

**TACTICAL RESPONSE REPORT/Chicago Police Department**

1. DATE OF INCIDENT <b>26-DEC-2015</b>		TIME <b>13:35:00</b>		2. ADDRESS OF OCCURRENCE <b>1032 W 103RD PL CHICAGO, IL 60643</b>			3. LOCATION CODE <b>303</b>		4. BEAT/OCCUR <b>2232</b>											
MEMBER INVOLVED	5. POSITION <b>9161</b>		6. LAST NAME <b>BARANGO</b>		7. FIRST NAME <b>CHARLES J</b>		8. STAR NO. <b>15937</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>600</b>		12. HT. <b>200</b>		13. WT.			
	14. DATE OF APPT. <b>29-JUL-2002</b>			15. EMPLOYEE NO.			16. UNIT & BEAT OF ASSIGNMENT <b>005 0563E</b>			17. DUTY STATUS <input 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>SMITH</b>			21. FIRST NAME <b>MICHAEL</b>			22. M.I. <b>N P</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B.		26. HT. <b>508</b>		27. WT. <b>150</b>			
	28. ADDRESS				29. TELEPHONE NO.				30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT), HANDS/FISTS <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, 720 ILCS 5.0/12-1-A, 720 ILCS 5.0/12-1-A, 8-4-010(E), 8-4-0</b>										37. CB NO. <b>19241722</b>		IR NO.		DNA					
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER			ACTIVE RESISTER			ASSAILANT: ASSAULT			ASSAILANT: BATTERY			ASSAILANT: DEADLY FORCE					
	SUBJECTS ACTIONS			MEMBER'S RESPONSE			OTHER			OTHER			OTHER			OTHER				
WEAPON DISCHARGE INCIDENT	39. <input checked="" type="checkbox"/> DNA										40. ADDITIONAL INFORMATION									
	41. WEAPON TYPE		04 SEMI-AUTO PISTOL		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE			
	<input type="checkbox"/> 01 REVOLVER		<input type="checkbox"/> 05 CHEMICAL WEAPON		<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		<input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk		<b>RAIN</b>		<input type="checkbox"/> 06 Poor Artificial		<input type="checkbox"/> 06 Good Artificial							
	<input type="checkbox"/> 02 RIFLE		<input type="checkbox"/> 06 TASER (Proba Discharge)																	
	<input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 07 OTHER																	
	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"/> 03 OTHER (Specify)			63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
	<input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER									<input 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)			64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD			65. DID MEMBER USE SIGHTS													
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW						<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)														
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC										73. 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>BARANGO, CHARLES J</b>					STAR/EMPLOYEE NO. <b>15937</b>					SIGNATURE									
	<b>26-DEC-2015 18:12:20</b>																			
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>LOVE, DAWN M</b>					STAR NO. <b>1437</b>					SIGNATURE					DATE REVIEWED TIME <b>26-DEC-2015 19:47:08</b>					

76. EVENT NO.  
**1536006241**

77. R.D. NO.  
**HY550600**

LOG# 1078622  
Attachment 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)

R/Lt. attempted to interview the subject at 2015hrs. The subject was in Cell G-4 as R/Lt. approached the cell the subject appeared to be having a seizure. DSS Sgt. Pickett #1127 requested for EMS. CFD #60 arrived at 2020hrs and transported subject to Roseland Hospital. R/Lt. was not able to interview the subject due to his sudden illness.

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

Subject was an active resister therefore the department members actions were in compliance with the 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)

GUTIERREZ, ADNARDO

SIGNATURE

DATE COMPLETED

TIME

26-DEC-2015 20:55:15

79. TOTAL TRR% THIS EVENT No.

3

LOG# 1078622

Attachment 26