

IRREGULARITY REPORT

Inspection Division / Chicago Police Department

Unit	Beat /Vehicle No.	Watch	Location of Observation	Date & Time of Observation	
Affected Member's Name				Rank	Star No.
1.				1.	1.
2.				2.	2.
Status	Up & Clear	Personal	Lunch	Location of Assignment, Personal, Lunch	Time Received
On Assignment of					
Immediate Supervisor				Rank	Star No.

Beat / Vehicle Number	Interviewed Yes or No
Watch Commander	Rank Star No. Interviewed Yes or No

CHECK EACH IRREGULARITY OBSERVED <input type="checkbox"/>			
Slow response to an assignment	<input type="checkbox"/>	Lounging on duty	<input type="checkbox"/>
Failure to return to service promptly upon completion of an assignment	<input type="checkbox"/>	Sleeping on duty	<input type="checkbox"/>
Leaving assignment without authorization	<input type="checkbox"/>	Conducting personal business on duty, i.e., shopping	<input type="checkbox"/>
Improper radio status	<input type="checkbox"/>	Serving no useful police purpose	<input type="checkbox"/>
Failure to respond to an assignment	<input type="checkbox"/>	Out of district / area	<input type="checkbox"/>
Failure to properly perform assigned duties	<input type="checkbox"/>	Off beat / sector	<input type="checkbox"/>
Extended lunch period	<input type="checkbox"/>	Congregating	<input type="checkbox"/>
Extended personal or taking unauthorized personal	<input type="checkbox"/>	Possessing personal radio / TV	<input type="checkbox"/>
Supervisor's log not comply	<input type="checkbox"/>	Unprofessional conduct	<input type="checkbox"/>
No name tag / Unit designator / Star	<input type="checkbox"/>	Failure to issue BA citation	<input type="checkbox"/>
Wearing stocking cap / Hoodie	<input type="checkbox"/>	Goatee; Beard without medical excuse	<input type="checkbox"/>
Not wearing safety vest	<input type="checkbox"/>	No beat tag	<input type="checkbox"/>
Improper vest cover	<input type="checkbox"/>	Failure to wear seat belts	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Other	<input type="checkbox"/>

NARRATIVE

VEHICLE INFRACTION

Inspection Division / Chicago Police Department

On _____ at _____ hours, an Inspector observed a
_____, _____ in color,
bearing Illinois license plate _____, V. I. N Number _____.

Check One:

- Expired / without State registration sticker (Date _____)
- Without a front Illinois state license plate
- Expired / without City vehicle tax sticker (Sticker Number _____)
- Incorrect City vehicle tax sticker (Sticker Number _____)
- Tinted plastic cover(s) over license plate(s) / FOP Medallion Obstruction
- Tinted driver's and/or passenger's side windows
- Obsolete plates

Other: _____

The vehicle was parked at _____.

A check of Secretary of State records indicated that the license plate(s) was registered to
_____, Chicago, Illinois _____.

Department records indicated that _____, is a sworn/civilian member of the
Department, Star # _____, Employee # _____,
assigned/detailed to Unit _____.

Inspector's Signature

Star No.

Date & Time of Report

Assigned Duty Hours