

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>16-MAR-2013</b>		TIME <b>02:57:00</b>		2. ADDRESS OF OCCURRENCE <b>3317 W WILSON AVE CHICAGO, IL 60625</b>			3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>1724</b>		
MEMBER INVOLVED	5. POSITION <b>9161</b>		6. LAST NAME <b>MARTINEZ</b>		7. FIRST NAME <b>JUAN A</b>		8. STAR NO. <b>19230</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		
	10. RACE CODE <b>S</b>		11. AGE <b>508</b>		12. HT. <b>150</b>		13. WT. <b>150</b>				
SUBJECT INFORMATION	14. DATE OF APPT. <b>28-SEP-1998</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>017 1763C</b>		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 <b>CASTELLANOS-BERNAL</b>		21. FIRST NAME <b>ESAU</b>		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		
	24. RACE <b>WHI</b>		25. D.O.B. <b>[REDACTED]</b>		26. HT. <b>506</b>		27. WT. <b>220</b>				
	28. ADDRESS <b>[REDACTED]</b>		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					
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT:ABBAULT		ASSAULT:BATTERY		
	SUBJECT'S ACTIONS		SUBJECT'S RESPONSE		SUBJECT'S RESPONSE		SUBJECT'S RESPONSE		SUBJECT'S RESPONSE		
40. ADDITIONAL INFORMATION <b>OFFENDER POINTED AN APPARENT HANDGUN AT R/O AND HIS PARTNER.</b>		41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. 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		44. WEATHER CONDITIONS <b>CLEAR</b>			
WEAPON DISCHARGE INCIDENT		45. MAKE/MANUFACTURER <b>SMITH &amp; WESSON -US-(BODYGUARD,CHIEF SPECIAL)</b>		46. MODEL <b>6946</b>		47. BARREL LENGTH <b>3.5</b>		48. CALIBER/GAUGE <b>9 MM</b>			
		49. TASER DART ID NO		50. WEAPON SERIAL No. (Include Letters) <b>VJP7117</b>		51. CHICAGO GUN REG. NO. <b>621494</b>		52. FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.	
CASE INFO		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>4</b>	
		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" 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) <input type="checkbox"/> 03 OTHER (Specify)		70. EVENT NO. <b>1307513075</b>	
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>VEHICLE</b>		67. 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.			
SIGNATURES		68. 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		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)		71. R.D. NO. <b>HW194208</b>		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		73. 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.	
		73. REPORTING MEMBER (Print Name) <b>MARTINEZ, JUAN A</b>		STAR/EMPLOYEE NO. <b>19230</b>		SIGNATURE <b>[REDACTED]</b>		74. REVIEWING SUPERVISOR (Print Name) <b>VELEZ, CARLOS E</b>		STAR NO. <b>211</b>	
		74. REVIEWING SUPERVISOR (Print Name) <b>VELEZ, CARLOS E</b>		STAR NO. <b>211</b>		SIGNATURE <b>[REDACTED]</b>		DATE REVIEWED <b>16-MAR-2013 12:51:59</b>		TIME <b>16-MAR-2013 12:51:59</b>	

CPD-11.377 (REV. 10/07)

LOG # 1060762/0#13-09  
Attachment # 23

### 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 Juan Martinez conform with department guidelines in that officer Martinez, 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

[REDACTED]

DATE COMPLETED TIME

16-MAR-2013 13:14:50

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.O. REPORT

CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

1

# ACTUAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>16-MAR-2013</b>		TIME <b>02:57:00</b>		2. ADDRESS OF OCCURRENCE <b>3317 W WILSON AVE CHICAGO, IL 60625</b>			3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>1724</b>								
5. POSITION <b>9161</b>		6. LAST NAME <b>MARTINEZ</b>		7. FIRST NAME <b>JUAN A</b>		8. STAR NO <b>19230</b>		9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		10. RACE CODE <b>S</b>		11. AGE [REDACTED]		12. HT. <b>508</b>		13. WT. <b>150</b>	
14. DATE OF APPT. <b>28-SEP-1998</b>			15. EMPLOYEE NO. [REDACTED]			16. UNIT & BEAT OF ASSIGNMENT <b>017 1763C</b>		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 <b>CASTELLANOS-BERNAL</b>			21. FIRST NAME <b>ESAU</b>			22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		24. RACE <b>WHI</b>		25. D.O.B. [REDACTED]		26. HT. <b>508</b>		27. WT. <b>220</b>	
28. ADDRESS [REDACTED]			29. TELEPHONE NO. [REDACTED]			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	

16. <input type="checkbox"/> NA	INFORMED	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: 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"/>	
		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>	
		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____	
17. <input type="checkbox"/> NA	INFORMED	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 _____	
		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 Stun) <input type="checkbox"/>							
		CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>							
		OC/CHEMICAL WEAPON WA/THORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>							
		OTHER _____		OTHER _____							

39. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			40. ADDITIONAL INFORMATION <b>OFFENDER POINTED AN APPARENT HANDGUN AT R/O AND HIS PARTNER.</b>		
POSITION		STAR NO.	UNIT		

41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 ONEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SNOTGUN <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. 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		44. WEATHER CONDITIONS <b>CLEAR</b>	
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57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>4</b>		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" 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) <input type="checkbox"/> 03 OTHER (Specify)		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>	
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70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		70. 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.			

73. REPORTING MEMBER (Print Name) <b>MARTINEZ, JUAN A</b>		STAR/EMPLOYEE NO. <b>19230</b>		SIGNATURE [REDACTED]	
16-MAR-2013 12:49:53					
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.					
74. REVIEWING SUPERVISOR (Print Name) <b>VELEZ, CARLOS E</b>		STAR NO. <b>211</b>		SIGNATURE [REDACTED]	
		DATE REVIEWED <b>16-MAR-2013 12:51:59</b>		TIME	

70. EVENT NO. **1307513075**  
 71. R.D. NO. **HW194208**

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LOG NO./CRNO. 1060762 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

**VELEZ, CARLOS E**

SIGNATURE

DATE COMPLETED

TIME

**16-MAR-2013 13:14:50**

79. DISTRIBUTION OF ORIGINAL TRR:

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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