

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>01-NOV-2014</b>		TIME <b>20:22:00</b>		2. ADDRESS OF OCCURRENCE <b>5839 S MORGAN ST CHICAGO, IL 60621</b>			3. LOCATION CODE <b>289</b>		4. BEAT/OCCUR <b>0712</b>										
MEMBER INVOLVED	5. POSITION <b>9161</b>	6. LAST NAME <b>MASETH</b>	7. FIRST NAME <b>ADAM J</b>	8. STAR NO. <b>9439</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>WHI</b>	11. AGE [REDACTED]	12. HT. <b>508</b>	13. WT. <b>150</b>										
	14. DATE OF APPT. <b>17-OCT-2011</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>007 0762C</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										
SUBJECT INFORMATION	20. LAST NAME <b>GARRETT</b>		21. FIRST NAME <b>KURTIS</b>		22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. [REDACTED]	26. HT. <b>507</b>	27. WT. <b>200</b>									
	28. ADDRESS [REDACTED]			29. TELEPHONE NO.		30. WAS SUBJECT ARMED/OTHER (SPECIFY): FIREARM - REVOLVER <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? <b>COOK COUNTY HOSPITAL - STROGER HOS</b>			34. BY WHOM?		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 <b>720 ILCS 5.0/24-1.6-A-2, 720 ILCS 5.0/12-2-B-4</b>							37. CB NO. <b>19005567</b>		IR NO. [REDACTED]										
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE								
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE																
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>									
STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>									
OTHER _____		ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>				OTHER _____		OTHER <b>.38 CAL BLACK REVOLVER</b>									
		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 _____															
39. <input checked="" type="checkbox"/> DNA			40. ADDITIONAL INFORMATION <b>.38 CAL BLACK REVOLVER</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 Day/light <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				<b>CLEAR</b>			
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 CATDRIDGES/ 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				70. EVENT NO. <b>1430515345</b>							
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)															
CASE INFO		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC										71. RD. NO. <b>HX491411</b>							
		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <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>MASETH, ADAM J</b>				STAR/EMPLOYEE NO. <b>9439</b>		SIGNATURE [REDACTED]											
		02-NOV-2014 03:08:16																	
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>O TOOLE, DANIEL J</b>				STAR NO. <b>1522</b>		SIGNATURE [REDACTED]				DATE REVIEWED TIME <b>02-NOV-2014 03:10:07</b>									

Log # 1072342/0#14-39  
ATT # 16

### LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 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.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Offender hospitalized.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the Undersigned that Officer Adam Maseth #9439 acted in compliance with Department policy. Officer Maseth was in fear for his life after Offender GARRETT, Kurtis #1280065 reached for a weapon, thus placing Officer Maseth and his partner Officer Anthony Cutrone #9258, in fear of their lives. Log Number. 1072342 was issued for this incident. U#14-039.

77. LIEUTENANT OR ABOVE/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, 1072342 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

ALEXANDER, DANA

SIGNATURE



DATE COMPLETED

TIME

02-NOV-2014 03:56:16

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

- SUPPLEMENTARY REPORT  
 CASE REPORT  
 ARREST 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.

2

LOG # 1072342  
Attachment # 16