

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 04-SEP-2012		TIME 03:42:00		2. ADDRESS OF OCCURRENCE 7422 S WABASH AVE CHICAGO, IL 60619				3. LOCATION CODE 289		4. BEAT/OCCUR 0323	
5. POSITION 9161		6. LAST NAME HERNANDEZ		7. FIRST NAME PRISCILLA		8. STAR NO. 7387		9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		10. RACE CODE S	
11. AGE [REDACTED]		12. HT. 500		13. WT. 124		14. DATE OF APPT 27-NOV-2006		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 003 0368D	
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 ROBINSON		21. FIRST NAME GLENN		22. M.I. [REDACTED]	
23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. O.O.B. [REDACTED]		26. HT. 602		27. WT. 205		28. ADDRESS [REDACTED]	
29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? 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? CHRIST		34. BY WHOM? ER STAFF	
35. CONDITION <input checked="" 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. 18487818		38. IR NO. <input type="checkbox"/> DNA					

38. <input type="checkbox"/> DNA		SUBJECT INFORMATION		MEMBER INVOLVED	
39. <input type="checkbox"/> DNA		REASON FOR USE OF FORCE (Check all that apply)		SUBJECT'S ACTIONS	
MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER	
MEMBER PRESENCE <input checked="" type="checkbox"/>		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>	
VERBAL COMMANDS <input checked="" type="checkbox"/>		STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>	
ESCORT HOLDS <input checked="" type="checkbox"/>		OTHER _____		OTHER _____	
WRISTLOCK <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>	
ARMBAR <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>	
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>	
CONTROL INSTRUMENT <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER _____	
OC/CHEMICAL WEAPON AUTHORIZATION <input type="checkbox"/>		TASER (Probe Discharge) <input checked="" type="checkbox"/>		FIREARM <input type="checkbox"/>	
OTHER _____		TASER (Contact Stun) <input type="checkbox"/>		OTHER _____	
		TASER (Laser Targeted) <input type="checkbox"/>			
		TASER (Spark Displayed) <input type="checkbox"/>			
		OTHER _____			

39. <input type="checkbox"/> DNA		WEAPON DISCHARGE INCIDENT		40. ADDITIONAL INFORMATION	
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 checked="" type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	
44. WEATHER CONDITIONS CLEAR		45. MAKE/MANUFACTURER		46. MODEL	
47. BARREL LENGTH		48. CALIBER/GAUGE		49. TASER DART ID NO. C310101E2	
50. WEAPON SERIAL No. (Include Letters) X00105747		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.	
53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.	
56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED	
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 type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	
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	
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)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED	
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input 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 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. EVENT NO. 1224801975	

71. CASE INFO		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		73. REPORTING MEMBER (Print Name) HERNANDEZ, PRISCILLA	
74. SIGNATURES		75. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		STAR/EMPLOYEE NO 7387	
76. MEMBERS WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT.		77. SIGNATURE [REDACTED]		DATE REVIEWED 04-SEP-2012 10:54:29	
78. REVIEWING SUPERVISOR (Print Name) ERBACHER, KYLE J		79. STAR NO. 2502		80. SIGNATURE [REDACTED]	
81. DATE REVIEWED 04-SEP-2012 10:54:29		82. TIME 10:54:29		77. RD. NO. HV460181	

LOG # 1056803
Attachment # 17

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)

Offender in surgery at Christ hospital for gun shot wounds sustained during incident.

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 Hernandez acted in compliance with department policy in that Officer Hernandez deployed her taser after the offender refused to surrender himself and continued to fight with officers who were attempting to place the offender in custody after the offender fired a firearm at officers.

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 1056803 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

JOHNSON, EDDIE T

SIGNATURE

DATE COMPLETED

TIME

04-SEP-2012 10:58:40

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.

5