

**TACTICAL RESPONSE REPORT/Chicago Police Department**

1. DATE OF INCIDENT <b>14-SEP-2012</b>		TIME <b>21:32:00</b>		2. ADDRESS OF OCCURRENCE <b>249 W 110TH PL CHICAGO, IL 60628</b>			3. LOCATION CODE <b>291</b>		4. BEAT/OCCUR <b>0513</b>										
5. POSITION <b>9161</b>		6. LAST NAME <b>SKARUPINSKI</b>		7. FIRST NAME <b>CHRIS</b>		8. STAR NO. <b>8254</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>[REDACTED]</b>		12. HT. <b>602</b>		13. WT. <b>200</b>			
14. DATE OF APPT. <b>29-OCT-2007</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>005 0563C</b>		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 <b>POULARD</b>		21. FIRST NAME <b>LERON</b>		22. HT. <b>600</b>		27. WT. <b>165</b>	
28. ADDRESS <b>[REDACTED]</b>		29. TELEPHONE NO. <b>[REDACTED]</b>		30. WAS SUBJECT ARMED? FIREARM - REVOLVER <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?		35. CONDITION <input 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 <b>00000000</b>									

39. <input type="checkbox"/> DNA	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT-ASSAULT		ASSAILANT BATTERY		ASSAILANT-DEADLY FORCE		
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		SUBJECT'S ACTIONS		
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"/>		WEAPON <input checked="" type="checkbox"/>	
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		OTHER _____		OTHER SUBJECT POINTED GUN AT R/O _____	
OTHER _____		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"/>		OTHER _____	
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____		OTHER _____	
ESCORT HOLDS <input checked="" type="checkbox"/>		DC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		OTHER _____		OTHER _____	
WRISTLOCK <input type="checkbox"/>		CAMINE <input type="checkbox"/>		TASER (Proix Discharge) <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>	
ARMBAR <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____	
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____	
CONTROL INSTRUMENT <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____	
OC/CHEMICAL WEAPON AUTHORIZATION <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____	
OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____	

40. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) \_\_\_\_\_

46. ADDITIONAL INFORMATION  
**THIS IS NOT BEING SUBMITTED VOLUNTARILY BUT UNDER DURESS. THIS SHOULD ONLY BE CONSIDERED A SUMMARY OF INFORMATION REQUESTED. PLEASE READ IN CONJUNCTION WITH ALL RELATED REPORTS. SUBJECT POINTED A HANDGUN AT R/O SKARUPINSKI**

41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS	
<input checked="" 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 (Proix Discharge) <input type="checkbox"/> 07 OTHER		<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		<input 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	
45. MAKE/MANUFACTURER <b>GLOCK, INC.-AU-</b>		46. MODEL <b>17</b>		47. BARREL LENGTH <b>4.9</b>		48. CALIBER/GAUGE <b>9 MM</b>	
49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters) <b>LCD660</b>		51. CHICAGO GUN REG. NO. <b>R006399S</b>		52. IL FIREARM OWNER ID. NO.	
53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED <b>Department Issued</b>	
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>1</b>		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 checked="" type="checkbox"/> 02 NO	
61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED <b>0</b>		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63. 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)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>DNA</b>	
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) <b>NONE</b>		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <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/SUBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" 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)					

70. NOTIFICATIONS (OC OR TASER INCIDENT):  OEMC  DESK SGT. & W.C./DIST. OF OCCUR.

71. NOTIFICATIONS (FIREARM INCIDENT):  OEMC  DESK SGT. & W.C./DIST. OF OCCUR.  OP COMMAND  DET. DIV.

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) <b>SKARUPINSKI, CHRIS</b>		STAR/EMPLOYEE NO. <b>8254</b>		SIGNATURE <b>[REDACTED]</b>	
74. REVIEWING SUPERVISOR (Print Name) <b>LOUGHRAN, SEAN R</b>		STAR NO. <b>540</b>		SIGNATURE <b>[REDACTED]</b>	
75. DATE REVIEWED <b>15-SEP-2012 04:09:02</b>		TIME <b>15-SEP-2012 04:09:02</b>		DATE REVIEWED <b>15-SEP-2012 04:09:02</b>	

LOG# 1057079  
Attachment 10

1225817965  
HV476172

### 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)

Subject/Offender refused to give a statement.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 PENDING

Based upon the information available at the time of this report, it is the preliminary determination of the Undersigned that Officer Chris Skarupinski #8254 acted in compliance with Department policy. Officer Skarupinski fired his weapon in fear for his life after offender POLLARD, Leron (I.R. #181668) pointed a handgun in the officer's direction, thus placing him in fear of his life Log #1057079 was issued for this incident. U#12-034

77. WATCH COMMANDER/OCIC FINDINGS 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. 1057079 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ALEXANDER, DANA

SIGNATURE



DATE COMPLETED TIME

15-SEP-2012 04:27:55

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.

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LOG# 1057079

Attachment 10