

# ELUDING VEHICLE INCIDENT REPORT

CHICAGO POLICE DEPARTMENT

### INSTRUCTIONS:

TO BE PREPARED BY THE DEPARTMENT MEMBER WHO ATTEMPTED TO STOP THE ELUDING VEHICLE.

RD NO.(S) (If applicable)	EVENT NO.	DATE OF OCCUR.	TIME/START	TIME/FINISH	ORIGINATING DIST.
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LOCATION/PRIMARY UNIT	LOCATION INITIATED (Approximate Address)		LOCATION FINISHED (Approximate Address)			
	DISTANCE TRAVELED (Approximate)		ELUDING VEHICLE HIGHEST SPEED		PRIMARY POLICE VEHICLE HIGHEST SPEED	
	OPERATOR OF DEPARTMENT VEHICLE INVOLVED IN ELUDING INCIDENT- NAME (Last-First-M.I.)			RANK	STAR NO.	EMPLOYEE NO.
	UNIT ASSIGNED	BEAT NO.	VEHICLE USED <input type="checkbox"/> MARKED <input type="checkbox"/> UNMARKED	VEHICLE TYPE <input type="checkbox"/> OTHER (Specify)	VEHICLE NO.	
	NUMBER OF UNITS INVOLVED IN INCIDENT:		TOTAL CPD UNITS	CPD BEAT NO.S		

BALANCING TEST INFORMATION	VIOLATION KNOWN AT BEGINNING OF INCIDENT				
	<input type="checkbox"/> FELONY	<input type="checkbox"/> MISDEMEANOR	SPECIFY OFFENSE		
	<input type="checkbox"/> TRAFFIC	<input type="checkbox"/> OTHER			
	SUSPECT'S ACTIONS DURING ELUDING INCIDENT(Check all that apply.)				
	<input type="checkbox"/> DISOBEYED STOP SIGN/LIGHT (How many?) _____ <input type="checkbox"/> FORCED VEHICLE OFF ROAD <input type="checkbox"/> HIT AND RUN <input type="checkbox"/> FLED AFTER STOPPING <input type="checkbox"/> SPEEDING <input type="checkbox"/> WEAVING <input type="checkbox"/> DROVE WRONG WAY <input type="checkbox"/> DROVE WITHOUT LIGHTS <input type="checkbox"/> OTHER -(Specify) _____				
ROAD TYPE (Check all that apply.)			SURFACE CONDITION (Check all that apply.)		
<input type="checkbox"/> TWO WAY <input type="checkbox"/> ONE WAY <input type="checkbox"/> DIVIDED TWO WAY <input type="checkbox"/> EXPRESSWAY			<input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> SNOWY/ICY <input type="checkbox"/> MUDDY		
<input type="checkbox"/> SERVICE ROAD <input type="checkbox"/> ALLEY <input type="checkbox"/> OTHER (Specify) _____			<input type="checkbox"/> OTHER ROADWAY IMPAIRMENT (Specify) _____		
LIGHT (Check all that apply.)			WEATHER (Check all that apply.)		
<input type="checkbox"/> DAWN <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DARK-NOT LIGHTED			<input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG		
<input type="checkbox"/> DARK- LIGHTED <input type="checkbox"/> OTHER (Specify) _____			<input type="checkbox"/> RAINING <input type="checkbox"/> SNOWING <input type="checkbox"/> ICE		
TRAFFIC CONDITIONS - VEHICULAR (Check all that apply.)			TRAFFIC CONDITIONS - PEDESTRIAN (Check all that apply.)		
<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY			<input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY		

SUBJECT & VEH. INFO.	YEAR	MAKE	MODEL	COLOR	STATE LICENSE NO.	EXPIRATION DATE
	VEHICLE IDENTIFICATION NUMBER (VIN)			WAS A "REQUEST TO IMPOUND VEHICLE BY POLICE " FORM SUBMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MUST HAVE LICENSE PLATE NUMBER.		
	NUMBER OF PASSENGERS	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE		AGE (Approximate)	
	PHYSICAL DESCRIPTION					

SUMMARY	SUMMARIZE THE ELUDING INCIDENT.					

SIGNATURES	DEPARTMENT VEHICLE OPERATOR'S NAME (Print)		STAR NO.	UNIT NO.	SIGNATURE
	PASSENGER OFFICER'S NAME IN PRIMARY VEHICLE NAME (Print)		STAR NO.	UNIT NO.	SIGNATURE
	SUPERVISOR'S NAME (Print)		STAR NO.	UNIT NO.	SIGNATURE