

<b>FOOT/BICYCLE PURSUIT REPORT</b> CHICAGO POLICE DEPARTMENT - CPD-11.990 (7/22)				FOOT PURSUIT REPORT NO. REPORT # : 2024-28440544	
DATE OF PURSUIT	TIME OF PURSUIT	FP EVENT NO.	BEAT OF ASSIGNMENT	TYPE OF PURSUIT?	
23 JUN 2024	1711	2417510870	0614	<input checked="" type="checkbox"/> FOOT <input type="checkbox"/> BICYCLE	
ADDRESS OF INITIATION OF PURSUIT [REDACTED]			BEAT OF PURSUIT	PURSUING MEMBER:	
			0614	<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 5.0/24-1.1-A - UUW - WEAI		
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 checked="" type="checkbox"/> FIELD UNIFORM <input 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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> DNA	IF YES, INDICATE REASON: <input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> CONTAINMENT STRATEGY <input type="checkbox"/> OFFICER SAFETY <input type="checkbox"/> PUBLIC SAFETY		ADDITIONAL RESOURCES REQUESTED? <input type="checkbox"/> HELICOPTER UNIT <input type="checkbox"/> AREA CONTAINMENT <input type="checkbox"/> AREA SATURATION OF PERSONNEL <input type="checkbox"/> VIDEO MONITORING/TECHNOLOGY <input checked="" 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 checked="" 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 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
MURPHY, TYLER		POLIC	17179		23 JUN 2024 @ 2359
<b>REVIEWING SUPERVISOR</b>					
OTHER INCIDENT REPORTS MEMBER COMPLETED: (CHECK ALL THAT APPLY)		<input type="checkbox"/> INVESTIGATORY STOP REPORT <input checked="" type="checkbox"/> ARREST REPORT <input checked="" type="checkbox"/> TACTICAL RESPONSE REPORT		<input checked="" 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 type="checkbox"/> RECEIVED NOTIFICATION <input 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)		RANK	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
DURKIN, THOMAS		9171			

# FOOT PURSUIT - WATCH OPERATIONS LIEUTENANT REVIEW

FOOT PURSUIT REPORT NO.

CHICAGO POLICE DEPARTMENT

REPORT # : 2024-28440544

## INCIDENT INFORMATION

DATE OF PURSUIT	TIME OF PURSUIT	ADDRESS OF INITIATION OF PURSUIT	BEAT OF PURSUIT	
23 JUN 2024	1711	8138 S HERMITAGE AVE CHICAGO, IL 60620	0614	
RANK	PURSUING MEMBER LAST NAME	PURSUING MEMBER FIRST NAME	STAR NO.	BEAT OF ASSIGNMENT
9161	MURPHY	TYLER	17179	
<input checked="" type="checkbox"/> EVENT NO.	<input checked="" type="checkbox"/> RD NO.	<input type="checkbox"/> ISR NO.	<input checked="" type="checkbox"/> CB NO.	<input checked="" type="checkbox"/> TRR NO.
2417510870	JH318399			

## WATCH OPERATIONS LIEUTENANT REVIEW

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

This incident was associated with a level 3 use of force event under TRR 2024-03168. The offender was listed in critical condition at Christ Hospital with a brain bleed and altered mental state.

The completion of the review section section is based on the available preliminary information as well as the R/Lt's knowledge, training, and experience.

This interpretation of the incident may later be modified by another investigative agency if additional information or resources not available to R/Lt at the time of this report are utilized in the analysis of the incident. This determination was based on the interpretation of the available information at the time of completion of the report.

While there may or may not be additional information including any audio, video, written reports, or other statements made in connection with this incident that can either corroborate or contradict the current report R/LT is making, this report is being made on information R/LT has been told and been able to

\*\*REPORT NARRATIVE CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM\*\*

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. 2024-0005768
- 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
DOHERTY, RYAN	9173			

CPD-11.991 (7/22)