

**TACTICAL RESPONSE REPORT/Chicago Police Department**

1. DATE OF INCIDENT <b>14-FEB-2015</b>		TIME <b>00:29:00</b>		2. ADDRESS OF OCCURRENCE <b>1315 W 73RD ST CHICAGO, IL 60636</b>			3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR. <b>0734</b>						
5. POSITION <b>9161</b>		6. LAST NAME <b>ANTONSEN</b>		7. FIRST NAME <b>RICHARD</b>		8. STAR NO. <b>19692</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>507</b>		12. HT. <b>175</b>	
14. DATE OF APPT. <b>24-FEB-2003</b>		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT <b>004 4270C</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		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
20. LAST NAME <b>ROBERTSON</b>		21. FIRST NAME <b>DARELL</b>		22. M.I. <b>L</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B.		26. HT. <b>509</b>		27. WT. <b>140</b>	
28. ADDRESS		29. TELEPHONE NO.		30. WAS SUBJECT ARMED/FIREARM - SEMI-AUTOMATIC, VEHICLE - ATTEMPTED TO STRIKE OFFICER 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? <b>CHRIST</b>				34. BY WHOM? <b>DR</b>		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under influence <input type="checkbox"/> 04 Not Hospitalized		36. CHARGES PLACED <b>13061912</b>				37. CB NO. <b>13061912</b>		IR NO. <input type="checkbox"/> DNA	

38. DNA <input type="checkbox"/>	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE		
	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"/>		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 _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>		OTHER VEHICLE _____	
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 checked="" 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"/>		OTHER _____							
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 (Spark Displayed) <input type="checkbox"/>									
OC/CHEMICAL WEAPON AUTHORIZATION <input type="checkbox"/>		OTHER _____									
OTHER _____											

39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			40. ADDITIONAL INFORMATION <b>ASSAILANT, WHILE ARMED, ATTEMPTED TO RUN OVER R/O WITH VEHICLE.</b>								
POSITION			STAR NO.			UNIT					
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 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial			44. WEATHER CONDITIONS <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. SPECIAL WEAPON CERTIFICATE NO.			54. PROPERTY INVENTORY NO.			55. TYPE OF AMMUNITION USED			56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		
57. TOTAL NO. OF SHOTS MEMBER FIRED			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		
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			64. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)			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. <b>1504500318</b>	
71. R.D. NO. <b>HY150990</b>	
72. CASE INFO. 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 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.	
73. REPORTING MEMBER (Print Name) <b>ANTONSEN, RICHARD</b> STAR/EMPLOYER NO. <b>19692</b> SIGNATURE _____ <b>14-FEB-2015 06:37:31</b>	
74. REVIEWING SUPERVISOR (Print Name) <b>SLOYAN, GREGORY J</b> STAR NO. <b>823</b> SIGNATURE _____ DATE REVIEWED <b>14-FEB-2015 06:38:55</b> TIME	

### 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 hospitalized and refused to provide a statement.

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 Richard Antonsen #19692 acted in compliance with Department policy. Officer Antonsen's life was threatened after offender ROBERTSON, Darrel, IR#2017705, drove his vehicle directly in the officer's direction, thus placing him in fear of his life. Log Number 1073787 was issued for this incident. U#15-003.

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. 1073787 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

ALEXANDER, DANA

SIGNATURE

DATE COMPLETED

TIME

14-FEB-2015 07:22:49

79. TOTAL TRR's THIS EVENT No.

3



Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE  
ANTONSEN, RICHARD

STAR NO.  
19692

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
ALEXANDER, DANA 531