SUMMARY REPORT DIGEST-COMPLAINT REGISTER INVESTIGATION NO.: CHICAGO POLICE DEPARTMENT

265474/Conf#259136

DATE OF REPORT (DAY-MO.-YEAR)

14 September 2000

To be used in all cases that are to be classified as either EXONERATED, UNFOUNDED, NOT SUSTAINED or in SUSTAINED cases where the Disciplinary Recommendation does not exceed FIVE (5) DAYS SUSPENSION.

SUBMIT ORIGINAL AND 3 COPIES IF ASSIGNED TO SAME UNIT AS ACCUSED. SUBMIT ORIGINAL AND 4 COPIES IF NOT ASSIGNED TO SAME UNIT AS ACCUSED.

| | | TO: | SUPERINTEND ATTENTION | | NISTRATOR | | | | F PROFESSIO , INTERNAL A | | | | | |
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| FR | OM-INVEST | TIGATOR | 'S NAME | E ACOI | DIANI DEI | | STAR NO. | , | CIAL SEC. NO. | | EMPLOY | | LIMI | T ASSIGN. |
| FROM-INVESTIGATOR'S NAME Peter KOCONIS | | | | | SGT. | 805 | 300 | DIAL SEC. NO. | | EMIFEOT | EE NO. | 1000 | 21 CIS | |
| AD | DRESS OF | INCIDEN | | , | | 301. | DATE OF INC | IDEN | T -TIME | | BEAT OF | INC I DENT | | |
| 6408 North Glenwood | | | | | Unknown | | | | 2432 | | | 15 | | |
| | NAME | | | | | STAR NO. | SOCIAL SEC. NO. | | | EMPLOYEE NO. | | UNI | TASSIGN. | |
| | 1. | | NONE | | | | | | | | | | | |
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| ACCUSED | 1, | | | | | | | Υ | OFF DUT | Υ | CIVI | LIAN | CODE | E† |
| ပ္မ | | | | | | Помент | | П огт выта: | | SWORN | | | | |
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| MAN | | | | | | | | | None | | M/W | 3: | 2 | COND. |
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| ΑŢ | This comp BUTTS. further int and 2) Ar | This cor formatio | | ved via the | Bell telephor | ne syste | m from a | |) from Sergean | | | ETON to L | | tte 32, no |
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| 01 02 03 04 05 06 07 08 09 10 | Other Poli Police Con Court Ro | s/Restauri quor Storness Esta ilding acility ntenance motive Prope nmunicati | ant re siblishment re Facility ound Facility orty ons System | 12 13 14 15 16 17 18 19 | Public Transport Park District Pr Airport Public Propert Other Private Pr Expressway/Int Public Way - Oi Waterway, Incl Private Residen | ty Other remise terstate S ther I. Park Di ce | System | | No Visible Injured, No Injured, No Injured, No Injured, No Injured, Ho Injured, Ho Injured, Re Injured, Re Deceased In Deceased | Injur Injur t Ho t Ho spita spita fuse fuse | y - Appare y - Under spitalized spitalized alized - Ur d Medical d Medical | ently Normal Influence - Under Influence Aid Aid - Under ce | uenc ce | |
| | IL CLD ME | NDEK, LI | ET RANK, STAR, SC | CIAL SECUI | RITT, EMPLOY | TEE NOS | S. IN ADDRESS | BOX, | PAX/BELL IN T | ELEF | -HONE B | UX. | | |

DATE INITIATED
(DATE COMPLAINT WAS
RECEIVED FOR INVESTIGATION)

DATE COMPLETE (DATE OF THIS REPORT)

ELAPSED TIME

Investigator will initiate the Command Channel Review form by completing the Investigator's Section.

IF NECESSARY, USE AN 81/2 x 11" SHEET

ne (1) Day

405

EVIDENCE:

- 1. Complaint against Department Member.
- 2. Interview with
- 3. Interview with

Redaction Date: 9/28/2020 11:03:56 AM

Redaction Log

Total Number of Redactions in Document: 23

Redaction Reasons by Page

| Page | Reason | Description | Occurrences | |
|------|--------|-------------|-------------|--|
| 1 | | | 12 | |
| 2 | | | 10 | |
| 3 | | | 1 | |

Redaction Date: 9/28/2020 11:03:56 AM

Redaction Log

Redaction Reasons by Exemption

| Reason | Description | Pages (Count) |
|--------|-------------|------------------------|
| | | 1(12) 2(10) 3(1) |

Redaction Date: 11/9/2020 7:05:02 AM

Redaction Log

Total Number of Redactions in Document: 1

Redaction Reasons by Page

| Page | Reason | Description | Occurrences | | |
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Redaction Date: 11/9/2020 7:05:02 AM

Redaction Log

Redaction Reasons by Exemption

| Reason | Description | Pages (Count) |
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