

FOOT / BICYCLE PURSUIT REPORT CHICAGO POLICE DEPARTMENT – CPD-11.990 (5/22)			Foot Pursuit Report No. _____	
DATE OF PURSUIT	TIME OF PURSUIT	FP EVENT NO.	BEAT OF ASSIGNMENT	TYPE OF PURSUIT? <input type="checkbox"/> FOOT <input type="checkbox"/> BICYCLE
ADDRESS OF INITIATION OF PURSUIT		BEAT OF PURSUIT	PURSUING MEMBER: <input type="checkbox"/> INITIATED <input type="checkbox"/> ASSISTED	
INITIATING FACTOR: <input type="checkbox"/> REASONABLE ARTICULABLE SUSPICION (RAS) <input type="checkbox"/> PROBABLE CAUSE (PC)		INITIAL SUSPECTED CHARGE: <i>(FINAL CHARGE MAY BE DIFFERENT)</i>		
KNOWN OR CLAIM OF INJURY RESULTING FROM PURSUIT: <input type="checkbox"/> PURSUING DEPARTMENT MEMBER <input type="checkbox"/> PURSUED PERSON <input type="checkbox"/> THIRD PARTY/COMMUNITY MEMBER <input type="checkbox"/> NO INJURY		OFFICER DRESS: <input type="checkbox"/> FIELD UNIFORM <input type="checkbox"/> CASUAL DRESS <input type="checkbox"/> OTHER	OFFICER WORKING: <input type="checkbox"/> ALONE <input type="checkbox"/> WITH A PARTNER	
DID YOU SPLIT WITH YOUR PARTNER? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> DNA	IF YES, INDICATE REASON: <input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> CONTAINMENT STRATEGY <input type="checkbox"/> OFFICER SAFETY <input type="checkbox"/> PUBLIC SAFETY	ADDITIONAL RESOURCES REQUESTED? <input type="checkbox"/> HELICOPTER UNIT <input type="checkbox"/> AREA CONTAINMENT <input type="checkbox"/> AREA SATURATION OF PERSONNEL <input type="checkbox"/> VIDEO MONITORING/TECHNOLOGY <input type="checkbox"/> NONE <input type="checkbox"/> OTHER: _____		
PURSUING MEMBER CONCLUSION: <input type="checkbox"/> DETAINED PERSON <input type="checkbox"/> MEMBER DISCONTINUED <input type="checkbox"/> SUPERVISOR DISCONTINUED		IF PURSUING MEMBER DETAINED PERSON, WHAT WAS THE RESULT <i>(CHECK ALL THAT APPLY)</i> : <input type="checkbox"/> INVESTIGATORY STOP <input type="checkbox"/> NO ENFORCEMENT ACTION <input type="checkbox"/> CITATION ISSUED <input type="checkbox"/> ARREST <input type="checkbox"/> REPORTABLE USE OF FORCE <input type="checkbox"/> OTHER: _____		

IF PURSUING MEMBER DISCONTINUED PURSUIT, WHAT WAS THE REASON <i>(CHECK ALL THAT APPLY)</i>					
<input type="checkbox"/> SAFETY RISK/ CONCERN	<input type="checkbox"/> INJURY OCCURRED	<input type="checkbox"/> PERSON ELUDED DETENTION	<input type="checkbox"/> DETAINED BY ANOTHER MEMBER	<input type="checkbox"/> UNABLE TO DETERMINE/ COMMUNICATE LOC.	<input type="checkbox"/> UNABLE TO MAINTAIN COMMUNICATION
<input type="checkbox"/> MISLAID DEPARTMENT- ISSUED EQUIPMENT DESCRIBE: _____		<input type="checkbox"/> PHYSICAL LIMITATIONS OF OFFICER	<input type="checkbox"/> ID KNOWN – APPREHENSION AT LATER TIME LIKELY	<input type="checkbox"/> OTHER: _____	
MEMBER'S NAME (Print)		RANK	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
REVIEWING SUPERVISOR					
OTHER INCIDENT REPORTS MEMBER COMPLETED: <i>(CHECK ALL THAT APPLY)</i>		<input type="checkbox"/> INVESTIGATORY STOP REPORT <input type="checkbox"/> ARREST REPORT <input type="checkbox"/> TACTICAL RESPONSE REPORT		<input type="checkbox"/> CASE INCIDENT REPORT <input type="checkbox"/> OTHER: _____	
SUPERVISORS ACTIONS: <i>(CHECK ALL THAT APPLY)</i> <input type="checkbox"/> RECEIVED NOTIFICATION <input type="checkbox"/> ASCERTAINED PURPOSE <input type="checkbox"/> COORDINATED ACTIONS <input type="checkbox"/> DIRECTED OTHER RESOURCES <input type="checkbox"/> RESPONDED TO SCENE <input type="checkbox"/> DIRECTED CONTAINMENT STRATEGY <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DISCONTINUED PURSUIT (<input type="checkbox"/> UNREASONABLE RISK <input type="checkbox"/> APPEARED INCONSISTENT WITH G03-07)					
FORWARDED FOR REVIEW TO: <input type="checkbox"/> WOL (ARREST OR TRR RELATED) <input type="checkbox"/> TRED (ALL OTHER PURSUITS)					
SUPERVISOR NAME (Print)		RANK	STAR NO.	SIGNATURE	DATE/TIME COMPLETED

FOOT PURSUIT – WATCH OPERATIONS LIEUTENANT REVIEW

Chicago Police Department

FOOT PURSUIT REPORT NO. _____

INCIDENT INFORMATION

DATE OF PURSUIT	TIME OF PURSUIT	ADDRESS OF INITIATION OF PURSUIT			BEAT OF PURSUIT
RANK	PURSUING MEMBER LAST NAME		PURSUING MEMBER FIRST NAME	STAR NO	BEAT OF ASSIGNMENT
<input type="checkbox"/> EVENT NO.	<input type="checkbox"/> RD NO.	<input type="checkbox"/> ISR NO.	<input type="checkbox"/> CB NO.	<input type="checkbox"/> TRR NO.	

WATCH OPERATIONS LIEUTENANT REVIEW

COMMENTS: (Document any investigatory information or other observations or actions taken that are not already captured.)

I HAVE COMPLIED WITH THE REVIEW AND EVALUATION REQUIREMENTS OUTLINED IN G03-07 and G03-07-01.

BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE FOOT PURSUIT APPEARS TO:

- BE IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
- REQUIRE AFTER-ACTION SUPPORT RECOMMENDATIONS TO ADDRESS IDENTIFIED TACTICAL, EQUIPMENT, OR POLICY CONCERNS. (IF YES, INDICATE BELOW)
- REQUIRE A NOTIFICATION TO THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). IF YES, INDICATE LOG NO. _____
- BE ASSOCIATED WITH A DEADLY FORCE INCIDENT.

AFTER-ACTION SUPPORT RECOMMENDATIONS FOR PURSUING MEMBER

- INDIVIDUAL DEBRIEFING WITH SUPERVISOR
- REVIEW STREAMING VIDEO/E-LEARNING
- REVIEW LEGAL/TRAINING BULLETIN
- REVIEW DEPARTMENT DIRECTIVES
- STRESS REDUCTION SEMINAR
- OTHER: _____

SCOPE OF RECOMMENDATIONS:

- OPPORTUNITIES TO DE-ESCALATE OR PREVENT FLIGHT
- OTHER METHODS OR TACTICS
- MODIFIED OR IMPROVED TACTICS
- OTHER: _____

AFTER-ACTION SUPPORT RECOMMENDATIONS FOR SUPERVISOR

- INDIVIDUAL DEBRIEFING
- REVIEW STREAMING VIDEO/E-LEARNING
- REVIEW LEGAL/TRAINING BULLETIN
- REVIEW DEPARTMENT DIRECTIVES
- STRESS REDUCTION SEMINAR
- OTHER: _____

WATCH OPERATIONS LIEUTENANT NAME (Print)	RANK/TITLE CODE	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
--	-----------------	----------	-----------	---------------------