

COST RECOVERY INCIDENT FORM - DETECTIVE DIVISION

CHICAGO POLICE DEPARTMENT

TYPE OF INCIDENT	DATE OF INCIDENT
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VICTIM	ADDRESS OF INCIDENT
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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)

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.

SUBMITTING DETECTIVE (NAME AND STAR No.)	SUBMITTING DETECTIVE (NAME AND STAR No.)
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DATE AND TIME SUBMITTED	REVIEWED BY DETECTIVE DIVISION COMMAND STAFF MEMBER (NAME, STAR, UNIT) *Forward directly to the Finance Division.
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MEDICAL TREATMENT YES OR NO	IF YES, NAME OF HOSPITAL
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HOW MANY DETECTIVES ASSIGNED?	TOTAL NUMBER OF HOURS OF DUTY
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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

CPD-61.231 (7/10)