

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 20-DEC-2015		TIME 10:36:00		2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE 290		4. BEAT/OCCUR 1631															
MEMBER INVOLVED	5. POSITION 9161		8. LAST NAME HOLLAND		7. FIRST NAME LESLIE R		8. STAR NO. 9123		9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		10. RACE CODE BLK		11. AGE [REDACTED]		12. HT. 503		13. WT. 180								
	14. DATE OF APPT. 05-FEB-2001		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 025		17. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No														
SUBJECT INFORMATION	20. LAST NAME HOLLAND		21. FIRST NAME JAMES		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. 507		27. WT. 185										
	28. ADDRESS [REDACTED]		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? KNIFE/OTHER CUTTING INSTRUMENT, VERBAL THREAT (ASSAULT), HANDS/FISTS <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? LUTHERAN GENERAL				34. BY WHOM? ER STAFF		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" 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 5.0/12-2-C-1, 720 ILCS 5.0/12-3.3-A				37. CB NO. 19239462		38. IR NO.		39. DNA																	
REASON FOR USE OF FORCE (Check all that apply)	38. SUBJECTS ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT-ASSAULT		ASSAILANT-BATTERY		ASSAILANT-DEADLY FORCE														
	MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/>		VERBAL COMMANDS <input checked="" 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 WAUTHORIZATION <input type="checkbox"/>		OTHER _____						
39. DNA		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		OTHER _____		FLED <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input checked="" 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 checked="" type="checkbox"/>		OTHER _____													
		40. ADDITIONAL INFORMATION OFFENDER ARMED WITH KNIFE. APPROXIMATELY 13" IN LENGTH.																							
WEAPON DISCHARGE INCIDENT		41. WEAPON TYPE		<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL		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"/> 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"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 06 Good Artificial		CLEAR															
		45. MAKE/MANUFACTURER STURM, RUGER & CO. (BEARGAT, BLACKHAWK, SPEED SIX)		46. MODEL LCP		47. BARREL LENGTH 2.75		48. CALIBER/GAUGE 380 ACP																	
		49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters) 37631272		51. CHICAGO GUN REG. NO. R030551S		52. IL FIREARM OWNER ID NO.		53. HANDGUN CERTIFICATE NO.															
		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED 380 CAL X-X		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 1															
		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 type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input checked="" type="checkbox"/> 03 OTHER (Specify) NOT WORN AT TIME.		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO															
		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 DNA		65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED DNA		66. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		67. 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.															
		73. REPORTING MEMBER (Print Name) [REDACTED]		STAR/EMPLOYEE NO. 9123		SIGNATURE [REDACTED]		74. REVIEWING SUPERVISOR (Print Name) KERO, ROBERT A		STAR NO. 506		SIGNATURE [REDACTED]		DATE REVIEWED 20-DEC-2015 17:15:12		TIME									
SIGNATURES		74. REVIEWING SUPERVISOR (Print Name) KERO, ROBERT A		STAR NO. 506		SIGNATURE [REDACTED]		DATE REVIEWED 20-DEC-2015 17:15:12		TIME															
		75. REPORTING MEMBER (Print Name) [REDACTED]		STAR/EMPLOYEE NO. [REDACTED]		SIGNATURE [REDACTED]		DATE REVIEWED 20-DEC-2015 17:15:12		TIME															

LOG # 1078530
Attachment # 7
15-26

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 currently hospitalized/being treated for a gunshot wound.

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

Based on the information available at the time, it is the preliminary determination of the undersigned that P.O. [REDACTED] acted in accordance with Department Policy in that P.O. [REDACTED] fired her weapon after offender, armed with a knife, approached P.O. [REDACTED] stating he would kill her and her children.

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)

STAPLES, MELISSA A

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

20-DEC-2015 17:27:59

79. TOTAL TRR'S THIS EVENT No.

1

LOG # 1078536 U# 15-26

Attachment # 7