

FACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | | | |
|---|--|------------------------------|---------------------------------|---|---|----------------------------|---|---|--|--|---|
| 1. DATE OF INCIDENT 12-OCT-2014 | | TIME 00:35:00 | | 2. ADDRESS OF OCCURRENCE 5301 S DR MARTIN LUTHER KING JR DR CHICAGO, IL 60611 | | | 3. LOCATION CODE 269 | | 4. BEAT/OCCUR 0233 | | |
| 5. POSITION 9161 | | 6. LAST NAME LEANO | | 7. FIRST NAME MANUEL S | | 8. STAR NO. 4303 | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 10. RACE CODE API | 11. AGE [REDACTED] | 12. HT. 506 | 13. WT. 165 |
| 14. DATE OF APPT. 26-MAR-2001 | | | 15. EMPLOYEE NO. [REDACTED] | | 16. UNIT & BEAT OF ASSIGNMENT 002 0264B | | 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 |
| 20. LAST NAME JOHNSON | | | 21. FIRST NAME RONALD | | | 22. M.I. | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 24. RACE BLK | 25. D.O.B. [REDACTED] | 26. HT. 510 | 27. WT. 160 |
| 28. ADDRESS [REDACTED] | | | 29. TELEPHONE NO. | | 30. WAS SUBJECT ARMED? OTHER (SPECIFY), 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? UNIVERSITY OF CHICAGO HOSPITALS | | | | | 34. BY WHOM? | | 35. CONDITION <input checked="" 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. | IR NO. | <input type="checkbox"/> DNA | |

| | | | | | | |
|----------------------------------|---|--|--|---|--|---|
| 38. <input type="checkbox"/> DNA | MEMBER'S RESPONSE | PASSIVE RESISTER | ACTIVE RESISTER | ASSAILANT: ASSAULT | ASSAILANT: BATTERY | ASSAILANT: DEADLY FORCE |
| SUBJECTS ACTIONS | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | FLED <input checked="" type="checkbox"/> | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> | ATTACK WITH WEAPON <input type="checkbox"/> | ATTACK WITHOUT WEAPON <input type="checkbox"/> | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> |
| | STIFFENED (DEAD WEIGHT) <input type="checkbox"/> | PULLED AWAY <input type="checkbox"/> | OTHER _____ | | | WEAPON <input checked="" type="checkbox"/> |
| | OTHER _____ | | | | | OTHER _____ |
| 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 type="checkbox"/> | |
| | VERBAL COMMANDS <input type="checkbox"/> | TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | KICKS <input type="checkbox"/> | OTHER _____ | |
| | ESCORT HOLDS <input type="checkbox"/> | OC CHEMICAL WEAPON <input type="checkbox"/> | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | |
| | WRISTLOCK <input type="checkbox"/> | CANINE <input type="checkbox"/> | | | | |
| | ARMBAR <input type="checkbox"/> | TASER (Probe Discharge) <input type="checkbox"/> | | | | |
| | PRESSURE SENSITIVE AREAS <input type="checkbox"/> | TASER (Contact Stun) <input type="checkbox"/> | | | | |
| | CONTROL INSTRUMENT <input type="checkbox"/> | TASER (Laser Targeted) <input type="checkbox"/> | | | | |
| | OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> | TASER (Spark Displayed) <input type="checkbox"/> | | | | |
| | OTHER _____ | OTHER _____ | OTHER _____ | | | |

| | | | | | | |
|---|--|--|---|--|---|---|
| 39. <input checked="" type="checkbox"/> DNA | 39. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) | | | 40. ADDITIONAL INFORMATION ARMED WITH SEMI AUTO WEAPON | | |
| WEAPON DISCHARGE INCIDENT | POSITION | STAR NO. | UNIT | | | |
| | 41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN | 44. WEATHER CONDITIONS CLEAR | 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 checked="" type="checkbox"/> 06 Good Artificial | 44. WEATHER CONDITIONS CLEAR | |
| | <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 | 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 <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | 61. NO OF CARTRIDGES/SHOT SHELLS RELOADED | 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) | 63. 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) | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD |
| | 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) | 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 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 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 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. |
| SIGNATURES | Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | |
| | 73. REPORTING MEMBER (Print Name) LEANO, MANUEL S | STAR/EMPLOYEE NO. 4303 |
| | 12-OCT-2014 08:39:58 | SIGNATURE [REDACTED] |
| | 74. REVIEWING SUPERVISOR (Print Name) HUFFMAN, SHARON M | STAR NO. 2265 |
| | DATE REVIEWED 12-OCT-2014 08:42:57 | TIME 12-OCT-2014 08:42:57 |

LOG # 1071970
4414-39
 Attachment # 10

70. EVENT NO.
1428500459

71. R.D. NO.
HX464335

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, the actions of police officer Manuel Leano comply with department guidelines concerning the use of force in that officer Leano engaged in a foot pursuit of the armed subject in an attempt to place him under arrest. The subject was subsequently shot by another pursuing officer. Officer Michael Leano however did not fire 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 1071970 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE



DATE COMPLETED

TIME

13-OCT-2014 00:25:12

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:

- CASE REPORT
- OFFICER BATTERY REPORT
- ARREST REPORT
- SUPPLEMENTARY REPORT
- TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)
- I.O.D. REPORT
- CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

5

LOG # 1071970
~~1071970~~
 Attachment # 10