

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 09-MAR-2015		TIME 21:28:00		2. ADDRESS OF OCCURRENCE 3417 W POLK ST CHICAGO, IL 60624			3. LOCATION CODE 303		4. BEAT/OCCUR 1133			
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME FURLET		7. FIRST NAME MILES J		8. STAR NO. 6211		9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F			
	10. RACE CODE WHI		11. AGE 511		12. HT. 200		13. WT. 200					
SUBJECT INFORMATION	14. DATE OF APPT. 31-OCT-2012		15. EMPLOYEE NO [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 011 1113		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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME THOMAS		21. FIRST NAME MAKAELA		22. M.I. A		23. SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F			
REASON FOR USE OF FORCE (Check all that apply)	24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 506		27. WT. 140					
	28. ADDRESS [REDACTED]		29. TELEPHONE NO [REDACTED]		30. WAS SUBJECT ARMED (OTHER (SPECIFY) VERBAL THREAT (ASSAULT)) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" 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? ST ANTHONY DE PADUA HOSPITAL		34. BY WHOM? [REDACTED]		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 <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED 625 ILCS 5.0/6-303-A, 9-12-050(B), 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-1-A, 720		37. CB NO 19075054				
38. DNA <input type="checkbox"/>		39. DNA <input type="checkbox"/>		40. DNA <input type="checkbox"/>		41. DNA <input type="checkbox"/>		42. DNA <input type="checkbox"/>				
SUBJECTS ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT-ASSAULT		ASSAULT-BATTERY		ASSAULT-DEADLY FORCE		
		<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (HEAD WEIGHT) OTHER _____		<input type="checkbox"/> FLED <input checked="" type="checkbox"/> PULLED AWAY OTHER _____		<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY OTHER _____		<input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON OTHER _____		<input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON 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 checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRIST LOCK <input checked="" type="checkbox"/> ARMS BAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 46) <input type="checkbox"/> OTHER _____		KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 46) <input type="checkbox"/> OTHER _____				
WEAPON DISCHARGE INCIDENT		39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		40. ADDITIONAL INFORMATION [REDACTED]								
		POSITION [REDACTED]		STAR NO. [REDACTED]		UNIT [REDACTED]						
CASE INFO.		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		44. SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>		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 CLEAR		
		45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]				
SIGNATURES		49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL NO (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]		
		54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]		
SIGNATURES		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 R. SIDE (WAIST) <input type="checkbox"/> 02 L. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70. EVENT NO. 1506816264		
		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) [REDACTED]		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
SIGNATURES		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		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 MEMBER'S 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) [REDACTED]								
SIGNATURES		73. REPORTING MEMBER (Print Name) FURLET, MILES J		STAR/EMPLOYEE NO 6211		SIGNATURE [REDACTED]						
		74. REVIEWING SUPERVISOR (Print Name) TOPCZEWSKI, BRYAN T		STAR NO 2347		SIGNATURE [REDACTED]		DATE REVIEWED 09-MAR-2015 23:20:59		TIME 09-MAR-2015 23:20:59		

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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)

R/Lt. attempted to interview the subject during a custodial search in the Female Lock-up in Cell A-3. The subject was being uncooperative and when asked why did she pull away and make raise her fist, the Subject replied, you are all doing this because I'm black. She added that she did nothing done and just wanted to go home while crying and making unintelligible comments.

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

R/WOL reviewed all of the reports and concluded that the member's actions were in compliance with Department procedures and directives.

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./CRVO 1074111 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

BAIO, ANTONIO M

SIGNATURE



DATE COMPLETED

10-MAR-2015 01:37:34

79. TOTAL TRR's THIS EVENT No.

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