

ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 22-JUL-2015		TIME 01:44:00		2. ADDRESS OF OCCURRENCE 5631 S MORGAN ST CHICAGO, IL 60621			3. LOCATION CODE 304		4. BEAT/OCCUR 0712								
5. POSITION 9161		6. LAST NAME GLOWACKI		7. FIRST NAME SERGIO		8. STAR NO. 15452		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE S		11. AGE 510		12. HT. 220		13. WT.	
14. DATE OF APPT. 09-MAR-2009		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 007 0724R		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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
20. LAST NAME HAMILTON		21. FIRST NAME IDELLA		22. M.I.		23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B.		26. HT. 507		27. WT. 170			
28. ADDRESS				29. TELEPHONE NO.				30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT), HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
33. WHERE WAS MEDICAL TREATMENT OBTAINED? ST BERNARD HOSPITAL				34. BY WHOM? DR				35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence				36. Hospitalized <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized		37. Refused Medical Aid <input type="checkbox"/> 05 Refused Medical Aid			
38. CHARGES PLACED 720 ILCS 5.0/31-4-A-1, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3.05-D-4				39. DNA				37. CR NO. 19155765				IR NO.		DNA			

18. <input type="checkbox"/> INA <input type="checkbox"/> NA (Check all that apply)	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER <u>SEE ADDITIONAL INFORMATION</u>	FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____	OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Shot) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER <u>TOOK AN AGGRESSIVE P</u>	ASSAULTANT: ASSAULT <input type="checkbox"/> ASSAULTANT: BATTERY <input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER <u>STRUCK WITH CLOSED F</u>

19. <input type="checkbox"/> INA <input checked="" type="checkbox"/> NA		39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION SUBJECT DISRUPTED AN ACTIVE CRIME SCENE BY PURPOSELY KICKING SPENT SHELL CASINGS IN ORDER TO CONTAMINATE AN ACTIVE CRIME SCENE AFTER R/O GAVE VERBAL DIRECTION TO LEAVE SCENE. SUBJECT THEN PUSHED R/O TWICE AND STRUCK R/O WITH CLOSED FIST;	
41. WEAPON TYPE <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		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" 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"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <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"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	
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)			

2. INFO.	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.		
7. SIGNATURES	73. REPORTING MEMBER (Print Name) GLOWACKI, SERGIO STAR/EMPLOYEE NO. 15452 SIGNATURE [Redacted]	
	74. REVIEWING SUPERVISOR (Print Name) RIGAN, KRISTOPHE J STAR NO. 1279 SIGNATURE [Redacted]	
75. DATE REVIEWED 27-JUL-2015 23:29:21		

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)

R/Lt was performing an audit of the TRR system and observed this TRR from 22 July 2015. The subject is no longer in custody. The subject was under investigation for a felony offense and an interview at the time could have compromised the integrity of the investigation and as such, no interview would have been conducted on 22 July 2015.

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

After reviewing the information available to me at this time regarding this incident, I have concluded that the subject was an assailant; her actions were aggressively offensive toward the involved Department member. The involved Department member's response to control and subdue the subject were in compliance with Department policy and procedure regarding the appropriate use of force.

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. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

MURPHY, MICHAEL P

SIGNATURE



DATE COMPLETED TIME

02-AUG-2015 02:32:27

79. TOTAL TRR's THIS EVENT No.

3