

ACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 22-JUL-2015		TIME 01:41:00		2 ADDRESS OF OCCURRENCE 5632 S MORGAN ST CHICAGO, IL 60621			3. LOCATION CODE 304		4 BEAT/OCCUR 0712					
5. POSITION 9161		6. LAST NAME RANGEL		7. FIRST NAME ELI		8. STAR NO. 13858		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE S		11. AGE [REDACTED]	12. HT. 600	13. WT. 220
14. DATE OF APPT. 16-DEC-2009		15. EMPLOYEE NO. [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 007 0712R		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 LEWIS			21. FIRST NAME KENNETH			22. M.I. A	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 507	27. WT. 177
28. ADDRESS [REDACTED]			29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
33 WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS				34 BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid								
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****							37 CB NO. 19155758		IR NO. <input type="checkbox"/> DNA					

18 INFORMED	PASSIVE REGISTER		ACTIVE REGISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE		
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>		
19 INFORMED	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>		
	OTHER _____		OTHER _____				OTHER _____		OTHER _____		
20 INFORMED	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/>		
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____		
21 INFORMED	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>				
	WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER _____						
22 INFORMED	ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>								
	PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>								
23 INFORMED	CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>								
	OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>		OTHER PURSUED OFFENDER _____								
OTHER _____											

* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			40. ADDITIONAL INFORMATION OFFENDER DREW A FIREARM FROM HIS WAISTBAND AND TURNED POINTING A SEMI-AUTOMATIC HI-POINT .40 CALIBER PISTOL AT RO.		
POSITION		STAR NO.	UNIT		
41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <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 type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	
44. WEATHER CONDITIONS CLEAR		45. MAKE/MANUFACTURER GLOCK, INC.-AU-		46. MODEL 21	47. BARREL LENGTH 4.9
48. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters) LTH238		51. CHICAGO GUN REG. NO. R008183S	52. IL FIREARM OWNER ID. NO. [REDACTED]
53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED Department Issued
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 10			
59. WHO FIRED FIRST SHOT <input checked="" 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 checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED 0	62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" 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 checked="" 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 checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) MOVEMENT			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 checked="" 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 checked="" 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 checked="" 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)		

70. 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 checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" 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.		

73. REPORTING MEMBER (Print Name) RANGEL, ELI		STAR/EMPLOYEE NO 13858	SIGNATURE [REDACTED]
22-JUL-2015 09:26:45			
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.			
74. REVIEWING SUPERVISOR (Print Name) RIGAN, KRISTOPHE J		STAR NO. 1279	SIGNATURE [REDACTED]
		DATE REVIEWED 22-JUL-2015 09:31:01	TIME 09:31:01

LOG # 1076261
Attachment # 8

76. EVENT NO. **1520301076**
77. R.D. NO. **HY350483**

SUBJECT
INFORMATION

NO. CHANGES PLACED

725 ILCS 5.0/110-3, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/24-1.1-A, 720 ILCS
5.0/24-1.1-A, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4

DNA

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)

Subject is presently in surgery for multiple gunshot wounds and cannot be interviewed at this time.

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

Based on what is known at this time at this stage of the investigation, a preliminary determination has been made that the discharges by Officer Eli Rangel #13858 are within department guidelines concerning the use of deadly force in that Officer Eli, observed Kenneth Lewis remove a handgun from his waistband, turn in the direction of he and his partner and point the firearm in their direction when they attempted to conduct a field interview of him after seeing him make a motion at his waistband that is consistent with someone who carries a firearm. This investigation is continuing by Area South Bureau of Detectives and IPRA.

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 1076261 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

22-JUL-2015 09:49:02

79. TOTAL TRR's THIS EVENT No.

2