## TACTICAL RESPONSE REPORT/Chicago Police Department

	1 DATE OF INCIDENT TIME	2 AUDRESS OF OCCURRENCE	2 ADDRESS OF OCCURRENCE 3 LOCATION CODE 4' BEA				
_	10-JUL-2015 16:03:0	16:03:00 10639 S COTTAGE GROVE AVE CHICAGO, IL 60628			0512		
MEMBER INVOLVED	5 Position 8 LAST NAME 9161 PACINO	7 FIRST NAME ANTHONY J	8 STAR NO. 19731	9 SEX 10. RACE COD ★ 01 M 02 F WHI	e 11 AGE 12 HT 13 WT 511 220	)	
MEME	14 DATE OF APPT 15, EMPLOYER NO. 05-AUG-1996		\$SIGNMENT 17 DUTY ST. 6565H	ATUS 18 MEMGÉR INJURED? OZ OH 01 Yes 💢 02 No	19 MEMBER IN UNIFORM?  0 91 Yes X 02 No		
SUBJECT	20 LAST NAME MCSWAIN	21. FIRST NAME EUGENE	22, M # 23 SEX	24 RACE 25 D.O.B 02 F <b>BLK</b>	26 HT 27 WT. 506 150		
	28 ADDRESS	29 TELEPHONE NO.	30 WAS SUBJECT ARMED THEARM - SEM	II-AUTOMATIC 31 SUBJECT INUL	RED? 32 SUBJECT ALLEGED INJURY?		
	33 WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35 CONDITION	01 Apparently Normal	02 No 01 Yes 02 No 02 Under Influence		
8.7 0.7	CHRIST	DR.	X 03 Hospitalize		05 Rerused Medical Aid		
φ =	36 CHARGES PLACED			ONA 37, CB NO COOCOOO	DNA DNA		
39	PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT-ASSAULT	ASSAILANT:BATTERY	ASSAILANT: DEADLY FORCE	-00000	
REASON FOR USE OF FORCE (Check all that apply)	DID NOT FOLLOW VERBAL DIRECTION X STIFFENED (DEAD WEIGHT) OTHER	FLED	IMMINENT THREAT OF BATTERY	ATTACK WITH WEAPON ATTACK WITHOUT	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		
	ACBE (DEAD WEIGHT)	PULLED AWAY OTHER	OTHER	WEAPON OTHER	WEAPON X OTHER ARMED WITH HANDGUN		
		OPEN HAND STRIKE	ELBOW STRIKE	KNEE STRIKE	FIREARM	_	
	MEMBER PRESENCE  VERBAL COMMANDS  SESCORT HOLOS	TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON	CLOSED HAND STRIKE/PUNCH	kicks	OTHER		
	ESCORT HOLOS  WRISTLOCK  WAS ARMBAR  PRESSURE SENSITIVE AREAS	CANINE TASER (Probe Discharge)	IMPACT WEAPON (Describe in Box 40)	IMPACT MUNITION (Describe in Box 48)			
	PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT	TASER (Contact Stun) TASER (Spark Displayed)		(Describe in Box 30)			
	OC/CHEMICAL WEAPON WAUTHORIZATION OTHER	OTHER	OTHER				
J9	OCICHEMICAL WEAPON AUTHORIZED BY (NAME)	4D A	DOITIONAL INFORMATION		9000	unnnn	
DISCHARGE INCIDENT FX		1 '			RECEIVING GREAT BODILY		
	POSITION STAR NO	UNIT CC	RM AND DEATH WHEN TH OLT, 45 CALIBER SEMI-AUT ID ASSISTING OFFICERS.		SENTED A THREAT TO R/O'S	;	
	41 WEAPON TYPE 04 SEMI-AUTO PI	STOL 42 INCIDENT OCCU	RRED 43 LIGHTING CONDITIONS	X 01 Daylight 44 WE.	ATHER CONDITIONS		
	11: REVOLVER 05 CHEMICAL WE		Outdoors 02 Night 03 D 05 Poor Artificial	04 Dusk CI 06 Good Artificial	EAR		
	02 RIFLE D6 TASER (Probe 03 SHOTGUN 07 OTHER	Discharge) 45. MAKE/MANUFAC	TURER 46 MODEL	47. BARREL LENGTH	48, CALIBERIGAUGE		
SCH	49 FASER DART ID NO 50 W	/EAPON SERIAL No. (Include Letters)	51, CHICAGO GUN REG. NO	52 IL FIREARM OWNER ID NO	53 HANDGUN CERTIFICATE NO	100000	
₹	54 SPECIAL WEAPON CERTIFICATE NO. 55, P	ROPERTY INVENTORY NO 56		O. OF WEAPONS DISCHARGED 8Y MEMBER.	SCHARGED 8Y 58 TOTAL NO OF SHOTS MEMBER FIRED		
WEAPC	59 WHO FIRED FIRST SHOT 03 OTHER (SPECIFY) 60 WAS FIREARM RELOADED DURING INCIDENT 01 MEMBER 92 OFFENDER 92 NO.		SHOT SHELLS	IOW WAS MEMBER'S HANDGUN WORN DI RT, SIDE (WAIST) 02 LT SIDE (W	03 OTHER (Specify) 경		
		01 YES 02 NO 03 O7MER (Specify) 64 SPECIFY MB	THOD/EQUIPMENT USED TO RELOAD		DID MEMBER USE SIGHTS DO TO	į	
	01 STRONG SIDE DRAW 02 CROSS DRAW				01 YES 02 NO 2 6	î	
	56 DESCRIBE PROTECTIVE COVER USED (LIGHT POL	.ES, DOORWAYS, CAR, FURNITURE. ETC)	10   10   10   10   10   10   10   10				
	68 PERSONIOBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON 01 PERSON 02 OBJECT 03 807H 04 UNKNOWN		68 POSITION OF MEMBER DISCHARGING WEAPON 01 STANDING 02 LYING DOWN 03 S/TTING 04 KNEELING 05 OTHER (SPECIFY)				
72.	NOTIFICATIONS (OC OR TASER INCIDENT): OEMC DSS & LT./DIST_OF OCCUR. CPIC						
CASE INFO.	NOTIFICATIONS (FIREARM INCIDENT): DEMC DSS/DIST. OF OCCUR & OCIC CPIC 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) STARVEMPLOYEE NO SIGNATURE						
SIGNATURES	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 (PINIT NAME)  9 STARREMPLOYEÉ NO 19731  11-JUL-2015 00:23:08  Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.						
IATI	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.						
SIGA	74 REVIEWING SUPERVISOR (Print Name) LOPEZ, JOSE L	STAR NO <b>809</b>	SIGNATURE	DATE REVIEWED 11-JUL-2015	TIME 00:27:10		

CPD-11.377 (REV. 3/08)

## 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 SUBJECTS STATEMENT REGARDING THE USE OF FORCE	DNA	REFUSED	INTERVIEW NOT CONDUCTED (Specify Reason)				
Offender is hospitalized.			• •				
Gridriosi id pidapitanzoa.							
76. LIEUTENANT OR ABOVE/OCIG 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 guidlines and directives							
		_					
77 LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE	INFORMATION		000000000000000000000000000000000000000				
X THAVE CONCLUDED THAT THE MEMBER'S ACTIONS	LUNE CONCUEDED TO	JAT EUROUER IABLESTICATIO	N IO SEAUGEN				
WERE IN COMPLIANCE WITH DEPARTMENT	I HAVE CONCLUDED II	HAT FURTHER INVESTIGATIO	N G INDROVED				
PROCEDURES AND DIRECTIVES							
	LOG NO./CRNO10	76081 OBTAINED					
	- 103000 <u>- 10</u>	- TTT VENALED					
78 LIEUTENANT OR ABOVE/OCIC (Print Name)	SIGNATURE	700000000000000000000000000000000000000	DATE COMPLETED TIME				
WALLER, FRED L			11-JUL-2015 01:02:19				
			11.000.001001.92.10				
TO TOTAL TODA THE THE TOTAL TO							
79 TOTAL TRR'S THIS EVENTING							
3							

Log1076081 UASIO AH30