

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 07-DEC-2014		TIME 18:25:00		2. ADDRESS OF OCCURRENCE 11050 S SPAULDING AVE CHICAGO, IL 60655			3. LOCATION CODE 103		4. BEAT/OCCUR 2211											
MEMBER INVOLVED	5. POSITION 9171		6. LAST NAME WILLINGHAM		7. FIRST NAME RUSSELL L		8. STAR NO. 1377	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 508	12. HT. 146	13. WT. 146								
	14. DATE OF APPT. 10-MAY-1999		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 008		17. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
SUBJECT INFORMATION	20. LAST NAME MCGINTY		21. FIRST NAME THOMAS		22. M.I. P	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WHI	25. D.O.B.	26. HT. 603	27. WT. 230										
	28. ADDRESS			29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <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? DECEASED				34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized			<input checked="" type="checkbox"/> 02 Under influence <input type="checkbox"/> 05 Refused Medical Aid										
	36. CHARGES PLACED <input type="checkbox"/> DNA						37. CB NO.		IR NO. <input type="checkbox"/> DNA											
REASON FOR USE OF FORCE (Check all that apply)	39. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE									
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		SUBJECT'S ACTIONS		MEMBER'S RESPONSE									
WEAPON DISCHARGE INCIDENT	39. <input type="checkbox"/> DNA				40. ADDITIONAL INFORMATION ASSAILANT W/ FIREARM															
	41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE					
	<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL		<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk		CLEAR		GLOCK, INC.-AU-		42		1 INCH		380 ACP					
	<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"/> 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		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.			
	<input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER		<input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		<input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		AAVP237		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	
	<input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		<input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		HORNADY		1		7		1434110839		70. EVENT NO.			
CASE INFO.	63. HOW WAS MEMBER'S HANDGUN DRAWN		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		69. POSITION OF MEMBER DISCHARGING WEAPON		71. RD. NO.					
	<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		<input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		NONE		<input type="checkbox"/> 01 0 - 05 FT <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		<input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		<input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN		HX533726					
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC				NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <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.				71. RD. NO.							
	73. REPORTING MEMBER (Print Name) WILLINGHAM, RUSSELL L		STAR/EMPLOYEE NO 1377		SIGNATURE		74. REVIEWING SUPERVISOR (Print Name) MC FARLANE, RICHARD M		STAR NO. 227		SIGNATURE		DATE REVIEWED 08-DEC-2014 01:04:07		TIME 08-DEC-2014 01:04:07					

CPD-41 3/7 (REV. 10/07)

LOG# **1072859**
Attachment **8**

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)

Subject is deceased

76. LIEUTENANT OR ABOVE/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 Sgt. Willingham #1377 acted in compliance with Department policy. Sgt. Willingham, after witnessing the subject (McGinty, Thomas) fire a weapon, striking the victim [REDACTED] drew his weapon, announced his office and ordered the subject to drop his weapon. The subject then began waving his weapon in the direction of the other patrons placing all in the establishment in fear for their lives. at this time Sgt. Willingham fired his weapon striking the subject numerous times.
log# 1072859
UJ# 14-042

Additionally SPAR# 537554 was obtained for Violation 8: Failure to comply with Department Directives regarding Personal Weapons or Ammo-Failure to register a weapon.

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: 1072859 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

RUIZ, BERSCOTT F

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

08-DEC-2014 01:26:45

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:

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

80. TOTAL TRR'S THIS EVENT No.

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