

TACTICAL RESPONSE REPORT/Chicago Police Department

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|--|--|-------------------------------|--|--|--|--|--|--------------------------------|--|------------------------------|--|-----------------------|---|--|---|--|---|---|
| 1. DATE OF INCIDENT 06-JUN-2014 | | TIME 23:23:00 | | 2. ADDRESS OF OCCURRENCE 9301 S WALLACE ST CHICAGO, IL 60620 | | | | 3. LOCATION CODE 304 | | 4. BEAT/OCCUR 2223 | | | | | | | | |
| MEMBER INVOLVED | 5. POSITION 9161 | 6. LAST NAME WROBEL | | 7. FIRST NAME MICHAEL M | | 8. STAR NO. 11688 | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10. RACE CODE WHI | 11. AGE [REDACTED] | 12. HT. 602 | 13. WT. 160 | | | | | | |
| | 14. DATE OF APPT. 28-APR-2008 | | 15. EMPLOYEE NO. [REDACTED] | | 16. UNIT & BEAT OF ASSIGNMENT 312 6728F | | 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 SHABAZZ | | 21. FIRST NAME MALIK | | 22. M.I. | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 24. RACE BLK | 25. D.O.B. 04-JAN-1985 | | 26. HT. 506 | 27. WT. 230 | | | | | | |
| | 28. ADDRESS 9351 S WALLACE ST CHICAGO, IL 60620 | | | | 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 | | | | | | | |
| REASON FOR USE OF FORCE (Check all that apply) | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? CHRIST | | | 34. BY WHOM? | | 35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence | | | 32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | | | | | | | | |
| | 36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE ***** | | | | | | 37. CB NO. 18909736 | | IR NO. | | DNA | | | | | | | |
| SUBJECTS ACTIONS | 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 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 _____ | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" 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 (Laser Targeted) <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"/> | | FIREARM <input checked="" type="checkbox"/> OTHER _____ | | | | | | | | | |
| | 39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) | | | | 40. ADDITIONAL INFORMATION THE NUMBER OF ROUNDS DISCHARGED BY THE MEMBER IS ONLY AND ESTIMATE. THE ACTUAL NUMBER WILL BE DETERMINED BY FORENSIC SERVICES FOLLOWING INSPECTION OF THE OFFICERS WEAPON. OFFENDERS WEAPON IS A 9MM SEMI AUTO HANDGUN. | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | POSITION | | STAR NO. | | UNIT | | 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 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 | | 44. WEATHER CONDITIONS CLEAR | | | | | |
| | 45. MAKE/MANUFACTURER F.I. INDUSTRIES (FORMERLY) - US - (BERETTA USA CORP, BRONCO) | | 46. MODEL PX4 STORM | | 47. BARREL LENGTH 4 | | 48. CALIBER/GAUGE 9 MM | | 49. TASER DART ID NO. | | 50. WEAPON SERIAL No. (Include Letters) PX19103 | | 51. CHICAGO GUN REG. NO. R007805S | | 52. IL FIREARM OWNER ID. NO. 42670182 | | 53. HANDGUN CERTIFICATE NO. | |
| CASE INFO. | 54. SPECIAL WEAPON CERTIFICATE NO. | | 55. PROPERTY INVENTORY NO. | | 56. TYPE OF AMMUNITION USED DEPARTMENT ISSUED | | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1 | | 58. TOTAL NO. OF SHOTS MEMBER FIRED 12 | | 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 CATDRIDGES/ 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) | |
| | 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) DEPARTMENT VEHICLE | | 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. | | | | | | | |
| SIGNATURES | 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" 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) | | | | 70. EVENT NO. 1415719305 | | 71. R.D. NO. HX293212 | | 72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC | | | 72. 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. | | | | |
| | 73. REPORTING MEMBER (Print Name) WROBEL, MICHAEL M 02-JUN-2016 17:39:45 | | | | | | | | | | STAR/EMPLOYER NO. 11688 | | SIGNATURE [REDACTED] | | 74. REVIEWING SUPERVISOR (Print Name) DARLIN, RANDALL L STAR NO. 93 SIGNATURE [REDACTED] | | | DATE REVIEWED TIME 02-JUN-2016 17:40:40 |

Log# 1069651
Attachment# 101

SUBJECT
INFORMATION

36. CHARGES PLACED

720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS
5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-
16, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720 ILCS 5.0/12-2-A-16, 720
ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4

DNA

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.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

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 UNABLE TO INTERVIEW (Specify Reason)

TRR was re-created due to a computer technical error or glitch. Therefore, Subject was not able to be interviewed 2 years after the incident.

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

This TRR was originated 06 JUNE 2014. During a review of this incident by IPRA, they found that this TRR was never approved. A computer search was conducted by CPD PSIT, and the original TRR could not be found. Therefore, the original could not be approved. IPRA did have a original copy of the not approved TRR.

IPRA provided a copy of that not approved TRR to First Deputy John ESCALANTE. Commander DEENIHAN then contacted Captain DARLIN and requested officer WROBEL re-create a new TRR on 02 June 2016. WROBEL re-created a new TRR using the old copy provided by IPRA as a guide. Captain DARLIN then reviewed the TRR for accuracy. Reporting Commander DEENIHAN then also reviewed the TRR.

It should be noted reporting Commander DEENIHAN was also on the scene of this shooting incident on the original date of occurrence. Commander DEENIHAN reviewed this TRR and finds the officer acted appropriately and followed department policy for this shooting incident. IPRA is responsible for reviewing the entire use of force justification and shooting incident.

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. 1069667 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

DEENIHAN, BRENDAN D

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

03-JUN-2016 09:55:42

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

CASE REPORT
 ARREST REPORT

SUPPLEMENTARY REPORT

OFFICER BATTERY REPORT

TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT

CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

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Log# 1069651

Attachment# 101