

**TACTICAL RESPONSE REPORT/Chicago Police Department**

1. DATE OF INCIDENT <b>10-JUL-2015</b>		TIME <b>16:03:00</b>		2. ADDRESS OF OCCURRENCE <b>10639 S COTTAGE GROVE AVE CHICAGO, IL 60628</b>				3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>0512</b>								
MEMBER INVOLVED	5. POSITION <b>9161</b>		6. LAST NAME <b>KELYANA</b>		7. FIRST NAME <b>JOHN K</b>		8. STAR NO. <b>7717</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE [REDACTED]		12. HT. <b>509</b>		13. WT. <b>150</b>	
	14. DATE OF APPT. <b>18-DEC-2000</b>			15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>193 6556B</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>MCSWAIN</b>		21. FIRST NAME <b>EUGENE</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. [REDACTED]		26. HT. <b>506</b>		27. WT. <b>150</b>		
	28. ADDRESS [REDACTED]				29. TELEPHONE NO.		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? <b>CHRIST</b>				34. BY WHOM? <b>DR. [REDACTED]</b>		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 <b>00000000</b>								37. CB NO. <b>00000000</b>		IR NO.		DNA					
REASON FOR USE OF FORCE (Check all that apply)	38. DINA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE							
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		OTHER		OTHER		OTHER		OTHER							
WEAPON DISCHARGE INCIDENT	39. DINA				* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40. ADDITIONAL INFORMATION									
	POSITION		STAR NO.		UNIT		41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS					
	<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					
	<input type="checkbox"/> 01 Indoors		<input checked="" type="checkbox"/> 02 Outdoors		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE		<b>CLEAR</b>					
	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		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN					
	<input type="checkbox"/> 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)		63. OTHER (Specify)					
	<input type="checkbox"/> 01 STRONG SIDE DRAW		<input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS		<input type="checkbox"/> 01 YES		<input type="checkbox"/> 02 NO		70. EVENT NO. <b>1519111125</b>					
	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				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)									
<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																		
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 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.																		
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>KELYANA, JOHN K</b>				STAR/EMPLOYEE NO. <b>7717</b>		SIGNATURE [REDACTED]		71. RD. NO. <b>HY335302</b>									
	74. REVIEWING SUPERVISOR (Print Name) <b>LOPEZ, JOSE L</b>												STAR NO. <b>809</b>		SIGNATURE [REDACTED]			
75. DATE/TIME <b>10-JUL-2015 23:52:44</b>								DATE REVIEWED <b>11-JUL-2015 00:00:24</b>										
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																		

*Log 1076091*  
*VA-15-10*  
*AA38*

### 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./CRNO. 1076081 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**WALLER, FRED L**

SIGNATURE



DATE COMPLETED

TIME

**11-JUL-2015 01:29:40**

79. TOTAL TRR's THIS EVENT No

**8**

Log 1076081  
UPIS-10 AA38