

**TACTICAL RESPONSE REPORT/Chicago Police Department**

1. DATE OF INCIDENT <b>21-NOV-2015</b>		TIME <b>22:00:00</b>		2. ADDRESS OF OCCURRENCE <b>3151 W HARRISON ST CHICAGO, IL 60612</b>			3. LOCATION CODE <b>280</b>		4. BEAT/OCCUR <b>1134</b>		
MEMBER INVOLVED	5. POSITION <b>9161</b>	6. LAST NAME <b>RYAN</b>	7. FIRST NAME <b>MEGAN L</b>	8. STAR NO. <b>6259</b>	9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	10. RACE CODE <b>WHI</b>	11. AGE [REDACTED]	12. HT <b>507</b>	13. WT. <b>150</b>		
	14. DATE OF APPT. <b>26-AUG-2013</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>002 4557B</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
SUBJECT INFORMATION	20. LAST NAME <b>MOORE</b>		21. FIRST NAME <b>MICHAEL</b>		22. M.I. <b>A</b>	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. <b>21-JAN-1997</b>	26. HT. <b>506</b>	27. WT. <b>140</b>	
	28. ADDRESS <b>620 WILLARD ROCKFORD, IL</b>			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?			34. BY WHOM?		35. CONDITION <input checked="" 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 <b>720 ILCS 5.0/31-1-A, 725 ILCS 5.0/110-3</b>						37. CB NO. <b>19226216</b>		IR NO. <input type="checkbox"/> DNA		

REASON FOR USE OF FORCE (Check all that apply)	35. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE																																										
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE																																																		
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		OTHER _____		FLED <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		IMMINENT 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 checked="" 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"/>		OTHER _____		FIREARM <input type="checkbox"/>		OTHER _____	

WEAPON DISCHARGE INCIDENT	39. <input checked="" type="checkbox"/> DNA			40. ADDITIONAL INFORMATION																
	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			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											
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"/> 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"/> 05 OTHER (Specify)			63. HOW WAS MEMBER'S HANDGUN DRAWN <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			68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON			69. POSITION OF MEMBER DISCHARGING WEAPON			70. EVENT NO. <b>1532513044</b>								
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)			71. R.D. NO. <b>HYS10531</b>														

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 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.						
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>RYAN, MEGAN L</b>		STAR/EMPLOYEE NO. <b>6259</b>		SIGNATURE [REDACTED]	
	21-NOV-2015 23:16:09					
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>XIQUES, JOHN C</b>		STAR NO. <b>1996</b>		SIGNATURE [REDACTED]		
DATE REVIEWED <b>21-NOV-2015 23:26:08</b>		TIME				

LOG# 1078178  
Attachment 19

### 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)

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

R/Lt believes with the information provided at this time that the officer's actions were in compliance with Department procedures and directives.

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. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**HARRIS, DAVID G**

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

**21-NOV-2015 23:46:04**

79. TOTAL TRR's THIS EVENT No.

**3**