

ACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 04-APR-2015	TIME 16:18:00	2 ADDRESS OF OCCURRENCE 6152 S ROCKWELL ST CHICAGO, IL 60629	3 LOCATION CODE 330	4 BEAT/OCCUR 0825
5 POSITION 9161	6 LAST NAME STEGMILLER	7 FIRST NAME ROBERT J	8 STAR NO. 18764	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F
10 RACE CODE S	11 AGE [REDACTED]	12 HT. 510	13 WT. 180	
14 DATE OF APPT 10-JUL-1995	15 EMPLOYEE NO. [REDACTED]	16 UNIT & BEAT OF ASSIGNMENT 311 6710G	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 UNK	21 FIRST NAME [REDACTED]	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 601	27 WT 140	
28 ADDRESS [REDACTED]	29 TELEPHONE NO. [REDACTED]	30 WAS SUBJECT ARMED? OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No
33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	34 BY WHOM? [REDACTED]	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 [REDACTED]	37 D.B. NO. [REDACTED]
38 I.R. NO. [REDACTED]	39 DNA <input type="checkbox"/> DNA			

18 SUBJECTS ACTIONS	PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT ASSAULT	ASSAILANT BATTERY	ASSAILANT DEADLY FORCE
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____	IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____	ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER SEE ADDITIONAL INFO B	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____
19 MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBEAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> DC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER SEE ADDITIONAL INFO BOX	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 40) <input type="checkbox"/> OTHER _____	KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	FIREARM <input type="checkbox"/> OTHER _____

20 *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME): _____

21 40 ADDITIONAL INFORMATION
R/O ANNOUNCED HIS OFFICE AND ATTEMPTED TO PLACE AN ASSAILANT INTO CUSTODY AT WHICH TIME THE UNK ABOVE SUBJECT PULLED R/O TO THE GROUND BY HIS JACKET HOOD IN AN ATTEMPT TO DEFEAT/PREVENT THE ARREST BY P.O. STEGMILLER ON THE ASSAILANT.

22 POSITION [REDACTED]	23 STAR NO. [REDACTED]	24 UNIT [REDACTED]	25 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	26 42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	27 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	28 44 WEATHER CONDITIONS CLEAR
29 45 MAKE/MANUFACTURER [REDACTED]	30 46 MODEL [REDACTED]	31 47 BARREL LENGTH [REDACTED]	32 48 CALIBER/GAUGE [REDACTED]	33 49 TASER DART ID NO. [REDACTED]	34 50 WEAPON SERIAL No. (Include Letters) [REDACTED]	35 51 CHICAGO GUN REG NO. [REDACTED]
36 52 IL FIREARM OWNER ID NO. [REDACTED]	37 53 HANDGUN CERTIFICATE NO. [REDACTED]	38 54 SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	39 55 PROPERTY INVENTORY NO. [REDACTED]	40 56 TYPE OF AMMUNITION USED [REDACTED]	41 57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]	42 58 TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]

43 59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) _____	44 60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	45 61 NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	46 62 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) _____
47 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) _____	48 64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	49 65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	70 EVENT NO. 1509410220
50 66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR FURNITURE, ETC.) [REDACTED]	51 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.	52 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	53 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) _____

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

72 NOTIFICATIONS (FIREARM INCIDENT): OEMC DSS/DIST. OF OCCUR. & OCIC 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) STEGMILLER, ROBERT J	STAR/EMPLOYEE NO. 18764	SIGNATURE [REDACTED]
74 REVIEWING SUPERVISOR (Print Name) KARCZEWSKI, MICHAEL T	STAR NO. 1055	SIGNATURE [REDACTED]
DATE REVIEWED 04-APR-2015 22:19:40	TIME 04-APR-2015 22:19:40	

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 Robert Stegmiller acted in compliance with department policy in that while attempting to make the lawful arrest of Offender Pettway, unknown offender grabbed Officer Stegmiller, about the body in attempts to help defeat the arrest of Offender Pettway. Officer Stegmiller used the necessary force in attempt to affect the arrest of Offender Pettway after Offender Pettway pointed a weapon in Officer Stegmiller 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 22:46:43

79 TOTAL TRR's THIS EVENT No

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