



Village of Oak Brook

1200 Oak Brook Road
Oak Brook, IL 60523-2255
Website
www.oak-brook.org

Administration
630.368.5000
FAX 630.368.5045

**Community
Development**
630.368.5101
FAX 630.368.5128

**Engineering
Department**
630.368.5130
FAX 630.368.5128

Fire Department
630.368.5200
FAX 630.368.5251

Police Department
630.368.8700
FAX 630.368.8739

**Public Works
Department**
630.368.5270
FAX 630.368.5295

**Oak Brook
Public Library**

600 Oak Brook Road
Oak Brook, IL 60523-2200
630.368.7700
FAX 630.368.7704

Oak Brook Sports Core

Bath & Tennis Club
700 Oak Brook Road
Oak Brook, IL 60523-4600
630.368.6420
FAX 630.368.6439

Golf Club
2606 York Road
Oak Brook, IL 60523-4602
630.368.6400
FAX 630.368.6419

Dear Ride Along Participant:

The Oak Brook Police Department welcomes your participation and sincerely hopes that your tour as an observer will provide you with a better understanding of the operations of our Patrol Division.

We hope that this will be an eventful experience, which will provide you with a broad spectrum of reference the work of the Patrol Division at the Oak Brook Police Department.

The work load of the Patrol Division is virtually unpredictable. It can change in a moment's notice from inactivity to a rush of activity.

If you are involved in a critical situation, we request that you remain unobtrusive. Please do not interrupt the Officer while they are engaged in an investigation, interrogation or an arrest.

Sincerely,

Brian Strockis
Chief of Police

The below list of regulation are for the safety of the observer and the host Officer.

1. Observer will act only under the direction of the host Officer.
2. Observer will not leave the squad car at the scene of any police activity.
3. Observer will not converse with prisoners, suspects, witnesses or other parties contacted on police business unless requested by the Officer.
4. Observer will not handle evidence.
5. Tape recorders, cameras and video equipment are prohibited.
6. Observer is encouraged to ask questions regarding procedures and activities, but it must be done at the appropriate time.
7. At no time will the observer be permitted to enter a crime scene.
8. In order to comply with Department policies, you must wear your seat belt in the police vehicle at all times.

I have read and I understand the regulations of the Oak Brook Police Ride Along Program.

Signature

Date



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**RIDE ALONG PROGRAM
OAK BROOK POLICE DEPARTMENT**

RIDE ALONG TO COMPLETE BELOW INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____

DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____

RIDE ALONG REQUEST FROM _____ TO _____ DAY OF WEEK _____

WAIVER OF LIABILITY

The undersigned for and in consideration of being given the opportunity to observe, participate and engage in police operations, functions, training and other activities of the Oak Brook Police Department and recognizing and assuring any and all risks pertaining thereto, wheresoever's locates, hereby released, for himself, his heirs, dependents and assigns, the Village of Oak Brook, its Officials, Officers, Employees and all liability whatsoever for any injuries, damages and claims that may arise out of his observation, participation and engagement in police operations, functions, training and other activities of the Oak Brook Police Department.

IN WITNESS WHEREOF, the undersigned has affixed his/her hand and seal at Oak Brook, IL,

this _____ day of _____, _____
(Day) (Month) (Year)

(Oak Brook Notary signature & seal)

(Ride Along must sign in the presence of Notary)

Accepted:

Oak Brook Police Department

By: _____

Officer Assigned: _____ Date: _____