

INVESTIGATORY STOP REPORT

CHICAGO POLICE DEPARTMENT CPD-11.910 (REV. 7/17)

ADULT
 JUVENILE

ISR NO.
ISR021465778

EVENT NO.
05763

DATE OF STOP 15-APR-23	TIME OF STOP 0958	SUBMITTING BEAT 1162E	BEAT OF OCC. 1133	LOCATION CODE 291 - RESIDENCE	ADDRESS OF STOP (Number/Direction/Street Name) 3846 W FLOURNOY ST, CHICAGO, IL 60624
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NAME (Last, First, Middle) CLAY, REGINALD R	NICKNAME(S)	DATE OF BIRTH -98	AGE / EST. AGE 24
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ADDRESS OF RESIDENCE (Number/Direction/Street Name/Apt./Floor/City/State/Zipcode)	HOME PHONE NO.	CELL PHONE NO.
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SEX MALE	HEIGHT 508	WEIGHT 150	BUILD THIN	EYE COLOR BLACK	HAIR COLOR BLACK	HAIRSTYLE FADE	COMPLEXION BLACK
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WHICH OF THE FOLLOWING DO YOU BELIEVE IS THE RACE OF THE PERSON STOPPED? <input checked="" type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	RELATED ISR NO. (To Identify Associates)
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CLOTHING TYPE/COLOR TAN SHIRT, BLACK PANTS, TAN SHOES	SCARS/MARKS/TATTOOS UNKNOWN	FACIAL HAIR UNKNOWN	RECORDED: <input type="checkbox"/> IN-CAR VIDEO <input checked="" type="checkbox"/> BODY WORN CAM.
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EMPLOYER'S NAME	EMPLOYER'S ADDRESS
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SCHOOL'S NAME	SCHOOL'S ADDRESS	EVENT ASSIGNED BY <input checked="" type="checkbox"/> ON VIEW <input type="checkbox"/> DISPATCHED <input type="checkbox"/> OTHER
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NAME VERIFIED BY ID <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DRIVERS LICENSE NO./STATE ID NO.	OTHER ID TYPE OR MEANS
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DID THE STOP INVOLVE A VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LICENSE PLATE NO.	TYPE/STATE/EXP. (OR TEMP. TAG NO.) UNKNOWN TYPE / UNKNOWN STATE / UNKNOWN E
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V.I.N. NO.	VEHICLE YEAR	MAKE	MODEL	BODY STYLE	COLOR UNKNOWN TOP / UNK
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MISSION NO.	BOC-I NO.	HOT SPOT NO.	RD NO. (If Related) JG224244	GANG/NARCOTIC RELATED ENFORCEMENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (AS IN S10-02-03)	DISPERSAL TIME	NO. DISP.
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DISPOSITION OF THE STOP: ENFORCEMENT ACTION TAKEN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, CHECK APPLICABLE BOX BELOW. <input type="checkbox"/> ARREST <input type="checkbox"/> PERSONAL SERVICE CITATION (CIT. #) <input type="checkbox"/> ANOV (CIT. #)	<input checked="" type="checkbox"/> OTHER (Specify) FATAL POLICE INVOLVED SH	CITED VIOLATIONS/CHARGES 720 ILCS 5.0/12-2-B-4.1 - AGG ASSAULT PEACE OFF/FIRE/ER WRK
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GANG INFORMATION SECTION (COMPLETE THIS SHADED SECTION ONLY IF INCIDENT/SUBJECT HAS GANG INVOLVEMENT):	
GANG/FACTION NONE	GANG KNOWN HANG-OUTS
TYPES OF GANG CRIMINAL ACTIVITIES (Describe in Investigatory Stop Narrative on Side 2) <input type="checkbox"/> GANG LOOKOUT <input type="checkbox"/> GANG SECURITY <input type="checkbox"/> INTIMIDATION <input type="checkbox"/> SUSPECT NARCOTIC ACTIVITY <input type="checkbox"/> OTHER (Describe:)	

WHAT WERE THE FACTORS THAT LED TO THE STOP?		<input type="checkbox"/> PROBABLE CAUSE (Explain in the Investigatory Stop Narrative on Side 2)
<input checked="" type="checkbox"/> REASONABLE ARTICULABLE SUSPICION (Check all that apply. All checked items must be described in the Investigatory Stop Narrative on Side 2)	<input type="checkbox"/> ACTIONS INDICATIVE OF ENGAGING IN DRUG TRANSACTION <input type="checkbox"/> FITS DESCRIPTION OF AN OFFENDER AS DESCRIBED BY VICTIM OR WITNESS	<input type="checkbox"/> FITS DESCRIPTION FROM FLASH MESSAGE <input type="checkbox"/> ACTIONS INDICATIVE OF "CASING" VICTIM OR LOCATION <input type="checkbox"/> PROXIMITY TO THE REPORTED CRIME LOCATION
<input type="checkbox"/> GANG/NARCOTIC RELATED ENFORCEMENT	<input checked="" type="checkbox"/> OTHER	

WHAT WERE THE REASONABLE ARTICULABLE SUSPICION FACTORS THAT LED TO THE PROTECTIVE PAT DOWN? (Check all that apply. All checked items must be described in the Investigatory Stop Narrative on Side 2):	<input type="checkbox"/> VERBAL THREATS OF VIOLENCE BY SUSPECT <input type="checkbox"/> KNOWLEDGE OF SUSPECT'S PRIOR CRIMINAL VIOLENT BEHAVIOR/USE OF FORCE/USE OF WEAPON <input type="checkbox"/> ACTIONS INDICATIVE OF ENGAGING IN VIOLENT BEHAVIOR	<input type="checkbox"/> VIOLENT CRIME SUSPECTED <input type="checkbox"/> SUSPICIOUS BULGE/OBJECT <input type="checkbox"/> OTHER REASONABLE SUSPICION OF WEAPONS
WAS A PROTECTIVE PAT DOWN CONDUCTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WAS PROTECTIVE PAT DOWN BASED ON CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	RECEIPT GIVEN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

WAS A WEAPON OR CONTRABAND DISCOVERED AS A RESULT OF THE PROTECTIVE PAT DOWN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, DESCRIBE BELOW.			
<input type="checkbox"/> FIREARM <input type="checkbox"/> OTHER WEAPON Describe: _____ <input type="checkbox"/> STOLEN PROPERTY	<input type="checkbox"/> COCAINE Wgt. _____ <input type="checkbox"/> ALCOHOL	<input type="checkbox"/> HEROIN Wgt. _____ <input type="checkbox"/> CANNABIS Wgt. _____ <input type="checkbox"/> DRUG PARAPHERNALIA	<input type="checkbox"/> OTHER Describe: _____ <input type="checkbox"/> OTHER CONTROLLED SUBSTANCE Describe below: _____ Wgt. _____

WAS A SEARCH BEYOND A PROTECTIVE PAT DOWN CONDUCTED OF THE PERSON? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WAS A SEARCH BEYOND A PROTECTIVE PAT DOWN CONDUCTED OF HIS/HER EFFECTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WAS THE SEARCH BEYOND CONDUCTED BY CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF NO, EXPLAIN THE BASIS FOR AND ALL THE REASONS THAT LED TO THE SEARCH BEYOND A PROTECTIVE PAT DOWN IN THE NARRATIVE
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WAS CONTRABAND FOUND AS A RESULT OF THE SEARCH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, DESCRIBE BELOW.			
<input type="checkbox"/> FIREARM <input type="checkbox"/> OTHER WEAPON Describe: _____ <input type="checkbox"/> STOLEN PROPERTY	<input type="checkbox"/> COCAINE Wgt. _____ <input type="checkbox"/> ALCOHOL	<input type="checkbox"/> HEROIN Wgt. _____ <input type="checkbox"/> CANNABIS Wgt. _____ <input type="checkbox"/> DRUG PARAPHERNALIA	<input type="checkbox"/> OTHER Describe: _____ <input type="checkbox"/> OTHER CONTROLLED SUBSTANCE Describe below: _____ Wgt. _____

INVESTIGATORY STOP NARRATIVE (Must include all factors that support Reasonable Articulate Suspicion or Probable Cause to justify the stop, all factors that support Reasonable Articulate Suspicion to justify the Protective Pat Down, and the basis and all reasons that led to the search beyond a Protective Pat Down)

EVENT#05763. BWC INCIDENT. OIS.

DISTRIBUTION: Forward original report to the Records Division.

ISR NO.

ISR021465778

FIRST OFFICER'S NAME AND STAR NO.

RUIZ, FERNANDO E / 12935

SECOND OFFICER'S NAME AND STAR NO.

REVIEWING SUPERVISOR NAME AND STAR NO.

VARNEY, KYLE M / 1646

APPROVED REJECTED

FOR A REJECTED ISR, COMPLETE AN INVESTIGATORY STOP REPORT DEFICIENCY NOTIFICATION (CPD-11.914).