

**TACTICAL RESPONSE REPORT/Chicago Police Department**

1. DATE OF INCIDENT <b>11-JUL-2013</b>		TIME <b>13:07:00</b>		2. ADDRESS OF OCCURRENCE <b>3951 W 103RD ST CHICAGO, IL 60655</b>			3. LOCATION CODE <b>277</b>		4. BEAT/OCCUR <b>2211</b>															
MEMBER INVOLVED	5. POSITION <b>9161</b>		6. LAST NAME <b>DOMIO</b>		7. FIRST NAME <b>MALCOLM C</b>		8. STAR NO. <b>7900</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>BLK</b>		11. AGE <b>[REDACTED]</b>		12. HT. <b>600</b>		13. WT. <b>223</b>							
	14. DATE OF APPT. <b>29-NOV-1999</b>			15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>015 4211D</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												
SUBJECT INFORMATION	20. LAST NAME <b>GUFFRE</b>		21. FIRST NAME <b>PHILLIP</b>		22. M.I. <b>[REDACTED]</b>		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>510</b>		27. WT. <b>182</b>									
	29. TELEPHONE NO. <b>[REDACTED]</b>				30. WAS SUBJECT ARMED? OTHER (SPECIFY) <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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No													
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>[REDACTED]</b>				34. BY WHOM? <b>[REDACTED]</b>		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																	
	36. CHARGES PLACED <input type="checkbox"/> DNA						37. CB NO. <b>[REDACTED]</b>		IR NO. <input type="checkbox"/> DNA															
REASON FOR USE OF FORCE (Check all that apply)	38. SUBJECT'S ACTIONS					MEMBER'S RESPONSE																		
	PASSIVE RESISTER <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____					ACTIVE RESISTER <input type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____					ASSAILANT: ASSAULT <input type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER IMPLIED WEAPON _____					ASSAILANT: BATTERY <input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____					ASSAILANT: DEADLY FORCE <input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER IMPLIED WEAPON _____			
WEAPON DISCHARGE INCIDENT	39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) <b>[REDACTED]</b>										40. ADDITIONAL INFORMATION <b>[REDACTED]</b>													
	POSITION <b>[REDACTED]</b>			STAR NO. <b>[REDACTED]</b>			UNIT <b>[REDACTED]</b>																	
	41. WEAPON TYPE <input 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 type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial				44. WEATHER CONDITIONS <b>CLEAR</b>											
	45. MAKE/MANUFACTURER <b>SMITH &amp; WESSON -J&amp;B (BODYGUARD, CHIEF SPECIAL)</b>				46. MODEL <b>M&amp;P</b>				47. BARREL LENGTH <b>4.5</b>				48. CALIBER/GAUGE <b>45 CAL</b>											
49. TASER DART ID NO. <b>[REDACTED]</b>			50. WEAPON SERIAL NO. (include letters) <b>MPU5009</b>			51. CHICAGO GUN REG. NO. <b>R011640S</b>			52. IL FIREARM OWNER ID. NO. <b>[REDACTED]</b>			53. HANDGUN CERTIFICATE NO. <b>[REDACTED]</b>												
54. SPECIAL WEAPON CERTIFICATE NO. <b>[REDACTED]</b>			55. PROPERTY INVENTORY NO. <b>[REDACTED]</b>			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>10</b>												
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input checked="" type="checkbox"/> 03 OTHER (SPECIFY) UNKNOWN			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>[REDACTED]</b>			62. 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)				70. EVENT NO. <b>1319207635</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>[REDACTED]</b>						65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO															
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>ELECTRIC BOX</b>						67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.																		
68. 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						69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input checked="" type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																		
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.																							
	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.																							
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>DOMIO, MALCOLM C</b>				STAR/EMPLOYEE NO. <b>7900</b>				SIGNATURE <b>[REDACTED]</b>				71. R.D. NO. <b>HW357645</b>											
	11-JUL-2013 22:06:44																							
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																								
74. REVIEWING SUPERVISOR (Print Name) <b>RICHARDS, WARREN F</b>				STAR NO. <b>243</b>				SIGNATURE <b>[REDACTED]</b>				DATE REVIEWED TIME <b>11-JUL-2013 22:09:54</b>												

LOG # 1063442  
Attachment # 42

### 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 currently in surgery in Christ Hospital

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The members actions were in compliance with Department policies and Directives after offender pointed an object in his direction, causing him to fear for his safety and officer fired his weapon.

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)

FLETCHER, CHRISTOPH D

SIGNATURE

[Redacted Signature]

DATE COMPLETED      TIME

11-JUL-2013 22:11:12

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:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> CASE REPORT   | <input type="checkbox"/> SUPPLEMENTARY REPORT                                | <input type="checkbox"/> I.O.D. REPORT        |
| <input type="checkbox"/> ARREST REPORT | <input checked="" type="checkbox"/> OFFICER BATTERY REPORT                   | <input type="checkbox"/> CR INITIATION REPORT |
|  | <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) |   |

80. TOTAL TRR's THIS EVENT No.

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