

**ACTICAL RESPONSE REPORT/Chicago Police Department**

1. DATE OF INCIDENT <b>04-APR-2015</b>		TIME <b>16:19:00</b>		2. ADDRESS OF OCCURRENCE <b>6152 S ROCKWELL ST CHICAGO, IL 60629</b>				3. LOCATION CODE <b>092</b>		4. BEAT/OCCUR <b>0825</b>	
5. POSITION <b>9161</b>		8. LAST NAME <b>OKEEFE</b>		7. FIRST NAME <b>JOHN D</b>		6. STAR NO. <b>18418</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>	
11. AGE [REDACTED]		12. HT. <b>510</b>		13. WT. <b>175</b>		14. DATE OF APPT. <b>28-OCT-2002</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>311 6710D</b>	
17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		20. LAST NAME <b>PETTWAY</b>		21. FIRST NAME <b>ERIC</b>		22. M.I. [REDACTED]	
23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. [REDACTED]		26. HT. <b>602</b>		27. WT. <b>200</b>		28. ADDRESS [REDACTED]	
29. TELEPHONE NO. [REDACTED]		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? <b>MOUNT SINAI HOSPITAL</b>		34. BY WHOM? <b>DR [REDACTED]</b>	
35. CONDITION <input checked="" 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. <b>19091372</b>		38. IR NO. [REDACTED]		39. DNA <input type="checkbox"/> DNA		40. DNA <input type="checkbox"/> DNA	

18. SUBJECT'S ACTIONS		ACTIVE RESISTER		ASSAILANT/ASSAULT		ASSAILANT/BATTERY		ASSAILANT/DEADLY FORCE	
<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) OTHER _____		<input checked="" type="checkbox"/> FLED <input 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 checked="" type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BOOBY HARM <input checked="" type="checkbox"/> WEAPON OTHER _____	
19. MEMBER'S RESPONSE		OPEN HAND STRIKE		ELBOW STRIKE		KNEE STRIKE		FIREARM	
<input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input 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"/> CC/CHEMICAL WEAPON WAUTHORIZATION OTHER _____		<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 (Speak Displayed) OTHER _____		<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) OTHER _____		<input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40)		<input checked="" type="checkbox"/> FIREARM OTHER _____	

41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME):			40. ADDITIONAL INFORMATION <b>ASSAILANT WAS ARMED WITH A HANDGUN AND POINTED THE SAID HANDGUN AT R/O.</b>		
POSITION	STAR NO.	UNIT			

41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS	
<input checked="" type="checkbox"/> 01 REVOLVER	<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL	<input type="checkbox"/> Indoors	<input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> 02 Night	<input type="checkbox"/> 03 Dusk	<input type="checkbox"/> 04 Daylight	<input type="checkbox"/> 05 Poor Artificial
<input type="checkbox"/> 02 RIFLE	<input type="checkbox"/> 05 CHEMICAL WEAPON	45. MAKE/MANUFACTURER <b>SIG S&amp;W INDUSTRIAL GESELLSCHAFT</b>		46. MODEL <b>P229</b>		47. BARREL LENGTH <b>4</b>	
<input type="checkbox"/> 03 SHOTGUN	<input type="checkbox"/> 06 TASER (Probe Discharge)	48. MAKE/MANUFACTURER <b>SIG S&amp;W INDUSTRIAL GESELLSCHAFT</b>		49. MODEL <b>P229</b>		48. CALIBER/GAUGE <b>9 MM</b>	
49. TASER DART ID NO.		50. WEAPON SERIAL No. (Inside Letters) <b>AL13284</b>		51. CHICAGO GUN REG. NO. <b>630428</b>		52. FIREARM OWNER ID NO.	
53. SPECIAL WEAPON CERTIFICATE NO.		54. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED <b>9MM</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>	
58. WHO FIRED FIRST SHOT		59. WAS FIREARM RELOADED DURING INCIDENT		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN	
<input checked="" type="checkbox"/> 01 MEMBER	<input type="checkbox"/> 02 OFFENDER	<input type="checkbox"/> 01 YES	<input checked="" type="checkbox"/> 02 NO	63. HOW WAS MEMBER'S HANDGUN DRAWN		64. DID MEMBER USE SIGHTS	
<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW		<input type="checkbox"/> 02 CROSS DRAW		65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, GAR, FURNITURE, ETC) <b>VEHICLE</b>				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED			
<input checked="" type="checkbox"/> 01 PERSON				<input type="checkbox"/> 01 8 - 85 FT. <input type="checkbox"/> 02 05 - 10 FT. <input checked="" 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				69. POSITION OF MEMBER DISCHARGING WEAPON			
<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 <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)			

70. NOTIFICATIONS (OC OR TASER INCIDENT):		71. NOTIFICATIONS (FIREARM INCIDENT):	
<input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		<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.			

73. REPORTING MEMBER (Print Name) <b>OKEEFE, JOHN D</b>		STAR/EMPLOYEE NO. <b>18418</b>		SIGNATURE [REDACTED]	
04-APR-2015 22:13:39		[REDACTED]		[REDACTED]	
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.					
74. REVIEWING SUPERVISOR (Print Name) <b>KARCZEWSKI, MICHAEL T</b>		STAR NO. <b>1055</b>		SIGNATURE [REDACTED]	
DATE REVIEWED <b>04-APR-2015 22:21:48</b>		TIME		[REDACTED]	

LOG# 1074534

Attachment 12

70. EVENT NO.  
**1509410220**

71. RD. NO.  
**HY210364**

SUBJECT  
INFORMATION

DR. LINDSEY F. WILCOX

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)

Subject unable to be interviewed by the undersigned

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 John O#8217;Keefe #18418 acted in compliance with department policy in that Police Officer O#8217;Keefe fired his weapon in fear of his life after the Offender Peltway pointed a weapon in Officer O#8217;Keefe#8217;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

DATE COMPLETED

TIME

04-APR-2015 22:34:36

79. TOTAL TRR# THIS EVENT No.

4