

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 07-JAN-2011		TIME 01:34:00	2. ADDRESS OF OCCURRENCE 1119 W MARQUETTE RD CHICAGO, IL 60621		3. LOCATION CODE 304	4. BEAT/OCCUR 0724			
5. POSITION 9161	6. LAST NAME SIERRA	7. FIRST NAME GILDARDO	8. STAR NO. 3656	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE 600	12. HT. 230	13. WT. 230	
14. DATE OF APPT. 30-SEP-2002		15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT 007 0713R		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 PINEX		21. FIRST NAME DARIUS		22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B.	26. HT. 600	27. WT. 200
28. ADDRESS		29. TELEPHONE NO.		30. WAS SUBJECT ARMED/OTHER (SPECIFY). VEHICLE - ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <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?			34. BY WHOM? CFD		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. IR NO. <input type="checkbox"/> DNA				

38. DINA	REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		
		PASSIVE RESISTER <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) OTHER _____	ACTIVE RESISTER <input type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY OTHER _____	ASSAULT: ASSAULT <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY OTHER _____	ASSAULT: BATTERY <input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON OTHER _____	ASSAULT: DEADLY FORCE <input checked="" type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON OTHER VEHICLE DRIVEN AT OFFICER _____
		<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 W/AUTHORIZATION 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 (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) OTHER _____	<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 checked="" type="checkbox"/> FIREARM OTHER _____

39. DINA			40. ADDITIONAL INFORMATION VEHICLE USED AS A WEAPON			
POSITION	STAR NO.	UNIT				
41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <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		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input 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 checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR
45. MAKE/MANUFACTURER SIGNS I. G./SWISS INDUSTRIAL GESELLSCHAFT - S2-		46. MODEL P226	47. BARREL LENGTH 4INCH	48. CALIBER/GAUGE 9 MM		
49. TASER DART ID NO.	50. WEAPON SERIAL No. (Include Letters) U663435	51. CHICAGO GUN REG. NO. 630546	52. IL FIREARM OWNER ID. NO.	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 8		
59. WHO FIRED FIRST SHOT <input checked="" 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 checked="" type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0	62. 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)		
63. 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)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input 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 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 MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" 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): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		70. EVENT NO. 1100700783
	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.		
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			71. R.D. NO. HT108741
73. REPORTING MEMBER (Print Name) SIERRA, GILDARDO	STAR/EMPLOYEE NO. 3656	SIGNATURE	
74. REVIEWING SUPERVISOR (Print Name) AUGUSTYN, GEORGE E			
75. SIGNATURES			DATE REVIEWED TIME 07-JAN-2011 09:40:24

LOG# 1042532

Attachment 29

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)

DOA on scene.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

U # 11-04

Based upon the preliminary investigation and facts known at this time, the undersigned finds that Officer Sierra followed all procedures, policies, and Department Orders in the protection of himself and his partner. Officer Sierra was placed in fear that his partner was being injured seriously and his own safety was threatened by the offender using the vehicle he was driving as a weapon to run him and his partner over. Officer Sierra used the necessary force to defeat an attack against himself.

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. 1042532 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

KEATING, JAMES M

SIGNATURE



DATE COMPLETED

TIME

07-JAN-2011 10:01:53

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:

- | | | |
|--|--|---|
| <input type="checkbox"/> CASE REPORT | <input type="checkbox"/> SUPPLEMENTARY REPORT | <input type="checkbox"/> I.O.D. REPORT |
| <input type="checkbox"/> ARREST REPORT | <input checked="" type="checkbox"/> OFFICER BATTERY REPORT | <input type="checkbox"/> CR INITIATION REPORT |
| | <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) | |

80. TOTAL TRR'S THIS EVENT No.

2