

# B.O.C. FIELD ASSIGNMENT FORM

Bureau of Organized Crime  
Chicago Police Department

DATE RECEIVED

TIME

### SOURCE

RECEIVED FROM

MALE

FEMALE

ANONYMOUS

TELEPHONE

CORRESPONDENCE

VERBAL

OTHER (Specify)

RECEIVED BY (P.O. NAME & STAR NO.)

FOLLOW UP UNIT

NARCOTICS

GANGS

VICE

TYPE OF INCIDENT

OFFENDER'S NAME (IF KNOWN)

NICKNAME (IF KNOWN)

GANG AFFILIATION/FACTION

OFFENDER'S ADDRESS (INCLUDE FLOOR OR APT. NO.)

TELEPHONE NO.

AGE

SEX

RACE

HEIGHT

WEIGHT

FACIAL HAIR

GLASSES

HAIR COLOR/ STYLE

### VEHICLE INVOLVED

YEAR

MAKE

COLOR

LICENSE PLATE NO.

### LOCATION WHERE CRIME IS OCCURRING

BUILDING  STREET

ADDRESS (INCLUDE FLOOR OR APT NO. IF IN BUILDING)

BUSINESS

WEAPONS

RIFLE/SHOTGUN  HANDGUN

OTHER

ARE THERE DOGS?

NO

YES - PLEASE DESCRIBE

ARE THERE ANY LOOKOUTS?

DAYS OF WEEK WITH HEAVIEST TRAFFIC (PLEASE CHECK APPROPRIATE BOX)

7 DAYS A WEEK

OR

SUN.

MON.

TUES.

WED.

THURS.

FRI.

SAT.

HOURS OF DAY WITH HEAVIEST TRAFFIC (Please Check Box) OR 24 HOURS A DAY (Check this box)

1  2  3  4  5  6  7  8  9  10  11  12  AM 1  2  3  4  5  6  7  8  9  10  11  12  PM

IF DRUGS - TYPE OF DRUGS SOLD

HEROIN  COCAINE/CRACK  MARIJUANA  OTHER

APPROXIMATE  
NO. OF SELLERS

WHERE DO THE SELLERS HIDE THE DRUGS?

DESCRIPTION OF INCIDENT/ADDITIONAL INFORMATION

UNIT TRACKING NUMBER

UNIT ASSIGNED

DATE ASSIGNED

DUE DATE (30 DAYS)

NO. OF DOCUMENTS  
ATTACHED

**RESULTS - CHECK ONE**

- POSITIVE - INFORMATION VALID, ARREST MADE, DOCUMENTS ATTACHED
  - SUSPENDED - INFORMATION VALID, NO ARREST MADE - EXPLAIN BELOW
  - NEGATIVE - INFORMATION NOT VALID - EXPLAIN BELOW
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UNIT TRACKING NUMBER

INVESTIGATING OFFICER

STAR NO.

DATE

LIEUTENANT'S APPROVAL

RANK - STAR NO

DATE

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