

**TACTICAL RESPONSE REPORT/Chicago Police Department**

1. DATE OF INCIDENT <b>20-JUN-2015</b>		TIME <b>00:10:00</b>		2. ADDRESS OF OCCURRENCE <b>7055 S MERRILL AVE CHICAGO, IL 60649</b>				3. LOCATION CODE <b>303</b>		4. BEAT/OCCUR <b>0331</b>													
MEMBER INVOLVED	5. POSITION <b>9161</b>		6. LAST NAME <b>BABICZ</b>		7. FIRST NAME <b>ANTHONY M</b>		8. STAR NO <b>12652</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>510</b>		12. HT. <b>170</b>		13. WT <b>170</b>						
	14. DATE OF APPT. <b>27-SEP-2004</b>			15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>011 4171C</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 type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No											
SUBJECT INFORMATION	20. LAST NAME <b>COCKERHAM</b>				21. FIRST NAME <b>ALFONTISH</b>				22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>[REDACTED]</b>		26. HT. <b>510</b>		27. WT <b>145</b>				
	28. ADDRESS <b>[REDACTED]</b>				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? <b>NORTHWESTERN MEMORIAL HOSPITAL</b>				34. BY WHOM?				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				<input type="checkbox"/> DNA				37. CB NO. <b>00000000</b>		IR NO.		<input type="checkbox"/> DNA											
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE												
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE																				
		DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input checked="" 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 checked="" type="checkbox"/>													
		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>													
		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____													
		MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/>													
		VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____													
		ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>															
		WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>																			
		ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>																			
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>																			
		CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>																			
		OC/CHEMICAL WEAPON AUTHORIZATION <input type="checkbox"/>		OTHER _____																			
		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____													
WEAPON DISCHARGE INCIDENT	39. <input type="checkbox"/> DNA				40. ADDITIONAL INFORMATION																		
	POSITION		STAR NO		UNIT																		
41. WEAPON TYPE		<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS															
<input type="checkbox"/> 01 REVOLVER		<input type="checkbox"/> 05 CHEMICAL WEAPON		<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		<input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk		<b>CLEAR</b>															
<input type="checkbox"/> 02 RIFLE		<input type="checkbox"/> 06 TASER (Probe Discharge)		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE													
<input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 07 OTHER		GLOCK, INC.-AU-		22		4.4		40 S&W													
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.															
		UFX684		R031884S		[REDACTED]																	
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															
				Department Issued		1		5															
69. WHO FIRED FIRST SHOT		<input type="checkbox"/> 03 OTHER (SPECIFY)		69. WAS FIREARM RELOADED DURING INCIDENT		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN		<input type="checkbox"/> 03 OTHER (Specify)													
<input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER				<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO				<input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)															
63. HOW WAS MEMBER'S HANDGUN DRAWN		<input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO													
<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW																							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED																					
<b>NONE</b>		<input type="checkbox"/> 01 0 - 05 FT. <input checked="" 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		69. POSITION OF MEMBER DISCHARGING WEAPON		<input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN																			
<input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		<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.														
SIGNATURES	73. REPORTING MEMBER (Print Name)		STAR/EMPLOYEE NO.		SIGNATURE																		
	<b>BABICZ, ANTHONY M</b>		<b>12652</b>		<b>[REDACTED]</b>																		
74. REVIEWING SUPERVISOR (Print Name)												STAR NO.		SIGNATURE		DATE REVIEWED		TIME					
<b>KINNANE, BRIAN J</b>												<b>1120</b>		<b>[REDACTED]</b>		<b>20-JUN-2015 05:35:37</b>							

70. EVENT NO.  
**1517100168**

71. RD. NO.  
**HY308384**

**LOG# 1075770**  
**Attachment 8**

## LIEUTENANT OR ABOVE/OIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OIC) 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 was in surgery at the time of this report and was not available to be interviewed.

76. LIEUTENANT OR ABOVE/OIC 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. BABICZ, Anthony #12652 acted in compliance with Department policy. Ofc. BABICZ received information and description of a person with a gun at 7100 S. Merrill. He along with 2 other units headed to that location. BABICZ and his partner saw the individual fitting the description (KNA COCKERHAM, Alfontish IRN: 1542264) standing in a group with three other individuals and attempted to conduct a field interview. When COCKERHAM saw BABICZ he immediately fled E/B along 71st street with BABICZ in pursuit. COCKERHAM then observed another unit coming from the east prompting him to back track W/B on 71st to Merrill. At this time Ofc. BABICZ observed COCKERHAM to be holding a weapon. BABICZ ordered COCKERHAM to drop the weapon. The subject ran approximately 15 feet past BABICZ, turned and raised the weapon. Ofc. BABICZ, in fear for his life, fired his weapon striking Offender COCKERHAM, Alfontish multiple times.

Log# 1075770  
U#: U15-008

77. LIEUTENANT OR ABOVE/OIC 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 1075770 OBTAINED

78. LIEUTENANT OR ABOVE/OIC (Print Name)

**RUIZ, BERSCOTT F**

SIGNATURE



DATE COMPLETED

TIME

**20-JUN-2015 06:08:52**

79. TOTAL TRR's THIS EVENT No.

**1**