

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 06-JUN-2014		TIME 23:23:00		2. ADDRESS OF OCCURRENCE 9301 S WALLACE ST CHICAGO, IL 60620			3. LOCATION CODE 304		4. BEAT/OCCUR 2223		
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME KERR	7. FIRST NAME LAWRENCE W		8. STAR NO. 4871	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 600	13. WT. 202	
	14. DATE OF APPT. 25-MAR-2002		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 312 6728C		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 type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No
SUBJECT INFORMATION	20. LAST NAME SHABAZZ		21. FIRST NAME MALIK		22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 506	27. WT. 230	
	28. ADDRESS [REDACTED]			29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No
33. WHERE WAS MEDICAL TREATMENT OBTAINED? CHRIST				34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid					
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****						37. CB NO. 18909736					
REASON FOR USE OF FORCE (Check all that apply)	38. SUBJECT'S ACTIONS		ACTIVE REGISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE		
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER FIRED WEAPON AT R/O _____		
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"/>		
	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 W/AUTHORIZATION <input type="checkbox"/> OTHER _____		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) <input type="checkbox"/> OTHER _____		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER MOVEMENT AND COVER		KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		OTHER _____		
WEAPON DISCHARGE INCIDENT	39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]				40. ADDITIONAL INFORMATION THE NUMBER OF ROUNDS DISCHARGED BY THE MEMBER IS AN ESTIMATE AND WILL BE DETERMINED BY FORENSICS SERVICES FOLLOWING INSPECTION OF THE OFFICER'S WEAPON. OFFENDER'S WEAPON IS A 9MM SEMIAUTOMATIC HANDGUN.						
	POSITION [REDACTED]		STAR NO. [REDACTED]		UNIT [REDACTED]						
41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <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 <input checked="" type="checkbox"/> 06 Good Artificial			44. WEATHER CONDITIONS CLEAR				
45. MAKE/MANUFACTURER GLOCK, INC.-AU-		46. MODEL 23		47. BARREL LENGTH 4		48. CALIBER/GAUGE 40 S&W					
49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL No. (Include Letters) KLF375		51. CHICAGO GUN REG. NO. R003845S		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]			
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED Department issued			57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 38		
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 2		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. 1415719305			
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD MAGAZINE				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) DEPARTMENT VEHICLE				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.							
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" 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)							
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) KERR, LAWRENCE W			STAR/EMPLOYEE NO. 4871		SIGNATURE [REDACTED]					
	74. REVIEWING SUPERVISOR (Print Name) DARLIN, RANDALL L										
75. DATE/TIME 07-JUN-2014 08:39:32				STAR NO. 199		SIGNATURE [REDACTED]		DATE REVIEWED 07-JUN-2014 08:43:26		TIME 08:43:26	
76. REVIEWING SUPERVISOR WILL ENSURE THE LEGIBILITY AND COMPLETENESS OF THIS REPORT AND ATTEST BY ENTERING THE REQUIRED INFORMATION BELOW.											

Log# 1069657
Attachment# 12

SUBJECT
INFORMATION

38. CHARGES PLACED

DNA

720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS
5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-
16, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720
ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4

Log# 1069651

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 related that [REDACTED] were stopped by police. [REDACTED] related that [REDACTED] knew they were police because the truck had "M" plates and they had their emergency lights on. [REDACTED] related that all of a sudden, all this gunfire started and that [REDACTED] tried to get down. When asked why [REDACTED] was shooting, [REDACTED] responded, "I don't know why."

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on what information is known at this time, a preliminary determination has been made that the discharges by P.O. Lawrence Kerr fall within department guidelines in that Officer Kerr, while in fear of his life while facing live gunfire in his direction from an armed assailant, shot his weapon in order to end the threat to his life and the threat to the life of his fellow officers.

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 1069651 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

07-JUN-2014 10:48:54

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

Log# 1069651

Attachment# 12