

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 04-SEP-2012		TIME 03:39:00		2. ADDRESS OF OCCURRENCE 7433 S STATE ST CHICAGO, IL 60619			3. LOCATION CODE 304		4. BEAT/OCCUR 0323		
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME PHILLIPS III	7. FIRST NAME CECIL	8. STAR NO. 6657	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE BLK	11. AGE [REDACTED]	12. HT. 602	13. WT. 235		
	14. DATE OF APPT. 30-SEP-2002		15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 003 0368A		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	
SUBJECT INFORMATION	20. LAST NAME ROBINSON		21. FIRST NAME GLENN		22. HT. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 602	27. WT. 205	
	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		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? DR. ER STAFF		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal		36. UNDER INFLUENCE? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		37. REFUSED MEDICAL AID? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
	36. CHARGES PLACED		37. CB NO. 18487818		38. IR NO. [REDACTED]		39. DNA		40. DNA		

REASON FOR USE OF FORCE (Check all that apply)	36. PASSIVE RESISTER		37. ACTIVE RESISTER		38. ASSAULT: ASSAULT		39. ASSAULT: BATTERY		40. ASSAULT: DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER DISCHARGE FIREARM AT _____		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER DISCHARGE FIREARM AT _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER SEMI-AUTO HANDGUN _____	
MEMBER'S RESPONSE	MEMBER PRESENCE		OPEN HAND STRIKE		ELBOW STRIKE		KNEE STRIKE		FIREARM	
	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 WAUTHORIZATION <input type="checkbox"/> OTHER _____		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) <input type="checkbox"/> OTHER _____		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		OTHER _____	

WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE			42. INCIDENT OCCURRED			43. LIGHTING CONDITIONS			44. WEATHER CONDITIONS				
	<input checked="" type="checkbox"/> 01 SEMI-AUTO PISTOL <input type="checkbox"/> 02 REVOLVER <input type="checkbox"/> 03 RIFLE <input type="checkbox"/> 04 SHOTGUN <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			<input checked="" type="checkbox"/> 01 Night <input type="checkbox"/> 02 Daylight <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial			CLEAR				
	45. MAKE/MANUFACTURER F.I. INDUSTRIES (FORMERLY) - US - BERETTA			46. MODEL 92			47. BARREL LENGTH 5			48. CALIBER/GAUGE 9 MM				
	49. TASER PART ID NO.			50. WEAPON SERIAL NO. (Include Letters) BER302806			51. CHICAGO GUN REG. NO. 630544			52. FIREARM OWNER ID. NO. [REDACTED]				
53. SPECIAL WEAPON CERTIFICATE NO.			54. PROPERTY INVENTORY NO.			55. TYPE OF AMMUNITION USED Department Issued			56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1			57. TOTAL NO. OF SHOTS MEMBER FIRED 18		
58. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)			59. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			60. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 15			61. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (W/A/S/T) <input type="checkbox"/> 02 LT. SIDE (W/A/S/T) <input type="checkbox"/> 03 OTHER (SPECIFY)					
62. 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)			63. SPECIFY METHOD/EQUIPMENT USED TO RELOAD HAND			64. U/I MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			70. EVENT NO. 1224801975					
65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.) VEHICLE, AND TREE						66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.								
67. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN						68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input checked="" type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								
71. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.						71. 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.								

CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.										71. R.D. NO. HV460181
	72. 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.										
SIGNATURES	73. REPORTING MEMBER (Print Name) PHILLIPS III, CECIL			STAR/EMPLOYEE NO. 6657			SIGNATURE [REDACTED]				
	74. REVIEWING SUPERVISOR (Print Name) ERBACHER, KYLE J										
75. DATE/TIME 04-SEP-2012 10:45:27			STAR NO. 2502			SIGNATURE [REDACTED]			DATE REVIEWED 04-SEP-2012 10:51:41		TIME 10:51:41

LOG # 1056803
Attachment # 26

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

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

04-SEP-2012 10:55:28

TIME

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 SUPPLEMENTARY REPORT I.O.D. REPORT
 ARREST REPORT OFFICER BATTERY REPORT CR INITIATION REPORT
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESSES

80. TOTAL TRR'S THIS EVENT No.

5

LOG # 1056803

Attachment # 26