

**TACTICAL RESPONSE REPORT/Chicago Police Department**

1. DATE OF INCIDENT 19-MAR-2015		TIME 05:09:00		2. ADDRESS OF OCCURRENCE 4931 W MONROE ST, Apt 2 CHICAGO, IL 60644				3. LOCATION CODE 090		4. BEAT/OCCUR 1533	
5. POSITION 9161		6. LAST NAME NAJM		7. FIRST NAME SEAN M		8. STAR NO. 5088		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. 220		14. DATE OF APPT. 27-NOV-2006		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 011 1162E	
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		20. LAST NAME DAVIS		21. FIRST NAME KEITH		22. M.I. [REDACTED]	
23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 510		27. WT. 240		28. ADDRESS [REDACTED]	
29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED/HANDS/FISTS <input type="checkbox"/> 01 Yes <input checked="" 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? ST ANTHONY DE PADUA HOSPITAL		34. BY WHOM? ATTENDING PHYSICIAN	
35. CHARGE# PLACED ***** PLEASE SEE NEXT PAGE *****		36. D.N.A. <input type="checkbox"/>		37. CB NO. 19081184		38. D.N.A. <input type="checkbox"/>		39. D.N.A. <input type="checkbox"/>		40. D.N.A. <input type="checkbox"/>	

35. REASON FOR USE OF FORCE (Check all that apply)	SUBJECTS ACTIONS	PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT-ASSAULT	ASSAILANT-BATTERY	ASSAILANT-DEADLY FORCE
		<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) OTHER _____	<input type="checkbox"/> FLED <input checked="" type="checkbox"/> PULLED AWAY OTHER <u>FLAILED ARMS AND BOB</u>	<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY OTHER _____	<input type="checkbox"/> ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON OTHER _____	<input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON OTHER _____
MEMBER'S RESPONSE	MEMBER PRESENCE	OPEN HAND STRIKE	ELBOW STRIKE	KNEE STRIKE	FIREARM	
		<input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLD <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION OTHER _____	<input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) OTHER _____	<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) OTHER _____	<input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40)	

39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION	
POSITION	STAR NO.	UNIT	
41. WEAPON TYPE		42. INCIDENT OCCURRED	
<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	<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS	
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. 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	
60. WAS FIREARM RELOADED DURING INCIDENT		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	
62. HOW WAS MEMBER'S HANDGUN WORK		63. HOW WAS MEMBER'S HANDGUN DRAWN	
64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS	
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED	
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		69. POSITION OF MEMBER DISCHARGING WEAPON	

72. CASE 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.
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 (Print Name) NAJM, SEAN M		STAR/EMPLOYEE NO. 5088	SIGNATURE [REDACTED]	
	74. REVIEWING SUPERVISOR (Print Name) SAJDAK, JAMES B				
75. DATE REVIEWED 19-MAR-2015 19:49:59		76. TIME 19:49:59		77. EVENT NO. 1507801644	
78. DATE REVIEWED 19-MAR-2015 19:49:59		79. TIME 19:49:59		80. HY190160	

1076808

Attachment # 14

SUBJECT  
INFORMATION

36 CHARGES PLACED

DNA

720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720  
ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 570.0/402-A-1

### 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. is unable to interview the offender due to he is currently at Mt. Sinai Hospital.

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

Based on the review of all the reports and information available at this time, R/Lt. finds the officer's actions were within Department guidelines and consistent with the Use of Force Model.

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./CRND. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)  
HELWINK MASTERS, DANY J

SIGNATURE  


DATE COMPLETED TIME  
19-MAR-2015 19:55:20

79. TOTAL TRIP'S THIS EVENT No.

2