

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 31-JAN-2016		TIME 04:25:00		2. ADDRESS OF OCCURRENCE 7305 S PAULINA ST CHICAGO, IL 60636			3. LOCATION CODE 290		4. BEAT/OCCUR 0735					
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME PASILLAS		7. FIRST NAME DAVID		8. STAR NO. 17798	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WWH	11. AGE [REDACTED]	12. HT. 506	13. WT. 175			
	14. DATE OF APPT. 05-MAR-2013		15. EMPLOYEE NO. [REDACTED]		18. UNIT & BEAT OF ASSIGNMENT 007 0735R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		19. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
SUBJECT INFORMATION	30. LAST NAME SMITH		21. FIRST NAME CHARLES			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. 511	27. WT. 230			
	28. ADDRESS CHICAGO, IL			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?				34. BY WHOM? CFD		35. CONDITION <input 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							
	38. CHARGES PLACED						<input type="checkbox"/> DNA	37. CB NO.		IR NO. <input type="checkbox"/> DNA				
REASON FOR USE OF FORCE (Check all that apply)	36. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE			
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE											
39. <input type="checkbox"/> DNA			* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40. ADDITIONAL INFORMATION OFFENDER POINTED A SEMI AUTOMATIC FIREARM AT RO AND DISCHARGED FIREARM AT RO.							
WEAPON DISCHARGE INCIDENT			41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS					
			<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL		<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		CLEAR					
			<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE			
			<input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge)		SMITH & WESSON -US- (BODYGUARD/CHIEF SPECIAL)		M&P		4.25		9 MM			
			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.			
			HAN8561		R032354S		[REDACTED]		[REDACTED]					
			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			
							Department Issued		1		7			
			59. WHO FIRED FIRST SHOT		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN					
			<input checked="" type="checkbox"/> 03 OTHER (SPECIFY) AT THIS TIME RO IS		<input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		1		<input checked="" 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		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS					
			<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		MAGAZINE				<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO					
			66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, GAR. FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED							
			WALL				<input type="checkbox"/> 01 0 - 05 FT. <input checked="" 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 MEMBER'S WEAPON				69. POSITION OF MEMBER DISCHARGING WEAPON							
			<input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				<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									70. EVENT NO. 1603102673		
			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.									71. RD. NO. HZ135085		
SIGNATURES			73. REPORTING MEMBER (Print Name)			STAR/EMPLOYEE NO.		SIGNATURE						
			PASILLAS, DAVID			17798		[REDACTED]						
			Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.											
			74. REVIEWING SUPERVISOR (Print Name)		STAR NO.		SIGNATURE		DATE REVIEWED		TIME			
			DARLIN, RANDALL L		93		[REDACTED]		31-JAN-2016 11:19:10					

LOG# 1079080

Attachment 8

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)

Subject/Offender deceased.

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

Based upon the information available at the time of this report, it is the preliminary determination of the Undersigned that Officer David Pasillas #17798 acted in compliance with Department policy. Officer Pasillas fired his weapon in fear for his life after offender SMITH, Charles IR #1270281 pointed and fired his handgun in Officer Pasillas' and his partner, Officer Arnulfo Gomez's #13296 direction, thus placing them in fear of their lives. Log Number 1079080 was issued for this incident. U#16-02

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./CRNG. 1079080 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

ALEXANDER, DANA

SIGNATURE



DATE COMPLETED

TIME

31-JAN-2016 12:57:24

79. TOTAL TRR's THIS EVENT No.

2