

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 28-DEC-2011		TIME 01:46:00		2. ADDRESS OF OCCURRENCE 9544 S AVENUE L, Apt 3 CHICAGO, IL 60617				3. LOCATION CODE 090		4. BEAT/OCCUR 0432	
5. POSITION 9161		8. LAST NAME HERNANDEZ		7. FIRST NAME ROBERT		8. STAR NO. 5655		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE S	
11. AGE [REDACTED]		12. HT. 600		13. WT. 207		14. DATE OF APPT. 30-JUL-2007		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 004 0406E	
17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input 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 WALLS		21. FIRST NAME KARAKA		22. M.I. M	
23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 510		27. WT. 155		28. TELEPHONE NO. [REDACTED]	
29. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		30. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. WHERE WAS MEDICAL TREATMENT OBTAINED? CFD #50		33. BY WHOM? CFD #50		34. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	
35. CHARGES PLACED		36. DNA		37. CB NO.		38. IR NO.		39. DNA		40. DNA	

38. REASON FOR USE OF FORCE (Check all that apply)		SUBJECT'S ACTIONS		MEMBER'S RESPONSE	
<input type="checkbox"/> PASSIVE RESISTER <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) OTHER _____		<input type="checkbox"/> ACTIVE RESISTER FLED <input type="checkbox"/> PULLED AWAY OTHER _____		<input type="checkbox"/> ASSAULT: ASSAULT IMMINENT THREAT OF BATTERY OTHER _____	
<input checked="" type="checkbox"/> ASSAULT: BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON OTHER _____		<input checked="" type="checkbox"/> ASSAULT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER _____		<input type="checkbox"/> OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) OTHER _____	
<input type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION OTHER _____		<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 48) OTHER _____		<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 48) OTHER _____	
39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION ATTACK WITH BUTCHER KNIFE		41. POSITION	

41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS	
<input checked="" type="checkbox"/> 01 SEMI-AUTO PISTOL <input type="checkbox"/> 02 REVOLVER <input type="checkbox"/> 03 RIFLE <input type="checkbox"/> 04 SHOTGUN <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		<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		CLEAR	
45. MAKE/MANUFACTURER GLOCK, INC.-AU-		46. MODEL 19		47. BARREL LENGTH 4		48. CALIBER/GAUGE 9 MM	
49. TASER DART ID NO. LDT438		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO. R004503S		52. IL FIREARM OWNER ID. NO. [REDACTED]	
53. SPECIAL WEAPON CERTIFICATE NO.		54. PROPERTY INVENTORY NO.		55. TYPE OF AMMUNITION USED Department Issued		56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1	
57. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		58. WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		59. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		60. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)	
61. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		62. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		70. EVENT NO. 1136200830	
64. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		65. 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.		66. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN			
67. 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)		68. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		69. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.			
71. MEMBERS WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT.		72. CASE INFO.		73. REPORTING MEMBER (Print Name) HERNANDEZ, ROBERT			

73. REPORTING MEMBER (Print Name) HERNANDEZ, ROBERT		STAR/EMPLOYEE NO. 5655		SIGNATURE [REDACTED]	
74. REVIEWING SUPERVISOR (Print Name) LAVOY, JAMES A		STAR NO. 524		SIGNATURE [REDACTED]	
75. DATE REVIEWED 28-DEC-2011 08:22:09		76. TIME		77. HT. R.O. NO. HT649832	

Log# 1050919
ATT# 15

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)

The subject expired as a result of his injuries.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

It is the preliminary determination of the undersigned based on the facts available at this time, that Officer Hernandez acted in compliance with department policy in that Officer Hernandez fired his weapon at the offender after the offender lunged at the officers while holding a butcher knife.

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.

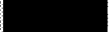
I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CR NO. 1050919 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

JOHNSON, EDDIE T

SIGNATURE



DATE COMPLETED

TIME

28-DEC-2011 08:37:04

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

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

I.O.D. REPORT

CR INITIATION REPORT

NO. TOTAL TRR'S THIS EVENT NO.

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