

ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 19-MAR-2016		TIME 22:30:00		2. ADDRESS OF OCCURRENCE 2659 N MONITOR AVE CHICAGO, IL 60639			3. LOCATION CODE 303		4. BEAT/OCCUR 2514								
5. POSITION 9161		6. LAST NAME ROLDAN		7. FIRST NAME GIOVANNI A		8. STAR NO. 12457		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE S		11. AGE 510		12. HT. 180		13. WT. 180	
14. DATE OF APPT. 29-APR-2002			15. EMPLOYEE NO.			16. UNIT & BEAT OF ASSIGNMENT 019			17. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" 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		
20. LAST NAME CASTENADA			21. FIRST NAME ANTHONY			22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B. 10-APR-1983		26. HT. 511		27. WT. 220	
28. ADDRESS 2659 N MONITOR AVE CHICAGO, IL 60639				29. TELEPHONE NO.				30. WAS SUBJECT ARMED? OTHER (SPECIFY), OTHER (SPECIFY), VERBAL THREAT (ASSAULT) <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? DR SANTIAGO				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 725 ILCS 5.0/110-3, 720 ILCS 5.0/12-3.05-F-1, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0										37. CB NO. 19262423		IR NO. <input type="checkbox"/> DNA					

18. SUBJECT'S ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT-ASSAULT		ASSAILANT-BATTERY		ASSAILANT-DEADLY FORCE					
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>					
MEMBER'S RESPONSE	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>					
	OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____					
MEMBER PRESENCE <input checked="" type="checkbox"/>			OPEN HAND STRIKE <input type="checkbox"/>			ELBOW STRIKE <input type="checkbox"/>			KNEE STRIKE <input type="checkbox"/>			FIREARM <input checked="" type="checkbox"/>		
VERBAL COMMANDS <input checked="" type="checkbox"/>			TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>			CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>			KICKS <input type="checkbox"/>			OTHER _____		
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"/>			OTHER _____								
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 WAUTHORIZATION <input type="checkbox"/>			OTHER _____											
OTHER _____														

19. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40. ADDITIONAL INFORMATION SUBJECT ARMED WITH AND UTILIZED A BASEBALL BAT			
POSITION		STAR NO.		UNIT			

41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS	
<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL		<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		<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 checked="" type="checkbox"/> 06 Good Artificial		CLEAR	
<input type="checkbox"/> 01 REVOLVER		<input type="checkbox"/> 05 CHEMICAL WEAPON		45. MAKE/MANUFACTURER		46. MODEL	
<input type="checkbox"/> 02 RIFLE		<input type="checkbox"/> 06 TASER (Probe Discharge)		SMITH & WESSON -US- (BODYGUARD,CHIEF SPECIAL)		5943	
<input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 07 OTHER		47. BARREL LENGTH		48. CALIBER/GAUGE	
				4		9 MM	
49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.	
		VJF2988		629691		94150301	
53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED	
						9MM	
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT		60. WAS FIREARM RELOADED DURING INCIDENT	
1		2		<input type="checkbox"/> 03 OTHER (Specify)		<input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
61. NO OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN		63. HOW WAS MEMBER'S HANDGUN DRAWN		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	
0		<input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW			
65. DID MEMBER USE SIGHTS		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		70. EVENT NO.	
<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		FOREARM		<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.		1607915243	
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON		69. POSITION OF MEMBER DISCHARGING WEAPON		71. R.D. NO.			
<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)		HZ193832			

2. INFO. NOTIFICATIONS (OC OR TASER INCIDENT): OEMC DSS & LT./DIST. OF OCCUR. CPIC

NOTIFICATIONS (FIREARM INCIDENT): OEMC DSS/DIST. OF OCCUR & OCIC CPIC DET. DIV.

Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.

73. REPORTING MEMBER (Print Name) SULLIVAN, JOSEPH D		STAR/EMPLOYEE NO. 2632		SIGNATURE	
20-MAR-2016 04:37:03					
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.					
74. REVIEWING SUPERVISOR (Print Name) SULLIVAN, JOSEPH D		STAR NO. 2632		DATE REVIEWED TIME 20-MAR-2016 04:39:00	

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 at hospital in surgery.

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

Based on the facts available at this time, it is the preliminary finding that Officer Roldan acted in compliance with department procedures.

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, 1079728 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name) PENA, MARIA C	SIGNATURE 	DATE COMPLETED TIME 20-MAR-2016 05:05:27
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79. TOTAL TRR's THIS EVENT No.
2

LOG# 1079728
Attachment 8

INFORMATION