

ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 26-DEC-2015		TIME 05:30:00		2. ADDRESS OF OCCURRENCE 4710 W ERIE ST CHICAGO, IL 60644			3. LOCATION CODE 289		4. BEAT/OCCUR 1111								
5. POSITION 9161		6. LAST NAME RIALMO		7. FIRST NAME ROBERT L		8. STAR NO. 15588		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WWH		11. AGE 601		12. HT. 205		13. WT. 205	
14. DATE OF APPT. 05-OCT-2012				15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 011 1172R		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 LEGRIER				21. FIRST NAME QUIENTONIO		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. 504		27. WT. 125	
28. ADDRESS				29. TELEPHONE NO.		30. WAS SUBJECT ARMED? BLUNT 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? COOK COUNTY HOSPITAL - STROGER HOS						34. BY WHOM? ER STAFF		35. CONDITION <input checked="" 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								<input type="checkbox"/> DNA		37. CB NO.		IR NO.		<input type="checkbox"/> DNA			

38. <input type="checkbox"/> N/A	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT-ASSAULT		ASSAILANT-BATTERY		ASSAILANT-DEADLY FORCE	
	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 checked="" type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>	
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>		
OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER <u>BASEBALL BAT</u>		
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 checked="" type="checkbox"/>	
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input 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"/>		CANINE <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"/>		TASER (Probe Discharge) <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER _____	
	ARMBAR <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		OTHER _____	
	PRESSURE SENSITIVE AREAS <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		OTHER _____	
	CONTROL INSTRUMENT <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		OTHER _____	
	OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		OTHER _____	
OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____		

39. <input type="checkbox"/> N/A				40. ADDITIONAL INFORMATION SUBJECT ATTACKED R/O'S BY ATTEMPTING TO STRIKE R/O'S WITH THE BASEBALL BAT.			
41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS	
<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL		<input type="checkbox"/> Indoors <input checked="" 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		CLEAR	
<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON		45. MAKE/MANUFACTURER SMITH & WESSON JIS-(BODYGUARD/CHIEF SPECIAL)		46. MODEL M&P		47. BARREL LENGTH 4.25	
<input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 08 TASER (Probe Discharge)		48. CALIBER/GAUGE 9 MM		49. TASER DART ID NO.		50. WEAPON SERIAL No. (Includes Letters) HAF1845	
<input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER		51. CHICAGO GUN REG NO. R028771S		52. IL FIREARM OWNER ID NO.		53. HANDGUN CERTIFICATE NO.	
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED 9 MM LUGER		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1	
58. TOTAL NO. OF SHOTS MEMBER FIRED 8		59. WHO FIRED FIRST SHOT <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 SMELLS RELOADED 0	
<input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)		<input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify)	
<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) DNA	
67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <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 MEMBERS WEAPON <input checked="" 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 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)		70. EVENT NO. 1536002215	

71. R.D. NO. HY550255			
72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC			
72. 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) RIALMO, ROBERT L		STAR/EMPLOYEE NO. 15588		SIGNATURE [Signature]	
26-DEC-2015 11:31:08		[Signature]		[Signature]	
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.					
74. REVIEWING SUPERVISOR (Print Name) STUART, STEPHANIE L		STAR NO. 330		DATE REVIEWED TIME 26-DEC-2015 11:53:06	

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)

OFFENDER DECEASED.

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. RIALMO acted in accordance with Department Policy in that P.O. RIALMO fired his/her weapon after offender charged at P.O. RIALMO and his partner, P.O. LaPALERMO while swinging a metal baseball bat at them. U#15-027.

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. 1078616 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STAPLES, MELISSA A

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

26-DEC-2015 11:59:02

79. TOTAL TRR's THIS EVENT No.

2

LOG# 1078616

Attachment 1