

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 16-MAR-2013		TIME 02:57:00		2. ADDRESS OF OCCURRENCE 3317 W WILSON AVE CHICAGO, IL 60625			3. LOCATION CODE 304		4. BEAT/OCCUR 1724				
MEMBER INVOLVED	5. POSITION 9181		6. LAST NAME LAWRYN		7. FIRST NAME SHAWN A		8. STAR NO. 6909		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F				
	10. RACE CODE WHI		11. AGE 508		12. HT. 175		13. WT. 175						
SUBJECT INFORMATION	14. DATE OF APPT 30-JUL-2007		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 017 1763C		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 CASTELLANOS-BERNAL		21. FIRST NAME ESAU		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F				
REASON FOR USE OF FORCE (Check all that apply)	24. RACE WWH		25. D.O.B. [REDACTED]		26. HT. 506		27. WT. 220						
	28. ADDRESS [REDACTED]		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? OTHER (SPECIFY) <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 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 checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED <input type="checkbox"/> DNA		37. CS NO. IR NO. <input type="checkbox"/> DNA					
WEAPON DISCHARGE INCIDENT	38. DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		39. STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		40. OTHER _____		39. PASSIVE RESISTER		40. ACTIVE RESISTER				
	41. DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		42. STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		43. OTHER _____		44. IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		45. OTHER _____				
CASE INFO.	46. OPEN HAND STRIKE <input type="checkbox"/>		47. TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		48. OC CHEMICAL WEAPON <input type="checkbox"/>		49. CANINE <input type="checkbox"/>		50. TASER (Probe Discharge) <input type="checkbox"/>				
	51. TASER (Contact Stun) <input type="checkbox"/>		52. TASER (Laser Targeted) <input type="checkbox"/>		53. TASER (Spark Displayed) <input type="checkbox"/>		54. ELBOW STRIKE <input type="checkbox"/>		55. CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>				
SIGNATURES	56. IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		57. IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		58. FIREARM <input checked="" type="checkbox"/>		59. OTHER _____		60. OTHER APPARENT HANDGUN _____				
	61. MEMBER PRESENCE <input checked="" type="checkbox"/>		62. VERBAL COMMANDS <input checked="" type="checkbox"/>		63. ESCORT HOLDS <input type="checkbox"/>		64. WRISTLOCK <input type="checkbox"/>		65. ARMBAR <input type="checkbox"/>				
66. PRESSURE SENSITIVE AREAS <input type="checkbox"/>		67. CONTROL INSTRUMENT <input type="checkbox"/>		68. OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		69. OTHER _____		70. OTHER _____					
71. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		72. POSITION		73. STAR NO.		74. UNIT		75. ADDITIONAL INFORMATION					
76. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		77. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		78. LIGHTING CONDITIONS <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		79. WEATHER CONDITIONS CLEAR		80. MAKE/MANUFACTURER SMITH & WESSON -US- (BODYGUARD/CHIEF SPECIAL)		81. MODEL M&P		82. BARREL LENGTH 4.25	
83. CALIBER/GAUGE 9 MM		84. TASER DART ID NO.		85. WEAPON SERIAL No. (include Letters) MPT7124		86. CHICAGO GUN REG. NO. R004395S		87. IL FIREARM OWNER ID. NO. [REDACTED]		88. HANDGUN CERTIFICATE NO.			
89. SPECIAL WEAPON CERTIFICATE NO.		90. PROPERTY INVENTORY NO.		91. TYPE OF AMMUNITION USED Department Issued		92. NO OF WEAPONS DISCHARGED BY THIS MEMBER. 1		93. TOTAL NO. OF SHOTS MEMBER FIRED 15					
94. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		95. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		96. NO OF CARTRIDGES/SHOT SHELLS RELOADED 0		97. 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)		98. 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)		99. SPECIFY METHOD/EQUIPMENT USED TO RELOAD DNA		100. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	
101. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) VEHICLE		102. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		103. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		104. 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)		105. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		106. 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.		107. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	
108. REPORTING MEMBER (Print Name) LAWRYN, SHAWN A		STAR/EMPLOYEE NO. 6909		SIGNATURE [REDACTED]		DATE REVIEWED 16-MAR-2013 13:28:09		TIME 16-MAR-2013 13:28:09		76. EVENT NO. 1307501925			
109. REVIEWING SUPERVISOR (Print Name) VELEZ, CARLOS E		STAR NO. 211		SIGNATURE [REDACTED]		DATE REVIEWED 16-MAR-2013 13:28:09		TIME 16-MAR-2013 13:28:09		77. R.D. NO. HW194208			

LOG # 1060762/04/13 09
Attachment # 25

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 is deceased.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this time, a preliminary determination has been made that the discharges by police officer Shawn Lawryn conform with department guidelines in that officer Lawryn, while in fear of his life and the life of his partner, fired at the direction of an assailant who in an effort to defeat his arrest, pointed a dark object at the officers after ignoring officer's demands to drop the gun and show his hands which placed officer Martinez in a reasonable apprehension of being shot by the assailant.

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. 1060762 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE



DATE COMPLETED

TIME

16-MAR-2013 13:32:57

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.

1

ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 16-MAR-2013		TIME 02:57:00		2. ADDRESS OF OCCURRENCE 3317 W WILSON AVE CHICAGO, IL 60625			3. LOCATION CODE 304		4. BEAT/OCCUR 1724								
5. POSITION 9161		6. LAST NAME LAWRYN		7. FIRST NAME SHAWN A		8. STAR NO. 6909		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 506		13. WT. 175	
14. DATE OF APPT. 30-JUL-2007			15. EMPLOYEE NO. [REDACTED]			16. UNIT & BEAT OF ASSIGNMENT 017 1763C		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 CASTELLANOS-BERNAL			21. FIRST NAME ESAU			22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B. [REDACTED]		26. HT. 506		27. WT. 220	
28. ADDRESS [REDACTED]			29. TELEPHONE NO.			30. WAS SUBJECT ARMED/OTHER (SPECIFY) <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 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 checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid									
36. CHARGES PLACED				<input type="checkbox"/> DNA				37. CB NO. IR NO. <input type="checkbox"/> DNA									

15. INVOLVED <input type="checkbox"/> DNA	PASSIVE REGISTER		ACTIVE REGISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: 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 checked="" type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	
INFORMATION <input type="checkbox"/> DNA	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>	
	OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER APPARENT HANDGUN _____	
SUBJECTS ACTIONS	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"/>	
	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 _____	
MEMBER'S RESPONSE	ESCORT HOLDS <input type="checkbox"/>		OC/CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>			
	WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER _____					
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>								
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Skin) <input type="checkbox"/>								
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>								
OC/CHEMICAL WEAPON AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>								
OTHER _____		OTHER _____								

18. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			40. ADDITIONAL INFORMATION		
POSITION		STAR NO.		UNIT	
41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS	
<input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL		<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 checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 03 Good Artificial	
<input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON		44. WEATHER CONDITIONS		CLEAR	
<input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge)		45. MAKE/MANUFACTURER		46. MODEL	
<input type="checkbox"/> 07 OTHER		SMITH & WESSON -J.B. (BODYGUARD, CHIEF SPECIAL)		M&P	
47. BARREL LENGTH		48. CALIBER/GAUGE		49. TASER DART ID NO.	
4.25		9 MM		50. WEAPON SERIAL No. (include Letters)	
51. CHICAGO GUN REG. NO		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.	
R004395S		[REDACTED]		[REDACTED]	
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED	
[REDACTED]		[REDACTED]		Department issued	
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED		70. EVENT NO.	
1		15		1307501925	
59. WHO FIRED FIRST SHOT		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	
<input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		0	
62. HOW WAS MEMBER'S HANDGUN WORN		63. HOW WAS MEMBER'S HANDGUN DRAWN		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	
<input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		DNA	
65. DID MEMBER USE SIGHTS		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED	
<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		VEHICLE		<input type="checkbox"/> 01 0 - 05 FT. <input checked="" 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 MEMBERS WEAPON		69. POSITION OF MEMBER DISCHARGING WEAPON		71. R.D. NO.	
<input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		<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)		HW194208	

73. REPORTING MEMBER (Print Name) LAWRYN, SHAWN A		STAR/EMPLOYEE NO. 6909		SIGNATURE [REDACTED]	
16-MAR-2013 13:22:44					
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.					
74. REVIEWING SUPERVISOR (Print Name) VELEZ, CARLOS E		STAR NO. 211		DATE REVIEWED TIME 16-MAR-2013 13:28:09	

WATCH COMMANDER/OCIC REVIEW

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DNA

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UNABLE TO INTERVIEW (Specify Reason)

Subject is deceased.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this time, a preliminary determination has been made that the discharges by police officer Shawn Lawryn conform with department guidelines in that officer Lawryn, while in fear of his life and the life of his partner, fired at the direction of an assailant who in an effort to defeat his arrest, pointed a dark object at the officers after ignoring officer's demands to drop the gun and show his hands which placed officer Martinez in a reasonable apprehension of being shot by the assailant.

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. 1060762 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE

DATE COMPLETED TIME

16-MAR-2013 13:32:57

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ARREST REPORT

SUPPLEMENTARY REPORT

OFFICER BATTERY REPORT

TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT

OR INITIATION REPORT

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1