

TACTICAL RESPONSE REPORT/Chicago Police Department

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|------------------------------------|--|---------------------------|--------------------------------|--|---|--|---|---|--|---|---|
| 1. DATE OF INCIDENT 24-OCT-2013 | | TIME 18:50:00 | | 2. ADDRESS OF OCCURRENCE 10931 S EBERHART AVE CHICAGO, IL 60628 | | | 3. LOCATION CODE 290 | | 4. BEAT/OCCUR 0513 | | |
| MEMBER INVOLVED | 5. POSITION 9161 | 6. LAST NAME CAVANAUGH | | 7. FIRST NAME RONALD J | | 8. STAR NO. 3274 | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 10. RACE CODE WHI | 11. AGE [REDACTED] | 12. HT. 510 | 13. WT. 155 |
| | 14. DATE OF APPT 18-MAR-1996 | | 15. EMPLOYEE NO. [REDACTED] | | 16. UNIT & BEAT OF ASSIGNMENT 005 0571 | | 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 STYLES | | 21. FIRST NAME ANGELIQUE | | 22. M.I. [REDACTED] | 23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F | 24. RACE BLK | 25. D.O.B. [REDACTED] | | 26. HT. [REDACTED] | 27. WT. [REDACTED] |
| | 28. ADDRESS [REDACTED] | | | 29. TELEPHONE NO. [REDACTED] | | 30. WAS SUBJECT ARMED *KNIFE/OTHER CUTTING INSTRUMENT <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? DR [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 <input type="checkbox"/> DNA <input type="checkbox"/> 37 CB NO <input type="checkbox"/> IR NO. <input type="checkbox"/> DNA | |

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| REASON FOR USE OF FORCE (Check all that apply) | 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 _____ | <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY OTHER _____ | <input checked="" type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON OTHER _____ | <input checked="" type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON OTHER KNIFE _____ |
| MEMBER'S RESPONSE | MEMBER PRESENCE | | OPEN HAND STRIKE | ELBOW STRIKE | KNEE STRIKE | FIREARM |
| | <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRIST LOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION 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) | <input checked="" type="checkbox"/> OTHER _____ | |

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| WEAPON DISCHARGE INCIDENT | 39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) | | | 40. ADDITIONAL INFORMATION R/O FIRED HIS WEAPON AT THE OFFENDER AS SHE LUNGED AT R/O. P.O. MURRAH, AND STYLES, PHILLIP WITH A KNIFE PLACING R/O IN FEAR OF HIS LIFE AND THE LIFE OF OTHERS. | | | | | | |
| | POSITION | STAR NO. | UNIT | | | | | | | |
| | 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 checked="" type="checkbox"/> Indoors <input 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 CLEAR | |
| | 45. MAKE/MANUFACTURER GLOCK, INC. -A13-- | | 46. MODEL 22 | | 47. BARREL LENGTH 4 1/2 | | 48. CALIBER/GAUGE 40 S&W | | | |
| | 49. TASER DART ID NO. | | 50. WEAPON SERIAL No. (Include Letters) LMU048 | | 51. CHICAGO GUN REG. NO. R007517S | | 52. IL FIREARM OWNER ID. NO. [REDACTED] | | 53. HANDGUN CERTIFICATE NO. | |
| 54. SPECIAL WEAPON CERTIFICATE NO. | | 55. PROPERTY INVENTORY NO. | | 56. TYPE OF AMMUNITION USED Department Issued | | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1 | | 58. TOTAL NO. OF SHOTS MEMBER FIRED 5 | | |
| 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 0 | | 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. 1329712206 | | |
| 63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | 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) NONE | | | | 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. | | | | | | |
| 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 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) | | | | | | |
| 72. CASE INFO. | | 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. | | | | | | | | |

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| SIGNATURES | 73. REPORTING MEMBER (Print Name) CAVANAUGH, RONALD J | | STAR/EMPLOYEE NO. 3274 | SIGNATURE [REDACTED] |
| | 74. REVIEWING SUPERVISOR (Print Name) TULLY, SEAN F | | | |
| 75. DATE/TIME 25-OCT-2013 00:57:24 | | | | |

LOG # 1065714/0413-40
Attachment # 10

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 Robald Cavanaugh are within department guidelines concerning the use of deadly force in that Officer Cavanaugh, while in fear of his life and the life of his partner fired his weapon at an assailant armed with a butcher knife who lunged at him while holding the knife with her arm raised in a threatening manner despite repeatedly being ordered to drop the knife and ignoring said order.

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. 1065714 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE



DATE COMPLETED

TIME

25-OCT-2013 01:07:22

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.

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