

SUMMARY REPORT DIGEST
CHICAGO POLICE DEPARTMENT

LOG NO.

TYPE

DATE OF REPORT (Day-Mo.-Yr.)

INSTRUCTIONS: To be used in all cases that are to be classified as either **EXONERATED, UNFOUNDED, NOT SUSTAINED**, or in **SUSTAINED** cases where the Disciplinary Recommendation does not exceed **FIVE (5) DAYS SUSPENSION**. SUBMIT ORIGINAL AND 3 COPIES IF ASSIGNED TO SAME UNIT AS ACCUSED. SUBMIT ORIGINAL AND 4 COPIES IF NOT ASSIGNED TO SAME UNIT AS ACCUSED.

TO: **CHIEF ADMINISTRATOR,
 CIVILIAN OFFICE OF POLICE ACCOUNTABILITY** **CHIEF,
 BUREAU OF INTERNAL AFFAIRS**

| | | | | | |
|---------------------------|------|----------|--------------|--------------|---------------|
| FROM -INVESTIGATOR'S NAME | RANK | STAR NO. | EMPLOYEE NO. | UNIT ASSIGN. | UNIT DETAILED |
|---------------------------|------|----------|--------------|--------------|---------------|

REFERENCE NOS. (LIST ALL RELATED C.L., C. B., I.R., INVENTORY NOS., ETC., PERTINENT TO THIS INVESTIGATION)

| | | |
|---------------------|------------------------|------------------|
| ADDRESS OF INCIDENT | DATE OF INCIDENT -TIME | BEAT OF INCIDENT |
|---------------------|------------------------|------------------|

| ACCUSED | NAME | RANK | STAR NO. | EMPLOYEE NO. | UNIT ASSIGN. | UNIT DETAILED |
|---------|------|------|----------|--------------|--------------|---------------|
| | 1. | | | | | |
| | 2. | | | | | |
| | 3. | | | | | |

| ACCUSED | SEX/RACE | D.O.B. | DATE OF APPOINTMENT | DUTY STATUS (TIME OF INCIDENT) | | |
|---------|----------|--------|---------------------|--|--------------------------------|-----------------------------------|
| | 1. | | | <input type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY | <input type="checkbox"/> SWORN | <input type="checkbox"/> CIVILIAN |
| | 2. | | | <input type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY | <input type="checkbox"/> SWORN | <input type="checkbox"/> CIVILIAN |
| | 3. | | | <input type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY | <input type="checkbox"/> SWORN | <input type="checkbox"/> CIVILIAN |

| ACCUSED | IF APPLIES, DATE ARRESTED/INDICTED | CHARGES | COURT BRANCH | DISPOSITION & DATE |
|---------|------------------------------------|---------|--------------|--------------------|
| | 1. | | | |
| | 2. | | | |
| | 3. | | | |

| COMPLAINANT | NAME | ADDRESS** | CITY | STATE | TELEPHONE | SEX/RACE | D.O.B./AGE |
|-------------|------|-----------|------|-------|-----------|----------|------------|
| | | | | | | | |

| VICTIMS | NAME | ADDRESS** | CITY | STATE | TELEPHONE | SEX/RACE | D.O.B./AGE |
|---------|------|-----------|------|-------|-----------|----------|------------|
| | | | | | | | |

| WITNESSES | NAME | ADDRESS** | CITY | STATE | TELEPHONE | SEX/RACE | D.O.B./AGE |
|-----------|------|-----------|------|-------|-----------|----------|------------|
| | | | | | | | |

SEE ATTACHED SHEET FOR ADDITIONAL ACCUSED, COMPLAINANTS, VICTIMS, WITNESSES.

**IF CPD MEMBER, LIST RANK, STAR, EMPLOYEE NOS. IN ADDRESS, PAX/BELL IN TELEPHONE BOX.

| | |
|--------------------|--|
| ALLEGATIONS | |
|--------------------|--|

Briefly summarize the investigation describing your efforts to prove or disprove the allegation(s). Indicate whether witnesses or evidence support or do not support the allegation(s).
 In sustained cases ONLY, copies of the accused member's Summary of Previous Disciplinary Actions and Record of Previous Complimentary History will be included as attachments.

SUMMARY

| | | | | |
|------------------|--|---|--|---|
| ATTACH- MENTS | INVESTIGATIVE REPORTS-SUPPORTING ALLEGATION LIST ATTACHMENT NUMBERS: | INVESTIGATIVE REPORTS-SUPPORTING ACCUSED MEMBER(S) LIST ATTACHMENT NUMBERS: | PHYSICAL EVIDENCE LIST ATTACHMENT NUMBERS: | TOTAL NUMBER OF ATTACHMENTS SUBMITTED WITH THIS FILE: |
|------------------|--|---|--|---|

Summarize the findings and recommendations. Rule violations will be cited by number only. One overall recommendation for Disciplinary Action will be made by the investigator. The recommendation will be for ALL sustained findings; recommendations will NOT be made for each sustained allegation.
 Example: 1. Violation noted, no disciplinary action warranted. 2. That the accused member be reprimanded. 3. That the accused member be suspended for --- days (not to exceed 5 days).

FINDINGS - RECOMMENDATIONS

| | | |
|--|--------------------------------------|---|
| DATE INITIATED (Date complaint was received for investigation) | DATE COMPLETED (Date of this report) | ELAPSED TIME (Total time expressed in days) |
|--|--------------------------------------|---|

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|--|--------------------------|
| Investigator will initiate the Command Channel Review form by completing the Investigator's Section. | INVESTIGATOR'S SIGNATURE |
|--|--------------------------|