

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 10-JUL-2015		TIME 16:03:00		2. ADDRESS OF OCCURRENCE 10639 S COTTAGE GROVE AVE CHICAGO, IL 60628			3. LOCATION CODE 304		4. BEAT/OCCUR 0512		
5. POSITION 9161	6. LAST NAME FAHEY JR		7. FIRST NAME PATRICK M		8. STAR NO. 9544	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 509	12. HT 180	13. WT. 180	
14. DATE OF APPT. 27-OCT-2003		15. EMPLOYEE NO [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 193 6556F		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 MCSWAIN			21. FIRST NAME EUGENE			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 506	27. WT. 150
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 type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No
33. WHERE WAS MEDICAL TREATMENT OBTAINED? CHRIST				34. BY WHOM? DR. [REDACTED]		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 <input type="checkbox"/> DNA		
37. CB NO. 00000000							IR NO. <input type="checkbox"/> DNA				

38. <input type="checkbox"/> DNA	SUBJECT'S ACTIONS	MEMBER'S RESPONSE	PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT: ASSAULT	ASSAILANT: BATTERY	ASSAILANT: DEADLY FORCE
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	MEMBER PRESENCE <input checked="" type="checkbox"/>	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 checked="" type="checkbox"/>
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	VERBAL COMMANDS <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 _____	ESCORT HOLDS <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____
		WRISTLOCK <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>
		ARMBAR <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____
		PRESSURE SENSITIVE AREAS <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"/>	
		CONTROL INSTRUMENT <input type="checkbox"/>		CANINE <input type="checkbox"/>			
		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>			
		OTHER _____		TASER (Contact Stun) <input type="checkbox"/>			
				TASER (Spark Displayed) <input type="checkbox"/>			
				OTHER _____			

39. <input checked="" type="checkbox"/> DNA	* 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
<input type="checkbox"/> 01 REVOLVER	<input type="checkbox"/> 05 CHEMICAL WEAPON	<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors
<input type="checkbox"/> 02 RIFLE	<input type="checkbox"/> 06 TASER (Probe Discharge)	43. LIGHTING CONDITIONS
<input type="checkbox"/> 03 SHOTGUN	<input type="checkbox"/> 07 OTHER	<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
		44. WEATHER CONDITIONS CLEAR
		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	<input type="checkbox"/> 03 OTHER (Specify)	60. WAS FIREARM RELOADED DURING INCIDENT
<input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO
61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN	<input type="checkbox"/> 03 OTHER (Specify)
	<input 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
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		
65. DID MEMBER USE SIGHTS	<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)
		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
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON	<input 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 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)

72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT):	<input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC	70. EVENT NO. 1519111125
	NOTIFICATIONS (FIREARM INCIDENT):	<input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input 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)	STAR/EMPLOYEE NO.	SIGNATURE	
FAHEY JR, PATRICK M	9544	[REDACTED]	
10-JUL-2015 23:52:46			
74. REVIEWING SUPERVISOR (Print Name)	STAR NO.	SIGNATURE	DATE REVIEWED TIME
LOPEZ, JOSE L	809	[REDACTED]	10-JUL-2015 23:59:24
SIGNATURES	75. REVIEWING SUPERVISOR (Print Name)	STAR NO.	DATE REVIEWED TIME
	LOPEZ, JOSE L	809	10-JUL-2015 23:59:24

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)

Offender is hospitalized.

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

Based on what is known at this stage of the investigation, a preliminary determination has been made that the Officers actions were in compliance with department guidelines and directives.

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./GRNO. 1076081 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

WALLER, FRED L

SIGNATURE



DATE COMPLETED

TIME

11-JUL-2015 01:11:34

79. TOTAL TRR's THIS EVENT No.

8

*Log 1076081
 15-10
 Att 40*