

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 13-SEP-2014		TIME 22:12:00		2. ADDRESS OF OCCURRENCE 2349 W LAKE ST CHICAGO, IL 60612			3. LOCATION CODE 304		4. BEAT/OCCUR 1223				
5. POSITION 9161		6. LAST NAME WESSELHOFF		7. FIRST NAME MARK E		8. STAR NO 19931		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI			
11. AGE [REDACTED]		12. HT. 601		13. WT 175		14. DATE OF APPT 06-MAY-1996		15. EMPLOYEE NO [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 311 6744B			
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		20. LAST NAME FORD		21. FIRST NAME DENZEL		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. 600		27. WT 220		28. ADDRESS [REDACTED]			
29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED/VEHICLE - OFFICER STRUCK WITH VEHICLE <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? COOK COUNTY HOSPITAL - STROGER HOS		34. BY WHOM? [REDACTED]			
35. CONDITION <input checked="" 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 [REDACTED]		37. CB NO. 18974714		38. IR NO [REDACTED]		39. DNA <input type="checkbox"/> DNA <input checked="" type="checkbox"/> DNA		40. ADDITIONAL INFORMATION OFFENDER RAMMED MEMBERS VEHICLE WHICH THEN STRUCK MEMBER CAUSING INJURY.			
41. WEAPON TYPE <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		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Night <input type="checkbox"/> 02 Day <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR		45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]	
48. TASER PART ID NO [REDACTED]		49. WEAPON SERIAL NO (Include Letters) [REDACTED]		50. CHICAGO GUN REG. NO [REDACTED]		51. IL FIREARM OWNER ID. NO. [REDACTED]		52. HANDGUN CERTIFICATE NO. [REDACTED]		53. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		54. PROPERTY INVENTORY NO. [REDACTED]	
55. TYPE OF AMMUNITION USED [REDACTED]		56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		57. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]		58. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		59. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		60. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		61. 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)	
62. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		63. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		64. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CARL FURNITURE, ETC) [REDACTED]		66. 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 type="checkbox"/> 04 OVER 15 FT.		67. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		68. POSITION OF MEMBER DISCHARGING WEAPON <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)	
70. EVENT NO. 1425616167		71. R.D. NO. HX427436		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		73. 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		74. MEMBERS WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT.		75. REPORTING MEMBER (Print Name) FORBES JR, TERENCE P		76. STAR/EMPLOYEE NO 1432	
77. SIGNATURES		78. SIGNATURE [REDACTED]		79. DATE REVIEWED 14-SEP-2014		80. TIME 03:59:47		81. REVIEWING SUPERVISOR (Print Name) RYAN, JOHN C		82. STAR NO. 377		83. SIGNATURE [REDACTED]	

1071524  
#25

### 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 hospitalized and not available to be interviewed.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at the time of this report, it is the preliminary determination of the undersigned that Ofc. Wesselhoff, Mark #19931, acted in compliance with Department Policy. Ofc. Wesselhoff was knocked to the ground, when offender Ford, Denzel IR#2078314, rammed his vehicle into Ofc. Wesselhoff's vehicle which in turn struck Ofc. Wesselhoff. Ford then reversed his vehicle ramming a second vehicle in and attempt to flee. Ofc. Wesselhoff was on the ground and unable to move and in the direct path of Fords only escape route thus placing him in fear of his life Log#1071524 U#14-31

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 1071524 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

RUIZ, BERSCOTT F

SIGNATURE



DATE COMPLETED

14-SEP-2014 04:34:53

TIME

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
- TD-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)
- I.O.D. REPORT
- CR INITIATION REPORT

TOTAL TRR'S THIS EVENT No

3

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