

FOOT/BICYCLE PURSUIT REPORT CHICAGO POLICE DEPARTMENT - CPD-11.990 (7/22)				FOOT PURSUIT REPORT NO. REPORT # : 2023-25634501	
DATE OF PURSUIT	TIME OF PURSUIT	FP EVENT NO.	BEAT OF ASSIGNMENT	TYPE OF PURSUIT?	
12 DEC 2023	1433	2334608578	1533	<input checked="" type="checkbox"/> FOOT <input type="checkbox"/> BICYCLE	
ADDRESS OF INITIATION OF PURSUIT			BEAT OF PURSUIT	PURSUING MEMBER:	
818 S CICERO AVE CHICAGO, IL 60644			1533	<input checked="" type="checkbox"/> INITIATED <input type="checkbox"/> ASSISTED	
INITIATING FACTOR:			INITIAL SUSPECTED CHARGE:		
<input type="checkbox"/> REASONABLE ARTICULABLE SUSPICION (RAS) <input checked="" type="checkbox"/> PROBABLE CAUSE (PC)			(FINAL CHARGE MAY BE DIFFERENT) 625 ILCS 5.0/4-103-A-1 - RECEIVE/F		
KNOWN OR CLAIM OF INJURY RESULTING FROM PURSUIT:			OFFICER DRESS:	OFFICER WORKING:	
<input type="checkbox"/> PURSUING DEPARTMENT MEMBER <input checked="" type="checkbox"/> PURSUED PERSON <input type="checkbox"/> THIRD PARTY/COMMUNITY MEMBER <input type="checkbox"/> NO INJURY			<input checked="" type="checkbox"/> FIELD UNIFORM <input type="checkbox"/> CASUAL DRESS <input type="checkbox"/> OTHER	<input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH A PARTNER	
DID YOU SPLIT WITH YOUR PARTNER?	IF YES, INDICATE REASON:		ADDITIONAL RESOURCES REQUESTED?		
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> DNA	<input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> CONTAINMENT STRATEGY <input type="checkbox"/> OFFICER SAFETY <input type="checkbox"/> PUBLIC SAFETY		<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 checked="" type="checkbox"/> OTHER: Assist units were requeste		
PURSUING MEMBER CONCLUSION:		IF PURSUING MEMBER DETAINED PERSON, WHAT WAS THE RESULT? (CHECK ALL THAT APPLY):			
<input type="checkbox"/> DETAINED PERSON <input checked="" type="checkbox"/> MEMBER DISCONTINUED <input type="checkbox"/> SUPERVISOR DISCONTINUED		<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? (CHECK ALL THAT APPLY)					
<input type="checkbox"/> SAFETY RISK/ CONCERN	<input checked="" 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	
YOUNG, RYAN	POLIC	8883		12 DEC 2023 @ 2102	
REVIEWING SUPERVISOR					
OTHER INCIDENT REPORTS MEMBER COMPLETED: (CHECK ALL THAT APPLY)	<input type="checkbox"/> INVESTIGATORY STOP REPORT <input type="checkbox"/> ARREST REPORT <input type="checkbox"/> TACTICAL RESPONSE REPORT	<input type="checkbox"/> CASE INCIDENT REPORT <input checked="" type="checkbox"/> OTHER: RVSR and traffic crash report complet			
SUPERVISORS ACTIONS: (CHECK ALL THAT APPLY)					
<input type="checkbox"/> COORDINATED ACTIONS		<input type="checkbox"/> DIRECTED OTHER RESOURCES	<input checked="" type="checkbox"/> RECEIVED NOTIFICATION	<input type="checkbox"/> ASCERTAINED PURPOSE	
<input type="checkbox"/> DIRECTED CONTAINMENT STRATEGY		<input checked="" type="checkbox"/> RESPONDED TO SCENE			
<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 checked="" type="checkbox"/> TRED (ALL OTHER PURSUITS)					
SUPERVISOR NAME (Print)	RANK	STAR NO.	SIGNATURE	DATE/TIME COMPLETED	
SCHULTER, PHILIP	9171				

FOOT PURSUIT - WATCH OPERATIONS LIEUTENANT REVIEW

FOOT PURSUIT REPORT NO.

CHICAGO POLICE DEPARTMENT

REPORT # : 2023-25634501

INCIDENT INFORMATION

DATE OF PURSUIT 12 DEC 2023	TIME OF PURSUIT 1433	ADDRESS OF INITIATION OF PURSUIT 818 S CICERO AVE CHICAGO, IL 60644	BEAT OF PURSUIT 1533	
RANK 9161	PURSUING MEMBER LAST NAME YOUNG	PURSUING MEMBER FIRST NAME RYAN	STAR NO. 8883	BEAT OF ASSIGNMENT
<input checked="" type="checkbox"/> EVENT NO. 2334608578	<input checked="" type="checkbox"/> RD NO. JG537825	<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.)

Due to the fact that there is no arrest or reportable use of force in this incident, no WOL review was completed. The application did not allow for submission directly to TRED. As a result, R/LT. is attempting to forward this report through the Lieutenant review option.

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: _____
N/A

SCOPE OF RECOMMENDATIONS:

- OPPORTUNITIES TO DE-ESCALATE OR PREVENT FLIGHT
 OTHER METHODS OR TACTICS
 MODIFIED OR IMPROVED TACTICS
 OTHER: N/A

AFTER-ACTION SUPPORT RECOMMENDATIONS FOR SUPERVISOR

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

WATCH OPERATIONS LIEUTENANT NAME (Print) JACKSON, GREGORY	RANK/TITLE CODE 9173	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
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CPD-11.991 (7/22)