

HOMICIDE FILE TRANSFER COVER SHEET

CHICAGO POLICE DEPARTMENT

RD NUMBER	ME NUMBER	DATE OF OCCUR.	DISTRICT OF OCCUR.
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DETECTIVE AREA ASSIGNED	DETECTIVE AREA TO BE ASSIGNED	ORIGINAL ASSIGNED DETECTIVE NAME & STAR NO.
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MINS SUMMARY (Copied from MINS CLEAR program)

SUBMITTED BY:	STAR NO.	DATE
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APPROVED BY:	STAR NO.	DATE
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NAME & STAR NO. OF DETECTIVE ASSIGNED CASE AFTER REORGANIZATION