

**TACTICAL RESPONSE REPORT/Chicago Police Department**

1. DATE OF INCIDENT <b>26-DEC-2015</b>		TIME <b>13:30:00</b>		2. ADDRESS OF OCCURRENCE <b>1041 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>MONTEDECCA</b>		7. FIRST NAME <b>JOSEPH G</b>		8. STAR NO. <b>13370</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>S</b>	11. AGE <b>507</b>	12. HT. <b>188</b>	13. WT. <b>188</b>	
	14. DATE OF APPT <b>04-JUN-2007</b>		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT <b>022 2261D</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>LUMPKIN</b>		21. FIRST NAME <b>MEKEL</b>		22. M.I. <b>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>601</b>	27. WT. <b>180</b>		
	28. ADDRESS		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <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? <b>CHRIST</b>			34. BY WHOM? <b>DR</b>		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						
	36. CHARGES PLACED <b>720 ILCS 5.0/24-1-A-9, 720 ILCS 5.0/24-1.2-A-1, 720 ILCS 5.0/12-2-B-4</b>							37. CB NO. <b>19241744</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	
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE									
40. ADDITIONAL INFORMATION <b>OFFENDERS WEAPON, TAURUS MODEL PT111, SER# TZC01212 9MM 3.2" BARREL WITH EXTENDED CLIP</b> <b>MEMBER HANDCUFFED OFFENDER AFTER OFFENDER FELL TO THE GROUND</b>												
WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>OTHER</b>					
	45. MAKE/MANUFACTURER <b>GLOCK, INC.-AU-</b>		46. MODEL <b>30</b>		47. BARREL LENGTH <b>3.78</b>		48. CALIBER/GAUGE <b>45 CAL</b>					
	49. TASER DART ID NO		50. WEAPON SERIAL No (Include Letters) <b>LHP466</b>		51. CHICAGO GUN REG NO. <b>R006327S</b>		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.			
	54. SPECIAL WEAPON CERTIFICATE NO		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED <b>Department Issued</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>11</b>			
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		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70. EVENT NO. <b>1536006241</b>				
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		65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO								
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>NONE</b>		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 checked="" 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)		71. R.D. NO. <b>HY550600</b>				
72. CASE INFO.		73. 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 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.						
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>MONTEDECCA, JOSEPH G</b>		STAR/EMPLOYEE NO <b>13370</b>		SIGNATURE							
	74. REVIEWING SUPERVISOR (Print Name) <b>LAVOY, JAMES A</b>		STAR NO. <b>524</b>		SIGNATURE		DATE REVIEWED <b>26-DEC-2015 19:45:37</b>		TIME			

LOG# 1076622

Attachment 24

### 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 in surgery (Critical condition)

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

Based on the facts available at this time, it is the preliminary determination of the undersigned that Officer MONTESDEOCA fired his weapon in fear of his life after the offender pointed an automatic handgun at him.

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. 1078622 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)	SIGNATURE	DATE COMPLETED	TIME
FLETCHER, CHRISTOPH D		26-DEC-2015	19:54:09

79. TOTAL TRR's THIS EVENT No.

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LOG# 1078622  
Attachment 24