

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 14-MAR-2012		TIME 20:32:00		2. ADDRESS OF OCCURRENCE 5155 W LAKE ST CHICAGO, IL 60644			3. LOCATION CODE 277		4. BEAT/OCCUR 1532								
5. POSITION 9161		6. LAST NAME JONES		7. FIRST NAME CALVIN D		9. STAR NO 10669		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE BLK		11. AGE 510		12. HT. 190			
14. DATE OF APPT. 29-MAY-2001			15. EMPLOYEE NO. [REDACTED]		18. UNIT & BEAT OF ASSIGNMENT 015 1563D		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						
20. LAST NAME YOUNG			21. FIRST NAME OMAR			22. M.I.		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 240	
28. ADDRESS [REDACTED]				29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC, 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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL				34. BY WHOM? DR [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****										37. CB NO. 18362898		IR NO. [REDACTED]					

38. REASON FOR USE OF FORCE (Check all that apply)	SUBJECTS ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>	
MEMBER'S RESPONSE	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>		
	OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____		
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 type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____			
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"/>					
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER _____							
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>									
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Skin) <input type="checkbox"/>									
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>									
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>									
OTHER _____		OTHER _____									

39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			40. ADDITIONAL INFORMATION OFFENDER POINTED A WEAPON AT R/O, AT WHICH TIME OFFICER FEARING FOR HIS LIFE FIRED AT THE OFFENDER.		
POSITION	STAR NO.	UNIT			
41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS	
<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input 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"/> Indoors <input checked="" type="checkbox"/> Outdoors	
		45. MAKE/MANUFACTURER BERETTA J&B (BANTAM, BRIGADIER 951, EMPIRE, PUMA)		46. MODEL 92D	
		47. BARREL LENGTH 4		48. WEATHER CONDITIONS CLEAR	
		48. CALIBER/GAUGE 9 MM			
49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters) BER245847		51. CHICAGO GUN REG. NO. 627933	
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		52. IL FIREARM OWNER ID. NO. [REDACTED]	
56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 6	
59. WHO FIRED FIRST SHOT <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	
<input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER				62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)	
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		<input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)	
<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" 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 checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input 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)		

CASE INFO.	70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		71. R.D. NO. HV197819
	70. 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. HV197819
73. REPORTING MEMBER (Print Name) JONES, CALVIN D			
SIGNATURES		STAR/EMPLOYEE NO. 10669	SIGNATURE [REDACTED]
74. REVIEWING SUPERVISOR (Print Name) ROMAN JR, WILFREDO		STAR NO. 2594	SIGNATURE [REDACTED]
Date Reviewed		TIME	
15-MAR-2012 07:26:42		15-MAR-2012 07:26:42	

LOG# 1052578

Attachment# 119

SUBJECT INFORMATION

38. CHARGES PLACED

730 ILCS 5.0/3-3-9, 720 ILCS 5.0/12-2(A-10), 720 ILCS 5.0/18-2-A-2, 720 ILCS 5.0/18-2-A-2, 720 ILCS 5.0/24-1.2-A-3, 720 ILCS 5.0/24-1.2-A-3, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1

DNA

39. DNA

WEAPON DISCHARGE INCIDENT

41. WEAPON TYPE
 01 REVOLVER
 02 RIFLE
 03 SHOTGUN
 04 SEMI-AUTO PISTOL
 05 CHEMICAL WEAPON
 06 TASER
 07 OTHER

42. INCIDENT OCCURRED
 Indoors Outdoors

43. LIGHTING CONDITIONS
 01 Night 02 Dawn 03 Dusk
 04 Poor Artificial 05 Good Artificial

44. WEATHER CONDITIONS
CLEAR

45. MAKE/MANUFACTURER
BERETTA - US - (BANTAM, BRIGADIER 851, EMPIRE, PUMA)

46. MODEL
92D

47. BARREL LENGTH
4

48. CALIBER/GAUGE
9 MM

49. TASER DART ID NO.

50. WEAPON SERIAL No. (Include Letters)
BER245847

51. CHICAGO GUN REG. NO.
627933

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
6

59. WHO FIRED FIRST SHOT
 01 MEMBER 02 OFFENDER 03 OTHER (SPECIFY)

60. WAS FIREARM RELOADED DURING INCIDENT
 01 YES 02 NO

61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED

62. HOW WAS MEMBER'S HANDGUN WORN
 01 RT. SIDE (WAIST) 02 LT. SIDE (WAIST) 03 OTHER (Specify)

63. HOW WAS MEMBER'S HANDGUN DRAWN
 01 STRONG SIDE DRAW 02 CROSS DRAW 03 OTHER (Specify)

64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD

65. DID MEMBER USE SIGHTS
 01 YES 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
 01 0 - 05 FT. 02 05 - 10 FT. 03 10 - 15 FT. 04 OVER 15 FT.

68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON
 01 PERSON 02 OBJECT 03 BOTH 04 UNKNOWN

69. POSITION OF MEMBER DISCHARGING WEAPON
 01 STANDING 02 LYING DOWN
 03 SITTING 04 KNEELING 05 OTHER (SPECIFY)

70. EVENT NO.
1207418736

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 AOS 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)

Hospitalized

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on all known facts at this time the officer was in compliance with our policy.

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. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ESCALANTE, JOHN J

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

15-MAR-2012 07:58:52

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 OFFICER BATTERY REPORT I.O.D. REPORT CR INITIATION REPORT
- ARREST REPORT TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR'S THIS EVENT No.

5