

**ACTICAL RESPONSE REPORT/Chicago Police Department**

1. DATE OF INCIDENT <b>13-JUN-2015</b>		TIME <b>04:30:00</b>		2. ADDRESS OF OCCURRENCE <b>2255 E 103RD ST CHICAGO, IL 60617</b>			3. LOCATION CODE <b>281</b>		4. BEAT/OCCUR <b>0434</b>										
INVOLVED	5. POSITION <b>9122</b>		6. LAST NAME <b>RAEHL</b>		7. FIRST NAME <b>GEORGE M</b>		8. STAR NO.		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>600</b>		12. HT. <b>261</b>		13. WT. <b>261</b>		
	14. DATE OF APPT. <b>16-DEC-2011</b>			15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT <b>004 0402</b>		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							
INFORMATION	20. LAST NAME <b>MILLER</b>			21. FIRST NAME <b>JIMMIE</b>			22. M.I. <b>DALE</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B.		26. HT. <b>509</b>		27. WT. <b>209</b>		
	28. ADDRESS			29. TELEPHONE NO.			30. WAS SUBJECT ARMED?/VERBAL THREAT (ASSAULT), FEET, HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" 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?				34. BY WHOM?			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 <b>720 ILCS 5.0/19-1-A</b>		37. CB NO. <b>19132649</b>		IR NO.		DNA			
SUBJECTS ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE										
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>										
STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>											
OTHER _____		OTHER ARRESTEE THREW PUNCH				OTHER _____		OTHER _____											
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input checked="" type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>										
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____										
ESCORT HOLDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		CANINE <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>											
WRISTLOCK <input checked="" type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER _____											
ARMBAR <input checked="" type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER _____															
PRESSURE SENSITIVE AREAS <input type="checkbox"/>																			
CONTROL INSTRUMENT <input type="checkbox"/>																			
OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>																			
OTHER _____																			
19. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40. ADDITIONAL INFORMATION															
POSITION		STAR NO.		UNIT															
41. WEAPON TYPE		04 SEMI-AUTO PISTOL <input type="checkbox"/>		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS											
01 REVOLVER <input type="checkbox"/>		05 CHEMICAL WEAPON <input type="checkbox"/>		<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		01 Daylight <input type="checkbox"/>		02 Night <input type="checkbox"/>		03 Dawn <input type="checkbox"/>		04 Dusk <input type="checkbox"/>		CLEAR					
02 RIFLE <input type="checkbox"/>		06 TASER (Probe Discharge) <input type="checkbox"/>				05 Poor Artificial <input type="checkbox"/>		06 Good Artificial <input checked="" type="checkbox"/>											
03 SHOTGUN <input type="checkbox"/>		07 OTHER <input type="checkbox"/>		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE									
49. TASER DART ID NO		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.											
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED											
59. WHO FIRED FIRST SHOT		03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN		03 OTHER (Specify)									
01 MEMBER <input type="checkbox"/>		02 OFFENDER <input type="checkbox"/>		01 YES <input type="checkbox"/>		02 NO <input type="checkbox"/>		01 RT. SIDE (WAIST) <input type="checkbox"/>		02 LT. SIDE (WAIST) <input type="checkbox"/>									
63. HOW WAS MEMBER'S HANDGUN DRAWN		03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS		01 YES <input type="checkbox"/>		02 NO <input type="checkbox"/>									
01 STRONG SIDE DRAW <input type="checkbox"/>		02 CROSS DRAW <input type="checkbox"/>				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		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. <input type="checkbox"/>					
66. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON		04 PERSON <input type="checkbox"/>		02 OBJECT <input type="checkbox"/>		03 BOTH <input type="checkbox"/>		04 UNKNOWN <input type="checkbox"/>		69. POSITION OF MEMBER DISCHARGING WEAPON		01 STANDING <input type="checkbox"/>		02 LYING DOWN <input type="checkbox"/>					
										03 SITTING <input type="checkbox"/>		04 KNEELING <input type="checkbox"/>		05 OTHER (SPECIFY) <input type="checkbox"/>					
NOTIFICATIONS (OC OR TASER INCIDENT):		01 OEMC <input type="checkbox"/>		DSS & LT./DIST. OF OCCUR. <input type="checkbox"/>		CPIC <input type="checkbox"/>													
NOTIFICATIONS (FIREARM INCIDENT):		01 OEMC <input type="checkbox"/>		DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/>		CPIC <input type="checkbox"/>		DET. DIV. <input type="checkbox"/>											
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.														70. EVENT NO. <b>1516400791</b>					
73. REPORTING MEMBER (Print Name) <b>RAEHL, GEORGE M</b>		STAR/EMPLOYEE NO.		SIGNATURE															
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.														71. R.D. NO. <b>HY298911</b>					
74. REVIEWING SUPERVISOR (Print Name) <b>DOLAN, MICHAEL A</b>		STAR NO. <b>1779</b>		SIGNATURE		DATE REVIEWED <b>13-JUN-2015 05:49:33</b>		TIME											

**LOG # 1075655**

**Attachment # 11**

### 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 became belligerent and responded with obscenities when R/Lt attempted to interview him.

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

Members responded with only the force necessary to prevent the subject from battering them.

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.

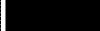
I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

OAKES, KEVIN J

SIGNATURE



DATE COMPLETED TIME

13-JUN-2015 05:58:46

79. TOTAL TRR's THIS EVENT No.

2

LOG # 1075655

Attachment # 11