

COST RECOVERY INCIDENT FORM

CHICAGO POLICE DEPARTMENT

TYPE OF INCIDENT	DATE OF INCIDENT
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ADDRESS OF INCIDENT _____

GENERAL DESCRIPTION OF SITE (e.g., outdoors, commercial building, single family residence, apartment or condominium, religious building, school, park property) _____

O.E.M.C. EVENT No.	TIME EVENT INITIATED HOURS	R.D. No.	C.B. No.(s)
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OTHER IDENTIFYING NUMBER(S) _____

ASSIGNED CPD BEATS (Circle one or two persons unit)

BEAT _____ 1 or 2 VEHICLE No. _____ TIME DEPLOYED _____ TO _____ HOURS.

BEAT _____ 1 or 2 VEHICLE No. _____ TIME DEPLOYED _____ TO _____ HOURS.

BEAT _____ 1 or 2 VEHICLE No. _____ TIME DEPLOYED _____ TO _____ HOURS.

BEAT _____ 1 or 2 VEHICLE No. _____ TIME DEPLOYED _____ TO _____ HOURS.

BEAT _____ 1 or 2 VEHICLE No. _____ TIME DEPLOYED _____ TO _____ HOURS.

Note: Attach the PCAD-generated event information to this report for beats assigned.

WERE THERE ANY OTHER CITY OF CHICAGO DEPARTMENTS ON THE SCENE? YES OR NO

IF YES, IDENTIFY THE DEPARTMENT BY NAME AND IDENTIFIER, IF KNOWN.

DEPARTMENT(S) _____

IDENTIFIER(S) _____

WERE THERE ANY OTHER ADDITIONAL SPECIALIZED EQUIPMENT USED AT THIS INCIDENT? YES OR NO

IF YES, IDENTIFY THE SPECIALIZED EQUIPMENT.

SUBMITTED BY (NAME AND STAR No.)	SUBMITTED BY (NAME AND STAR No.)
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DATE AND TIME SUBMITTED	RECOMMENDATION REVIEWED BY STATION SUPERVISOR (NAME, STAR, UNIT)
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THIS SECTION IS FOR CPD FINANCE DIVISION ONLY.

RECEIVED BY	ENTERED INTO A.R.M.S. BY	DATE ENTERED INTO A.R.M.S.
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ADDITIONAL DOCUMENTS REQUESTED OF CPD UNIT _____ ON _____

COMPLETED COST RECOVERY PACKAGE FORWARDED TO DEPARTMENT OF _____

ON _____ BY _____

CPD FINANCE DIVISION TRACKING NUMBER _____