

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>25-SEP-2015</b>		TIME <b>21:04:00</b>		2. ADDRESS OF OCCURRENCE <b>906 N CENTRAL PARK AVE CHICAGO, IL 60651</b>			3. LOCATION CODE <b>290</b>		4. BEAT/OCCUR <b>1112</b>								
5. POSITION <b>9161</b>		6. LAST NAME <b>RAMEY</b>		7. FIRST NAME <b>CHRISTOPHER R</b>		8. STAR NO <b>14991</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>[REDACTED]</b>		12. HT. <b>603</b>		13. WT. <b>195</b>	
14. DATE OF APPT <b>05-OCT-2012</b>			15. EMPLOYEE NO <b>[REDACTED]</b>			16. UNIT & BEAT OF ASSIGNMENT <b>011 1121</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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
20. LAST NAME <b>ANDERSON</b>			21. FIRST NAME <b>JAMES</b>			22. M.I. <b>[REDACTED]</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>[REDACTED]</b>		26. HT. <b>510</b>		27. WT. <b>150</b>	
29. TELEPHONE NO. <b>[REDACTED]</b>				30. WAS SUBJECT ARMED/W/KNIFE/OTHER CUTTING INSTRUMENT, KNIFE/OTHER CUTTING INSTRUMENT <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>[REDACTED]</b>				35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid									
36. CHARGES PLACED				37. CB NO <b>00000000</b>				IR NO. <b>[REDACTED]</b>									

38. REASON FOR USE OF FORCE (Check all that apply)		SUBJECT'S ACTIONS		MEMBER'S RESPONSE	
<input type="checkbox"/> PASSIVE RESISTER <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		<input type="checkbox"/> ACTIVE RESISTER <input type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		<input type="checkbox"/> ASSAILANT: ASSAULT <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____	
<input type="checkbox"/> ASSAILANT: BATTERY <input checked="" type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		<input type="checkbox"/> ASSAILANT: DEADLY FORCE <input checked="" type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____		<input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRIST LOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER _____	
		<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CAMINE <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 49) <input type="checkbox"/> OTHER _____	
		<input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 49)		<input checked="" type="checkbox"/> FIREARM <input type="checkbox"/> OTHER _____	

39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			40. ADDITIONAL INFORMATION		
POSITION			STAR NO.		
			UNIT		

41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS	
<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <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 Bad Artificial		<b>CLEAR</b>	
45. TASER DART ID NO.		50. WEAPON SERIAL No (include Letters)		51. CHICAGO GUN REC NO		52. IL FIREARM OWNER ID NO	
		<b>TTG163</b>		<b>R028592S</b>		<b>[REDACTED]</b>	
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	
				<b>Department Issued</b>		<b>1</b>	
58. WHO FIRED FIRST SHOT		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN	
<input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		<b>0</b>		<input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	
59. HOW WAS MEMBER'S HANDGUN DRAWN		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS		70. EVENT NO	
<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		<b>1526816271</b>	
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED			
<b>BACKING</b>				<input checked="" 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				69. POSITION OF MEMBER DISCHARGING WEAPON			
<input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				<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)			

72. CASE INFO.		71. R.D. NO	
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 & OC <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.		<b>HY438368</b>	

73. REPORTING MEMBER (Print Name)		STAR/EMPLOYEE NO.		SIGNATURE	
<b>SLECHTER, SCOTT M</b>		<b>1462</b>		<b>[REDACTED]</b>	
74. REVIEWING SUPERVISOR (Print Name)		STAR NO.		DATE REVIEWED	
<b>FLETCHER, CHRISTOPH D</b>		<b>119</b>		<b>26-SEP-2015 03:02:44</b>	

CPD-11.377 (REV. 3/08)

LOG# **10-77328**

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 Deceased

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

Based on the facts available at this time, it is the preliminary determination of the undersigned that Officer RAMEY acted in compliance with Department policy in that, Officer RAMEY fired his weapon in fear of his, and his partners life after the offender rushed him and his partner holding 2 box cutters.

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 1077328 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

FLETCHER, CHRISTOPH D

SIGNATURE

[REDACTED]

DATE COMPLETED

26-SEP-2015 03:07:03

TIME

79. TOTAL TRR'S THIS EVENT No.

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