

REQUEST TO IMPOUND VEHICLE BY POLICE

CHICAGO POLICE DEPARTMENT/AUTO POUNDS SECTION

THE BELOW LISTED VEHICLE WAS INVOLVED IN UNLAWFUL:

- Drag Racing (MCC 9-12-090) Attempt to flee or elude police officers when the operator of this vehicle failed or refused to stop when ordered to do so by a Chicago police officer (MCC 9-92-035(e)).
- Drifting (MCC 9-12-100)

THE OFFICER(S) LISTED BELOW REQUEST THAT THE BELOW LISTED VEHICLE BE IMPOUNDED UNDER THE MUNICIPAL CODE OF CHICAGO.

INCIDENT INFORMATION

DATE OF OCCURRENCE	TIME	LOCATION OF VIOLATION/ATTEMPTED STOP	EVENT NO.	RD NO.
--------------------	------	--------------------------------------	-----------	--------

IS THERE DEPARTMENT-RECORDED VIDEO OF THE INCIDENT?	<input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, INDICATE DEPARTMENT-RECORDED VIDEO HELD, TAGGED, OR RETAINED? <input type="checkbox"/> BODY-WORN CAMERA <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> POD CAMERA <input type="checkbox"/> OTHER (Describe): _____
---	---	---

DESCRIPTION OF VEHICLE

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE NO.	STATE	YEAR
------	------	-------	-------	-------------------	-------	------

OTHER DESCRIPTIVE FEATURES

WAS THE VEHICLE REPORTED STOLEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE LEADS INFORMATION VERIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---

DESCRIPTION OF CIRCUMSTANCES

DESCRIBE OF THE CIRCUMSTANCES OF THE INCIDENT

DID YOU ATTEMPT TO APPREHEND THE VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE THE CIRCUMSTANCES OF THE ATTEMPT
---	---

WAS EMERGENCY EQUIPMENT ACTIVATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE EMERGENCY EQUIPMENT ACTIVATED
--	--

DID YOU PURSUE THIS VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT WAS THE APPROXIMATE DISTANCE THAT THE VEHICLE WAS PURSUED?
--	---

INDICATE REASONS FOR ATTEMPTED VEHICLE STOP

DESCRIPTION OF PUBLIC SAFETY CONSIDERATIONS

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information, and/or belief.

POLICE OFFICER'S NAME	SIGNATURE	STAR NO.	POLICE OFFICER'S NAME	SIGNATURE	STAR NO.
-----------------------	-----------	----------	-----------------------	-----------	----------

UNIT OF ASSIGNMENT	BEAT NO.	TELEPHONE NO.
--------------------	----------	---------------

APPROVED BY: STATION SUPERVISOR'S NAME	SIGNATURE	STAR NO.	DATE
--	-----------	----------	------

APPROVED BY: COMMANDER/UNIT COMMANDING OFFICER NAME	SIGNATURE	STAR NO.	DATE
---	-----------	----------	------