

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 07-FEB-2015		TIME 14:36:00		2. ADDRESS OF OCCURRENCE 310 W 115TH ST CHICAGO, IL 60628			3. LOCATION CODE 304		4. BEAT/OCCUR 0522							
MEMBER INVOLVED	6. POSITION 9161	8. LAST NAME DERCOLA	7. FIRST NAME MATT O		8. STAR NO. 15740	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 510	13. WT. 164						
	14. DATE OF APPT. 29-AUG-2005		15. EMPLOYEE NO [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 312 6724G		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		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						
SUBJECT INFORMATION	20. LAST NAME GOLATTE		21. FIRST NAME ANTWON		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. 510	27. WT. 190						
	28. ADDRESS [REDACTED]			29. TELEPHONE NO. [REDACTED]		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? CHRIST			34. BY WHOM? DR. [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal		36. 04 Not Hospitalized		05 Refused Medical Aid						
	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****										37. CB NO. 19058073	38. IR NO. [REDACTED]				
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE					
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		OTHER		OTHER		OTHER		OTHER					
39. <input checked="" type="checkbox"/> DNA			* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION											
WEAPON DISCHARGE INCIDENT			POSITION		STAR NO		UNIT		41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS	
			41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH	
CASE INFO.			49. TASER CART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.		70. EVENT NO. 1503809109		71. RD NO. HY143253	
			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					
SIGNATURES			59. WHO FIRED FIRST SHOT		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN		63. DID MEMBER USE SIGHTS		70. EVENT NO. 1503809109		71. RD NO. HY143253	
			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					
SIGNATURES			68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON		69. POSITION OF MEMBER DISCHARGING WEAPON		70. NOTIFICATIONS (OC OR TASER INCIDENT):		70. NOTIFICATIONS (FIREARM INCIDENT):		70. NOTIFICATIONS (FIREARM INCIDENT):		70. EVENT NO. 1503809109		71. RD NO. HY143253	
			72. NOTIFICATIONS (OC OR TASER INCIDENT):		72. NOTIFICATIONS (FIREARM INCIDENT):		72. NOTIFICATIONS (FIREARM INCIDENT):		72. NOTIFICATIONS (FIREARM INCIDENT):		72. NOTIFICATIONS (FIREARM INCIDENT):					
SIGNATURES			73. REPORTING MEMBER (Print Name)		STAR/EMPLOYEE NO.		SIGNATURE		73. REPORTING MEMBER (Print Name)		STAR/EMPLOYEE NO.		70. EVENT NO. 1503809109		71. RD NO. HY143253	
			74. REVIEWING SUPERVISOR (Print Name)		STAR NO.		SIGNATURE		DATE REVIEWED		TIME					

LOG # 1073693

Attachment # 27

SUBJECT
INFORMATION

36. CHARGES PLACED

DNA

720 ILCS 550.0/5.2-D, 720 ILCS 550.0/5.2-D, 720 ILCS 5.0/21-1.01-A-1, 720 ILCS
5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-
B-4, 720 ILCS 550.0/4-C

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.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

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

INTERVIEW NOT CONDUCTED (Specify Reason)

Subject at Christ Hospital in surgery.

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

Based upon information available at the time of this report it is the preliminary determination of the undersigned that Officer Dercola is in compliance with Department policy in that he moved to avoid being struck by the offender's vehicle.

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. 1073693 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

MC NAUGHTON, DAVID R

SIGNATURE



DATE COMPLETED

TIME

07-FEB-2015 21:26:59

79. TOTAL TRR's THIS EVENT No.

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