type="checkbox"/> B. PURSUED VEHICLE | <input type="checkbox"/> B. PURSUED VEHICLE |
| <input type="checkbox"/> C. CPD VEHICLE WITH PURSUED VEHICLE | <input type="checkbox"/> C. OCCUPIED VEHICLE   | <input type="checkbox"/> C. OTHER VEHICLE   | <input type="checkbox"/> C. OTHER VEHICLE   |
|  | <input type="checkbox"/> D. UNOCCUPIED VEHICLE | <input type="checkbox"/> D. PEDESTRIAN      | <input type="checkbox"/> D. PEDESTRIAN      |
|  | <input type="checkbox"/> E. OTHER DAMAGE       |   |   |
- B. If yes, did the crash occur:
- A. Before the pursuit  C. At termination of the pursuit
- B. During the pursuit  D. After termination of the pursuit

NAME OF SUPERVISOR ASSIGNED TO THE PURSUIT		STAR NO./UNIT	ASSIGNED SUPERVISOR:	
			<input type="checkbox"/> NOTIFIED DURING PURSUIT <input type="checkbox"/> NOTIFIED AFTER TERMINATION <input type="checkbox"/> DID/ <input type="checkbox"/> DID NOT MONITOR PURSUIT RADIO TRANSMISSIONS	
NAME OF SUPERVISOR ISSUING TERMINATION ORDER	STAR NO.	UNIT	BEAT NO.	[If other than the assigned or a reviewing supervisor, the supervisor issuing termination order or assigned to the termination point should document actions taken on the continuation sheet (CPD-22.960)]
<input type="checkbox"/> DNA				
NAME OF SUPERVISOR ASSIGNED TO TERMINATION POINT	STAR NO.	UNIT	BEAT NO.	
SUPERVISOR'S SUMMARY OF THE APPLICATION OF THE BALANCING TEST/REASON FOR TERMINATION ORDER, IF APPROPRIATE.				
<input type="checkbox"/> CONTINUATION SHEET (CPD-22.960) ATTACHED				
REPORTING SUPERVISOR'S NAME (PRINT)	STAR NO/UNIT	REPORTING SUPERVISOR'S SIGNATURE		

DISTRICT OF INITIATION

FIELD LIEUTENANT'S SUMMARY OF THE APPLICATION OF THE BALANCING TEST/REASON FOR TERMINATION OR REAUTHORIZATION ORDER, IF APPROPRIATE.		
<input type="checkbox"/> CONTINUATION SHEET (CPD-22.960) ATTACHED		
FIELD LIEUTENANT'S NAME (PRINT)	STAR NO/UNIT	FIELD LIEUTENANT'S SIGNATURE

WATCH COMMANDER DISTRICT OF INITIATION

WATCH COMMANDER'S SUMMARY OF THE APPLICATION OF THE BALANCING TEST/REASON FOR TERMINATION OR REAUTHORIZATION ORDER, IF APPROPRIATE.		
<input type="checkbox"/> CONTINUATION SHEET (CPD-22.960) ATTACHED		
WATCH COMMANDER'S NAME (PRINT)	STAR NO/UNIT	WATCH COMMANDER'S SIGNATURE

EXEMPT

EXEMPT MEMBER'S NAME TERMINATING OR REAUTHORIZING THE PURSUIT (If applicable) (Print)	EXEMPT MEMBER'S SIGNATURE
<input type="checkbox"/> DNA [Affected exempt member will document action taken on the continuation sheet (CPD-22.960)]	
DISTRICT COMMANDER'S NAME (District of Pursuit Initiation) (Print)	DISTRICT COMMANDER'S SIGNATURE
EXEMPT COMMANDER'S NAME (If applicable (Initiating Member's Unit) (Print)	EXEMPT COMMANDER'S SIGNATURE