

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 14-SEP-2012		TIME 21:32:00		2. ADDRESS OF OCCURRENCE 249 W 110TH PL CHICAGO, IL 60628			3. LOCATION CODE 303		4. BEAT/OCCUR 0513		
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME BYRNE		7. FIRST NAME JOSEPH M		8. STAR NO. 5304		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		
	10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 601		13. WT. 165				
SUBJECT INFORMATION	14. DATE OF APPT 27-AUG-2007		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 005 0563C		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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME MCGOWAN		21. FIRST NAME CHRISTOPHER		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		
24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 506		27. WT. 130					
28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <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 type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY MEDICAL EXAMINER - MOR		34. BY WHOM? [REDACTED]		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			
38. REASON FOR USE OF FORCE (Check all that apply)		39. SUBJECT'S ACTIONS		40. MEMBER'S RESPONSE		41. WEAPON DISCHARGE INCIDENT		42. CASE INFO			
<input type="checkbox"/> PASSIVE RESISTER <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		<input type="checkbox"/> ACTIVE RESISTER <input checked="" type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		<input type="checkbox"/> ASSAULT: ASSAULT <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		<input type="checkbox"/> ASSAULT: BATTERY <input checked="" type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		<input type="checkbox"/> ASSAULT: DEADLY FORCE <input checked="" type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____		<input type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMSBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON AUTHORIZATION <input type="checkbox"/> OTHER _____	
43. ADDITIONAL INFORMATION		44. WEAPON TYPE		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE	
<p>THIS STATEMENT IS NOT BEING GIVEN VOLUNTARILY, BUT UNDER DURESS. I AM ONLY COMPLETING THIS REPORT AT THIS TIME BECAUSE G.O. REQUIRES ME TO MAKE THIS REPORT. I KNOW THAT I WILL LOSE MY JOB IF I REFUSE. THIS REPORT IS A SUMMATION AND PRELIMINARY REPORT.</p>		<input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		<input type="checkbox"/> SIG S & G/SWISS INDUSTRIAL GESELLSCHAFT <input type="checkbox"/> SIG P220		<input type="checkbox"/> P220		<input type="checkbox"/> 4.4		<input type="checkbox"/> 45 CAL	
49. TASER PART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. FIREARM OWNER ID NO.		53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.	
[REDACTED]		G396281		R006660S		[REDACTED]		[REDACTED]		[REDACTED]	
55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT		60. WAS FIREARM RELOADED DURING INCIDENT	
[REDACTED]		Department Issued		1		8		<input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		<input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
61. NO. OF CATRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN		63. DID MEMBER USE SIGHS		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		66. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON	
8		<input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		MAGAZINE RELOAD		<input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		<input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	
67. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON		68. POSITION OF MEMBER DISCHARGING WEAPON		69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON		70. POSITION OF MEMBER DISCHARGING WEAPON		71. NOTIFICATIONS (OC OR TASER INCIDENT)		72. NOTIFICATIONS (FIREARM INCIDENT)	
<input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		<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 type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		<input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OF COMMAND <input checked="" type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		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)		STAR/EMPLOYEE NO.		SIGNATURE		73. EVENT NO.		74. REVIEWING SUPERVISOR (Print Name)		STAR NO.	
BYRNE, JOSEPH M		5304		[REDACTED]		1225817965		LOUGHRAN, SEAN R		540	
15-SEP-2012 04:01:36		[REDACTED]		[REDACTED]		HV476172		[REDACTED]		[REDACTED]	
74. REVIEWING SUPERVISOR (Print Name)		STAR NO.		SIGNATURE		DATE REVIEWED		TIME			
LOUGHRAN, SEAN R		540		[REDACTED]		15-SEP-2012 04:07:23					

LOG# 1057079
Attachment 8

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 is 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 Joseph Byrne #5304 acted in compliance with Department policy. Officer Byrne fired his weapon in fear for his life after offender McGowan, Christopher (I.R. #2005337) pointed a handgun in the officer's direction, thus placing him in fear of his life Log #1057079 was issued for this incident. U#12-034.

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. 1057079 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ALEXANDER, DANA

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

15-SEP-2012 04:31:06

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 WITNESSES

I.O.D. REPORT

CR INITIATION REPORT

80. TOTAL TRRS THIS EVENT No.

4

LOG# 1057079

Attachment 8