

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 26-JUN-2013		TIME 00:16:00		2. ADDRESS OF OCCURRENCE 9225 S JUSTINE ST CHICAGO, IL 60620				3. LOCATION CODE 304		4. BEAT/OCCUR 2221									
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME BARBER		7. FIRST NAME SHARON D		8. STAR NO. 12220		9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		10. RACE CODE BLK		11. AGE [REDACTED]		12. HT. 507		13. WT. 172		
	14. DATE OF APPT. 04-AUG-1997		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 022 2221A		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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
SUBJECT INFORMATION	20. LAST NAME RUSSELL		21. FIRST NAME IVAN		22. M.I. D		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 511		27. WT. 206				
	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT) <input type="checkbox"/> 01 Yes <input checked="" 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 checked="" 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 ***** PLEASE SEE NEXT PAGE *****										37. CB NO. 18688982		IR NO. [REDACTED]							
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE								
	SUBJECTS ACTIONS		MEMBERS RESPONSE																
		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 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 APPROACHED IN MENAN <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>									
		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 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 checked="" 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"/>															
		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 W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>															
		OTHER EMERGENCY HANDCUFFING <input type="checkbox"/>		OTHER _____															
39. <input checked="" type="checkbox"/> DNA				* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40. ADDITIONAL INFORMATION											
POSITION		STAR NO.		UNIT															
41. WEAPON TYPE		04 SEMI-AUTO PISTOL <input type="checkbox"/>		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		01 Daylight <input type="checkbox"/>		44. WEATHER CONDITIONS									
01 REVOLVER <input type="checkbox"/>		05 CHEMICAL WEAPON <input type="checkbox"/>		Indoors <input type="checkbox"/> Outdoors <input checked="" type="checkbox"/>		02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/>		04 Dusk <input type="checkbox"/>		CLEAR									
02 RIFLE <input type="checkbox"/>		06 TASER (Probe Discharge) <input type="checkbox"/>		45. MAKE/MANUFACTURER		46. MODEL		05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial <input type="checkbox"/>											
03 SHOTGUN <input type="checkbox"/>		07 OTHER <input type="checkbox"/>		47. BARREL LENGTH		48. CALIBER/GAUGE													
49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.											
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED											
59. WHO FIRED FIRST SHOT		03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN		03 OTHER (Specify)									
01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/>		01 YES <input type="checkbox"/> 02 NO <input type="checkbox"/>		01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/>				01 YES <input type="checkbox"/> 02 NO <input type="checkbox"/>											
63. HOW WAS MEMBER'S HANDGUN DRAWN		03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS													
01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/>						01 YES <input type="checkbox"/> 02 NO <input type="checkbox"/>													
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED																	
		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. <input type="checkbox"/>																	
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON		69. POSITION OF MEMBER DISCHARGING WEAPON																	
01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN <input 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)															
72. CASE INFO.		NOTIFICATIONS (OC OR TASER INCIDENT):		01 OEMC <input type="checkbox"/> 02 DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/>		NOTIFICATIONS (FIREARM INCIDENT):		01 OEMC <input type="checkbox"/> 02 DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> 03 OP COMMAND <input type="checkbox"/> 04 DET. DIV. <input type="checkbox"/>		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) BARBER, SHARON D		STAR/EMPLOYEE NO. 12220		SIGNATURE [REDACTED]													
		26-JUN-2013 07:36:36																	
		Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																	
		74. REVIEWING SUPERVISOR (Print Name) DORAU, LESZEK		STAR NO. 983		SIGNATURE [REDACTED]		DATE REVIEWED 26-JUN-2013 07:37:31		TIME									

70. EVENT NO.
1317700123

71. R.D. NO.
HW335555

LOG # 1063127 / U# 13-24

Attachment # 11

SUBJECT
INFORMATION

36. CHARGES PLACED

720 ILCS 5.0/12-5-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-1-A, 720 ILCS 5.0/12-1-A, 720 ILCS 5.0/12-5-A

DNA

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)

R/L interviewed the offender in the holding cell of Area South detective division post Miranda. He stated that at no time did he threaten the officers and that he was just sitting on is porch in his slippers when the officers arrested him. He stated that he was arrested because he threatened to sue the officers.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

PO Cornell was in pursuit of a suspect in a shooting when the offender blocked his path and made verbal threats to the officer. When PO Barber arrived on the scene as an assist the offender also blocked her from pursuing offenders and also threatened her. The offender was then taken into custody. No injuries.

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. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ROCHE, JANICE M

SIGNATURE



DATE COMPLETED

TIME

26-JUN-2013 07:51:07

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:

SUPPLEMENTARY REPORT

I.O.D. REPORT

CASE REPORT

OFFICER BATTERY REPORT

CR INITIATION REPORT

ARREST REPORT

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

80. TOTAL TRR'S THIS EVENT No.

4