

**TACTICAL RESPONSE REPORT/Chicago Police Department**

1. DATE OF INCIDENT <b>24-OCT-2013</b>		TIME <b>18:50:00</b>		2. ADDRESS OF OCCURRENCE <b>10931 S EBERHART AVE CHICAGO, IL 60628</b>			3. LOCATION CODE <b>290</b>		4. BEAT/OCCUR <b>0513</b>						
5. POSITION <b>9161</b>		6. LAST NAME <b>MURRAH</b>		7. FIRST NAME <b>CHRISTOPH</b>		8. STAR NO. <b>18003</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>BLK</b>		11. AGE <b>600</b>	12. HT. <b>162</b>	13. WT. <b>162</b>	
14. DATE OF APPT. <b>17-MAR-1997</b>			15. EMPLOYEE NO.			16. UNIT & BEAT OF ASSIGNMENT <b>005 0571</b>			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		
20. LAST NAME <b>STYLES</b>				21. FIRST NAME <b>ANGELIQUE</b>				22. M.I.		23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B.	
28. ADDRESS				29. TELEPHONE NO.				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? <b>CHRIST</b>				34. BY WHOM? <b>DR.</b>				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				37. CB NO.		IR NO. <input type="checkbox"/> DNA					

38. REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS	PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT: ASSAULT	ASSAILANT: BATTERY	ASSAILANT: 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 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 WAUTHORIZATION 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 type="checkbox"/> OTHER _____	

39. WEAPON DISCHARGE INCIDENT	39. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			40. ADDITIONAL INFORMATION <b>OFFICER CAVANAUGH DISCHARGED HIS WEAPON AS THE OFFENDER LUNGED AT R/O, P.O. CAVANAUGH AND THE VICTIM, STYLES, PHILLIP WITH A KNIFE.</b>				
	POSITION	STAR NO.	UNIT					
	41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS	
	<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input checked="" type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	CLEAR			
	45. MAKE/MANUFACTURER		46. MODEL		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		60. WAS FIREARM RELOADED DURING INCIDENT	
	<input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		<input type="checkbox"/> 03 OTHER (SPECIFY)		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		<input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	
	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN		63. DID MEMBER USE SIGHTS		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		<input type="checkbox"/> 03 OTHER (Specify)		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				
65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED				
				<input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 06 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT.				
67. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON				68. POSITION OF MEMBER DISCHARGING WEAPON				
<input type="checkbox"/> 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):		<input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.	
	NOTIFICATIONS (FIREARM INCIDENT):		<input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input 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>MURRAH, CHRISTOPH</b>		STAR/EMPLOYEE NO. <b>18003</b>	
	25-OCT-2013 01:16:27		SIGNATURE	
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>TULLY, SEAN F</b>		STAR NO. <b>1090</b>		DATE REVIEWED <b>25-OCT-2013 01:18:07</b>

LOG # 1065714/0413-40  
Attachment # 12

70. EVENT NO. 1329712206  
71. R/O NO. HW505985

### 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 this incident was handled within department guidelines. Officer Murrah was in fear of being stabbed by the assailant, who lunged at him and his partner while armed with a knife raised in a threatening manner. The assailant ignored repeated orders to drop the knife. Officer Murrah did not discharge his weapon due to the fact that his partner shot the assailant ending the threat. This incident was handled properly.

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

[REDACTED]

DATE COMPLETED

TIME

25-OCT-2013 01:23:48

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.

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