

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 13-DEC-2012		TIME 08:19:00		2. ADDRESS OF OCCURRENCE 45 W 111TH ST CHICAGO, IL 60628				3. LOCATION CODE 233		4. BEAT/OCCUR 0522										
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME LIS		7. FIRST NAME RONALD R		8. STAR NO. 19106		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 601		12. HT. 190		13. WT. 190			
	14. DATE OF APPT. 02-DEC-1996			15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 005 0513		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 COLEMAN				21. FIRST NAME PHILLIP				22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 600		27. WT. 180	
	28. ADDRESS [REDACTED]				29. TELEPHONE NO. [REDACTED]				30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" 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? ROSELAND COMMUNITY 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 720 ILCS 5.0/12-3.2-A-1, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4										37. CB NO. 18557298		38. IR NO. 2188581								
REASON FOR USE OF FORCE (Check all that apply)	38. DINA		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 checked="" type="checkbox"/>			OTHER SUBJECT FLAILED ARMS					
MEMBER PRESENCE <input checked="" type="checkbox"/>			VERBAL COMMANDS <input checked="" type="checkbox"/>			ESCORT HOLDS <input checked="" type="checkbox"/>			WRISTLOCK <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 _____			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 (Laser Targeted) <input type="checkbox"/>			TASER (Spark Displayed) <input type="checkbox"/>			OTHER HELD SUBJECTS RIGHT AI					
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 _____			OTHER _____			OTHER _____					
39. DINA										40. ADDITIONAL INFORMATION										
POSITION										STAR NO.										
UNIT																				
41. WEAPON TYPE				42. INCIDENT OCCURRED				43. LIGHTING CONDITIONS				44. 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 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial								
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 CATRIDGES/ 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 16 FT.				68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS 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)																				
72. CASE INFO.										70. EVENT NO. 1234713460										
73. REPORTING MEMBER (Print Name) LIS, RONALD R										71. R.D. NO. HV600058										
13-DEC-2012 10:48:55																				
SIGNATURES																				
74. REVIEWING SUPERVISOR (Print Name) MEADOR, WILLIAM A										DATE REVIEWED TIME 13-DEC-2012 11:14:33										
STAR/EMPLOYEE NO. 19106										SIGNATURE [REDACTED]										
SIGNATURE [REDACTED]										DATE REVIEWED TIME 13-DEC-2012 11:14:33										

LOG# 1058981

Attachment 32

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

hospitalized

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at this time, R/Lt finds that all Department Rules and orders were followed:

77. WATCH COMMANDER/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. 1058981 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

MOSTEK, CARLOS M

SIGNATURE

DATE COMPLETED TIME

13-DEC-2012 13:30:45

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

SUPPLEMENTARY REPORT

I.O.D. REPORT

CASE REPORT

OFFICER BATTERY REPORT

CR INITIATION REPORT

ARREST REPORT

TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR'S THIS EVENT No.

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