

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>14-SEP-2015</b>		2. ADDRESS OF OCCURRENCE <b>1011 N LARAMIE AVE CHICAGO, IL 60651</b>		3. LOCATION CODE <b>291</b>		4. BEAT/OCCUR <b>1531</b>					
MEMBER INVOLVED	5. POSITION <b>9161</b>	6. LAST NAME <b>LESCH</b>	7. FIRST NAME <b>NICOLAUS G</b>	8. STAR NO. <b>13061</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>WHI</b>	11. AGE <b>601</b>	12. HT <b>180</b>	13. WT <b>180</b>		
	14. DATE OF APPT <b>29-NOV-2004</b>		15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>313 6734E</b>		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			
SUBJECT INFORMATION	20. LAST NAME <b>HARRINGTON</b>		21. FIRST NAME <b>PARES</b>		22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. [REDACTED]	26. HT. <b>602</b>	27. WT. <b>180</b>	
	29. TELEPHONE NO. [REDACTED]			30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC, FIREARM - SEMI-AUTOMATIC <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? <b>MOUNT SINAI HOSPITAL</b>			34. BY WHOM? <b>DICKERSON</b>		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 <input type="checkbox"/> DNA					37. CB NO. <b>19187856</b> <input type="checkbox"/> DNA					
REASON FOR USE OF FORCE (Check all that apply)	38. PASSIVE RESISTER <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) OTHER _____		ACTIVE RESISTER <input checked="" type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY OTHER _____		ASSAULT: ASSAULT <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY OTHER _____		ASSAULT: BATTERY <input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON OTHER _____		ASSAULT: DEADLY FORCE <input checked="" type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON OTHER <b>POINTED 9MM HANDGUN AT OFFICER</b>		
	MEMBER'S RESPONSE <input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input 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 <input type="checkbox"/> W/ALTHORIZATION 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) 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"/> OTHER _____		FIREARM <input checked="" type="checkbox"/> OTHER _____		
WEAPON DISCHARGE INCIDENT	39. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]			40. ADDITIONAL INFORMATION <b>POINTED 9MM HANDGUN AT OFFICER</b>							
	POSITION		STAR NO.	UNIT							
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		44. SEMI-AUTO PISTOL <input type="checkbox"/> 04 CHEMICAL WEAPON <input type="checkbox"/> 05 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 <b>CLEAR</b>		
	45. MAKE/MANUFACTURER <b>GLOCK, INC -AU-</b>		46. MODEL <b>21</b>		47. BARREL LENGTH <b>4</b>		48. CALIBER/GAUGE <b>45 CAL</b>				
	49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters) <b>YSA883</b>		51. CHICAGO GUN REG NO <b>R037332S</b>		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 <b>Department Issued</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>12</b>		
	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 checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED <b>13</b>		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)		TO EVENT NO <b>1525716608</b>		
	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 <b>EMERGENCY RELOAD</b>		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) <b>NONE</b>				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input checked="" 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 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)						
CASE INFO.	72. 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.										
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>LESCH, NICOLAUS G</b>			STAR/EMPLOYEE NO <b>13061</b>		SIGNATURE [REDACTED]					
	15-SEP-2015 03:04:19 Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.										
74. REVIEWING SUPERVISOR (Print Name) <b>RYAN, JOHN C</b>			STAR NO <b>377</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>15-SEP-2015 03:04:17</b>		TIME <b>1077146</b>		

WEAPON DISCHARGE INCIDENT

39  DNA

41 WEAPON TYPE

04 SEMI-AUTO P-STOL

01 REVOLVER  05 CHEMICAL WEAPON

02 RIFLE  03 TASER

03 SHOTGUN  07 OTHER

42 INCIDENT OCCURRED

Indoors  Outdoors

43 LIGHTING CONDITIONS

01 Daylight  04 Dust

02 Night  03 Dawn  05 Poor Artificial  06 Good Artificial

44 WEATHER CONDITIONS

CLEAR

49 TASER DART ID NO

50 WEAPON SERIAL No. (Include Letters)

YSA883

51 CHICAGO GUN REG. NO.

R037332S

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

12

59 WHO FIRED FIRST SHOT  03 OTHER (SPECIFY)

01 MEMBER  02 OFFENDER

60 WAS FIREARM RELOADED DURING INCIDENT

01 YES  02 NO

61 NO OF CARTRIDGES/ SHOT SHELLS RELOADED

13

62 HOW WAS MEMBER'S HANDGUN WORN  03 OTHER (Specify)

01 RT. SIDE (WAIST)  02 LT. SIDE (WAIST)

63 HOW WAS MEMBER'S HANDGUN DRAWN  03 OTHER (Specify)

01 STRONG SIDE DRAW  02 CROSS DRAW

64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD

EMERGENCY RELOAD

65 DID MEMBER USE SIGHTS

01 YES  02 NO

66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)

NONE

67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED

01 0 - 05 FT  02 05 - 10 FT  03 10 - 15 FT  04 OVER 15 FT

68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON

01 PERSON  02 OBJECT  03 BOTH  04 UNKNOWN

69 POSITION OF MEMBER DISCHARGING WEAPON  01 STANDING  02 LYING DOWN

03 SITTING  04 KNEELING  05 OTHER (SPECIFY)

70. EVENT NO  
1525716608

## 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

76 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Offender Hospitalized.

78 LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the Undersigned that Officer Nicholas Lesch #13061 acted in compliance with Department policy. Officer Lesch fired his weapon striking offender HARRINGTON, Pares (IR #1955068) after offender HARRINGTON pointed his weapon at Officer Lesch thus placing him in fear of his life. Log Number 1077146 was issued for this incident. U#15-022.

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 1077146 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

ALEXANDER, DANA

SIGNATURE



DATE COMPLETED

TIME

15-SEP-2015 03:08:48

79 TOTAL TRRs THIS EVENT No.

1