

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 13-DEC-2012		TIME 07:30:00		2. ADDRESS OF OCCURRENCE 727 E 111TH ST CHICAGO, IL 60628				3. LOCATION CODE 281		4. BEAT/OCCUR 0531			
5. POSITION 9171		6. LAST NAME MEADOR		7. FIRST NAME WILLIAM A		8. STAR NO. 1003		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 511	12. HT. 175
14. DATE OF APPT. 04-AUG-1997		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 005 0520		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 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.		26. HT. 600	27. WT. 180
28. ADDRESS		29. TELEPHONE NO.		30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT, MOUTH (SPIT,BITE,ETC), FEET, <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? ROSELAND COMMUNITY HOSPITAL				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 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		IR NO. 2188581		DNA <input type="checkbox"/>	

38. DNA <input type="checkbox"/>		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE	
SUBJECTS ACTIONS		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	
		STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER <u>PREPARED TO SPIT AT O</u>		ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>		WEAPON <input type="checkbox"/>	
		OTHER _____		OTHER <u>STOOD AND ADVANCED</u>		OTHER _____		OTHER _____		OTHER _____	
MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>	
		VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____	
		ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>			
		WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>					
		ARMBAR <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>					
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER <u>HELD LEG</u>					
		CONTROL INSTRUMENT <input type="checkbox"/>		OTHER _____							
		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>									
		OTHER _____									

39. DNA <input checked="" type="checkbox"/>		40. ADDITIONAL INFORMATION			
POSITION		STAR NO.		UNIT	
41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING 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 CATDRIDGES/ 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 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.		73. REPORTING MEMBER (Print Name) MEADOR, WILLIAM A		STAR/EMPLOYEE NO. 1003		SIGNATURE	
		13-DEC-2012 12:32:44					
		Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.					
		74. REVIEWING SUPERVISOR (Print Name) WALKER, TOMMY J		STAR NO. 2328		SIGNATURE	
						DATE REVIEWED TIME 13-DEC-2012 13:18:02	

LOG# 1058981

Attachment 21

70. EVENT NO. **1234713460**
71. I.D. NO. **HV600058**

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

[REDACTED]

DATE COMPLETED TIME

13-DEC-2012 13:38:45

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:

CASE REPORT

ARREST REPORT

SUPPLEMENTARY REPORT

OFFICER BATTERY REPORT

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

I.O.D. REPORT

CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

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