

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>23-MAR-2012</b>		TIME <b>23:11:00</b>		2. ADDRESS OF OCCURRENCE <b>9349 S VERNON AVE CHICAGO, IL 60619</b>			3. LOCATION CODE <b>291</b>		4. BEAT/OCCUR <b>0633</b>	
5. POSITION <b>9161</b>	6. LAST NAME <b>MEEKS</b>		7. FIRST NAME <b>TIFFANY B</b>		8. STAR NO. <b>8051</b>	9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	10. RACE CODE <b>BLK</b>	11. AGE [REDACTED]	12. HT. <b>503</b>	13. WT. <b>126</b>
14. DATE OF APPT. <b>18-DEC-2006</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>006 0661C</b>		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 <b>UNKNOWN</b>		21. FIRST NAME		22. M.I.	23. SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE	25. D.O.B.	26. HT.	27. WT.	
28. ADDRESS [REDACTED]			29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		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? <b>CHRIST</b>				34. BY WHOM?		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal		36. UNDER INFLUENCE? <input type="checkbox"/> 01 Under influence <input type="checkbox"/> 02 Under influence		37. REFUSED MEDICAL AID? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No
36. CHARGES PLACED						<input type="checkbox"/> DNA	37. CB NO. <b>18370209</b>		IR NO. <input type="checkbox"/> DNA	

36. <input type="checkbox"/> DNA	SUBJECTS' ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
		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 type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>	
REASON FOR USE OF FORCE (Check all that apply)	MEMBER'S RESPONSE	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>	
		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____	
REASON FOR USE OF FORCE (Check all that apply)	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"/>		RICKS <input type="checkbox"/>		OTHER _____	
REASON FOR USE OF FORCE (Check all that apply)	MEMBER'S RESPONSE	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"/>			
		WRIST LOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>					
REASON FOR USE OF FORCE (Check all that apply)	MEMBER'S RESPONSE	ARMBAR <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>							
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>							
REASON FOR USE OF FORCE (Check all that apply)	MEMBER'S RESPONSE	CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>							
		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER _____							
REASON FOR USE OF FORCE (Check all that apply)	MEMBER'S RESPONSE	OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____	

39. <input type="checkbox"/> DNA			40. ADDITIONAL INFORMATION <b>THIS STATEMENT IS NOT BEING GIVEN VOLUNTARILY, BUT UNDER DURESS. I AM ONLY GIVING THIS STATEMENT AT THIS TIME BECAUSE PER G.O., I KNOW I COULD LOSE MY JOB IF I REFUSE.</b>								
POSITION			STAR NO.			UNIT					
41. WEAPON TYPE			42. INCIDENT OCCURRED			43. LIGHTING CONDITIONS			44. WEATHER CONDITIONS		
<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL			<input type="checkbox"/> Indoors <input checked="" 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			<b>RAIN</b>		
<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN			<input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			45. MAKE/MANUFACTURER SIGS. I. & SWISS INDUSTRIAL GESELLSCHAFT - S2-			46. MODEL <b>P239</b>		
47. BARREL LENGTH <b>3.6</b>			48. CALIBER/GAUGE <b>9 MM</b>								
49. TASER BART ID NO.			50. WEAPON SERIAL No. (include letters)			51. CHICAGO CLN REG. NO.			52. IL FIREARM OWNER ID NO.		
			<b>SB001598</b>			<b>R002503S</b>			[REDACTED]		
53. HANDGUN CERTIFICATE NO.			54. SPECIAL WEAPON CERTIFICATE NO.			55. PROPERTY INVENTORY NO.			56. TYPE OF AMMUNITION USED <b>Department Issued</b>		
									57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>		
58. TOTAL NO. OF SHOTS MEMBER FIRED <b>9</b>											
59. WHO FIRED FIRST SHOT			60. WAS FIREARM RELOADED DURING INCIDENT			61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED			62. HOW WAS MEMBER'S HANDGUN WORN		
<input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)			<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO			<b>0</b>			<input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		
63. HOW WAS MEMBER'S HANDGUN DRAWN			64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD			65. DID MEMBER USE SIGHTS			70. EVENT NO. <b>1208319026</b>		
<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)						<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO					
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>NONE</b>			67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED			<input type="checkbox"/> 01 0 - 05 FT. <input checked="" 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 MEMBER'S WEAPON			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)					
<input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN									71. RD. NO. <b>HV211967</b>		

72. CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.										
	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.										
SIGNATURES	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) <b>MEEKS, TIFFANY B</b> STAR/EMPLOYEE NO. <b>8051</b> SIGNATURE [REDACTED] <b>24-MAR-2012 04:13:04</b>										
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.										
	74. REVIEWING SUPERVISOR (Print Name) <b>KINNANE, BRIAN J</b> STAR NO. <b>1120</b> SIGNATURE [REDACTED] DATE REVIEWED <b>24-MAR-2012 04:16:32</b> TIME										

Log # 1052816  
Att # 17

### 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)

Undergoing medical treatment at Christ hospital.

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 Meeks acted in compliance with department policy in that Officer Meeks fired her weapon at the offender after the offender pointed a firearm at Officer Meeks and Officer McGrone.

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. 1052816 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

JOHNSON, EDDIE T

SIGNATURE



DATE COMPLETED TIME

24-MAR-2012 04:20:34

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.C. REPORT

CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

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Log# 1052816  
Att# 17