

CHICAGO POLICE  
ARREST REPORT  
CPD-11.420 (REV 6/97)

1 NAME (LAST - FIRST - MIDDLE) **MCCARTHY, Kevin D.**  
 2 SEX **M** 3 RACE **2** 4 AGE **29** 5 DATE OF BIRTH - DAY MONTH YEAR **24 NOV 72**  
 7 ALIAS OR NICKNAME **NONE GIVEN**  
 8 DIST RES **014** 9 HEIGHT **6'2"** 10 WEIGHT **170** 11 HAIR **BRN** 12 HAIR STYLE **CURLY** 13 EYES **BLU** 14 COMPLEXION **LIGHT**  
 15 RESIDENCE ADDRESS **3227 N. CLIFTON AVE** APT NO / FLOOR **SCARS ON SHOULDER**  
 16 CITY - STATE **CHICAGO IL 60657** 17 DISTING MARKS, SCARS, DISABILITIES, ETC  
 18 SOCIAL SECURITY NO [REDACTED] 19 STATE / PLACE OF BIRTH **CHICAGO IL** 20 DRIVERS LICENSE NO [REDACTED]

21 OCCUPATION **UNEMPLOYED** 22 BUSINESS NAME - ADDRESS **D - N - A** CITY - STATE ZIP CODE **- N - A** BUSINESS TELEPHONE  
 23 ADDRESS OF ARREST **1732 W. NO. ARMITAGE**  
 24 NO ARRESTED **2** 25 LOCATION CODE OF PREMISES **304** 26 BEAT OF ARREST **1433** 27 DATE OF ARREST - DAY MONTH YEAR TIME **25 APR 02 0430** 28 ARRESTEE TRANSPORTED TO UNIT BY BEA TIME **1424 0445**  
 29 WEAPON  KNIFE  OTHER (SPECIFY) **FIST** 30 PROPERTY INVENTORY NO(S) **D - N - A** 31 FOR NARCOTIC ARREST  APPROX WT NO PLS **N** 32 EST STREET VALUE - CALL ORG CRIME FAX 0-662 **- A**

33 VEHICLE: YEAR MAKE MODEL BODY STYLE COLOR STATE LICENSE NO DR V IN DISPOSITION OF VEHICLE  
 34 PERSON IN INVESTIGATIVE UNIT NOTIFIED UNIT NO / TIME TIME  
 35 DOES ARRESTEE HAVE DEPENDENT CHILDREN AT HOME  YES  NO IF YES - NAME OF Y D MEMBER NOTIFIED - TIME  
 36 NAME OF A S A TEL REV CHARGES APPROVED TIME  
 37 VICTIM COMPLAINT NAME **MINOR BRUISING ON FACE** VICTIM HOSPITALIZED  YES  NO HOSPITAL NAME  
 38 VICTIM SER RACE AGE HOME ADDRESS CITY STATE ZIP CODE TELEPHONE NO

40 REFERENCES (CH - PAR)	41 OFFENSES	42 DISPOSITIONS	40 REFERENCES (CH - PAR)	41 OFFENSES	42 DISPOSITIONS
1720 ICS 5/12-3	BATTERY SIMPLE		5		
2720 ICS 5/16-3	THEFT OF SERVICES		6		
3 8-4-010	DISORDERLY CONDUCT - PUBLIC INTOXICATION		7		
4			8		

43 NARRATIVE (The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following):  
**EVENT # 01752 - INTOX - URINATING ON GULL FLOO - REFUGES PRINTS - 0910**  
**12 REFUGES PRINTS - 0910**  
 In summary R.O. observed above offender staggering and showing obscenities "Fuck you Yuppies!" in the middle of the street disrupting the flow of traffic when approached by complainant who stated offender got into his vehicle and it was driven around for around ten minutes before he refused to pay complainant the taxi fare. When complainant tried to get the money offender pushed victim and fled. Offender was arrested on signed complaints for battery, theft of services and disorderly conduct. Offender transported to the 14th district for processing. Victim/Complainant given V.I.N and Court Info. and refused medical treatment.

I do solemnly, sincerely, and truly declare and affirm that the facts stated herein are accurate to the best of my knowledge.  
 FIRST ARRESTING/APPPEARING OFFICER'S PRINT NAME **HEGER** STAR NO. **6465** UNIT **014**  
 44 FIRST ARRESTING/APPPEARING OFFICER - PRINT NAME **P.O. R. HEGER** BEAT NO **1429** FLPO **3B** D.O. GRP **3** MUSD-ORD **Z** 45 SECOND ARRESTING OFFICER - PRINT NAME - STAR NO UNIT **P.O. K. HESPE 014** 46 VEHICLE ASSIGNED TO ME  TWO  ONE  OTHER  
 APPROVAL OF PROBABLE CAUSE BY SUPERVISOR **[Signature]** 47 RESULTS OF TROTTING CHECK (MAY BE LEFT BLANK) **[Signature]**  
 48 APPROVAL OF PROBABLE CAUSE BY SUPERVISOR **[Signature]** 49 RESULTS OF TROTTING CHECK (MAY BE LEFT BLANK) **[Signature]**  
 50 APPROVAL OF PROBABLE CAUSE BY SUPERVISOR **[Signature]** 51 RESULTS OF TROTTING CHECK (MAY BE LEFT BLANK) **[Signature]**  
 52 APPROVAL OF PROBABLE CAUSE BY SUPERVISOR **[Signature]** 53 RESULTS OF TROTTING CHECK (MAY BE LEFT BLANK) **[Signature]**

COURT INFORMATION  
 54 AAR OF DESIRED COURT DATE 1 BRANCH-CALL **17-MAY-02 23-4** 55 COURTS TO HANDLE  YES  NO **17MAY02 23-4**  
 56 AAR OF DESIRED COURT DATE 2 BRANCH-CALL **25 APR 02 1430** 57 RESULTS OF TROTTING CHECK (MAY BE LEFT BLANK) **[Signature]**

**MOVING OF ARRESTEE OUT OF & INTO ARREST/DETENTION FACILITY**

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

**RECORD OF INTERVIEWS IN LOCKUP**

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

**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 25 Apr 02 TIME 0345

ARRESTEE'S NAME McCARTHY, KEVIN C.B. NO. NO1504 LOCKUP KEEPER'S NAME (PRINT) TRANCHETTI STAR NO. 7846

**LOCKUP KEEPER'S VISUAL CHECK**

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

**LOCKUP KEEPER'S-ARRESTEE QUESTIONNAIRE**

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

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

REMARKS INTOX - URINATING ON FLOOR - AGITATED & UNCOOPERATIVE - REQUESTS TO BE PRINTED

**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 <u>[Signature]</u>	

**RELEASE OF ARRESTEE FROM CUSTODY**

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

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







**CHICAGO POLICE DEPARTMENT  
CASE SUPPLEMENTARY REPORT**

**HH329323**

3510 S. Michigan Avenue, Chicago, Illinois 60653  
(For use by Chicago Police - Bureau of Investigative Services Personnel Only)

Case Id : 2100480  
Sup ID : 1375323 CASR301

METHOD/CAU CODE		DETECTIVE SUP. APPROVAL COMPLETE			
Last Offense Classification/Re-Classification	IUCR Code	Original Offense Classification			IUCR Code
BATTERY / Simple	0460	BATTERY / Simple			0460
Address of Occurrence	Beat of Occur	No of Victims	No of Offenders	No of Arrested	SCR No
1732 W ARMITAGE AVE	1432	2	2	0	
Location Type	Location Code	Secondary Location			Hate Crime?
Street	304				NO
Date of Occurrence	Unit Assigned	Date RO Arrived	Fire Related?	Gang Related?	Domestic Related?
25-APR-2002 04:20 - 25-APR-2002 04:20	1424	25-APR-2002 04:30	NO	NO	NO
Reporting Officer	Star No	Approving Supervisor	Star No	Primary Detective Assigned	Star No
KONDAL, Joseph	20697	KONDAL, Joseph	20697		
Date Submitted	Date Approved		Assignment Type		
28-APR-2002 07:58	28-APR-2002 07:59		ADMIN		

**THIS IS A ADMIN INVESTIGATION METHOD/CAU CODE REPORT**

**VICTIM(S) :**

**CHICAGO POLICE, Heger**  
**#6465**

Male

RES: 2150 N California Ave  
Chicago IL

**OTHER COMMUNICATIONS:**

Business 312-744-8290  
Phone :

[REDACTED]  
RES: [REDACTED]

**OTHER COMMUNICATIONS:**

Business [REDACTED]  
Phone :

**SUSPECT(S):**

[REDACTED]  
RES: [REDACTED]  
DESCRIPTION: [REDACTED]

CB #: [REDACTED]

**MCCARTHY, Kevin D**

Male / White / 29 Years

RES: 3227 N Clifton Ave

**HH329323**

Chicago IL

DESCRIPTION: 6'02,170,Brown Hair, Blue Eyes, Light Complexion

CB #: 15101504

RELATIONSHIP OF VICTIM TO OFFENDER:

CHICAGO POLICE, Heger #6465 Unknown

[REDACTED]

Type

Bruised

LOCATION OF INCIDENT:

1732 W Armitage Ave  
Chicago IL  
304 - Street

DATE & TIME OF INCIDENT:

25-APR-2002 04:20 - 25-APR-2002 04:20

METHOD CODE(S):

DNA

CAU CODE(S):

DNA

PERSONNEL ASSIGNED:

Reporting Officer

HESPE, Kelly S  
HEGER, Richard W

# 16791  
# 6465

BEAT: 1424  
BEAT: 1424

OTHER INDIVIDUALS INVOLVED:

[REDACTED]

( Person Reporting Offense )

RES: [REDACTED]

OTHER COMMUNICATIONS:

Business Phone : [REDACTED]

CRIME CODE SUMMARY:

0460 - Battery - Simple

ASSOCIATED ARRESTS:

15101504  
[REDACTED]

REPORT DISTRIBUTIONS:

No Distribution