

ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 20-JUL-2015		TIME 01:12:00		2. ADDRESS OF OCCURRENCE 3855 S ALBANY AVE CHICAGO, IL 60632			3. LOCATION CODE 092		4. BEAT/OCCUR 0911								
5. POSITION 9161		6. LAST NAME CORONA		7. FIRST NAME RODRIGO J		18. STAR NO 7852		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE S		11. AGE [REDACTED]		12. HT. 505		13. WT. 155	
14. DATE OF APPT 01-MAY-2006			15. EMPLOYEE NO [REDACTED]		18. UNIT & BEAT OF ASSIGNMENT 009 0921R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		16. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
20. LAST NAME GODINEZ			21. FIRST NAME HERIBERTO			22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B. [REDACTED]		26. HT. 509		27. WT. 220	
28. ADDRESS [REDACTED]			29. TELEPHONE NO [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" 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? CFD AMB 69				34. BY WHOM? CFD AMB 69		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
36. CHARGES PLACED [REDACTED]								37. CB NO. 12345678		IR NO [REDACTED]		DNA <input type="checkbox"/>					

38. SUBJECT'S ACTIONS	PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT: ASSAULT	ASSAILANT: BATTERY	ASSAILANT: DEADLY FORCE
	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) OTHER _____	<input type="checkbox"/> FLED <input checked="" type="checkbox"/> PULLED AWAY OTHER <input checked="" type="checkbox"/> KICKED HIS FEET	<input type="checkbox"/> IMMINENT THREAT OF BATTERY OTHER _____	<input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON OTHER _____	<input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON OTHER _____
MEMBER'S RESPONSE	<input checked="" 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"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) OTHER <input checked="" type="checkbox"/> HELD HEAD AND FEET DO	<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) OTHER _____	<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40)	<input type="checkbox"/> FIREARM OTHER _____

39. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]			40. ADDITIONAL INFORMATION HELD HEAD AND FEET DOWN TO PREVENT INJURY		
POSITION [REDACTED]		STAR NO. [REDACTED]	UNIT [REDACTED]		
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		44. WEATHER CONDITIONS CLEAR		43. LIGHTING CONDITIONS <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 type="checkbox"/> 06 Good Artificial	
42. INCIDENT OCCURRED <input type="checkbox"/> indoors <input checked="" type="checkbox"/> Outdoors		45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]	
44. WEATHER CONDITIONS CLEAR		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]	
49. TASER PART ID NO [REDACTED]		50. WEAPON SERIAL No. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO [REDACTED]	
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]	
57. NO OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]			
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED]	
62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	
65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input 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 MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BDTN <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <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)			

70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		
70. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input 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.		

73. REPORTING MEMBER (Print Name) CORONA, RODRIGO J		STAR/EMPLOYEE NO. 7852		SIGNATURE [REDACTED]	
74. REVIEWING SUPERVISOR (Print Name) CORLETT, MICHAEL T		STAR NO 2312		SIGNATURE [REDACTED]	

75. DATE REVIEWED: 20-JUL-2015 07:22:18
 76. TIME: 07:22:18
 77. EVENT NO.: 1520100718
 78. R.D. NO.: HY123456

Attachment 14

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

ONA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Subject deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on available information the officer acted properly and within Department Guidelines.

77. LIEUTENANT OR ABOVE/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 1076214 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

JEROME, DON J

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

20-JUL-2015 07:35:51

79. TOTAL TRR's THIS EVENT No

2