

**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>PACINO</b>	7 FIRST NAME <b>ANTHONY J</b>	8 STAR NO. <b>19731</b>	9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10 RACE CODE <b>WHI</b>	11 AGE <b>[REDACTED]</b>	12 HT <b>511</b>	13 WT <b>220</b>		
	14 DATE OF APPT <b>05-AUG-1996</b>		15 EMPLOYEE NO <b>[REDACTED]</b>	16 UNIT & BEAT OF ASSIGNMENT <b>193 6565H</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 <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	23 SEX <b>BLK</b>	24 RACE <b>[REDACTED]</b>	25 D.O.B <b>[REDACTED]</b>	26 HT <b>506</b>	27 WT <b>150</b>	
	28 ADDRESS <b>[REDACTED]</b>		29 TELEPHONE NO. <b>[REDACTED]</b>		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 checked="" type="checkbox"/> 03 Hospitalized		01 Apparently Normal 04 Not Hospitalized		02 Under Influence 05 Refused Medical Aid	
	36 CHARGES PLACED <b>DNA</b>										
37, CB NO <b>0000000</b>											
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE		
	SUBJECT'S ACTIONS <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) OTHER _____		FLED PULLED AWAY OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON <input checked="" type="checkbox"/> OTHER <b>ARMED WITH HANDGUN</b>		
MEMBER'S RESPONSE <input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WHISTLE <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION OTHER _____		OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Spark Displayed) OTHER _____		ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) OTHER _____		KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40)		FIREARM OTHER _____			
WEAPON DISCHARGE INCIDENT	39 OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) <b>[REDACTED]</b>				40 ADDITIONAL INFORMATION <b>R/O'S AND ASSISTING OFFICERS WERE IN FEAR OF RECEIVING GREAT BODILY HARM AND DEATH WHEN THE OFFENDER MCSWAIN, WHILE ARMED WITH A COLT, 45 CALIBER SEMI-AUTOMATIC HANDGUN PRESENTED A THREAT TO R/O'S AND ASSISTING OFFICERS.</b>						
	POSITION <b>[REDACTED]</b>		STAR NO <b>[REDACTED]</b>		UNIT <b>[REDACTED]</b>						
	41 WEAPON TYPE 01 REVOLVER 02 RIFLE 03 SHOTGUN		04 SEMI-AUTO PISTOL 05 CHEMICAL WEAPON 06 TASER (Probe Discharge) 07 OTHER		42 INCIDENT OCCURRED Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS 01 Daylight <input checked="" type="checkbox"/> 02 Night 03 Dawn <input type="checkbox"/> 04 Dusk 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS <b>CLEAR</b>		
	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 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER 03 OTHER (Specify)		60 WAS FIREARM RELOADED DURING INCIDENT 01 YES <input type="checkbox"/> 02 NO		61 NO OF CARTRIDGES/SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		03 OTHER (Specify)		
	63 HOW WAS MEMBER'S HANDGUN DRAWN 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65 DID MEMBER USE SIGHTS 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 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 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				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)						
CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT):		OEMC		DSS & LT./DIST. OF OCCUR.		CPIC				
	NOTIFICATIONS (FIREARM INCIDENT):		OEMC		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.											
SIGNATURES	73 REPORTING MEMBER (Print Name) <b>PACINO, ANTHONY J</b>			STAR/EMPLOYEE NO <b>19731</b>		SIGNATURE <b>[REDACTED]</b>					
	74 REVIEWING SUPERVISOR (Print Name) <b>LOPEZ, JOSE L</b>										
STAR NO <b>809</b>			SIGNATURE <b>[REDACTED]</b>			DATE REVIEWED <b>11-JUL-2015 00:27:10</b>		TIME			

70 EVENT NO  
**151911125**

71 RID NO  
**HY335302**

*Log 1076081 U#15-10 A#30*

