

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT
	09-JUN-2018	0315	155 W 51ST ST CHICAGO, IL 60609	280	0225	<input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO
	BUSINESS NAME	<input checked="" type="checkbox"/> DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)	ASSIGNMENT TYPE		
INVOLVED MEMBER	STREET		<input checked="" type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE			
	EVENT NO.	RD NO.	IR NO.	CB NO.	CHARGE	INVOLVED A MOTOR VEHICLE PURSUIT?
	02432	JB299217		19656659	720 ILCS 5.0/12-3-A-2 - BATTERY - MAKE PHYSICAL CONTACT	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SUBJECT INFORMATION	LIGHTING	WEATHER	PATROL TYPE?	BICYCLE	SQUADROL	OTHER:
	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input checked="" type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL	<input type="checkbox"/> CLEAR <input type="checkbox"/> SNOW/ICE <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	<input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> FOOT	<input type="checkbox"/> MOTORCYCLE/ PAVP	<input type="checkbox"/> VAN/BUS	
	MEMBER WAS?	ASSIST UNITS ON SCENE?	INCIDENT			
SUBJECT'S ACTIONS	RANK	LAST NAME	FIRST NAME	EMPLOYEE NO.	SEX	RACE
	9161	BUCKHALTER	LISA		<input type="checkbox"/> M <input checked="" type="checkbox"/> F	1
	DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?	TYPE OF MEMBER INJURY	Minor Contusion/Laceration
MEMBER'S RESPONSE	25-JUN-2001	002	0221r	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling
	LAST NAME		FIRST NAME	M.I.	SEX	RACE
	JOHNSON		ROBERT		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLACK
WEAPON DISCHARGE	ADDRESS	TELEPHONE NO.	CONDITION	SUBJECT INJURY BY MEMBER'S USE OF FORCE?		
	531 E 46TH ST CHICAGO, IL		<input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force	<input checked="" type="checkbox"/> Injured by Member <input checked="" type="checkbox"/> Alleges Injury by Member <input checked="" type="checkbox"/> Under Influence of Alcohol	<input checked="" type="checkbox"/> Under Influence of Drugs <input checked="" type="checkbox"/> Mental Illness / Emotional Disorder	<input type="checkbox"/> OTHER (Specify)
	MEDICAL TREATMENT?			SUBJECT INJURY BY MEMBER'S USE OF FORCE?		
MEMBER'S RESPONSE	<input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested			<input type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)		
	<input checked="" type="checkbox"/> Performed by CFD EMS			ST. BERNARD		
	<input type="checkbox"/> None/None Apparent <input type="checkbox"/> Subject Alleged Injury			<input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal		
MEMBER'S RESPONSE	DID NOT FOLLOW VERBAL DIRECTION		PHYSICAL ATTACK WITHOUT WEAPON (SPECIFY)	THROWN OBJECT (DESCRIBE)		
	<input checked="" type="checkbox"/>		<input type="checkbox"/> HAND/ARM/ELBOW STRIKE	<input type="checkbox"/>		
	<input type="checkbox"/>		<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/>		
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	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): IMMEDIATE SUPERVISOR DISTRICT OF OCCURRENCE NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): OEMC CPIC

NARRATIVE (IF APPLICABLE. DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)
 EVT 02432 IN SUMMARY R/O NOTICED A DISTURBANCE IN FRONT OF 002 POLICE DISTRICT. R/O WENT OUTSIDE AND SAW OFFENDER KICKING AND SWINGING AT P.O ALEXANDER IN AN ATTEMPT TO STRIKE HIM. R/O GAVE VERBAL COMMANDS TO STOP IN WHICH HE IGNORED CONTINUED TO SWING WITH CLOSED FISTS TRYING TO DO PHYSICAL HARM TO P.O.ALEXANDER. R/O THEN TASED OFFENDER TO STOP FURTHER ATTACKS. UPON BEING TASED THE OFFENDER FELL TO THE GROUND AND STRUCK HIS HEAD CAUSING A SMALL LACERATION. OFFENDER WAS THEN HANDCUFFED BY P.O.ALEXANDER. CFD AMB #36 ARRIVED ON SCENE AND OFFENDER WAS TAKEN TO ST BERNARDS HOSPITAL.

REPORTING MEMBER (Print Name) STAR/EMPLOYEE NO. SIGNATURE
 BUCKHALTER, LISA 40109 [REDACTED]

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY Minor Contusion Significant Contusion Gun Shot
 None / None Apparent Minor Laceration/Abrasion Laceration Requiring Sutures Fatal
 Minor Swelling Complaint of Substantial Pain Broken/Fractured Bone(s) Other (Explain) Unintentional Act by Member Intentional Act by Member Intentional Act by Self Intentional Act by Other
 Unintentional Act by Self Unintentional Act by Other

HOW WAS INJURY SUSTAINED?
 Intentional Act by Member Intentional Act by Self Intentional Act by Other
 Unintentional Act by Member Unintentional Act by Self Unintentional Act by Other

LAST NAME FIRST NAME M.I. SEX RACE DATE OF BIRTH
 UNK M F

ADDRESS TELEPHONE NO. WITNESS INTERVIEW OTHER (Specify)
 CHICAGO, IL INTERVIEWED NOT AVAILABLE
 REFUSED

WITNESSES
 WITNESS STATEMENT

REVIEWING SUPERVISOR: COMMENTS
 R/SGT RESPONDED TO THE SCENE AND THERE WERE NO WITNESSES PRESENT TO BE INTERVIEWED. R/SGT ENSURED ALL APPROPRIATE NOTIFICATIONS WERE MADE. R/SGT ENSURED THE DETAILS WERE COMPLETE AND CORRECT AS WELL AS COMPLETING ALL NECESSARY REQUIRED BOXES IN THE SUPERVISOR REVIEW SECTION. R/SGT REVIEWED ALL APPLICABLE BWC FOOTAGE REGARDING THIS INCIDENT. R/SGT ENSURED ALL NECESSARY REPORTS WERE ATTACHED. R/SGT ENSURED MEDICAL ATTENTION FOR OFFENDER WAS OBTAINED. FIRED CARTRIDGE AND PRONGS RECOVERED AND INVENTORIED.
 CL #1089808 OBTAINED FOR THIS INCIDENT.

ATTACHMENTS: CASE REPORT ARREST REPORT SUPPLEMENTARY REPORT INVENTORY IOD REPORT TASER DOWNLOAD OTHER

REVIEWING SUPERVISOR:
 I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02. LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED. 1089808

I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print) STAR NO. SIGNATURE DATE/TIME COMPLETED
 BELL, CHRISTOPH 2625 [REDACTED] 13-JUN-2018 0950

DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:
 1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
 2. A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:
 A. THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
 B. CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
 C. DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT 09-JUN-2018		TIME 0315	ADDRESS OF OCCURRENCE 155 W 51ST ST CHICAGO, IL 60609		EVENT NO. 02432	RD NO. JB299217	
	RANK 9161	MEMBER LAST NAME BUCKHALTER		MEMBER FIRST NAME LISA		EMPLOYEE NO. [REDACTED]	CB NO. 19656659	CHARGE 720 ILCS 5.0/12-3-A-2 - BATTERY - MAKE PHYSICAL CONTACT
	SUBJECT LAST NAME JOHNSON			SUBJECT FIRST NAME ROBERT			M.I. .	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Transported to St. Bernards and sedated due to agitated state during medical treatment for cut to his head from fall after being Tased

Submitted Recommendations

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS ADDITIONAL ATTACHMENTS

At the time of the incident R/LI. was touring the district due to the fact that Sergeant Bell was the only 1st Watch Supervisor assigned for 09-June-2018. R/LI. monitored the broadcast of Beat 221R that she had discharged her Taser and was requesting medical attention in front of the station. R/LI. immediately responded to the scene. Sgt. Bell was on scene as well as CFD Amb. #36. The offender was observed to be strapped onto a gurney and being loaded into the ambulance. The offender was observed to be in an agitated state. The offender was transported to the hospital for removal of the Taser prongs. R/LI. downloaded Officer Buckhalter's Taser which indicated one (1) trigger event of five (5) seconds duration. R/LI. reviewed the BWC of PO Buckhalter #10109, PO Belcher #19965 and PO Salinas #6469. PO Darby did not have his BWC activated due to fact that he was in the station processing an arrest when he heard the commotion at the desk and went to assist. PO Alexander did not have a BWC on his person due to being assigned to the desk for the tour. PO Buckhalter's video starts during the Taser activation without audio. PO Belcher's video starts after the deployment and the offender can be heard using profanities. PO Salinas video shows the offender sitting on the ground after the discharge. The offender is observed to be quite vocal, belligerent and non-cooperative with CFD paramedics. The offender is also noted to be spitting towards the paramedics and officers present as he was being placed into the ambulance. The R/LI. reviewed the Original Incident Case Report and based on available reports and video the offender's actions indicated him to be an assailant. The R/LI. finds the member's use of force in compliance with the Department policy and directives.

LT OR ABOVE/INCIDENT COMMANDER:

<input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02. <input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED: <u>1089808</u>	BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE MEMBER'S USE OF FORCE RESPONSE APPEARS TO BE:	<input checked="" type="checkbox"/> IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES. <input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES. <input type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.
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ACTIONS RECOMMENDED? NO YES, DESCRIBE BELOW: OTHER:

<input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR	<input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN
<input type="checkbox"/> REVIEW STREAMING VIDEO	<input type="checkbox"/> STRESS REDUCTION SEMINAR
<input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES	

LT OR ABOVE/INCIDENT COMMANDER NAME (Print) DOUGHERTY, MICHAEL P	STAR NO. 363	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 15-Jun-2018 0217
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TACTICAL RESPONSE REPORT - REVIEW/Chicago Police Department

FRU TRACKING NO. 2018-02129

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	09-JUN-2018 0315	0315	155 W 51ST ST CHICAGO, IL 60609	02432	JB299217		
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	IR NO.	
9161	BUCKHALTER	LISA	[REDACTED]	19656659	[REDACTED]		
SUBJECT LAST NAME		SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
JOHNSON		ROBERT			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	[REDACTED] 1976

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> LEVEL I | <input checked="" type="checkbox"/> LEVEL II | <input type="checkbox"/> LEVEL III | <input type="checkbox"/> LEVEL IV |
| <input type="checkbox"/> Use of escort hold, pressure compliance techniques and firm grips which result in an injury or an allegation of injury.
<input type="checkbox"/> Use of control holds, wristlocks, armbars used in conjunction with handcuffing and searching techniques which result in an injury or an allegation of injury.
<input type="checkbox"/> Use of force necessary to overcome passive resistance due to disability or intoxication which results in an injury or an allegation of injury.
<input type="checkbox"/> Other | <input type="checkbox"/> Stunning
<input checked="" type="checkbox"/> Use of Taser
<input type="checkbox"/> Impact weapon (baton, asp, other)
<input type="checkbox"/> Direct mechanical strike
<input type="checkbox"/> OC Spray or other chemical agent
<input type="checkbox"/> Canine
<input type="checkbox"/> Impact Munitions
<input type="checkbox"/> LRAD | <input type="checkbox"/> Laceration requiring sutures
<input type="checkbox"/> Broken/fractured bones
<input type="checkbox"/> Injuries requiring a hospital admission
<input type="checkbox"/> Firearm discharge to destroy/deter an animal | <input type="checkbox"/> Use of force involving a discharge of a firearm
<input type="checkbox"/> Accidental discharge of a firearm
<input type="checkbox"/> Striking of subject's head with impact weapon
<input type="checkbox"/> Application of a chokehold
<input type="checkbox"/> Use of force by an exempt member
<input type="checkbox"/> Other deadly force incident
<input type="checkbox"/> Other incident as determined by the Superintendent |

I hereby certify that to the best of my knowledge, neither I, nor my spouse or domestic partner, my parent, my sibling or my child (hereinafter my household or immediate family), has a personal, professional or financial relationship with the subject, victim, witness, department member(s), witness department member(s), or civilian witness(es). I further certify that to the best of my knowledge, the resolution of the matter under review will not positively or negatively affect my financial interests or the financial interest of any member of my household or immediate family.

I acknowledge that I must disclose to the First Deputy Superintendent, in writing, the acquisition of any financial interest or the development or the discovery of any personal interest that would directly affect my ability to conduct an impartial objective review and render unbiased decisions concerning the matter under review.

I acknowledge that I must disclose to the First Deputy Superintendent, Office of the First Deputy Superintendent, in writing, the discovery that a member of my household or immediate family has a personal, professional, or financial relationship with the victim(s), subject(s), department member(s), witness department member(s), or civilian witness(es) or if a member of my household or immediate family will be positively or negatively affected by the resolution of the matter under review.

USE OF FORCE INCIDENT REVIEW (FOR FORCE REVIEW UNIT USE ONLY)

REVIEW SUMMARY:
 THE INVOLVED MEMBER IN THIS INCIDENT UTILIZED A TASER CEW TO GAIN CONTROL OF THE SUBJECT AFTER AN ASSISTING DEPARTMENT MEMBER WAS ASSAULTED AND BATTERED.

AS PART OF THIS REVIEW, THE FORCE REVIEW UNIT REVIEWED THE TRR, TRR-I, THE CASE REPORT, THE ARREST REPORT, TASER DOWNLOAD AND BODY-WORN CAMERA VIDEO CAPTURED FROM P.O. LISA BUCKHALTER #1064, PO PATRICIA SALINAS #121814, AND PO BELINDA BELCHER #104073.

No Record
 SUPERINTENDENT

SECONDARY RD NO. GENERATED? NO YES | RD NO: _____ | U NO. OBTAINED? NO YES | U NO: _____

OPINIONS AND RECOMMENDATIONS

OPINIONS AND RECOMMENDATIONS:

MEMBER ADVISEMENT (INVOLVED MEMBER):

GENERAL ORDER G03-02-01, FORCE OPTIONS, STATES IN PART:

"CONTROL INSTRUMENTS ARE DESIGNED TO AMPLIFY NONIMPACT PRESSURE IN ORDER TO INCREASE THE POTENTIAL FOR CONTROLLING A SUBJECT. THESE INSTRUMENTS ARE PLACED MAINLY ON THE SENSORS OF THE SKIN COVERING BONE. CONTROL INSTRUMENTS ARE TOOLS (E.G., BATON) APPLIED TO JOINTS AND PRESSURE SENSITIVE AREAS OF THE BODY WITH NON-IMPACT PRESSURE." (G03-02-01 IV.B.1.C)

IN THE 'MEMBER'S RESPONSE' PORTION OF THE TRR, THE INVOLVED MEMBER CHECKED THE 'CONTROL INSTRUMENT' BOX UNDER THE 'CONTROL TACTICS' SECTION. IN THIS INCIDENT THE INVOLVED MEMBER UTILIZED A TASER CEW TO GAIN CONTROL. ALTHOUGH THE TASER WAS ULTIMATELY USED TO GAIN CONTROL OF THE SUBJECT, IT DOES NOT MEET THE DEFINITION OF A CONTROL INSTRUMENT. THE TRR INCORPORATES THIS BOX IN THE EVENT THAT AN INVOLVED MEMBER UTILIZES AN IMPACT WEAPON FOR NONIMPACT PRESSURE TO GAIN CONTROL.

THE FORCE REVIEW UNIT HAS NO FURTHER RECOMMENDATIONS AT THIS TIME REGARDING THIS INCIDENT.

BASED ON THE REVIEW OF THE INCIDENT, THE FOLLOWING IS RECOMMENDED:	<input type="checkbox"/> ADDITIONAL TRAINING RECOMMENDED	<input type="checkbox"/> SUBJECT TO A CURRENT COPA COMPLAINT INVESTIGATION. CL NO.:
<input checked="" type="checkbox"/> NO ADDITIONAL TRAINING RECOMMENDED	<input type="checkbox"/> COMPLAINT LOG NO. RECOMMENDED	<input type="checkbox"/> REFER TO FORCE REVIEW PANEL

DISTRICT ACTIONS <input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR <input type="checkbox"/> REVIEW STREAMING VIDEO <input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES		<input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN <input type="checkbox"/> STRESS REDUCTION SEMINAR <input type="checkbox"/> OTHER: (DESCRIBE)		EDUCATION AND TRAINING DIVISION ACTIONS <input type="checkbox"/> TACTICS TRAINING <input type="checkbox"/> EQUIPMENT/WEAPONS TRAINING <input type="checkbox"/> FORCE MITIGATION TECHNIQUES		<input type="checkbox"/> USE OF FORCE POLICY/LAW REVIEW <input type="checkbox"/> OTHER: (DESCRIBE)	
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REVIEWING MEMBER: (Print) NOMELLINI, MATTHEW	STAR NO.	SIGNATURE	DATE/TIME 15-JUN-2018 1118
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APPROVING SUPERVISOR COMMENTS:	<input type="checkbox"/> COMPLAINT LOG NO. OBTAINED
	CL NO.:
	DATE/TIME OBTAINED:

APPROVING SUPERVISOR: (Print)	STAR NO.	SIGNATURE	DATE/TIME
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FORCE REVIEW UNIT C/O COMMENTS:

FORCE REVIEW UNIT C/O APPROVAL (Print)	STAR NO.	SIGNATURE	DATE/TIME
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FORCE REVIEW PANEL DETERMINATION (FOR LEVEL IV INCIDENTS ONLY)

ACTIONS RECOMMENDED?	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES, DESCRIBE BELOW:
<input type="checkbox"/> 30-DAY ADMINISTRATIVE DUTIES	<input type="checkbox"/> EAP REFERRAL	<input type="checkbox"/> OTHER: (DESCRIBE)

APPROVED BY: (Print)	STAR NO.	SIGNATURE	DATE/TIME
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