

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

237824

DATE OF REPORT (DAY-MO.-YEAR)

22 July 1997

18 August 1997 T

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: SUPERINTENDENT OF POLICE

ATTENTION ☒ ADMINISTRATOR IN CHARGE, OFFICE OF PROFESSIONAL STANDARDS
☐ ASSISTANT DEPUTY SUPERINTENDENT, INTERNAL AFFAIRS DIVISION

FROM-INVIGATOR'S NAME		RANK	STAR NO.	SOCIAL SEC. NO.	EMPLOYEE NO.	UNIT ASSIGN.			
Carole Brawner		Inv	44	Redaction		113			
ADDRESS OF INCIDENT		DATE OF INCIDENT - TIME		BEAT OF INCIDENT		LOCATION CODE*			
5400 South State		20 June 1997 1400		232		17			
ACCUSED	NAME		RANK	STAR NO.	SOCIAL SEC. NO.	EMPLOYEE NO.	UNIT ASSIGN.		
	1. Glenn Evans		PO	16448	Redaction		715		
	2. Melvin Ector		PO	4134	Redaction		715		
	SEX/RACE	D.O.B.	DATE OF APPOINTMENT		DUTY STATUS (TIME OF INCIDENT)		PHYS. COND. CODE†		
1. M/B	Redaction	62	14 Jul 86		<input checked="" type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY		01		
2. M/B	Redaction	66	31 May 94		<input checked="" type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY		01		
IF APPLICABLE - DATE ARRESTED/INDICTED		CHARGES		COURT BRANCH		DISPOSITION & DATE			
1.									
2.									
COMPLAINANTS	NAME		ADDRESS**		CITY STATE	TELEPHONE	SEX/RACE	D.O.B./AGE	PHYS. COND. CODE†
	Redaction		Redaction				M/B	Redaction 75	01
VICTIMS	NAME		ADDRESS**		CITY STATE	TELEPHONE	SEX/RACE	D.O.B./AGE	PHYS. COND. CODE†
WITNESSES	NAME		ADDRESS**		CITY STATE	TELEPHONE	SEX/RACE	D.O.B./AGE	PHYS. COND. CODE†

☐ SEE ATTACHED SHEET FOR ADDITIONAL ACCUSED, COMPLAINANTS, VICTIMS, WITNESSES.

ALLEGATIONS

This complaint was registered with the Office of Professional Standards on 23 June 1997, at 1145 hours. It was received by Supervisor James Lopez.

The complainant, Redaction alleges that on 20 June 1997, at 1400 hours, in the vicinity of Redaction the accused officers: 1) beat him. 2) stole his tapes, vehicle insurance card, and emission test card from his vehicle.

I.A.D. LOCATION CODES*

01 Food Sales/Restaurant	11 Public Transportation Veh./Facility
02 Tavern/Liquor Store	12 Park District Property
03 Other Business Establishment	13 Airport
04 Police Building	14 Public Property - Other
05 Lockup Facility	15 Other Private Premise
06 Police Maintenance Facility	16 Expressway/Interstate System
07 CPD Automotive Pound Facility	17 Public Way - Other
08 Other Police Property	18 Waterway, Incl. Park District
09 Police Communications System	19 Private Residence
10 Court Room	

I.A.D. PHYSICAL CONDITION CODES†

01 No Visible Injury - Apparently Normal
02 No Visible Injury - Under Influence
03 Injured, Not Hospitalized
04 Injured, Not Hospitalized - Under Influence
05 Injured, Hospitalized
06 Injured, Hospitalized - Under Influence
07 Injured, Refused Medical Aid
08 Injured, Refused Medical Aid - Under Influence
09 Deceased
10 Deceased - Under Influence

* IF CPD MEMBER, LIST RANK, STAR, SOCIAL SECURITY, EMPLOYEE NOS. IN ADDRESS BOX, PAX/BELL IN TELEPHONE BOX.

Briefly summarize the investigation describing your efforts to prove or disprove the allegation(s). Indicate whether witnesses or evidence support or do not support the allegation(s).

In sustained cases ONLY, copies of the accused member's Summary of Previous Disciplinary Actions and Record of Previous Complimentary History will be included as attachments.

The complainant, [Redacted], related that during his arrest the accused officers beat him, stole his Rap Tapes, vehicle insurance card, and the emission test card from his vehicle. [Redacted] in his statement recanted the allegations. He stated that at no time was he beaten; and he never actually observed the officers steal anything from the car. [Redacted] stated that when he was placed under arrest; he observed the officers lock and secure the doors to his vehicle. [Redacted] stated that upon his release from the jail this was when he discovered his missing items.

The arrest report indicates in the narrative that Officers Glenn Evans and Melvin Ector placed [Redacted] under arrest on the date and time in question. [Redacted] was charge with "Theft Lost Property." [Redacted] was placed under arrest and taken into the 002nd District Police Station.

CONCLUSION:

The reporting investigator recommends that this investigation be closed with a finding of UNFOUNDED against Officers Evans and Ector. There is no substantila evidence to support any other conclusion; and the complainant also communicated that he was not beaten and t officers secured his vehicle.

This investigator cites General Order 93-3, Addendum 3,11,c,10 which states "The member assigned to investigate a complaint against a Department member will terminate the investigation when it is determined at any time the complaint is unfounded or the member clearly exonerated.

KT

ATTACH- MENTS	INVESTIGATIVE REPORTS— SUPPORTING ALLEGATION LIST ATTACHMENT NUMBERS:	INVESTIGATIVE REPORTS— SUPPORTING ACCUSED MEMBER(S) LIST ATTACHMENT NUMBERS:	PHYSICAL EVIDENCE LIST ATTACHMENT NUMBERS:	TOTAL NUMBER OF ATTACHMENTS SUBMITTED WITH THIS FILE:
	0	3,5	0	8

Summarize the findings and recommendations. Rule violations will be cited by number only. One overall recommendation for Disciplinary Action will be made by the investigator. The recommendation will be for ALL sustained findings; recommendations will NOT be made for each sustained allegation.

Example: 1. Violation noted, no disciplinary action warranted. 2. That the accused member be reprimanded. 3. That the accused member be suspended for days (not to exceed 5 days).

Findings:

Allegations 1 thru 3 Unfounded against Officers Evans #16448/Police Officer Ector #4134

[Redacted]

104

APPROVED: Supervisor James Henry #104

DATE INITIATED (DATE COMPLAINT WAS RECEIVED FOR INVESTIGATION)	24 Jun 97	DATE COMPLETED (DATE OF THIS REPORT)	22 Jul 97	ELAPSED TIME (TOTAL TIME, EXPRESSED IN DAYS)	28
--	-----------	--	-----------	--	----

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

INVESTIGATOR'S SIGNATURE

CAROL BRAWNER

IF NECESSARY, USE AN 8 1/2 x 11" SHEET OF WHITE PAPER TO CONTINUE ANY ITEM.

COMPLAINT AGAINST DEPARTMENT MEMBER
CHICAGO POLICE DEPARTMENT

INITIAL COMPLAINT CATEGORY
05A

C.R. NO.
237824

TO COMMANDING OFFICER - INVESTIGATING

UNIT

MANNER COMPLAINT RECEIVED

☒ BELL ☐ PAX ☐ LETTER ☐ IN PERSON

RECEIVED FROM COMPLAINANT BY-NAME

LOPEZ, James

RANK

SUP-

STAR/EMPL. NO.

102

UNIT NO.

113

DAY OF WK

MON

DATE

23 Jun 97

TIME

1145

REGISTERED WITH O.P.S. BY-NAME

SAME AS ABOVE

RANK

STAR/EMPL. NO.

UNIT NO.

DAY OF WK

DATE

SAME AS ABOVE

TIME

NAME

RANK

STAR NO.

UNIT NO.

SOCIAL SECURITY NO.

DUTY STATUS

1. **GLENN EVANS**

P.O.

16448

715

Redaction

☒ ON ☐ OFF

2. **MELVIN ECTOR**

P.O.

4134

715

Redaction

☒ ON ☐ OFF

3.

☐ ON ☐ OFF

4.

☐ ON ☐ OFF

5.

☐ ON ☐ OFF

LOCATION OF INCIDENT

(002)

DAY OF WK

DATE

TIME

TOTAL ACCUSED

TOTAL COMPL.

TOTAL WIT.

Redaction

- CHA Bldg.

FRI

20 JUN 97

1400

NAME

* ADDRESS (STREET, APT. NO., CITY, STATE)

ZIP CODE

Redaction

(M/B

Redaction

75)

Redaction

HOME PHONE NO. CONTACT AT

Redaction

CHECK ONE

ADDITIONAL COMPLAINANT/VICTIM/WITNESS

C

V

W

NAME

* ADDRESS (STREET, APT. NO., CITY, STATE)

PHONE NO.

FOR ADDITIONAL ACCUSED, COMPLAINANTS (C), VICTIMS (V), WITNESSES (W), USE ANOTHER FORMSET.
 * IF CPD MEMBER, LIST RANK, STAR/EMPLOYEE, SOCIAL SECURITY NOS. IN ADDRESS, PAX/BELL IN PHONE NO. BOX.

NARRATIVE OF ALLEGATIONS

The complainant alleges that the accused unknown male Black officers in casual dress and uniform, beat him during his arrest while at the above location. The complainant alleged that the accused stole his "Rap tapes, vehicle insurance card and his emission vehicle test card from his vehicle and did not return or inventory same.

Arrest: Unknown
 Injuries: None reported
 Medical: None reported

Redaction

INVESTIGATOR ASSIGNED

RANK

STAR/EMPL. NO.

UNIT NO.

1. **BRANNER, CAROL**

INV.

44

113

Redaction

2.

DATE ASSIGNED - TIME

DAY OF WK.

DATE ASSIGNED - TIME

DAY OF WK.

1. **24 Jun 97**

1330Hr

Tues.

2.

C.R. NO.

CPD-44.202 (Rev. 11/84)

ATTACHMENT 1

INVESTIGATOR'S COPY

CITY OF CHICAGO / DEPARTMENT OF POLICE

1121 South State Street
Chicago, Illinois 60605

(312) 744-4000

Text Telephones
(312) 922-1414 (24 Hrs. & Emergency)
(312) 744-8006 (Business Hours)



Office of Professional Standards
1130 South Wabash Avenue Suite 400
Chicago, Illinois 60605

CERTIFIED MAIL

Richard M. Daley, Mayor
Matt L. Rodriguez, Superintendent of Police
28 June 1997

REFERENCE:
C.R. # 237824

Redaction

Dear Redaction:

The Office of Professional Standards has been assigned to investigate your complaint against a member of the Chicago Police Department. It is important for me to speak with you as soon as possible for the purpose of taking your statement regarding the incident. Please call me within three days at 747-5496 between the hours of 9:00 a.m. and 4:30 p.m. so that I can schedule an appointment with you.

I can see you at your home, at work or you may come to this office, whichever is more convenient for you. When I do see you, it would assist me if you could have the names of any witnesses, their addresses or telephone numbers if possible in writing.

If you have any information concerning the police officer, such as his/her name, star number, car or beat number, write it down and bring it with you to the interview.

There is someone to answer our telephone 24 hours a day, seven days a week. If I am not available, just leave your name and telephone number where you may be reached. I will return your call as soon as I receive the message.

The fullest investigation of your complaint is possible only if I can have your cooperation. We hope to hear from you shortly. Please be advised that in any event, the investigation will be pursued with or without your cooperation.

Yours very truly,

Redaction

Investigator Carole Brawner
Office of Professional Standards

O.P.S.
1130 South Wabash
Chicago, Illinois 60605

C. R. 237824
ATTACHMENT # 2

OFFICE OF PROFESSIONAL STANDARDS

08 July 1997
C.R. #237824

Statement of complainant, Charles Searcy. Regarding allegations that on 20 June 1997, at 2 p.m. he was physically abused during the course of his arrest.

Statement being taken at the Office of Professional Standards, 1130 South Wabash, Suite 400.

Statement taken by Investigator III Cheryl Smith, Star #15

Date and Time: 08 July 1997 at 1120 hours

Witnessed by: None

Question: What is your full name, address, telephone number and zip code?

Answer:

Redaction

Question: What is your exact age and date of birth?

Answer: 21, Redaction 1975.

Question: What is your social security number?

Answer: SS# Redaction

Question: Where are you employed and for how long

Answer: Redaction on the Redaction, at Redaction and Redaction

Question: Who do you work for?

Answer: Redaction I'm not in the union so I don't work everyday, I have to call in. I also Redaction Redaction

Question: Redaction what were you doing at the CHA building at Redaction, on 20 June 1997, at 2 p.m.?

Answer: I was visiting Redaction I was at Redaction house visiting Redaction when I was told that the police were going into my car. My car was parked on the lane in the back of the building.

Question: What did you do when you found out that the police were going into your car?

Answer: I went downstairs and asked the officers, a male black with dark skinned, in plainclothes what he was doing. He told me I was going to jail for robbery or something and I asked for what. They told me for this police ID. I have a police training badge, with a state Id and a gun card all on this one clip. They asked me about it and I told them that I found it on a pizza

Redaction

C. R.

237824

ATTACHMENT #

3

pg 1

OFFICE OF PROFESSIONAL STANDARDS
Statement of Charles Searcy
Page Two of C.R. #237824

Answer: delivery. The officer asked me why I didn't deliver it and I told him that I didn't get a chance to. It belonged to a lady who lived on [Redaction]

Question: How tall are you?

Answer: 6'5."

Question: How tall is this officer who you described with the dark complexion?

Answer: About 5'10" his partner, was a fat guy, about 5'6" or 5'7" and I guess they were ex-gang members or something because I asked them not to park my car on [Redaction] [Redaction] My gas pedal came loose and I asked the fat guy not to leave it right there, because the guys in building might steal it. The dark complexioned officer he wore prescription glasses he was driving my car and the fat officer was pushing my car with his squad car at this time. They pushed my car to 51st Street in the rear and left it. I was really in the building trying to sell my car, because the guys in the building make a lot of money selling ^{cars} and that's how I make my money. *Selling cars to them* [Redaction]

Question: What are you accusing these two officers of doing to you?

Answer: I saw the male black dark skinned officer lock the doors on my car. When I went to jail and came back my emission test sticker was missing. The car had not been broken into and some stuff was missing.

Question: Are you assuming that because this stuff was missing that the two officers went back and took it?

Answer: Yes.

Question: Did you see the two officers take this stuff?

Answer: No I didn't I was in jail at the time.

Question: When did you get the keys to your car? [Redaction]

Answer: I kept them, they gave the keys back to me before they took me to jail.

Question: Is this the only thing that you are accusing these two officers of doing?

Answer: Yes, I had some rape tapes, and my insurance card was missing and my radio was hanging out. If the guys from the building had stole it, they would have taken the radio and everything. I saw them slim jimmin my car when I came down to the car initially.

Question: So is the only thing you are accusing these two

[Redaction]

C. R.

237824

ATTACHMENT #

3

Pg 2

OFFICE OF PROFESSIONAL STANDARDS
Statement of Charles Searcy
Page Three of C.R. #237824

Question: officers of doing is to break into your car and
take out the stuff you just stated was missing and
nothing else?

Answer: Yes.

Question: Did either of these two officers hit you?

Answer: No.

Question: After reading this statement, will you sign it?

Answer: Yes.

Question: Where were you taken after you were arrested?

Answer: I was taken to 48th and State and then to 51st and
Wentworth.

Question: What were you charged with?

Answer: Theft.

(Statement Ended)

Redaction

Inv. III Cheryl Smith, Star #15

Redaction

C. R. 237824
ATTACHMENT # 3

pg 3

OFFICE OF PROFESSIONAL STANDARDS

16 July 1997

CR #237824

TO: Gayle B. Shines
Chief Administrator
Office of Professional Standards

FROM: Investigator III Carole Brawner, Star #44

SUBJECT: Returned Certified Receipt RE: Letter to
Complainant, [Redacted] Redaction

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">Complete items 1 and/or 2 for additional services.Complete items 3, 4a, and 4b.Print your name and address on the reverse of this form so that we can return this card to you.Attach this form to the front of the mailpiece, or on the back if space does not permit.Write "Return Receipt Requested" on the mailpiece below the article number.The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: [Redacted]		4a. Article Number [Redacted]	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name)		7. Date of Delivery 2 July 97	
6. Signature (Addressee or Agent) X [Redacted]		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

APPROVED:

[Redacted]
Inv. III Carole Brawner, Star #44

C. R. 237824
ATTACHMENT # 4

4. ADDRESS OF OCCURRENCE
Redacted
5. TYPE OF LOCATION OR PREMISE WHERE OFFENSE OCCURRED (GIVE NAME OF LOCATION IF APPLICABLE)
CHA Grounds
6. DATE OF OCCURRENCE - TIME
19 Jun 97 1630
7. ASSIGNED BY
232
8. BEAT/UNIT ASSGN
45191

All information, descriptions and statements in this entire report are approximations or summaries unless indicated otherwise.

1. NO. 1
2. NAME (LAST-FIRST M.I.)
Redacted
3. IDENTITY VERIFIED
4. HOME ADDRESS (NO. DIR. STREET, APT. NO.)
Redacted
5. SEX - RACE - AGE
F 01 33
6. HOME PHONE
7. BUSINESS PHONE
8. TIME AVAILABLE
9. OCCUPATION
10. RACE CODES
11. VICTIM REL. CODE
12. VICTIM REL. CODE

13. NO. 31
14. DISCOVERED BY
R/O's
15. WITNESSED
X
16. REPORTED OFFENSE
Unit 715 CPD
17. SEX - RACE - AGE
M 01 21 605
18. HEIGHT
175
19. WEIGHT
175
20. EYES
brn
21. HAIR
Blk
22. COMPL.
Med
23. MARKS, SCARS, ETC.
n.v.
24. C.B.I. NO.
25. OFFENSE REL. CODE
24

26. NO. 41
27. OFFENSE NAME (OR DESCRIBE CLOTHING, ETC.)
Redacted
28. SEX - RACE - AGE
M 01 21 605
29. HEIGHT
175
30. WEIGHT
175
31. EYES
brn
32. HAIR
Blk
33. COMPL.
Med
34. MARKS, SCARS, ETC.
n.v.
35. C.B.I. NO.
24

36. NO. 51
37. OBJECT/WEAPON
1. USED
2. DISPLAYED
3. JUNK
38. FIREARM FEATURES
39. POINT/ENTRY
40. POINT/EXIT
41. BURGULAR ALARM
42. SAFE BURGULARY METHOD
43. IF RESIDENCE WHERE WERE OCCUPANTS
44. C.B.I. NO.
45. OFFENSE REL. CODE
24

46. NO. 61
47. HAND GUN
48. SHOTGUN
49. RIFLE
50. KNIFE
51. VEHICLE
52. BLUNT INSTRUMENT
53. THROWN OBJECT
54. OTHER
55. CHROME/NICKEL
56. BLUE STEEL
57. SHOT BARRIL
58. LONG BARRIL
59. SAWED OFF
60. OTHER
61. UNKNOWN
62. FRONT DOOR
63. REAR DOOR
64. WINDOW
65. ROOF
66. FLOOR
67. SIDE DOOR
68. OTHER
69. UNKNOWN
70. FRONT DOOR
71. REAR DOOR
72. WINDOW
73. ROOF
74. FLOOR
75. SIDE DOOR
76. OTHER
77. UNKNOWN
78. BURGLAR ALARM
79. SAFE BURGULARY METHOD
80. PUNCH
81. TOOTH
82. EXPLOSIVE
83. DRILL
84. REMOVED
85. OTHER
86. UNKNOWN
87. OTHER
88. UNKNOWN
89. UNUSUAL CHARACTERISTICS OF OFFENSE
90. UNUSUAL CHARACTERISTICS OF OFFENSE

DATA ENTERED
DD AREA 1

71. DESCRIBE PROPERTY IN NARRATIVE
72. MONEY
73. JEWELRY
74. FURS
75. CLOTHING
76. OFFICE EQUIPMENT
77. RADIO STEREO
78. HOUSEHOLD GOODS
79. CONSUM. GOODS
80. FIREARMS
81. MISC. DRUGS
82. OTHER
83. NONE
84. STATE LICENSE NO.
85. STATE EXPIR. MO/YR
86. PROPERTY INVENTORY MOIS
87. VEH. INVENTORY NO. POI
88. SOBERITY OF VICTIM
89. SOBER

90. NARRATIVE (Do not duplicate or repeat information - for explanation or additional information only)
This is a joint arrest effected by 4519B and 4519A. Arrest information is as follows
Name: Redacted dob Redacted 75 nickname Redacted Charge 720 ILCS 5/16-2 Court Br 34-2 Court Date 29 Jul

Gang Affil: Mickey Cobras date of arrest 19 Jun 1997 time of arrest 1630 hours location of arrest Redacted

Arresting Officers PO Ector # 4134 PO Evans # 16448 PO Borum # 11159 PO Little # 15888
91. EXTRA COPIES REQUIRED
92. OFFICER NOTIFYING FOLLOWUP INVESTIG. UNIT
93. OFFICER NOTIFYING FOLLOWUP INVESTIG. UNIT
94. OFFICER NOTIFYING FOLLOWUP INVESTIG. UNIT
95. OFFICER NOTIFYING FOLLOWUP INVESTIG. UNIT
96. OFFICER NOTIFYING FOLLOWUP INVESTIG. UNIT
97. SUPERVISOR APPROVING (PRINT NAME)
98. SUPERVISOR APPROVING (PRINT NAME)
99. SUPERVISOR APPROVING (PRINT NAME)

6/13/97

ATTACHMENT 5

CHICAGO POLICE
ARREST REPORT
CPD-11 420 (REV 6/92)

NAME (LAST, FIRST, MIDDLE) Redaction		SEX M	RACE 1	AGE 21	DATE OF BIRTH DAY MONTH YEAR Redaction 75	
ALIAS OR NICKNAME Redaction		8 DIST RES	9 HEIGHT 6'05	10 WEIGHT 175	11 HAIR BLK	12 HAIR STYLE SHORT
Redaction		13 EYES BRO	14 COMPLEXION MED		Redaction	
Redaction		15 APT NO FLOOR Redaction	16 DISTRICT MARKED FOR DISABILITY ETL Redaction		Redaction	
18A CITY-STATE Redaction		19 ZIP CODE Redaction	20 HOME TELEPHONE Redaction		21 STATE PLACE OF BIRTH IL	
22 RD NO Redaction		23 BUSINESS NAME ADDRESS Redaction		24 CITY-STATE ZIP CODE Redaction		25 BUSINESS TELEPHONE NONE
26 ADDRESS OF ARREST Redaction		27 ARRESTED 1	28 LOCATION CODE 123	29 BEAT OF ARREST 232	30 DATE OF ARREST DAY MONTH YEAR 19 JUN 97	31 TIME 1630
32 WEAPON Pistol, Revolver, Rifle, Shotgun, Knife, Other (Specify) DNA		33 PROPERTY INVENTORY NO. Redaction		34 FOR NARCOTIC ARREST SUSPECT CANNABIS SUSPECT CONTROLLED SUBSTANCE		35 ARRESTEE TRANSPORTED TO UNIT BY BEAT 002 4528
36 PERSONAL INVESTIGATIVE UNIT NOTIFIED Redaction		37 DOES ARRESTEE HAVE DEPENDENT CHILDREN AT HOME YES NO X NO		38 NAME OF A S A FEL REL DNA		39 CHARGES APPROVED YES NO
39 VICTIM COMPLAINT Redaction		SEX - RACE AGE F 1 33		HOME ADDRESS Redaction		CITY-STATE ZIP CODE TELEPHONE NO Redaction
VICTIM INJURED YES NO X NO		IF YES - DESCRIBE INJURIES Redaction		VICTIM HOSPITALIZED YES NO X NO		HOSPITAL NAME DNA
40 REFERENCES (CH - PAR)		41 OFFENSES		42 DISPOSITIONS		43 DISPOSITIONS

40 REFERENCES (CH - PAR)	41 OFFENSES	42 DISPOSITIONS	43 DISPOSITIONS
1 720 ILCS 5/16-2 Theft Lost Property			
2			
3			
4			

43 NARRATIVE (The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following.)

THIS IS AN ARREST BY 4519B. OF PUBLIC HOUSING SOUTH TACTICAL TEAM

Arrestee was taken into custody for having in his possession one Chicago Police Department Police Recruit Identification card issued to [Redacted] Arrestee also possessed an Illinois Drivers license [Redacted] and an Illinois Firearms Ownership Card # [Redacted] also issued to [Redacted] Arrestee was advised of his miranda rights after being arrested; arrestee then stated he had found the identification at [Redacted] and he did not know the owner, but was going to mail the items in.

ISSUED ON INQUIRY
JUL 21 1997
BY NAME CHECK ONLY

Clear Per IR Check 11740 BT

I do solemnly, sincerely, and truly declare and affirm that the facts stated herein are true.		Redaction		STAR EMP NO 1830
44 FIRST ARRESTING APPEARING OFFICER - PRINT NAME EVANS, GLENN	STAR NO 16448	UNIT 715	DEPUTY CLERK Redaction	45 SECOND ARRESTING OFFICER - PRINT NAME ECTOR, MELVIN
46 BEAT NO 4519B	47 FURLG 8A	48 D O CRP 2	49 MISD ORD CRT KEY M	50 VEHICLE ASSIGNED ONE TWO THREE PO PO PO
51 RESULTS OF FINGERPRINT CHECK WAIVED BY SIG - STAR Redaction	52 DATE Redaction	53 TIME Redaction	54 DATE Redaction	55 TIME Redaction
56 ARRESTEE SEARCHED BY TUCKER	STAR EMP NO 9648	UNIT 8	57 DATE RECEIVED - LOCKUP 19 JUN 97	58 TIME 1920
59 BOOKING OFFICER ADAMS	STAR EMP NO 6045	UNIT 2	56 TIME FINGERPRINTED 1930	57 TIME PHOTOGRAPHED 1935
58 PLACED IN CELL NO 213		COURT INFORMATION		
59 ARR OFF DES RED COURT DATE 29 Jul 97	BRANCH - CALL 34-2	60 COURT SGT TO HANDLE YES NO X NO	61 INITIAL COURT DATE 29 July 97	62 FINAL CRT DATE 34 237824
63 BONDED - DATE 20 June 97	TIME Redaction	64 COURT DOCKET Redaction	65 COURT DOCKET C. R.	66 FINAL JUDGE'S NAME Redaction

ATTACHMENT # 5
B1

MOVING OF ARRESTEE OUT OF & INTO ARREST/DETENTION FACILITY

	DATE	TIME	TURNUED OVER TO/ RECEIVED FROM	STAR/ EMPL NO	REASON	LOCKUP KEEPER/ OTHER DEPT MEMBER	STAR EMPL N
OUT							
IN							
OUT							
IN							

ISSUED ON INQUIRY

JUL 21 1997

RECORD OF INTERVIEW IN LOCKUP

DATE	TIME	INTERVIEWER	STAR NO	REASON	LOCKUP KEEPER/ OTHER DEPT MEMBER	STAR EMPL N

RECORD OF VISITORS TO ARRESTEE

DATE	TIME IN	TIME OUT	VISITOR'S NAME - ADDRESS - TELEPHONE	RELATIONSHIP	W C'S APPROVAL (SIGNATURE)

RECEIVING SCREENING RECORD FOR ARRESTEE TO BE HELD IN LOCKUP

REFER TO GUIDELINES FOR DISPOSITION OF ARRESTEE, CPD-11 523
NOTE: ALL "YES" ANSWERS REQUIRE ACTION

DATE 19 Jun 97 TIME 1420

ARRESTEE	C B N	LOCKUP KEEPER'S NAME (PRINT)	STAR NO
Redaction	Redaction	H. D. A. W. S.	6045

LOCKUP KEEPER'S VISUAL CHECK

	YES	NO
1 DOES ARRESTEE HAVE OBVIOUS PAIN OR INJURY?	<input type="checkbox"/>	<input type="checkbox"/>
2 IS THERE OBVIOUS SIGN OF INFECTION?	<input type="checkbox"/>	<input type="checkbox"/>
3 APPEARS TO BE UNDER THE INFLUENCE OF ALCOHOL/DRUGS	<input type="checkbox"/>	<input type="checkbox"/>
4 ARE THERE VISIBLE SIGNS OF ALCOHOL AND/OR DRUG WITHDRAWAL?	<input type="checkbox"/>	<input type="checkbox"/>
5 DOES ARRESTEE APPEAR TO BE DESPONDENT?	<input type="checkbox"/>	<input type="checkbox"/>
6 DOES ARRESTEE APPEAR TO BE IRRATIONAL?	<input type="checkbox"/>	<input type="checkbox"/>
7 IS ARRESTEE CARRYING MEDICATION?	<input type="checkbox"/>	<input type="checkbox"/>

LOCKUP KEEPER'S-ARRESTEE QUESTIONNAIRE

	YES	NO	REFUSED
8 ARE YOU PRESENTLY TAKING ANY MEDICATION? (For what)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 (IF FEMALE) ARE YOU PREGNANT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 IS THIS THE FIRST TIME YOU HAVE EVER BEEN ARRESTED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 HAVE YOU EVER TRIED TO KILL YOURSELF OR DONE SERIOUS HARM TO YOURSELF?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 A DO YOU HAVE ANY SERIOUS MEDICAL OR MENTAL PROBLEMS? (IF YES, specify problem under REMARKS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 B ARE YOU RECEIVING ANY TREATMENT? (If YES, specify under REMARKS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY - NAME ADDRESS TELEPHONE RELATIONSHIP

REMARKS

7/20/97 11:40 AM

SPECIAL DISPOSITION COMPLETE ONLY FOR ARRESTEES REFERRED OUT OR TO BE MONITORED

REFERRED TO (Specify)	PLACED IN ONE PERSON CELL NO (for communicable disease cases)	PLACED IN TWO OR MORE PERSON CELL NO UNDER SPECIAL/CLOSE OBSERVATION (potential suicides)

NOTE: LOCKUP KEEPER MUST SIGN IN ALL INSTANCES

LOCKUP KEEPER'S SIGNATURE

Redaction

RELEASE OF ARRESTEE FROM CUSTODY

FOR THE FOLLOWING REASON(S), I HAVE DETERMINED THERE IS NOT SUFFICIENT CAUSE TO FURTHER DETAIN/CHARGE THE ARRESTEE.

C. R. 237824

ATTACHMENT # 5 pg 2

SIGNATURE - ARR OFF /DETECTIVE STAR NO UNIT APPROVED - W/C - DETENTION FAC - STAR NO DATE-TIME RELEASED FROM CUSTODY

CITY OF CHICAGO / DEPARTMENT OF POLICE / 1121 South State Street
IDENTIFICATION SECTION Chicago, Illinois 60605



Redaction

CRIMINAL HISTORY OF

Redaction

M/B

DATE

27 Oct 93

DATE OF BIRTH

Redaction 75

IR NO

IR NO

Redaction

IR NO

Redaction

SID NO

DISPOSITION

NAME & ADDRESS

C.B. NO

Redaction

Redaction

-27 Oct 93, Off. Heil, Dist. 018., State Dis Cond
28 Oct 93, Disorderly Cond (*38-26-1, BF.SOL, Judge Morrissey

Doc Redaction

Redaction

-19 Apr 94, Off. Gaal, Dist. 05, Poss Con Sub
06 June 94, INF Redaction, Poss Amt Cont Subt. Class: 4
28 Jun 94, Poss Amt. Con Sub Redaction PG, 1 Yr. 1410 Prob
Judge Gaughan

Redaction

Redaction

-11 May 94 Off. Sunis Dist 005 CTTV. MISD
10 June 94 Crim Tres. To Vhe (38-21-1), MS/SOL, Judge Thaped
Doc Redaction

Redaction

-19 Jun 97 Off. Evans Dist. 02 Theft of Lost/mislaid Prop

ISSUED ON INQUIRY

JUL 21 1997

BY NAME CHECK ONLY

C.R. 237824

ATTACHMENT # 6

Evidence Inventoried: One CPD Recruit Identification Card

one Illinois Firearms Owner Identification Card

one ² issued to ²

² all inventoried in 715 under # ²

History of Arrest: R/O's, while conducting parking/traffic enforcement in area of incident, conducted an investigation and observed offender in possession of the

inventoried/recovered items. Arrestee was taken into custody because the recovered identification was in his vehicle.

Arrestee, after being mirandized stated that the identification (Police ID, which was displayed on his dashboard)

was in his possession. Offender also stated that he found the identification while delivering a pizza in the area

of ². PO Evans is court officer; victim notified via 22nd district beat car.

I HAVE REVIEWED THIS REPORT AND BY MY SIGNATURE INDICATE THAT IT IS ACCEPTABLE.

DATE (DAY-MO-YR.)

FOR USE BY BUREAU OF INVESTIGATIVE SERVICES ONLY

OFFENSE CODE - <input checked="" type="checkbox"/> CORRECT	REV. CODE	1-UCR METHOD CODE	METHOD ASSIGNED <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> SUMMARY	UNIT NO. 4.9	OFFICER ASSIGNED STAR NO.	DATE ASSIGNED 23 6 97	SUPV. STAR NO. 2155	INVESTIGATIVE FILE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	REASSIGNED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2 REVISED		STATUS <input checked="" type="checkbox"/> PROGRESS <input type="checkbox"/> SUSPENDED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> EXC. CLRD. CLOSED <input type="checkbox"/> CLOSED-NON-ORIGINAL	1 CASE IS CLEARED, NOW CLEARED USE THIS BOX FOR SINGLE CLEAR UP OR FIRST CLEAR UP OF MULTIPLE CLEAR UP LIST <input type="checkbox"/> DIRECTED TO FAMILY COURT <input type="checkbox"/> TO PROSECUTE <input type="checkbox"/> COMMPL. REFUSED <input type="checkbox"/> ADJUSTMENT <input type="checkbox"/> OTHER EXCEPTIONAL						
1-UCR IDENTIFIERS <input type="checkbox"/> CORRECT		1-UCR NO.	1-UCR NAME						
2 REVISED									
VALUE OF PROPERTY TAKEN/RECOVERED	<input type="checkbox"/> 1 DNA <input type="checkbox"/> 2 VERIFIED <input type="checkbox"/> 3 CORRECTED	<input type="checkbox"/> 1 CLOTHING <input type="checkbox"/> 2 OFFICE EQUIPMT. <input type="checkbox"/> 3 TV, RADIO, STEREO <input type="checkbox"/> 4 HOUSEHOLD GOODS <input type="checkbox"/> 5 CONSUM. GOODS <input type="checkbox"/> 6 FIREARMS <input type="checkbox"/> 7 NARCOTICS/DRUGS <input type="checkbox"/> 8 OTHER	1-UCR NO.	1-UCR NAME					
MONEY 1-UCR NO.	<input type="checkbox"/> 1 DNA <input type="checkbox"/> 2 VERIFIED <input type="checkbox"/> 3 CORRECTED	<input type="checkbox"/> 1 CLOTHING <input type="checkbox"/> 2 OFFICE EQUIPMT. <input type="checkbox"/> 3 TV, RADIO, STEREO <input type="checkbox"/> 4 HOUSEHOLD GOODS <input type="checkbox"/> 5 CONSUM. GOODS <input type="checkbox"/> 6 FIREARMS <input type="checkbox"/> 7 NARCOTICS/DRUGS <input type="checkbox"/> 8 OTHER	1-UCR NO.	1-UCR NAME					
1-UCR NO.	<input type="checkbox"/> 1 DNA <input type="checkbox"/> 2 VERIFIED <input type="checkbox"/> 3 CORRECTED	<input type="checkbox"/> 1 CLOTHING <input type="checkbox"/> 2 OFFICE EQUIPMT. <input type="checkbox"/> 3 TV, RADIO, STEREO <input type="checkbox"/> 4 HOUSEHOLD GOODS <input type="checkbox"/> 5 CONSUM. GOODS <input type="checkbox"/> 6 FIREARMS <input type="checkbox"/> 7 NARCOTICS/DRUGS <input type="checkbox"/> 8 OTHER	1-UCR NO.	1-UCR NAME					

(MARKS PERTINENT INFORMATION NOT ON ORIGINAL REPORT)



PREPARED BY - SIGNATURE

STAR NO. DATE (DAY-MO-YR.)

APPROVED BY - SIGNATURE

STAR NO. DATE (DAY-MO-YR.)

INVESTIGATOR'S CASE LOG
OFFICE OF PROFESSIONAL STANDARDS/CHICAGO POLICE

C.R. NO.
237824

DATE OF INCIDENT
30 June 97

PAGE
NO.

INVESTIGATOR

DATE

TIME

ACTIVITY

Redaction

24 June 97 1330 Case assigned

28 June 97 Letter to Compt (cert mail)

24 July 97 1450 Compt called. Scheduled to come to OPS on 08 July 97 at 1100 hrs.

08 July 97 Statement take by Inc.

Redaction

Redaction

16 July 97 Rec'd cert. receipt.

21 July 97 Obtained arrest report

22 July 97 CASE CLOSED

C. R. 237824

ATTACHMENT # 8

COMPLAINT AGAINST DEPARTMENT MEMBER
CHICAGO POLICE DEPARTMENT

INITIAL COMPLAINT CATEGORY **05A** C.R. NO. **237824**

TO COMMANDING OFFICER - INVESTIGATING UNIT

UNIT **OP 9**

MANNER COMPLAINT RECEIVED
☒ BELL ☐ PAX ☐ LETTER ☐ IN PERSON

RECEIVED FROM COMPLAINANT BY-NAME

LOPEZ, James

RANK	STAR/EMPL. NO.	UNIT NO.	DAY OF WK	DATE	TIME
SUP	102	113	MON	23 Jun 97	1145

REGISTERED WITH O.P.S. BY-NAME

SAME AS ABOVE

RANK	STAR/EMPL. NO.	UNIT NO.	DAY OF WK	DATE	TIME
				SAME AS ABOVE	

ACCUSED	NAME	RANK	STAR NO.	UNIT NO.	SOCIAL SECURITY NO.	DUTY STATUS	
	1.					<input type="checkbox"/> ON	<input type="checkbox"/> OFF
	2.					<input type="checkbox"/> ON	<input type="checkbox"/> OFF
	3.					<input type="checkbox"/> ON	<input type="checkbox"/> OFF
	4.					<input type="checkbox"/> ON	<input type="checkbox"/> OFF
	5.					<input type="checkbox"/> ON	<input type="checkbox"/> OFF
						<input type="checkbox"/> ON	<input type="checkbox"/> OFF
				TIME	TOTAL ACCUSED	TOTAL COMPL.	TOTAL WIT.

LOCATION OF INCIDENT **(002)** **Redaction** **CHA Bldg.** DAY OF WK **FRI** DATE **20 JUN 97** TIME **1400** TOTAL ACCUSED TOTAL COMPL. TOTAL WIT.

COMPLAINANT NAME **Redaction** (M/B **Redaction** 75) * ADDRESS (STREET, APT. NO., CITY, STATE) **Redaction** ZIP CODE

HOME PHONE NO. (CONTACT AT **Redaction**)

CHECK ONE			NAME	* ADDRESS (STREET, APT. NO., CITY, STATE)	PHONE NO.
C	V	W			

FOR ADDITIONAL ACCUSED, COMPLAINANTS (C), VICTIMS (V), WITNESSES (W), USE ANOTHER FORMSET.
* IF CPD MEMBER, LIST RANK, STAR/EMPLOYEE, SOCIAL SECURITY NOS. IN ADDRESS, PAX/BELL IN PHONE NO. BOX.

NARRATIVE OF ALLEGATIONS

The complainant alleges that the accused unknown male Black officers in casual dress and uniform, beat him during his arrest while at the above location. The complainant alleged that the accused stole his "Rap tapes, vehicle insurance card and his emission vehicle test card from his vehicle and did not return or inventory same.

Arrest: Unknown
Injuries: None reported
Medical: None reported

Redaction

INVESTIGATOR ASSIGNED	RANK	STAR/EMPL. NO.	UNIT NO.	SOCIAL SECURITY NO.
1.				

DAY OF WK.

COMPLAINT AGAINST DEPARTMENT MEMBER
CHICAGO POLICE DEPARTMENT

INITIAL COMPLAINT CATEGORY
05A

C.R. NO.

237824

TO COMMANDING OFFICER - INVESTIGATING UNIT

UNIT

MANNER COMPLAINT RECEIVED

☒ BELL ☐ PAX ☐ LETTER ☐ IN PERSON

RECEIVED FROM COMPLAINANT BY-NAME

LOPEZ, James

RANK

SUP

STAR/EMPL. NO.

102

UNIT NO.

113

DAY OF WK

MON

DATE

23 Jun 97 1145

REGISTERED WITH O.P.S. BY-NAME

SAME AS ABOVE

RANK

STAR/EMPL. NO.

UNIT NO.

DAY OF WK

DATE

SAME AS ABOVE

ACCUSED	NAME	RANK	STAR NO.	UNIT NO.	SOCIAL SECURITY NO.	DUTY STATUS <input type="checkbox"/> ON <input type="checkbox"/> OFF
1.						<input type="checkbox"/> ON <input type="checkbox"/> OFF
2.						<input type="checkbox"/> ON <input type="checkbox"/> OFF
3.						<input type="checkbox"/> ON <input type="checkbox"/> OFF
4.						<input type="checkbox"/> ON <input type="checkbox"/> OFF
5.						<input type="checkbox"/> ON <input type="checkbox"/> OFF

LOCATION OF INCIDENT

(002)

Redaction

- CHA Bldg.

DAY OF WK

FRI

DATE

20 JUN 97 1400

TIME

TOTAL ACCUSED

TOTAL COMPL.

TOTAL WIT.

COMPLAINANT

NAME

Redaction

(M/D

Redaction

75)

* ADDRESS (STREET, APT. NO., CITY, STATE)

Redaction

ZIP CODE

HOME PHONE NO. (CONTACT AT

Redaction

TIME

PHONE NO.

CHECK ONE
C V W ADDITIONAL COMPLAINANT/VICTIM/WITNESS

C

V

W

NAME

* ADDRESS (STREET, APT. NO., CITY, STATE)

PHONE NO.

FOR ADDITIONAL ACCUSED, COMPLAINANTS (C), VICTIMS (V), WITNESSES (W), USE ANOTHER FORMSET.
* IF CPD MEMBER, LIST RANK, STAR/EMPLOYEE, SOCIAL SECURITY NOS. IN ADDRESS, PAX/BELL IN PHONE NO. BOX.

NARRATIVE OF ALLEGATIONS

The complainant alleges that the accused unknown male Black officers in casual dress and uniform, beat him during his arrest while at the above location. The complainant alleged that the accused stole his "Rap tapes, vehicle insurance card and his emission vehicle test card from his vehicle and did not return or inventory same.

DATA ENTERED:

Arrest: Unknown
Injuries: None reported
Medical: None reported

JUN 26 1997 Bx

REC'D - SMO, AD

Redaction

INVESTIGATOR ASSIGNED

1. **BLANNER, CAROL**

RANK

INV.

STAR/EMPL. NO.

44

UNIT NO.

113

Redaction

DATE ASSIGNED - TIME

DAY OF WK.

DATE ASSIGNED - TIME

DAY OF WK.

1. **24 June 97 1230PM TUES.**

2.

CPD-44.202 (Rev. 11/84)

C.R. NO.

ATTACHMENT 1

IAD COPY-INVESTIGATOR'S UNIT C.O.: MAKE ASSIGNMENT, RETURN TO IAD IMMEDIATELY

OFFICE OF PROFESSIONAL STANDARDS

~~15 SEP 1997~~, 19____

TO: Commanding Officer, Records Section
Internal Affairs Division

FROM: Administrators, Office of Professional Standards

SUBJECT: ORIGINAL CASE FILE/FILING AND RECORDING

C.R.#: 237824

The attached original case file registered under the above Complaint Register Number has been processed by this unit and the final findings and recommendations are recorded therein.

Kindly make the appropriate record entries and maintain the said file pursuant to General Order.

The Administrators

By: _____

Redaction

City of Chicago/DEPARTMENT OF POLICE

1121 South State Street
Chicago, Illinois 60605



(312) 746-6000 Non-Emergency (Voice)
(312) 746-9715 Non-Emergency (TTD)
9-1-1- Emergencies
<http://www.ci.chi.il.us>

Richard M. Daley, Mayor
Matt L. Rodriguez, Superintendent of Police

September 16, 1997

Redaction

REFERENCE:
C.R. #237824

Dear Redaction

Pursuant to your request, the Office of Professional Standards has conducted and completed a thorough investigation into all the allegations of misconduct by a member(s) of the Chicago Police Department.

After evaluating all of the available evidence, we have concluded that the complaint made against the accused member(s) was not based on fact as shown in the investigation. We have, therefore, classified this Complaint Register as UNFOUNDED.

Your cooperation in this matter is appreciated.

Very truly yours,

Redaction

O.P.S.
1130 South Wabash
Chicago, Illinois 60605

Gayle Shines
Chief Administrator
Office of Professional Standards

GS/vh



CLASSIFICATION NOTIFICATION
CHICAGO POLICE DEPARTMENT
OFFICE OF PROFESSIONAL STANDARDS

GLENN EVANS	PO	16448	715
NAME	RANK	STAR	UNIT

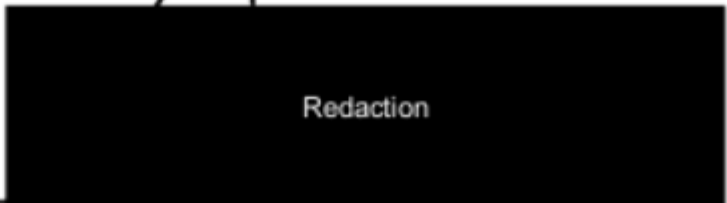
THE LISTED COMPLAINT HAS BEEN INVESTIGATED AND ON THE BASIS OF AVAILABLE EVIDENCE HAS BEEN CLASSIFIED AS LISTED BELOW. THE REPORT OF THIS INVESTIGATION WILL BE MAINTAINED IN THE INTERNAL AFFAIRS DIVISION. IT WILL NOT BE RECORDED IN YOUR PERSONAL FILE.

C.R. NUMBER 237824 COMPLAINANT  Redaction

DATE: 20 JUNE 97

DISPOSITION

UNFOUNDED

 Redaction

OFFICE OF PROFESSIONAL STANDARDS

CLASSIFICATION NOTIFICATION
CHICAGO POLICE DEPARTMENT
OFFICE OF PROFESSIONAL STANDARDS

MELVIN ECTOR	PO	4134	715
NAME	RANK	STAR	UNIT

THE LISTED COMPLAINT HAS BEEN INVESTIGATED AND ON THE BASIS OF AVAILABLE EVIDENCE HAS BEEN CLASSIFIED AS LISTED BELOW. THE REPORT OF THIS INVESTIGATION WILL BE MAINTAINED IN THE INTERNAL AFFAIRS DIVISION. IT WILL NOT BE RECORDED IN YOUR PERSONAL FILE.

C.R. NUMBER 237824 COMPLAINANT Redaction
DATE: 20 JUNE 97

DISPOSITION

UNFOUNDED

Redaction

OFFICE OF PROFESSIONAL STANDARDS

City of Chicago/DEPARTMENT OF POLICE

1121 South State Street
Chicago, Illinois 60605



(312) 746-6000 Non-Emergency (Voice)
(312) 746-9715 Non-Emergency (TTD)
9-1-1- Emergencies
<http://www.ci.chi.il.us>

Richard M. Daley, Mayor
Matt L. Rodriguez, Superintendent of Police

September 5, 1997

Redaction

REFERENCE:
C.R.# 237824

Dear

Redaction

The Office of Professional Standards has completed its investigation of your complaint. At this time, the completed OPS investigation and recommended findings will be subject to a Departmental review by other Department members. Additionally, the investigation may be subject to further Departmental review processes before the recommended finding becomes final. These review processes may take several months to complete.

You will be informed by letter of the final disposition of your case after the review processes have been finalized. Thank you for your cooperation.

Sincerely,

Redaction

Gayle Shines
Chief Administrator
Office of Professional Standards

O.P.S.
1130 South Wabash, #400
Chicago, Illinois 60605



WORKSHEET

COMPLAINT AGAINST DEPARTMENT MEMBER
CHICAGO POLICE DEPARTMENT

INITIAL COMPLAINT CATEGORY OSA C.R. NO. 231824

TO COMMANDING OFFICER - INVESTIGATING UNIT				UNIT				MANNER COMPLAINT RECEIVED <input checked="" type="checkbox"/> BELL <input type="checkbox"/> PAX <input type="checkbox"/> LETTER <input type="checkbox"/> IN PERSON			
RECEIVED FROM COMPLAINANT BY-NAME <u>LOPEZ, JAMES</u>				RANK <u>S4P</u>	STAR/EMPL. NO. <u>102</u>	UNIT NO. <u>113</u>	DAY OF WK <u>MON</u>	DATE <u>23 JUN 97</u>	TIME <u>1145</u>		
REGISTERED WITH O.P.S. BY-NAME <u>Same</u>				RANK	STAR/EMPL. NO.	UNIT NO.	DAY OF WK <u>Same</u>	DATE	TIME		
ACCUSED	NAME	RANK	STAR NO.	UNIT NO.	SOCIAL SECURITY NO.			DUTY STATUS <input type="checkbox"/> ON <input type="checkbox"/> OFF			
	1.							<input type="checkbox"/> ON <input type="checkbox"/> OFF			
	2.							<input type="checkbox"/> ON <input type="checkbox"/> OFF			
	3.							<input type="checkbox"/> ON <input type="checkbox"/> OFF			
	4.							<input type="checkbox"/> ON <input type="checkbox"/> OFF			
Redaction				DAY OF WK <u>SAT</u>	DATE <u>20 JUN 97</u>	TIME <u>1400</u>	TOTAL ACCUSED		TOTAL COMPL.	TOTAL WIT.	

COMPLAINANT	Redaction		CHA Building	Redaction		Redaction
	Redaction			Redaction		
	Redaction		75	Redaction		
	Redaction			Redaction		

CHECK ONE			ADDITIONAL COMPLAINANT/VICTIM/WITNESS	* ADDRESS (STREET, APT. NO., CITY, STATE)	PHONE NO.
C	V	W	NAME		

FOR ADDITIONAL ACCUSED, COMPLAINANTS (C), VICTIMS (V), WITNESSES (W), USE ANOTHER FORMSET.
* IF CPD MEMBER, LIST RANK, STAR/EMPLOYEE, SOCIAL SECURITY NOS. IN ADDRESS, PAX/BELL IN PHONE NO. BOX.

NARRATIVE OF ALLEGATIONS	Struck by unknown PO for no reason.		2 MB in uniform & others
	stole (Rap tapes) personal property Insurance Card		
	arrest: UNK. Enr test student		
	Inj: none reported Med: none reported		

ESTIGATOR ASSIGNED				RANK	STAR/EMPL. NO.	UNIT NO.	SOCIAL SECURITY NO.
DATE ASSIGNED - TIME				DAY OF WK.	DATE ASSIGNED - TIME		DAY OF WK.
1.					2.		

OFFICE OF PROFESSIONAL STANDARDS

16 July 1997

CR #237824

TO: Gayle B. Shines
Chief Administrator
Office of Professional Standards

FROM: Investigator III Carole Brawner, Star #44

SUBJECT: Returned Certified Receipt RE: Letter to
Complainant, [Redacted] Redaction

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: [Redacted]

4a. Article Number: [Redacted]

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery: 29 July 97

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: [Redacted] X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

[Redacted]

Inv. III Carole Brawner, Star #44

APPROVED:

C. R. 237824
ATTACHMENT # 4

Redaction Log

Total Number of Redactions in Document: 181

Redaction Reasons by Page

Page	Reason	Description	Occurrences
1			1
2	Redaction	Redaction	8
3	Redaction	Redaction	8
4	Redaction	Redaction	8
5	Redaction	Redaction	3
6	Redaction	Redaction	16
7	Redaction	Redaction	6
8	Redaction	Redaction	2
9	Redaction	Redaction	5
10	Redaction	Redaction	15
11	Redaction	Redaction	7
12	Redaction	Redaction	27
13	Redaction	Redaction	3
14	Redaction	Redaction	16
15	Redaction	Redaction	13
16	Redaction	Redaction	6
17	Redaction	Redaction	3
18	Redaction	Redaction	6
19	Redaction	Redaction	7
20	Redaction	Redaction	1
21	Redaction	Redaction	3
22	Redaction	Redaction	2
23	Redaction	Redaction	2
24	Redaction	Redaction	3
25	Redaction	Redaction	5
26	Redaction	Redaction	5

Redaction Log

Redaction Reasons by Exemption

Reason	Description	Pages (Count)
		1(1)
Redaction	Redaction	2(8) 3(8) 4(8) 5(3) 6(16) 7(6) 8(2) 9(5) 10(15) 11(7) 12(27) 13(3) 14(16) 15(13) 16(6) 17(3) 18(6) 19(7) 20(1) 21(3) 22(2) 23(2) 24(3) 25(5) 26(5)