

ACTUAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 04-APR-2015		TIME 16:19:00		2. ADDRESS OF OCCURRENCE 6152 S ROCKWELL ST CHICAGO, IL 60629			3. LOCATION CODE 092		4. BEAT/OCCUR 0825					
5. POSITION 9161		6. LAST NAME BRANDON		7. FIRST NAME SEAN S		8. STAR NO. 18866		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 508	12. HT. 175	
14. DATE OF APPT. 07-AUG-1995			15. EMPLOYEE NO.			16. UNIT & BEAT OF ASSIGNMENT 311 6710E		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		
26. LAST NAME PETTWAY			21. FIRST NAME ERIC			22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B.	26. HT. 602	27. WT. 235
28. ADDRESS			29. TELEPHONE NO.			30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <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? MOUNT SINAI HOSPITAL				34. BY WHOM? DR.		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 ***** PLEASE SEE NEXT PAGE *****						37. CB NO. 19091372		IR NO. <input type="checkbox"/> DNA						

SUBJECT'S ACTIONS	PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT ASSAULT	ASSAILANT BATTERY	ASSAILANT DEADLY FORCE
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____	ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WA/THORIZATION <input type="checkbox"/> OTHER _____	OPEN HAND STRIKE <input type="checkbox"/> 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 _____	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 46) <input type="checkbox"/> OTHER _____	KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	FIREARM <input checked="" type="checkbox"/> OTHER _____

39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)

40. ADDITIONAL INFORMATION
ASSAILANT WAS ARMED WITH A HANDGUN AND POINTED SAID HANDGUN AT RO

41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <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"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR	
45. MAKE/MANUFACTURER GLOCK, INC.-AU-		46. MODEL 30		47. BARREL LENGTH 3.75		48. CALIBER/GAUGE 45 CAL	
49. TASER DART ID NO.		50. WEAPON SERIAL No. (Indicate Letters) KCR762		51. CHICAGO GUN REG. NO. R007968S		52. IL FIREARM OWNER ID. NO.	
53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED Department Issued	
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 11		59. WHO FIRED FIRST SHOT <input checked="" 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 checked="" type="checkbox"/> 02 NO	
61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" 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 checked="" 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 NONE	
65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.) NONE		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 25 FT. <input checked="" type="checkbox"/> 02 26 - 50 FT. <input type="checkbox"/> 03 51 - 75 FT. <input type="checkbox"/> 04 OVER 75 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" 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 checked="" 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. 1509410220		71. R.D. NO. HY210364			

72. NOTIFICATIONS (OC OR TASER INCIDENT): OEMC DSS & LT./DIST. OF OCCUR. CPIC

72. NOTIFICATIONS (FIREARM INCIDENT): OEMC DSS/DIST. OF OCCUR & DCIC CPIC 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) BRANDON, SEAN S		STAR/EMPLOYEE NO. 18866		SIGNATURE [Signature]	
74. REVIEWING SUPERVISOR (Print Name) KARCZEWSKI, MICHAEL T					
DATE REVIEWED 04-APR-2015 23:02:18		TIME 1074534			

SUBJECT INFORMATION

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 570.0/402-C, 720 ILCS 5.0/24-1.1-A, 720 ILCS 5.0/9-1-A-1

DNA

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)

Unable to interview as of this report

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

Based upon the facts available at this time, it is the preliminary determination of the undersigned that Police Officer Sean Brandon #18866 acted in compliance with department policy in that Police Officer Brandon fired his weapon in fear of his life after Offender Pettway pointed a weapon in Officer Brandon's direction, placing him in fear of his life. Log 1074534 and U# 15-005

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 _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

CALLOWAY, KEITH A

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

04-APR-2015 23:06:25

79. TOTAL TRR'S THIS EVENT No.

4