

|                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                    |                                                                                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| <b>FOOT/BICYCLE PURSUIT REPORT</b><br>CHICAGO POLICE DEPARTMENT - CPD-11.990 (7/22)                                                                                                                                                                       |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                    | FOOT PURSUIT REPORT NO.<br>REPORT # : 2025-32147575                                                      |  |
| DATE OF PURSUIT<br>02 FEB 2025                                                                                                                                                                                                                            | TIME OF PURSUIT<br>1047                                                                                                                                                                                         | FP EVENT NO.<br>2503311509                                                                                                                                                                                                                                                                                                                                                                          | BEAT OF ASSIGNMENT<br>1014                                                                                                                                                                                                                                                                                         | TYPE OF PURSUIT?<br><input checked="" type="checkbox"/> FOOT <input type="checkbox"/> BICYCLE            |  |
| ADDRESS OF INITIATION OF PURSUIT<br>1800 S MILLARD AVE, APT#: 010 CHICAGO, IL 60623                                                                                                                                                                       |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                     | BEAT OF PURSUIT<br>1014                                                                                                                                                                                                                                                                                            | PURSUING MEMBER:<br><input type="checkbox"/> INITIATED <input checked="" type="checkbox"/> ASSISTED      |  |
| INITIATING FACTOR:<br><input type="checkbox"/> REASONABLE ARTICULABLE SUSPICION (RAS)<br><input type="checkbox"/> PROBABLE CAUSE (PC)                                                                                                                     |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                     | INITIAL SUSPECTED CHARGE:<br>(FINAL CHARGE MAY BE DIFFERENT)                                                                                                                                                                                                                                                       |                                                                                                          |  |
| KNOWN OR CLAIM OF INJURY RESULTING FROM PURSUIT:<br><input type="checkbox"/> PURSUING DEPARTMENT MEMBER<br><input type="checkbox"/> PURSUED PERSON<br><input type="checkbox"/> THIRD PARTY/COMMUNITY MEMBER <input checked="" type="checkbox"/> NO INJURY |                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                     | OFFICER DRESS:<br><input checked="" type="checkbox"/> FIELD UNIFORM<br><input type="checkbox"/> CASUAL DRESS<br><input type="checkbox"/> OTHER                                                                                                                                                                     | OFFICER WORKING:<br><input checked="" type="checkbox"/> ALONE<br><input type="checkbox"/> WITH A PARTNER |  |
| DID YOU SPLIT WITH YOUR PARTNER?<br><input type="checkbox"/> NO<br><input type="checkbox"/> YES<br><input type="checkbox"/> DNA                                                                                                                           | IF YES, INDICATE REASON:<br><input type="checkbox"/> TACTICAL POSITIONING<br><input type="checkbox"/> CONTAINMENT STRATEGY<br><input type="checkbox"/> OFFICER SAFETY<br><input type="checkbox"/> PUBLIC SAFETY |                                                                                                                                                                                                                                                                                                                                                                                                     | ADDITIONAL RESOURCES REQUESTED?<br><input type="checkbox"/> HELICOPTER UNIT <input checked="" type="checkbox"/> AREA CONTAINMENT<br><input type="checkbox"/> AREA SATURATION OF PERSONNEL<br><input type="checkbox"/> VIDEO MONITORING/TECHNOLOGY<br><input type="checkbox"/> NONE <input type="checkbox"/> OTHER: |                                                                                                          |  |
| PURSUING MEMBER CONCLUSION:<br><input checked="" type="checkbox"/> DETAINED PERSON<br><input type="checkbox"/> MEMBER DISCONTINUED<br><input type="checkbox"/> SUPERVISOR DISCONTINUED                                                                    |                                                                                                                                                                                                                 | IF PURSUING MEMBER DETAINED PERSON, WHAT WAS THE RESULT?<br>(CHECK ALL THAT APPLY):<br><input type="checkbox"/> INVESTIGATORY STOP <input type="checkbox"/> NO ENFORCEMENT ACTION<br><input type="checkbox"/> CITATION ISSUED <input type="checkbox"/> ARREST<br><input checked="" type="checkbox"/> REPORTABLE USE OF FORCE <input checked="" type="checkbox"/> OTHER: transported to the hospital |                                                                                                                                                                                                                                                                                                                    |                                                                                                          |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                                                                                                              |                                                                       |                                                                                  |                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------|
| 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<br>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)<br>MASOUD, HUSAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          | RANK<br>POLICE                                                                                                                                               | STAR NO.<br>5107                                                      | SIGNATURE                                                                        | DATE/TIME COMPLETED<br>02 FEB 2025 @ 2042                 |
| <b>REVIEWING SUPERVISOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                                                                                                                              |                                                                       |                                                                                  |                                                           |
| OTHER INCIDENT REPORTS MEMBER COMPLETED:<br>(CHECK ALL THAT APPLY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          | <input type="checkbox"/> INVESTIGATORY STOP REPORT<br><input type="checkbox"/> ARREST REPORT<br><input checked="" type="checkbox"/> TACTICAL RESPONSE REPORT |                                                                       | <input type="checkbox"/> CASE INCIDENT REPORT<br><input type="checkbox"/> OTHER: |                                                           |
| SUPERVISORS ACTIONS: (CHECK ALL THAT APPLY)<br><input checked="" type="checkbox"/> COORDINATED ACTIONS <input checked="" type="checkbox"/> DIRECTED OTHER RESOURCES <input checked="" type="checkbox"/> RECEIVED NOTIFICATION <input checked="" type="checkbox"/> ASCERTAINED PURPOSE<br><input type="checkbox"/> DIRECTED CONTAINMENT STRATEGY <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> RESPONDED TO SCENE<br><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)<br>GARDNER, ERVIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          | RANK<br>9171                                                                                                                                                 | STAR NO.                                                              | SIGNATURE                                                                        | DATE/TIME COMPLETED                                       |

# FOOT PURSUIT - WATCH OPERATIONS LIEUTENANT REVIEW

CHICAGO POLICE DEPARTMENT

FOOT PURSUIT REPORT NO.

REPORT # : 2025-32147575

## INCIDENT INFORMATION

|                                               |                           |                                                 |                                  |                                             |
|-----------------------------------------------|---------------------------|-------------------------------------------------|----------------------------------|---------------------------------------------|
| DATE OF PURSUIT                               | TIME OF PURSUIT           | ADDRESS OF INITIATION OF PURSUIT                |                                  | BEAT OF PURSUIT                             |
| 02 FEB 2025                                   | 1047                      | 1800 S MILLARD AVE, APT#: 010 CHICAGO, IL 60623 |                                  | 1014                                        |
| RANK                                          | PURSUING MEMBER LAST NAME |                                                 | PURSUING MEMBER FIRST NAME       | STAR NO.                                    |
| 9161                                          | MASOUD                    |                                                 | HUSAM                            | 5107                                        |
| <input checked="" type="checkbox"/> EVENT NO. |                           | <input checked="" type="checkbox"/> RD NO.      | <input type="checkbox"/> ISR NO. | <input type="checkbox"/> CB NO.             |
| 2503311509                                    |                           | JJ135718                                        |                                  | <input checked="" type="checkbox"/> TRR NO. |

## 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)