

<b>FOOT/BICYCLE PURSUIT REPORT</b> CHICAGO POLICE DEPARTMENT - CPD-11.990 (7/22)				FOOT PURSUIT REPORT NO. REPORT # : 2025-32148021	
DATE OF PURSUIT 02 FEB 2025	TIME OF PURSUIT 2034	FP EVENT NO. 2503312056	BEAT OF ASSIGNMENT 1014	TYPE OF PURSUIT? <input checked="" type="checkbox"/> FOOT <input type="checkbox"/> BICYCLE	
ADDRESS OF INITIATION OF PURSUIT 1828 S RIDGEWAY AVE CHICAGO, IL 60623			BEAT OF PURSUIT 1014	PURSUING MEMBER: <input checked="" type="checkbox"/> INITIATED <input type="checkbox"/> ASSISTED	
INITIATING FACTOR: <input type="checkbox"/> REASONABLE ARTICULABLE SUSPICION (RAS) <input checked="" type="checkbox"/> PROBABLE CAUSE (PC)			INITIAL SUSPECTED CHARGE: (FINAL CHARGE MAY BE DIFFERENT) 720 ILCS 5.0/24-3.1-A-2 - UUW - UNI		
KNOWN OR CLAIM OF INJURY RESULTING FROM PURSUIT: <input type="checkbox"/> PURSUING DEPARTMENT MEMBER <input checked="" type="checkbox"/> PURSUED PERSON <input type="checkbox"/> THIRD PARTY/COMMUNITY MEMBER <input type="checkbox"/> NO INJURY			OFFICER DRESS: <input type="checkbox"/> FIELD UNIFORM <input checked="" type="checkbox"/> CASUAL DRESS <input type="checkbox"/> OTHER	OFFICER WORKING: <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH A PARTNER	
DID YOU SPLIT WITH YOUR PARTNER? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> DNA	IF YES, INDICATE REASON: <input checked="" type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> CONTAINMENT STRATEGY <input checked="" type="checkbox"/> OFFICER SAFETY <input checked="" type="checkbox"/> PUBLIC SAFETY		ADDITIONAL RESOURCES REQUESTED? <input type="checkbox"/> HELICOPTER UNIT <input checked="" 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 checked="" type="checkbox"/> DETAINED PERSON <input type="checkbox"/> MEMBER DISCONTINUED <input type="checkbox"/> SUPERVISOR DISCONTINUED		IF PURSUING MEMBER DETAINED PERSON, WHAT WAS THE RESULT? (CHECK ALL THAT APPLY): <input type="checkbox"/> INVESTIGATORY STOP <input type="checkbox"/> NO ENFORCEMENT ACTION <input type="checkbox"/> CITATION ISSUED <input type="checkbox"/> ARREST <input checked="" type="checkbox"/> REPORTABLE USE OF FORCE <input checked="" type="checkbox"/> OTHER: <u>TRANSPORT TO HOSP</u>			

IF PURSUING MEMBER DISCONTINUED PURSUIT, WHAT WAS THE REASON? (CHECK ALL THAT APPLY)					
<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) TEMOSIHUE JR, ALBERTO		RANK POLICI	STAR NO. 10884	SIGNATURE	DATE/TIME COMPLETED 02 FEB 2025 @ 2201
<b>REVIEWING SUPERVISOR</b>					
OTHER INCIDENT REPORTS MEMBER COMPLETED: (CHECK ALL THAT APPLY)		<input type="checkbox"/> INVESTIGATORY STOP REPORT <input type="checkbox"/> ARREST REPORT <input checked="" type="checkbox"/> TACTICAL RESPONSE REPORT		<input type="checkbox"/> CASE INCIDENT REPORT <input type="checkbox"/> OTHER:	
SUPERVISORS ACTIONS: (CHECK ALL THAT APPLY) <input type="checkbox"/> COORDINATED ACTIONS <input type="checkbox"/> DIRECTED OTHER RESOURCES <input checked="" type="checkbox"/> RECEIVED NOTIFICATION <input checked="" type="checkbox"/> ASCERTAINED PURPOSE <input type="checkbox"/> DIRECTED CONTAINMENT STRATEGY <input type="checkbox"/> OTHER: <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 checked="" type="checkbox"/> WOL (ARREST OR TRR RELATED) <input type="checkbox"/> TRED (ALL OTHER PURSUITS)					
SUPERVISOR NAME (Print) OLSEN, NICK		RANK 9171	STAR NO.	SIGNATURE	DATE/TIME COMPLETED

# FOOT PURSUIT - WATCH OPERATIONS LIEUTENANT REVIEW

FOOT PURSUIT REPORT NO.

CHICAGO POLICE DEPARTMENT

REPORT # : 2025-32148021

## INCIDENT INFORMATION

DATE OF PURSUIT	TIME OF PURSUIT	ADDRESS OF INITIATION OF PURSUIT	BEAT OF PURSUIT	
02 FEB 2025	2034	1828 S RIDGEWAY AVE CHICAGO, IL 60623	1014	
RANK	PURSUING MEMBER LAST NAME	PURSUING MEMBER FIRST NAME	STAR NO.	BEAT OF ASSIGNMENT
9161	TEMOSIHUE JR	ALBERTO	10884	
<input checked="" type="checkbox"/> EVENT NO.	<input checked="" type="checkbox"/> RD NO.	<input type="checkbox"/> ISR NO.	<input type="checkbox"/> CB NO.	<input checked="" type="checkbox"/> TRR NO.
2503312056	JJ135718			

## WATCH OPERATIONS LIEUTENANT REVIEW

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

Deadly force incident. See Log # 2025-00547. No recommendations at this time.

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
O SULLIVAN, SEAN	9173			

CPD-11.991 (7/22)