

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 19-MAR-2015		2. ADDRESS OF OCCURRENCE [REDACTED]		3. LOCATION CODE 090		4. BEAT/OCCUR 1533	
5. POSITION 9161		6. LAST NAME ROTH		7. FIRST NAME ROBERT R		8. STAR NO. 12916	
9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 601	
13. WT. 180		14. DATE OF APPT. 30-SEP-2002		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 011 1162E	
17. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off		18. MEMBER INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. MEMBER IN UNIFORM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
20. LAST NAME DAVIS		21. FIRST NAME KEITH		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> 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"/> Yes <input checked="" type="checkbox"/> No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? ST ANTHONY DE PADUA HOSPITAL		34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Under Influence	
36. CHARGES PLACED [REDACTED]		37. OR NO. 01908118		38. R. NO. [REDACTED]		39. DNA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. REASON FOR USE OF FORCE (Check all that apply)		SUBJECTS ACTIONS		MEMBER'S RESPONSE			
<input type="checkbox"/> PASSIVE RESISTER <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		<input type="checkbox"/> ACTIVE RESISTER <input type="checkbox"/> FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		<input type="checkbox"/> ASSAULT/ASSAULT <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		<input type="checkbox"/> ASSAULT/BATTERY <input type="checkbox"/> ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER FAILED CLOSED FISTS <input type="checkbox"/> OTHER _____	
<input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WA/THORIZATION <input type="checkbox"/> OTHER _____		<input type="checkbox"/> OPEN HAND STRIKE <input checked="" 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) <input type="checkbox"/> OTHER _____		<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	
40. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		41. ADDITIONAL INFORMATION [REDACTED]					
42. WEAPON TYPE		43. INCIDENT OCCURRED		44. LIGHTING CONDITIONS		45. WEATHER CONDITIONS	
<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		<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 Good Artificial <input type="checkbox"/> 06 Poor Artificial		CLEAR	
46. MAKE/MANUFACTURER		47. MODEL		48. BARREL LENGTH		49. CALIBER/GAUGE	
50. TASER DART ID NO.		51. WEAPON SERIAL No. (Include Letters)		52. CHICAGO GUN REG. NO.		53. IL FIREARM OWNER ID 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 DRAWN		63. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		64. HOW WAS MEMBER'S HANDGUN WORN		65. DID MEMBER USE SIGHTS	
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		<input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		<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		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		69. POSITION OF MEMBER DISCHARGING WEAPON	
<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		<input type="checkbox"/> 01 0 - 35 FT. <input type="checkbox"/> 02 35 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		<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)			
70. NOTIFICATIONS (OC OR TASER INCIDENT):		71. NOTIFICATIONS (FIREARM INCIDENT):		72. CASE INFO			
<input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		<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.			
73. REPORTING MEMBER (Print Name) ROTH, ROBERT R		STAR/EMPLOYEE NO. 12916		SIGNATURE [REDACTED]			
74. REVIEWING SUPERVISOR (Print Name) SAJDAK, JAMES B		STAR NO. 1058		DATE REVIEWED TIME 19-MAR-2015 19:49:07			

1507801644

HY190160

LOG# 1076808

Attachment# 16

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.

73. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE:

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

R/LI. is unable to interview the offender due to he is currently at Mt. Sinai Hospital.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 17 FINDING

Based on the review of all the reports and information available at this time, R/LI. 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.

LDC NO./ADNO _____ OBTAINED _____

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

HELWINK MASTERS, DANY J

SIGNATURE



DATE COMPLETED

19-MAR-2015 19:56:07

TIME

79. TOTAL TRR's THIS EVENT No.

2