

TACTICAL RESPONSE REPORT/Chicago Police Department

|  |   |   |  |  |  |  |  |   |  |  |   |  |                |  |                |  |
|--|---|---|--|--|--|--|--|---|--|--|---|--|----------------|--|----------------|--|
| 1. DATE OF INCIDENT<br>30-APR-2012   |   | TIME<br>02:51:00  |  | 2. ADDRESS OF OCCURRENCE<br>2356 W 25TH ST CHICAGO, IL 60608 |  |  | 3. LOCATION CODE<br>303  |   | 4. BEAT/OCCUR<br>1034  |  |   |  |                |  |                |  |
| MEMBER INVOLVED  | 5. POSITION<br>9161   |   | 8. LAST NAME<br>CURRY  |  | 7. FIRST NAME<br>MICHAEL W   |  | 9. STAR NO.<br>6915  |   | 10. RACE CODE<br>WHI   |  | 11. AGE<br>[REDACTED]   |  | 12. HT.<br>603 |  | 13. WT.<br>240 |  |
|  | 14. GATE OF APPT.<br>01-SEP-2010  |   | 15. EMPLOYEE NO.<br>[REDACTED]   |  | 16. UNIT & BEAT OF ASSIGNMENT<br>010 1011R   |  | 17. DUTY STATUS<br><input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off   |   | 18. MEMBER INJURED?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   |  | 19. MEMBER IN UNIFORM?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No |  |                |  |                |  |
| SUBJECT INFORMATION  | 20. LAST NAME<br>GIVENS   |   | 21. FIRST NAME<br>JOHN   |  | 22. M.I.<br>[REDACTED]   |  | 23. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F  |   | 24. RACE<br>BLK  |  | 25. D.O.B.<br>[REDACTED]  |  | 26. HT.<br>507 |  | 27. WT.<br>180 |  |
|  | 28. ADDRESS<br>[REDACTED]   |   | 29. TELEPHONE NO.<br>[REDACTED]  |  | 30. WAS SUBJECT ARMED/VEHICLE - ATTEMPTED TO STRIKE OFFICER WITH VEHICLE<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No                    |  |  | 31. SUBJECT INJURED?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No |  | 32. SUBJECT ALLEGED INJURY?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No |   |  |                |  |                |  |
|  | 33. WHERE WAS MEDICAL TREATMENT OBTAINED?<br>MOUNT SINAI HOSPITAL   |   |  |  | 34. BY WHOM?<br>DR [REDACTED]  |  | 35. CONDITION<br><input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence<br><input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid         |   |  |  |   |  |                |  |                |  |
| 36. CHARGES PLACED<br>[REDACTED]   |   |   |  |  |  |  | 7. CB NO.<br>00000000  |   | IR NO.<br>[REDACTED]   |  |   |  |                |  |                |  |
| REASON FOR USE OF FORCE<br>(Check all that apply)  | 38. PASSIVE RESISTER  |   | ACTIVE RESISTER  |  | ASSAILANT ASSAULT  |  | ASSAILANT BATTERY  |   | ASSAILANT DEADLY FORCE   |  |   |  |                |  |                |  |
|  | SUBJECT'S ACTIONS<br>DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/><br>STIFFENED (DEAD WEIGHT) <input type="checkbox"/><br>OTHER _____   |   | FLED <input type="checkbox"/><br>PULLED AWAY <input type="checkbox"/><br>OTHER _____   |  | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/><br>OTHER _____  |  | ATTACK WITH WEAPON <input type="checkbox"/><br>ATTACK WITHOUT WEAPON <input type="checkbox"/><br>OTHER _____   |   | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/><br>WEAPON <input type="checkbox"/><br>OTHER _____  |  |   |  |                |  |                |  |
| MEMBER'S RESPONSE  | MEMBER PRESENCE <input checked="" type="checkbox"/><br>VERBAL COMMANDS <input type="checkbox"/><br>ESCORT HOLDS <input type="checkbox"/><br>WRISTLOCK <input type="checkbox"/><br>ARMBAR <input type="checkbox"/><br>PRESSURE SENSITIVE AREAS <input type="checkbox"/><br>CONTROL INSTRUMENT <input type="checkbox"/><br>OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/><br>OTHER _____  |   | OPEN HAND STRIKE <input type="checkbox"/><br>TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/><br>OC CHEMICAL WEAPON <input type="checkbox"/><br>CANINE <input type="checkbox"/><br>TASER (Probe Discharge) <input type="checkbox"/><br>TASER (Contact Stun) <input type="checkbox"/><br>TASER (Laser Targeted) <input type="checkbox"/><br>TASER (Spark Displayed) <input type="checkbox"/><br>OTHER _____ |  | ELBOW STRIKE <input type="checkbox"/><br>CLOSED HAND STRIKE/PUNCH <input type="checkbox"/><br>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/><br>OTHER _____ |  | KNEE STRIKE <input type="checkbox"/><br>KICKS <input type="checkbox"/><br>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>  |   | FIREARM <input checked="" type="checkbox"/><br>OTHER _____   |  |   |  |                |  |                |  |
|  | 39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)<br>[REDACTED]   |   |  |  |  | 40. ADDITIONAL INFORMATION<br>[REDACTED] |  |   |  |  |   |  |                |  |                |  |
| WEAPON DISCHARGE INCIDENT  | POSITION  |   | STAR NO.   |  | UNIT   |  |  |   |  |  |   |  |                |  |                |  |
|  | 41. WEAPON TYPE<br><input 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  |  | 42. INCIDENT OCCURRED<br><input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors   |  | 43. LIGHTING CONDITIONS<br><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 |   | 44. WEATHER CONDITIONS<br>CLEAR  |  |   |  |                |  |                |  |
|  | 45. MAKE/MANUFACTURER<br>GLOCK, INC.-AU-  |   | 46. MODEL<br>17  |  | 47. BARREL LENGTH<br>4.25  |  | 48. CALIBER/GAUGE<br>9 MM  |   |  |  |   |  |                |  |                |  |
|  | 49. TASER DART ID NO.   |   | 50. WEAPON SERIAL No. (include Letters)<br>PKW695  |  | 51. CHICAGO GUN REG. NO.<br>R018654S   |  | 52. IL FIREARM OWNER ID. NO.<br>[REDACTED]   |   | 53. HANDGUN CERTIFICATE NO.  |  |   |  |                |  |                |  |
|  | 54. SPECIAL WEAPON CERTIFICATE NO.  |   | 55. PROPERTY INVENTORY NO.   |  | 56. TYPE OF AMMUNITION USED<br>Department issued   |  | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.<br>1   |   | 58. TOTAL NO. OF SHOTS MEMBER FIRED<br>18  |  |   |  |                |  |                |  |
|  | 59. WHO FIRED FIRST SHOT<br><input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)  |   | 60. WAS FIREARM RELOADED DURING INCIDENT<br><input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO  |  | 61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED<br>17   |  | 62. HOW WAS MEMBER'S HANDGUN WORN<br><input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)  |   | 70. EVENT NO.<br>1212101315  |  |   |  |                |  |                |  |
|  | 63. HOW WAS MEMBER'S HANDGUN DRAWN<br><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<br>TACTICAL RELOAD   |  | 65. DID MEMBER USE SIGHTS<br><input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO   |  | 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)<br>NONE  |   | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED<br><input checked="" 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<br><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<br><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.<br>NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.<br>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.<br>Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. |   |  |  |  |  |  |   |  |  |   |  |                |  |                |  |
|  | SIGNATURES  | 73. REPORTING MEMBER (Print Name)<br>CURRY, MICHAEL W<br>30-APR-2012 15:30:24 |  | STAR/EMPLOYEE NO.<br>6915                                    |  | SIGNATURE<br>[REDACTED]                  |  |   |  |  |   |  |                |  |                |  |
| 74. REVIEWING SUPERVISOR (Print Name)<br>MAJERCZYK, GERARD E<br>STAR NO.<br>2201<br>SIGNATURE<br>[REDACTED]<br>DATE REVIEWED<br>30-APR-2012 15:46:39<br>TIME |   |   |  |  |  |  |  |   |  |  |   |  |                |  |                |  |

LOG # 10530607  
Attachment 110

### 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 receiving medical treatment at Mt. Sinai 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 Curry acted in compliance with department policy in that Officer Curry fired his weapon at the offender after the offender pointed his vehicle at Officer Curry and attempted to hit Officer Curry after striking Officer Papin with same vehicle.

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 1053667 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

JOHNSON, EDDIE T

SIGNATURE



DATE COMPLETED

TIME

30-APR-2012 17:12:23

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 WITNESS(ES)

I.O.D. REPORT

CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

12