

TACTICAL RESPONSE REPORT/Chicago Police Department

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|--|--|---------------------------------|--|--|---|---|--|---|--|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. DATE OF INCIDENT 29-MAR-2011 | | TIME 07:48:00 | | 2. ADDRESS OF OCCURRENCE 10040 S PRINCETON AVE CHICAGO, IL 60628 | | | | 3. LOCATION CODE 291 | | 4. BEAT/OCCUR 0511 | | | | |
| 5. POSITION 9161 | | 6. LAST NAME MURPHY | | 7. FIRST NAME BRANDON C | | 8. STAR NO. 10545 | | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10. RACE CODE BLK | | 11. AGE [REDACTED] | 12. HT. 601 | 13. WT. 228 |
| 14. DATE OF APPT. 31-JUL-2006 | | 15. EMPLOYEE NO. [REDACTED] | | 16. UNIT & BEAT OF ASSIGNMENT 007 0762A | | 17. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off | | 18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | |
| 20. LAST NAME LEATHERWOOD | | 21. FIRST NAME THOMAS | | 22. M.I. L | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 24. RACE BLK | | 25. D.O.B. [REDACTED] | | 26. HT. 508 | 27. WT. 210 | | | |
| 28. ADDRESS [REDACTED] | | | | 29. TELEPHONE NO. [REDACTED] | | 30. WAS SUBJECT ARMED/OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No OTHER (SPECIFY) | | 31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | |
| 33. WHERE WAS MEDICAL TREATMENT OBTAINED? | | | | 34. BY WHOM? | | 35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | | | | | | | |
| 36. CHARGES PLACED <input type="checkbox"/> DNA | | | | | | | | 37. CB NO. 00000000 | | IR NO. <input type="checkbox"/> DNA | | | | |

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|----------------------------------|--|---|--|--|--|--|--|---|--|--|--|
| 38. <input type="checkbox"/> DNA | | PASSIVE REGISTER | | ACTIVE REGISTER | | ASSAILANT: ASSAULT | | ASSAILANT: BATTERY | | ASSAILANT: DEADLY FORCE | |
| SUBJECT'S ACTIONS | | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | | FLED <input type="checkbox"/> | | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> | | ATTACK WITH WEAPON <input checked="" type="checkbox"/> | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> | |
| | | STIFFENED (DEAD WEIGHT) <input type="checkbox"/> | | PULLED AWAY <input checked="" type="checkbox"/> | | OTHER _____ | | ATTACK WITHOUT WEAPON <input type="checkbox"/> | | WEAPON <input type="checkbox"/> | |
| | | OTHER _____ | | OTHER _____ | | | | OTHER LARGE TIN SNIPS | | OTHER LARGE TIN SNIPS | |
| MEMBER'S RESPONSE | | MEMBER PRESENCE <input checked="" type="checkbox"/> | | OPEN HAND STRIKE <input type="checkbox"/> | | ELBOW STRIKE <input type="checkbox"/> | | KNEE STRIKE <input type="checkbox"/> | | FIREARM <input checked="" type="checkbox"/> | |
| | | VERBAL COMMANDS <input checked="" type="checkbox"/> | | TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> | | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | | KICKS <input type="checkbox"/> | | OTHER _____ | |
| | | ESCORT HOLDS <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"/> | | | |
| | | WRISTLOCK <input type="checkbox"/> | | CANINE <input type="checkbox"/> | | | | | | | |
| | | ARMBAR <input type="checkbox"/> | | TASER (Probe Discharge) <input type="checkbox"/> | | | | | | | |
| | | PRESSURE SENSITIVE AREAS <input type="checkbox"/> | | TASER (Contact Stun) <input type="checkbox"/> | | | | | | | |
| | | CONTROL INSTRUMENT <input type="checkbox"/> | | TASER (Laser Targeted) <input type="checkbox"/> | | | | | | | |
| | | OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | | | | | | |
| | | OTHER _____ | | OTHER _____ | | | | | | | |

39. DNA

40. ADDITIONAL INFORMATION
THIS STATEMENT IS NOT BEING GIVEN VOLUNTARILY, BUT UNDER DURESS. I AM ONLY GIVING THIS STATEMENT AT THIS TIME BECAUSE PER G.O. 02-08, I KNOW I COULD LOSE MY JOB IF I REFUSE.

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER | | 42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | 43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 08 Good Artificial | | 44. WEATHER CONDITIONS CLEAR | |
| 45. MAKE/MANUFACTURER GLOCK, INC.-AU- | | 46. MODEL 22 | | 47. BARREL LENGTH 4.5 | | 48. CALIBER/GAUGE 40 S&W | |
| 49. TASER DART ID NO. | | 50. WEAPON SERIAL No. (Include Letters) HEP832 | | 51. CHICAGO GUN REG. NO. R004034S | | 52. IL FIREARM OWNER ID. NO. [REDACTED] | |
| 53. HANDGUN CERTIFICATE NO. | | 54. SPECIAL WEAPON CERTIFICATE NO. | | 55. PROPERTY INVENTORY NO. | | 56. TYPE OF AMMUNITION USED Department Issued | |
| 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1 | | 58. TOTAL NO. OF SHOTS MEMBER FIRED 4 | | 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER | | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | |
| 61. NO OF CARTRIDGES/SHOT SHELLS RELOADED 0 | | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) | | 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD DNA | |
| 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | |
| 69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" 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) | | | | | | | |

72. CASE INFO.

NOTIFICATIONS (OC OR TASER INCIDENT): OEMC DESK SGT. & W.C./DIST. OF OCCUR.

NOTIFICATIONS (FIREARM INCIDENT): OEMC DESK SGT. & W.C./DIST. OF OCCUR. OP COMMAND DET. DIV.

Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.

| | | | | | |
|--|--|-----------------------------------|--|---|--|
| 73. REPORTING MEMBER (Print Name) MURPHY, BRANDON C | | STAR/EMPLOYEE NO. 10545 | | SIGNATURE [REDACTED] | |
| 29-MAR-2011 12:54:21 | | | | | |
| Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | | | | |
| 74. REVIEWING SUPERVISOR (Print Name) RIGGENBACH, CARL R | | STAR NO. 231 | | SIGNATURE [REDACTED] | |
| | | | | DATE REVIEWED TIME 29-MAR-2011 13:04:52 | |

LOG# 1044336

Attachment# 7

70. EVENT NO.
1108844336

71. R.D. NO.
HT224330

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)

Subject/Offender: Deceased

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the Undersigned that Officer Murphy #10545 acted in compliance with Department policy. Officer Murphy fired his weapon in fear for his life after offender Leatherwood, Thomas IR# 792519 lunged in the officers direction with large tin snips, thus placing him in fear of his life. Log number 1044336 was issued for this incident. U#11-15.

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./CRNO. 1044336 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ALEXANDER, DANA

SIGNATURE

DATE COMPLETED

TIME

29-MAR-2011 13:18:36

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:

SUPPLEMENTARY REPORT

I.O.D. REPORT

CASE REPORT

OFFICER BATTERY REPORT

CR INITIATION REPORT

ARREST REPORT

TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR's THIS EVENT No.

1