

**TACTICAL RESPONSE REPORT/Chicago Police Department**

1. DATE OF INCIDENT <b>19-MAR-2013</b>		TIME <b>21:42:00</b>		2. ADDRESS OF OCCURRENCE <b>1907 W 171 ST EAST HAZELCREST, IL</b>			3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>3100</b>		
MEMBER INVOLVED	5. POSITION <b>9161</b>		6. LAST NAME <b>SMITH</b>		7. FIRST NAME <b>DANIEL J</b>		8. STAR NO. <b>13941</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		
	10. RACE CODE <b>WHI</b>		11. AGE [REDACTED]		12. HT. <b>510</b>		13. WT. <b>152</b>				
SUBJECT INFORMATION	14. DATE OF APPT. <b>04-AUG-1997</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>018 1865E</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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME <b>ROGERS</b>		21. FIRST NAME <b>RYAN</b>		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		
REASON FOR USE OF FORCE (Check all that apply)	24. RACE <b>BLK</b>		25. D.O.B. [REDACTED]		26. HT. <b>602</b>		27. WT. <b>190</b>				
	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED/VEHICLE - OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 01 Yes <input checked="" 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? [REDACTED]		34. BY WHOM? [REDACTED]		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 [REDACTED]		37. CB NO. [REDACTED]		IR NO. [REDACTED]		DNA <input type="checkbox"/>		DNA <input type="checkbox"/>			
SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULTANT ASSAULT		ASSAULTANT BATTERY		ASSAULTANT DEADLY FORCE	
		<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) OTHER _____		<input type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY OTHER <u>FLED IN VEHICLE</u>		<input type="checkbox"/> IMMEDIATE THREAT OF BATTERY OTHER _____		<input checked="" type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON OTHER <u>STRUCK R/O WITH VEHIC</u>		<input checked="" type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON OTHER <u>VEHICLE</u>	
MEMBER'S RESPONSE		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"/>	
		<input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" 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 WAIVER/NOTIFICATION OTHER _____		<input type="checkbox"/> 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) OTHER _____		<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) OTHER _____		<input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) OTHER _____			
39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		40. ADDITIONAL INFORMATION <b>OFFENDER DROVE VEHICLE IN THE DIRECTION OF R/O STRIKING R/O</b>									
WEAPON DISCHARGE INCIDENT		POSITION [REDACTED]		STAR NO. [REDACTED]		UNIT [REDACTED]					
		41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <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		44. WEATHER CONDITIONS <b>CLEAR</b>	
CASE INFO.		45. MAKE/MANUFACTURER <b>SMITH &amp; WESSON -US- (BODYGUARD, CHIEF SPECIAL)</b>		46. MODEL <b>5943</b>		47. BARREL LENGTH <b>4.00</b>		48. CALIBER/GAUGE <b>9 MM</b>			
		49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL No. (Include Letters) <b>VLN2638</b>		51. CHICAGO GUN REG. NO. <b>618067</b>		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]	
SIGNATURES		54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		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 checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		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. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	
SIGNATURES		64. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		66. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		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.		70. EVENT NO. <b>1307816731</b>	
		68. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>NONE</b>		69. 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		70. 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)					
SIGNATURES		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.									
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>SMITH, DANIEL J</b>		STAR/EMPLOYEE NO. <b>13941</b>		SIGNATURE [REDACTED]							
20-MAR-2013 04:44:28		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>VALDEZ, OSVALDO</b>		STAR NO. <b>529</b>		SIGNATURE [REDACTED]				DATE REVIEWED <b>20-MAR-2013 05:01:31</b>		71. R/O NO. <b>HW199330</b>	

LOG# 1060844  
Attachment 12

### 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/Offender is deceased.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the Undersigned that Officer Smith #13941, acted in compliance with Department policy. Officer Smith fired his weapon in fear for his life after Offender ROGERS, Ryan (IR# 1670723) drove his vehicle towards Officer Smith at a high rate of speed striking him with said vehicle, thus placing him in fear of his life.

Log Number #1060844 was issued for this incident. U#13-010.

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: 1060844 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ALEXANDER, DANA

SIGNATURE

[Redacted Signature]

DATE COMPLETED

20-MAR-2013 05:17:07

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

ARREST REPORT

SUPPLEMENTARY REPORT

OFFICER BATTERY REPORT

TO-FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT

CR INITIATION REPORT

89. TOTAL TRR'S THIS EVENT No.

1