

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>11-JUL-2014</b>		TIME <b>23:40:00</b>		2. ADDRESS OF OCCURRENCE <b>1533 S CHRISTIANA AVE CHICAGO, IL 60623</b>			3. LOCATION CODE <b>303</b>		4. BEAT/OCCUR <b>1021</b>	
MEMBER INVOLVED	5. POSITION <b>9161</b>		6. LAST NAME <b>KAHN</b>		7. FIRST NAME <b>BRETT K</b>		8. STAR NO. <b>17785</b>		9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
	10. RACE CODE <b>WHI</b>		11. AGE <b>[REDACTED]</b>		12. HT. <b>702</b>		13. WT. <b>193</b>			
SUBJECT INFORMATION	14. DATE OF APPT <b>01-AUG-2012</b>		15. EMPLOYEE NO <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>010 1065C</b>		17. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	19. LAST NAME <b>SPICER</b>		21. FIRST NAME <b>LUCAS</b>		22. M.I. <b>[REDACTED]</b>		23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		24. RACE <b>BLK</b>	
25. D.O.B. <b>23-NOV-1981</b>		26. HT. <b>600</b>		27. WT. <b>200</b>		28. ADDRESS <b>1428 S SPAULDING AVE CHICAGO, IL 60623</b>		29. TELEPHONE NO. <b>[REDACTED]</b>		
30. WAS SUBJECT ARMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. SUBJECT INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>[REDACTED]</b>		34. BY WHOM? <b>[REDACTED]</b>		
35. CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Under Influence <input type="checkbox"/> Hospitalized <input checked="" type="checkbox"/> Not Hospitalized <input type="checkbox"/> Refused Medical Aid		36. CHARGES PLACED <b>9-80-180, 720 ILCS 5.0/31-1-A</b>		37. CB NO. <b>18932827</b>		38. DNA <input type="checkbox"/>		39. CB NO. <input type="checkbox"/>		
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT-ASSAULT		ASSAULT-BATTERY		ASSAULT-ROBBERY	
	SUBJECT'S ACTIONS <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER		<input type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER		<input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER		<input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER	
MEMBER'S RESPONSE		OPEN HAND STRIKE		ELBOW STRIKE		KNEE STRIKE		FIREARM		
<input checked="" type="checkbox"/> MEMBER PRESENCE		<input checked="" type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING		<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH		<input type="checkbox"/> KICKS		<input type="checkbox"/> OTHER		
<input checked="" type="checkbox"/> VERBAL COMMANDS		<input type="checkbox"/> OC CHEMICAL WEAPON		<input type="checkbox"/> IMPACT WEAPON (Describe in Box 40)		<input type="checkbox"/> IMPACT MUNITION (Describe in Box 40)				
<input type="checkbox"/> ESCORT HOLDS		<input type="checkbox"/> TASER (Probe Discharge)		<input type="checkbox"/> TASER (Contact Stun)		<input type="checkbox"/> TASER (Laser Targeted)		<input type="checkbox"/> TASER (Spark Displayed)		
<input type="checkbox"/> WRISTLOCK		<input type="checkbox"/> TASER (Other)		<input type="checkbox"/> OTHER						
<input type="checkbox"/> ARMBAR										
<input type="checkbox"/> PRESSURE SENSITIVE AREAS										
<input type="checkbox"/> CONTROL INSTRUMENT										
<input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION										
<input type="checkbox"/> OTHER										
40. CHEMICAL WEAPON AUTHORIZED BY (NAME)		41. ADDITIONAL INFORMATION								
42. WEAPON TYPE		43. INCIDENT OCCURRED?		44. LIGHTING CONDITIONS		45. WEATHER CONDITIONS				
<input type="checkbox"/> 01 REVOLVER		<input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor		<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		<b>CLEAR</b>				
<input type="checkbox"/> 02 RIFLE		46. MAKE/MANUFACTURER		47. BARREL LENGTH		48. CALIBER/GAUGE				
<input type="checkbox"/> 03 SHOTGUN		49. TASER PART ID NO.		50. WEAPON SERIAL NO. (include Letters)		51. CHICAGO GUN REG. NO.		52. FIREARM OWNER ID. NO.		
<input type="checkbox"/> 04 SEMI-AUTO PISTOL		53. SPECIAL WEAPON CERTIFICATE NO.		54. PROPERTY INVENTORY NO.		55. TYPE OF AMMUNITION USED		56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		
<input type="checkbox"/> 05 OTHER		57. WHO FIRED FIRST SHOT?		58. WAS FIREARM RELOADED DURING INCIDENT?		59. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		60. HOW WAS MEMBER'S HANDGUN WORN?		
<input type="checkbox"/> 06 TASER (Probe Discharge)		<input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> 01 RT. WAIST <input type="checkbox"/> 02 LT. SIDE (WAIST)		<input type="checkbox"/> 03 OTHER (Specify)		
<input type="checkbox"/> 07 OTHER		61. HOW WAS MEMBER'S HANDGUN DRAWN?		62. SPECIFY METHOD/EQUIPMENT USED TO RELOAD?		63. DID MEMBER USE SIGHTS?				
		<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				
64. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		66. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		67. POSITION OF MEMBER DISCHARGING WEAPON				
		<input type="checkbox"/> 01 0-5 FT. <input type="checkbox"/> 02 5-10 FT. <input type="checkbox"/> 03 10-15 FT. <input type="checkbox"/> 04 OVER 15 FT.		<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		<input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)				
68. NOTIFICATIONS (OC OR TASER INCIDENT):		69. NOTIFICATIONS (FIREARM INCIDENT):		70. MEMBERS WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT.						
<input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		<input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> CP COMMAND <input type="checkbox"/> DET. DIV.								
71. REPORTING MEMBER (Print Name) <b>KAHN, BRETT K</b>		STAR/EMPLOYEE NO. <b>17785</b>		SIGNATURE <b>[REDACTED]</b>		DATE/TIME <b>12-JUL-2014 02:50:32</b>		72. INCIDENT NO. <b>1419219612</b>		
73. REVIEWING SUPERVISOR (Print Name) <b>LARA, ILDEFONSO J</b>		STAR NO. <b>1607</b>		DATE/TIME <b>12-JUL-2014 03:44:25</b>		73. REPORT NO. <b>HX341575</b>				
74. REVIEWING SUPERVISOR SIGNATURE <b>[REDACTED]</b>		75. REVIEWING SUPERVISOR SIGNATURE <b>[REDACTED]</b>		76. DATE/TIME <b>12-JUL-2014 03:44:25</b>						

Log# 1071320  
ATT# 2L

### WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  UNABLE TO INTERVIEW (Specify Reason)

Smith, after hearing his Constitutional Rights from R/LI at 0050 Hrs., in a 10th District processing room holding cell, stated that he wanted to go home.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Upon reviewing the officer's sworn report and interviewing subject Sittonis, Lisa (CB #18932820), the member's actions were in compliance with Department procedures and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO. \_\_\_\_\_ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

GILTMER, BETH A

SIGNATURE

[Redacted Signature]

DATE COMPLETED

12-JUL-2014 04:08:55

TIME

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- CASE REPORT
- ARREST REPORT

- SUPPLEMENTARY REPORT
- OFFICER BATTERY REPORT
- FROM SUBJECT REPORTS FROM DEPARTMENT MEMBER(S)

- I.O.C. REPORT
- OR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT NO.

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