

INVESTIGATIVE ANALYST ASSESSMENT REPORT
BUREAU OF DETECTIVES / CHICAGO POLICE DEPARTMENT

M.E. NUMBER

R.D. NUMBER

VICTIM'S INFORMATION

See Additional Information Section on Side 2.

NAME (LAST-FIRST-M.I.)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE	RACE <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN	<input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN
------------------------	--	-----	--	---

IR NO.	DATE OF OCCURRENCE	LOCATION
--------	--------------------	----------

ADDRESS OF RESIDENCE (CITY, STATE, ZIP CODE)	GANG AFFILIATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	PROSTITUTION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
--	---	---

LOCATION OF BODY

See Additional Information Section on Side 2.

<input type="checkbox"/> RESIDENTIAL BUILDING	<input type="checkbox"/> PRIVATE OUTDOOR SPACE	<input type="checkbox"/> CAR
<input type="checkbox"/> OTHER INDOOR SPACE	<input type="checkbox"/> PUBLIC OUTDOOR SPACE	<input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER

CONTACT BETWEEN VICTIM & OFFENDER

See Additional Information Section on Side 2.

STRUGGLE PRECEDED DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	METHOD OF DEATH? <input type="checkbox"/> SHOT <input type="checkbox"/> STABBED <input type="checkbox"/> STRANGLER <input type="checkbox"/> BLUDGEONED <input type="checkbox"/> SMOTHERED <input type="checkbox"/> BEATING <input type="checkbox"/> OTHER	<input type="checkbox"/> UNKNOWN
---	--	----------------------------------

MOTIVATION/CAUSE

See Additional Information Section on Side 2.

MOTIVATION KNOWN? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	DRUG FEUD/RIVALRY? <input type="checkbox"/> VERY LIKELY <input type="checkbox"/> LIKELY <input type="checkbox"/> UNLIKELY	THEFT/ROBBERY? <input type="checkbox"/> VERY LIKELY <input type="checkbox"/> LIKELY <input type="checkbox"/> UNLIKELY	DOMESTIC RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
--	--	--	--

GANG/RIVALRY? <input type="checkbox"/> VERY LIKELY <input type="checkbox"/> LIKELY <input type="checkbox"/> UNLIKELY	PERSONAL/EMOTIONAL (e.g. RETALIATION, ARGUMENT)? <input type="checkbox"/> VERY LIKELY <input type="checkbox"/> LIKELY <input type="checkbox"/> UNLIKELY	SEXUAL ASSAULT? <input type="checkbox"/> VERY LIKELY <input type="checkbox"/> LIKELY <input type="checkbox"/> UNLIKELY
---	--	---

VICTIM NOT THE INTENDED TARGET? <input type="checkbox"/> VERY LIKELY <input type="checkbox"/> LIKELY <input type="checkbox"/> UNLIKELY	RANDOM (GENERAL RETALIATION AGAINST SOCIETY OR SUBGROUP)? <input type="checkbox"/> VERY LIKELY <input type="checkbox"/> LIKELY <input type="checkbox"/> UNLIKELY	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	---	--

KEY PERSON OF INTEREST

See Additional Information Section on Side 2.

SUSPECT IDENTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME?	IF YES, HOW?	IF YES, INTERVIEWED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
---	---------------	--------------	---

IF YES, ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	IF YES, WERE CHARGES REJECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, STATE'S ATTORNEY NAME.	IF YES, WAS CASE C/I'D? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WAS THERE A TO-DO LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--	--------------------------------	---	---

IF NO SUSPECT, ARE THERE KEY PERSONS OF INTEREST IDENTIFIED BY NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IR NUMBER
--	-----------

IF YES, WHO?

WITNESSES

See Additional Information Section on Side 2.

HAVE EYEWITNESSES BEEN IDENTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME?	IF YES, WERE WITNESSES ABLE TO INTERVIEW? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> NA
--	---------------	--

IF YES, WERE WITNESSES ABLE TO GIVE A DESCRIPTION OF THE OFFENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> NA	IF YES, WERE WITNESSES ABLE TO PROVIDE THE IDENTITY OF THE OFFENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> NA
---	---

OTHER WITNESSES OR INFORMANTS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	IF YES, NAME?
---	---------------

IF YES, WERE WITNESSES ABLE TO GIVE A DESCRIPTION OF THE OFFENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> NA	IF YES, WERE WITNESSES ABLE TO PROVIDE THE IDENTITY OF THE OFFENDER? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> NA
---	---

WEAPON EVIDENCE

See Additional Information Section on Side 2.

MURDER WEAPON RECOVERED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> NA	IF FIREARM, WERE SHELL CASINGS RECOVERED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> NA	IF FIREARM, WERE FIRED BULLET(S) RECOVERED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> NA
---	--	--

SUSPECT FINGERPRINT EVIDENCE

See Additional Information Section on Side 2.

PRINTS RECOVERED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> NA	IDENTIFICATION MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> NA
--	---

DNA EVIDENCE

See Additional Information Section on Side 2.

POTENTIAL SUSPECT DNA EVIDENCE RECOVERED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> NA	SUSPECT IDENTIFIED THROUGH DNA TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> NA	MATCH MADE TO OTHER CRIME SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> NA
--	--	---

COLD CASE INVESTIGATION INFORMATION

See Additional Information Section on Side 2.

BASIS FOR OPENING A COLD CASE INVESTIGATION (CHECK ALL THAT APPLY).

<input type="checkbox"/> ROUTINE, BASED ON ELAPSED TIME SINCE ORIGINAL INVESTIGATION	<input type="checkbox"/> FAMILY INQUIRY INTO STATUS OF THE CASE	
<input type="checkbox"/> MEDIA INQUIRY INTO CASE	<input type="checkbox"/> NEW PHYSICAL INFORMATION BECAME AVAILABLE	<input type="checkbox"/> NEW INFORMATION FROM WITNESSES
<input type="checkbox"/> AVAILABILITY OF NEW METHODS TO TEST EXISTING EVIDENCE	<input type="checkbox"/> CONFESSION/STATEMENTS OF PERPETRATOR	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> OTHER		

RECOMMENDED ACTIONS TO BE TAKEN BY THE COLD CASE INVESTIGATORS (CHECK ALL THAT APPLY).

<input type="checkbox"/> PURSUE OUTSTANDING LEADS	<input type="checkbox"/> ENTER INTO INVESTIGATIVE DATABASE (E.G., VICAP)
<input type="checkbox"/> TEST/RETEST PHYSICAL EVIDENCE	<input type="checkbox"/> REINTERVIEW PREVIOUS WITNESSES OR SUSPECTS
<input type="checkbox"/> INTERVIEW NEW WITNESSES OR SUSPECTS	<input type="checkbox"/> DEVELOP NEW THEORY OF MOTIVATION OR NEW SUSPECT

RECOMMENDED ACTIONS TO BE TAKEN BY THE COLD CASE INVESTIGATORS CONTINUED (CHECK ALL THAT APPLY) See Additional Information Section below.

CONDUCT ADDITIONAL WITNESS INTERVIEWS NO EVIDENCE OF ANY FURTHER ACTIONS TAKEN
 BACKGROUND CRIMINAL CHECKS OF THE SUSPECTS WRITE ROUTINE SUMMARY AND UPDATE COMPUTER DATABASE
 PHOTO OR LINEUP IDENTIFICATION ATTEMPT UNKNOWN OTHER

ADDITIONAL INFORMATION SECTION

PREPARED BY - NAME	EMPLOYEE NO.	DATE ASSESSMENT COMPLETED	TIME
APPROVED BY-NAME	STAR NO.	DATE APPROVED	TIME
LIEUTENANT'S APPROVAL - NAME	STAR NO.	CASE REASSIGNED TO:	

LIEUTENANT'S RECOMMENDATIONS