

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										
MEMBER INVOLVED	5 POSITION 9171		6 LAST NAME ROBERTS		7 FIRST NAME JOHN E		8 STAR NO 2196		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE WHI		11 AGE [REDACTED]		12 HT 600		13 WT 170			
	14 DATE OF APPT 26-MAR-1990			15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 193 6565		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 MCSWAIN				21 FIRST NAME EUGENE				22 M.I X		23 SEX <input type="checkbox"/> 01 M <input checked="" 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				04 Not Hospitalized		05 Refused Medical Aid					
	36 CHARGES PLACED 00000000												DNA		37 CB NO.		IR NO		DNA	
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE											
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>											
STIFFENED (DEAD WEIGHT)		PULLED AWAY		OTHER _____		ATTACK WITHOUT WEAPON		WEAPON												
OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____												
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE		ELBOW STRIKE		KNEE STRIKE		FIREARM												
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKL DOWN / EMERGENCY HANDCUFFING		CLOSED HAND STRIKE/PUNCH		KICKS		OTHER _____												
ESCORT HOLDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON		CANINE		IMPACT WEAPON (Describe in Box 40)		IMPACT MUNITION (Describe in Box 40)												
WRISTLOCK		TASER (Probe Discharge)		TASER (Contact Stun)		TASER (Spark Displayed)		OTHER _____												
ARMBAR		TASER (Contact Stun)		TASER (Spark Displayed)		OTHER _____														
PRESSURE SENSITIVE AREAS		OTHER _____		OTHER _____		OTHER _____														
CONTROL INSTRUMENT		OTHER _____		OTHER _____		OTHER _____														
OC/CHEMICAL WEAPON W/AUTHORIZATION		OTHER _____		OTHER _____		OTHER _____														
OTHER _____		OTHER _____		OTHER _____		OTHER _____														
WEAPON DISCHARGE INCIDENT	38 OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40 ADDITIONAL INFORMATION															
	POSITION		STAR NO		UNIT															
	41 WEAPON TYPE		04 SEMI-AUTO PISTOL		42 INCIDENT OCCURRED		43 LIGHTING CONDITIONS		44. WEATHER CONDITIONS											
	01 REVOLVER		05 CHEMICAL WEAPON		Indoors <input type="checkbox"/> Outdoors <input checked="" type="checkbox"/>		<input 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		CLEAR											
	02 RIFLE		06 TASER (Probe Discharge)		45 MAKE/MANUFACTURER		46. MODEL		47 BARREL LENGTH		48. CALIBER/GAUGE									
	03 SHOTGUN		07 OTHER																	
	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		03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT		61 NO OF CARTRIDGES/ SHOT SHELLS R/LOADED		62 HOW WAS MEMBER'S HANDGUN WORN		63 OTHER (Specify)		70 EVENT NO 1519111125							
	01 MEMBER		02 OFFENDER		01 YES <input type="checkbox"/> 02 NO <input type="checkbox"/>		01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/>													
63 HOW WAS MEMBER'S HANDGUN DRAWN		03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65 DID MEMBER USE SIGHTS												
01 STRONG SIDE DRAW		02 CROSS DRAW						01 YES <input type="checkbox"/> 02 NO <input type="checkbox"/>												
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 <input type="checkbox"/>														
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON						69 POSITION OF MEMBER DISCHARGING WEAPON														
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) <input type="checkbox"/>														
CASE INFO.	72 NOTIFICATIONS (OC OR TASER INCIDENT):				OEMC				DSS & LT./DIST. OF OCCUR.				CPIC							
	NOTIFICATIONS (FIREARM INCIDENT):				OEMC				DSS/DIST. OF OCCUR & OCIC				CPIC							
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) ROBERTS, JOHN E				STAR/EMPLOYEE NO. 2196				SIGNATURE [REDACTED]											
	10-JUL-2015 23:20:30																			
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																				
74. REVIEWING SUPERVISOR (Print Name) LOPEZ, JOSE L				STAR NO 809				SIGNATURE [REDACTED]				DATE REVIEWED TIME 10-JUL-2015 23:21:37								

Log 1076081

U# 15-10

PA 26

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 Offender is hospitalized.	DNA	REFUSED	<input checked="" type="checkbox"/> INTERVIEW NOT CONDUCTED (Specify Reason)
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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 Sergeants action were in compliance with department guidelines and directives

77 LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION		
<input checked="" type="checkbox"/> 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 <u>1076081</u> OBTAINED	
78 LIEUTENANT OR ABOVE/OCIC (Print Name) WALLER, FRED L	SIGNATURE 	DATE COMPLETED TIME 11-JUL-2015 00:55:44

79 TOTAL TRKs THIS EVENT No

3

*Log 10 76081
U#15-10 A# 26*