

INVESTIGATORY STOP REPORT

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

ADULT
 JUVENILE

ISR NO.
ISR036860415

EVENT NO.
2534311786

DATE OF STOP 09-DEC-25	TIME OF STOP 2224	SUBMITTING BEAT 2061A	BEAT OF OCC. 2011	LOCATION CODE 304 - STREET	ADDRESS OF STOP (Number/Direction/Street Name) 5721 N WASHTENAW AVE, CHICAGO, IL 60659		
NAME (Last, First, Middle) CALVARIO, ROBERTO			NICKNAME(S)		DATE OF BIRTH -05	AGE / EST. AGE 20	
ADDRESS OF RESIDENCE (Number/Direction/Street Name/Apt./Floor/City/State/Zipcode)				HOME PHONE NO.	CELL PHONE NO.		
SEX MALE	HEIGHT 509	WEIGHT 120	BUILD THIN	EYE COLOR BROWN	HAIR COLOR BLACK	HAIRSTYLE MEDIUM	COMPLEXION LIGHT
WHICH OF THE FOLLOWING DO YOU BELIEVE IS THE RACE OF THE PERSON STOPPED? <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input checked="" 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) ISR036860417		
CLOTHING TYPE/COLOR BLK PANTS, BLACK SWEATER.			SCARS/MARKS/TATTOOS NECK TATTOO		FACIAL HAIR UNSHAVEN	RECORDED: <input type="checkbox"/> IN-CAR VIDEO <input checked="" type="checkbox"/> BODY WORN CAM.	
EMPLOYER'S NAME			EMPLOYER'S ADDRESS				
SCHOOL'S NAME			SCHOOL'S ADDRESS		EVENT ASSIGNED BY <input checked="" type="checkbox"/> DISPATCHED <input type="checkbox"/> ON VIEW <input type="checkbox"/> OTHER		
NAME VERIFIED BY ID <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DRIVERS LICENSE NO./STATE ID NO. IL			OTHER ID TYPE OR MEANS			
DID THE STOP INVOLVE A VEHICLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			LICENSE PLATE NO.		TYPE/STATE/EXP. (OR TEMP. TAG NO.) PC - PASSENGER CAR / IL / 30-JUN-26		
V.I.N. NO. 5UX23EM09T922163	VEHICLE YEAR 2026	MAKE BMW	MODEL	BODY STYLE HARDTOP (4-DOOR)	COLOR WHITE / WHITE		
MISSION NO.	BOC-I NO.	HOT SPOT NO.	RD NO. (If Related) JJ517126	GANG/NARCOTIC RELATED ENFORCEMENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (AS IN S10-02-03)	DISPERSAL TIME	NO. DISP.	
DISPOSITION OF THE STOP: IF YES, CHECK APPLICABLE BOX BELOW. ENFORCEMENT ACTION TAKEN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> ARREST <input type="checkbox"/> PERSONAL SERVICE CITATION (CIT. #) <input type="checkbox"/> ANOV (CIT. #)		CITED VIOLATIONS/CHARGES	
GANG INFORMATION SECTION (COMPLETE THIS SHADED SECTION ONLY IF INCIDENT/SUBJECT HAS GANG INVOLVEMENT):							
GANG/FACTION		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 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 checked="" type="checkbox"/> FITS DESCRIPTION OF AN OFFENDER AS DESCRIBED BY VICTIM OR WITNESS <input type="checkbox"/> FITS DESCRIPTION FROM FLASH MESSAGE <input checked="" type="checkbox"/> ACTIONS INDICATIVE OF "CASING" VICTIM OR LOCATION <input checked="" type="checkbox"/> PROXIMITY TO THE REPORTED CRIME LOCATION <input type="checkbox"/> GANG/NARCOTIC RELATED ENFORCEMENT <input type="checkbox"/> OTHER					<input type="checkbox"/> PROBABLE CAUSE (Explain in the Investigatory Stop Narrative on Side 2)		
WAS A PROTECTIVE PAT DOWN CONDUCTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 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"/> COCAINE Wgt. <input type="checkbox"/> HEROIN Wgt. <input type="checkbox"/> OTHER Describe: <input type="checkbox"/> OTHER WEAPON Describe: <input type="checkbox"/> CANNABIS Wgt. <input type="checkbox"/> OTHER CONTROLLED SUBSTANCE Describe below: <input type="checkbox"/> STOLEN PROPERTY <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUG PARAPHERNALIA 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							
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"/> COCAINE Wgt. <input type="checkbox"/> HEROIN Wgt. <input type="checkbox"/> OTHER Describe: <input type="checkbox"/> OTHER WEAPON Describe: <input type="checkbox"/> CANNABIS Wgt. <input type="checkbox"/> OTHER CONTROLLED SUBSTANCE Describe below: <input type="checkbox"/> STOLEN PROPERTY <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUG PARAPHERNALIA 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)

SEE INVESTIGATIVE RESPONSE TEAM SUPPLEMENTAL REPORT.

DISTRIBUTION: Forward original report to the Records Division.

ISR NO.

ISR036860415

FIRST OFFICER'S NAME AND STAR NO.

GOMEZ, GILBERTO / 15482

SECOND OFFICER'S NAME AND STAR NO.

SALAZAR, JOSE J / 13522

REVIEWING SUPERVISOR NAME AND STAR NO.

MIONSKOWSKI, RALPH L / 2582

APPROVED REJECTED

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