

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 02-SEP-2015		TIME 19:51:00		2. ADDRESS OF OCCURRENCE 538 N SPRINGFIELD AVE CHICAGO, IL 60624			3. LOCATION CODE 304		4. BEAT/OCCUR 1122																																										
MEMBER INVOLVED	6. POSITION 9161		8. LAST NAME BURNS		7. FIRST NAME KYLE R		8. STAR NO. 13310		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 510		12. HT. 184		13. WT. 184																																		
	14. DATE OF APPT. 14-DEC-2012			15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 011 6256F		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																																							
SUBJECT INFORMATION	20. LAST NAME KELLY		21. FIRST NAME CHRISTOPHER			22. M.I. MARLO		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B.		26. HT. 511		27. WT. 165																																			
	29. TELEPHONE NO.				30. WAS SUBJECT ARMED? <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 type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																								
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? NORWEGIAN-AMERICAN HOSPITAL					34. BY WHOM?		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										37. CB NO		IR NO.		DNA																																				
REASON FOR USE OF FORCE (Check all that apply)	38. DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE																																								
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		OTHER _____		FLEED <input checked="" type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		IMMEDIATE THREAT OF BATTERY <input type="checkbox"/>		OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>		WEAPON <input type="checkbox"/>		OTHER _____																								
MEMBER PRESENCE <input checked="" type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		ESCORT HOLDS <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 <input type="checkbox"/>		OTHER _____		OPEN HAND STRIKE <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) <input type="checkbox"/>		OTHER _____		ELBOW STRIKE <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		OTHER _____		KNEE STRIKE <input type="checkbox"/>		KICKS <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/>		OTHER _____	
WEAPON DISCHARGE INCIDENT	39. DNA					* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)					40. ADDITIONAL INFORMATION																																								
	POSITION		STAR NO.		UNIT		41. WEAPON TYPE		04 SEMI-AUTO PISTOL <input type="checkbox"/>		05 CHEMICAL WEAPON <input type="checkbox"/>		06 TASER (Probe Discharge) <input type="checkbox"/>		07 OTHER <input type="checkbox"/>		42. INCIDENT OCCURRED		Indoors <input type="checkbox"/> Outdoors <input checked="" type="checkbox"/>		43. LIGHTING CONDITIONS		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 <input type="checkbox"/>		44. WEATHER CONDITIONS CLEAR																										
	01 REVOLVER <input type="checkbox"/>		02 RIFLE <input type="checkbox"/>		03 SHOTGUN <input type="checkbox"/>		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 MEMBER'S 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)																																																
	70. CASE INFO.		71. R.D. NO.		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		73. REPORTING MEMBER (Print Name) BURNS, KYLE R		STAR/EMPLOYEE NO. 13310		SIGNATURE		FDL EVENT NO. 1524516634																																						
74. REVIEWING SUPERVISOR (Print Name) MONACO, ANGELO J		STAR NO 1595		SIGNATURE		DATE REVIEWED 03-SEP-2015 02:42:38		TIME																																											
75. SIGNATURES		76. SIGNATURES		77. SIGNATURES		78. SIGNATURES		79. SIGNATURES		80. SIGNATURES		HY407933																																							
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LOG# 1076980

Attachment 12

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 expired.

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

UE #15-043 obtained by Sgt. Monaco #1595

Based on the available reports, R/Lt has determined that the officer followed the Use of Force model and Department Guidelines.

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 1076980 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STUART, STEPHANIE L

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

03-SEP-2015 02:49:57

79. TOTAL TRR's THIS EVENT No.

1