

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 14-MAR-2016		TIME 21:46:00		2. ADDRESS OF OCCURRENCE 3704 W POLK ST CHICAGO, IL 60624			3. LOCATION CODE 291		4. BEAT/OCCUR 1133			
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME CANTORE		7. FIRST NAME MICHAEL A		8. STAR NO. 17672	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 511	13. WT. 202	
	14. DATE OF APPT. 03-JAN-2005		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 011 1162D		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input 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 HARRIS		21. FIRST NAME LAMAR		22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 07-JUL-1986	26. HT. 508	27. WT. 185		
	28. ADDRESS 1021 ELGIN FOREST PARK, IL 60130			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 type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?			34. BY WHOM?		35. CONDITION <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence			04 Not Hospitalized		05 Refused Medical Aid	
	36. CHARGES PLACED <input type="checkbox"/> DNA						37. CB NO.		IR NO		<input type="checkbox"/> 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									
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>		
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <input type="checkbox"/>		
OTHER <input type="checkbox"/>		ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <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"/>		CANINE <input type="checkbox"/>								
		ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>								
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>								
		CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>								
		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER <input type="checkbox"/>								
		OTHER <input type="checkbox"/>										

WEAPON DISCHARGE INCIDENT	39. <input checked="" type="checkbox"/> DNA			40. ADDITIONAL INFORMATION ASSAILANT USED A .40CAL GLOCK 22 SEMI AUTO HANDGUN. DESERT BROWN SERIAL NUMBER THV404		
	POSITION		STAR NO.	UNIT		
	41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS	
	<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		<input 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 CLEAR		46. MAKE/MANUFACTURER		46. MODEL	47. BARREL LENGTH
	45. <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		48. CALIBER/GAUGE			
	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			
70. EVENT NO. 1607414722		71. R.D. NO. HZ187476				

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 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) BARNETT, THOMAS W		STAR/EMPLOYEE NO. 2102	SIGNATURE [REDACTED]		
	15-MAR-2016 05:16:15		Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.			
74. REVIEWING SUPERVISOR (Print Name) RUIZ, BERSCOTT F		STAR NO. 382	SIGNATURE [REDACTED]		DATE REVIEWED TIME 15-MAR-2016 05:40:12	

LOG# 1079661

Attachment 10

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)
Fatally wounded.

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

Ofc. CANTORE, Michael #17672, along with three fellow officers, were attempting to conduct a field interview when offender HARRIS, Lamar IR# 1311041 produced a handgun and began firing at the officers. Ofc. CANTORE sustained a gsw to his right heel. Two of CANTORE's fellow officers returned fire and Offender HARRIS was fatally wounded.

U#: U-16-002
CL Log #: 1079661

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, 1079661 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

RUIZ, BERSCOTT F

SIGNATURE

[REDACTED]

DATE COMPLETED

15-MAR-2016 05:41:54

79. TOTAL TRR's THIS EVENT No.

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