

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 HERRERA		7. FIRST NAME ANTONIO		8. STAR NO. 11139	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE [REDACTED]	12. HT. 608	13. WT. 175	
	14. DATE OF APPT. 25-OCT-1999		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 type="checkbox"/> 01 Yes <input checked="" 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 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											

REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS	38. PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE		
		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	OTHER _____	FLED <input checked="" type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITH WEAPON <input checked="" type="checkbox"/>	ATTACK WITHOUT WEAPON <input type="checkbox"/>	OTHER _____
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		ESCORT HOLDS <input type="checkbox"/>		WRISTLOCK <input type="checkbox"/>		ARMBAR <input type="checkbox"/>		PRESSURE SENSITIVE AREAS <input type="checkbox"/>	
	CONTROL INSTRUMENT <input type="checkbox"/>		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER _____		OPEN HAND STRIKE <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>	
		CANINE <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER _____		
		ELBOW STRIKE <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		OTHER _____		KNEE STRIKE <input type="checkbox"/>		
		KICKS <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		OTHER _____		FIREARM <input checked="" type="checkbox"/>		OTHER _____		

WEAPON DISCHARGE INCIDENT	39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			40. ADDITIONAL INFORMATION ASSAILANT WAS IN POSSESSION AND USED A .40 CAL GLOCK 22 SEMI AUTOMATIC HANDGUN, DESERT BROWN IN COLOR. SERIAL # THV404								
	POSITION			STAR NO.			UNIT					
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors			43. LIGHTING CONDITIONS <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 type="checkbox"/> 06 Good Artificial			44. WEATHER CONDITIONS CLEAR		
	45. MAKE/MANUFACTURER GLOCK, INC. -AU-			46. MODEL 17			47. BARREL LENGTH 4.5			48. CALIBER/GAUGE 9 MM		
	49. TASER DART ID NO.			50. WEAPON SERIAL No. (Include Letters) MLP323			51. CHICAGO GUN REG. NO. R009632S			52. IL FIREARM OWNER ID. NO. 85710089		
	53. HANDGUN CERTIFICATE NO.			54. SPECIAL WEAPON CERTIFICATE NO.			55. PROPERTY INVENTORY NO. 0			56. TYPE OF AMMUNITION USED Department Issued		
	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"/> 01 MEMBER <input checked="" 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 0			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)			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 DNA		
	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) BRICK WALL			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 MEMBER'S 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)											

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 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) BARNETT, THOMAS W		STAR/EMPLOYEE NO. 2102	SIGNATURE [REDACTED]
	15-MAR-2016 05:13:29		[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) RUIZ, BERSCOTT F		STAR NO. 382	SIGNATURE [REDACTED]	DATE REVIEWED 15-MAR-2016 05:13:38

CPD-11.377 (REV. 3/08)

LOG# 1079661

Attachment 8

70. EVENT NO. 1607414722
71. R.D. NO. HZ187476

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. HERRERA fired his weapon in fear of his life and the lives of his fellow officers. Offender HARRIS, Lamar IR# 1311041 fired his weapon striking two of his fellow officers. Ofc. HERRERA returned fire and 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

DATE COMPLETED

TIME

15-MAR-2016 05:17:57

79. TOTAL TRR's THIS EVENT No.

4