

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 23-MAR-2012		TIME 23:11:00		2. ADDRESS OF OCCURRENCE 9349 S VERNON AVE CHICAGO, IL 60619			3. LOCATION CODE 291		4. BEAT/OCCUR 0633				
5. POSITION 9161		8. LAST NAME MCGRONE		7. FIRST NAME MARCUS R		9. STAR NO. 11649		10. RACE CODE BLK		11. AGE 509		12. HT. 185	
14. DATE OF APPT. 04-JUN-2007		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 006 0661C		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 UNKNOWN		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		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? CHRIST		34. BY WHOM?		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized		01 Apparently Normal		02 Under Influence					
36. CHARGES PLACED		37. CB NO. 18370209		IR NO.		DNA							

38. 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"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>	
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		KNEE STRIKE <input type="checkbox"/>		KICKS <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>	
OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____	
MEMBER RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/>		VERBAL COMMANDS <input checked="" 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 <input type="checkbox"/>		OTHER _____		OPEN HAND STRIKE <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>	
		TASER (Contact Stun) <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER _____		ELBOW STRIKE <input type="checkbox"/>	
		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		OTHER _____		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/>	

39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) _____

40. ADDITIONAL INFORMATION
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.

41. WEAPON TYPE		04 SEMI-AUTO PISTOL <input checked="" type="checkbox"/>		05 CHEMICAL WEAPON <input type="checkbox"/>		06 TASER (Probe Discharge) <input type="checkbox"/>		07 OTHER <input type="checkbox"/>		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS			
01 REVOLVER <input type="checkbox"/>		02 RIFLE <input type="checkbox"/>		03 SHOTGUN <input type="checkbox"/>		Indoors <input type="checkbox"/>		Outdoors <input checked="" 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 type="checkbox"/>		06 Good Artificial <input checked="" type="checkbox"/>			
										01 Rain		02 Snow		03 Other			
45. MAKE/MANUFACTURER SIGIS. I. G./SWISS INDUSTRIAL GESELLSCHAFT - 52-		46. MODEL P226		47. BARREL LENGTH 4.4		48. CALIBER/GAUGE 9 MM		49. TASER DART ID NO.		50. WEAPON SERIAL No. (include Letters) U758593		51. CHICAGO GUN REG. NO. R003558S		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 13		59. WHO FIRED FIRST SHOT		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		62. HOW WAS MEMBER'S HANDGUN WORN	
01 MEMBER <input checked="" type="checkbox"/>		02 OFFENDER <input type="checkbox"/>		03 OTHER (SPECIFY) _____		01 YES <input type="checkbox"/>		02 NO <input checked="" 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		01 STRONG SIDE DRAW <input checked="" type="checkbox"/>		02 CROSS DRAW <input type="checkbox"/>		03 OTHER (Specify) _____		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD DNA		65. DID MEMBER USE SIGHTS		01 YES <input type="checkbox"/>		02 NO <input checked="" type="checkbox"/>			
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. <input type="checkbox"/>		02 05 - 10 FT. <input checked="" type="checkbox"/>		03 10 - 15 FT. <input type="checkbox"/>		04 OVER 15 FT. <input type="checkbox"/>		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		69. POSITION OF MEMBER DISCHARGING WEAPON			
01 PERSON <input checked="" type="checkbox"/>		02 OBJECT <input type="checkbox"/>		03 BOTH <input type="checkbox"/>		04 UNKNOWN <input type="checkbox"/>		01 STANDING <input checked="" type="checkbox"/>		02 LYING DOWN <input type="checkbox"/>		03 SITTING <input type="checkbox"/>		04 KNEELING <input type="checkbox"/>			
												05 OTHER (SPECIFY) _____					

70. EVENT NO. 1208319026

71. RD. NO. HV211967

72. CASE INFO.		NOTIFICATIONS (OC OR TASER INCIDENT):		01 OEMC <input type="checkbox"/>		02 DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/>	
		NOTIFICATIONS (FIREARM INCIDENT):		01 OEMC <input checked="" type="checkbox"/>		02 DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/>	
				03 OP COMMAND <input checked="" type="checkbox"/>		04 DET. DIV. <input checked="" type="checkbox"/>	
		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) MCGRONE, MARCUS R		STAR/EMPLOYEE NO. 11649		SIGNATURE [Signature]		DATE 24-MAR-2012 04:15:02	
74. REVIEWING SUPERVISOR (Print Name) KINNANE, BRIAN J		STAR NO. 1120		SIGNATURE [Signature]		DATE REVIEWED 24-MAR-2012 04:16:09	

Log# 1052816
ATT# 16

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.

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

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

[Redacted Signature]

DATE COMPLETED TIME

24-MAR-2012 04:23:14

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

80. TOTAL TRR'S THIS EVENT No.

2

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ATT# 16