

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 01-MAY-2015		TIME 03:22:00		2. ADDRESS OF OCCURRENCE 540 W 43RD ST CHICAGO, IL 60609			3. LOCATION CODE 304		4. BEAT/OCCUR 0925		
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME DAVIS	7. FIRST NAME ROTHIEL L	8. STAR NO. 7558	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE HT. AGE BLK	12. HT. 507	13. WT. 160			
	14. DATE OF APPT. 05-DEC-1994	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT 001 0133HR		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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
SUBJECT INFORMATION	20. LAST NAME HOGAN		21. FIRST NAME TERRANCE		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. 508	27. WT. 170	
	28. ADDRESS			29. TELEPHONE NO.		30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC, OTHER (SPECIFY) <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? MERCY HOSPITAL AND MEDICAL CENTER				34. BY WHOM? DR.		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 ***** PLEASE SEE NEXT PAGE *****			37. CB NO. 19106963

REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS	PASSIVE RESISTER	ACTIVE RESISTER	ASSAULT: ASSAULT	ASSAULT: BATTERY	ASSAULT: 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 <input type="checkbox"/> OTHER OFF CHARGED INTO MEN	<input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON OTHER OFF CAUSED OFF'S GUN	<input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON OTHER OFF CAUSED OFF'S GUN TO FIRE
MEMBER'S RESPONSE	MEMBER PRESENCE		OPEN HAND STRIKE	ELBOW STRIKE	KNEE STRIKE	FIREARM
	<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"/> OC/CHEMICAL WEAPON W/AUTHORIZATION 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 (Spark Displayed) OTHER FOOT PURSUIT	<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) OTHER DREW HIS FIREARM	<input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40)	<input checked="" type="checkbox"/> OTHER DISCHARGE OF FIREARM

39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)	40. ADDITIONAL INFORMATION OFFENDER, WHO HAD A SEMI-AUTOMATIC PISTOL VISIBLE IN HIS WAIST BAND, FLED DIRECTLY INTO MEMBER IN ATTEMPT TO DEFEAT AN ARREST, THE IMPACT CAUSING MEMBER'S WEAPON TO DISCHARGE.				
POSITION	STAR NO.	UNIT			
41. WEAPON TYPE	<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL	42. INCIDENT OCCURRED	<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS	44. WEATHER CONDITIONS CLEAR
<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	<input type="checkbox"/> 06 CHEMICAL WEAPON <input type="checkbox"/> 08 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	45. MAKE/MANUFACTURER SMITH & WESSON -US- (BODYGUARD, CHIEF SPECIAL)	46. MODEL 5943	47. BARREL LENGTH 4"	48. CALIBER/GAUGE 9 MM
49. TASER DART ID NO.	50. WEAPON SERIAL No. (Include Letters) VCD1287	51. CHICAGO GUN REG. NO. 0659654	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 1	
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)		70. EVENT NO. 1512101428
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 DNA		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 checked="" 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 MEMBERS 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)				

CASE INFO.	72. 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 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) DAVIS, ROTHIEL L STAR/EMPLOYEE NO. 7558 SIGNATURE _____ 01-MAY-2015 12:08:49				
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.				
	74. REVIEWING SUPERVISOR (Print Name) RUIZ, BERSCOTT F	STAR NO. 382	SIGNATURE _____	DATE REVIEWED 01-MAY-2015 12:59:23	TIME

SUBJECT
INFORMATION

36. CHARGES PLACED

DNA

720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/12-3.05-E-1, 720 ILCS 5.0/24-1.1-A, 720 ILCS
5.0/18-2-A-2, 720 ILCS 5.0/18-2-A-2, 720 ILCS 5.0/12-3.05-D-4

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 at the time of this report

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 Ofc. DAVIS, Rothiel #7558 acted in compliance with Department policy. Ofc. DAVIS conducted a traffic stop of a vehicle that was identified as an offenders vehicle which was used in an Armed Robbery. After curbing the vehicle the occupants were ordered out of the vehicle. Subject HOGANS, Terrance IRN 1742459 exited the vehicle on the front passenger side holding a container at his waist. HOGANS was ordered to drop the container and show his hands. HOGANS dropped the container and at this time DAVIS observed a dark colored handgun in HOGANS waistband. HOGANS then rushed at DAVIS striking him in the arms and chest causing DAVIS'S weapon to discharge. HOGANS was pursued but made good his escape but not before discarding his weapon which was promptly secured. Approximately 45 minutes later an individual walked into Mercy hospital with a gunshot wound to his arm and chest (HOGANS). HOGANS was identified as the subject who struck Ofc. DAVIS and as one of the offenders in the aforementioned Robbery.

Log# 1074934
U# 15-007

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 1074934 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

RUIZ, BERSCOTT F

SIGNATURE



DATE COMPLETED

TIME

01-MAY-2015 13:02:42

79. TOTAL TRR's THIS EVENT No

1