

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 07-APR-2016		TIME 18:44:00		2. ADDRESS OF OCCURRENCE 7031 S MERRILL AVE CHICAGO, IL 60649			3. LOCATION CODE 090		4. BEAT/OCCUR 0331			
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME PAYNE		7. FIRST NAME LENERE F		8. STAR NO. 5963		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F			
	10. RACE CODE BLK		11. AGE [REDACTED]		12. HT. 509		13. WT 220					
SUBJECT INFORMATION	14. DATE OF APPT. 18-DEC-2000		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 003 0306K		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		20. LAST NAME GUNN		21. FIRST NAME WALTER		22. M.I. L		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F			
		24. RACE BLK		25. D.O.B. 26-MAY-1944		26. HT. 606		27. WT. 220				
		28. ADDRESS 1357 N LEAVITT ST CHICAGO, IL 60622		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? OTHER (SPECIFY) <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? JACKSON PARK HOSPITAL FOUNDATION		34. BY WHOM? DR. FREDERICK		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence				
		36. CHARGES PLACED		37. CB NO		IR NO.		38. DNA <input type="checkbox"/>				
REASON FOR USE OF FORCE (Check all that apply)	39. DNA <input type="checkbox"/>		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY			
	ASSAILANT: DEADLY FORCE		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>			
		STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>		
		OTHER _____		OTHER _____				OTHER _____		WEAPON <input 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"/>		
		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 _____		
		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"/>				
		WRIST LOCK <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 _____										
WEAPON DISCHARGE INCIDENT	39. DNA <input checked="" type="checkbox"/>			40. ADDITIONAL INFORMATION								
	POSITION		STAR NO.		UNIT							
	41. WEAPON TYPE		04 SEMI-AUTO PISTOL <input type="checkbox"/>		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS			
	01 REVOLVER <input type="checkbox"/>		05 CHEMICAL WEAPON <input type="checkbox"/>		<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/>		OTHER			
	02 RIFLE <input type="checkbox"/>		06 TASER (Probe Discharge) <input type="checkbox"/>		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE	
	03 SHOTGUN <input type="checkbox"/>		07 OTHER <input type="checkbox"/>									
	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			
	59. WHO FIRED FIRST SHOT		03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN		03 OTHER (Specify)	
	01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/>		01 YES <input type="checkbox"/> 02 NO <input type="checkbox"/>		01 YES <input type="checkbox"/> 02 NO <input type="checkbox"/>		01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/>				70. EVENT NO. 1609812185	
63. HOW WAS MEMBER'S HANDGUN DRAWN		03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS						
01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/>						01 YES <input type="checkbox"/> 02 NO <input type="checkbox"/>						
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED								
01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN <input 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. <input type="checkbox"/>								
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON				69. POSITION OF MEMBER DISCHARGING WEAPON		01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/>						
01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN <input type="checkbox"/>				03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						71. R.D. NO. HZ217334		
72. CASE INFO.		NOTIFICATIONS (OC OR TASER INCIDENT):		01 OEMC <input type="checkbox"/> 02 DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> 03 CPIC <input type="checkbox"/>		NOTIFICATIONS (FIREARM INCIDENT):		01 OEMC <input type="checkbox"/> 02 DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> 03 CPIC <input type="checkbox"/> 04 DET. DIV. <input type="checkbox"/>				
		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) PAYNE, LENERE F		STAR/EMPLOYEE NO. 5963		SIGNATURE [REDACTED]						
		74. REVIEWING SUPERVISOR (Print Name) SAUTKUS, STEVEN J		STAR NO. 1381		DATE REVIEWED 07-APR-2016 23:32:07		TIME 23:32:07				

LOG# 1080018

Attachment 32

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)

R/Lt was unable to interview the offender because he was taken to Jackson Park Hospital for mental evaluation.

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

Based on the reports submitted at this time, the officer's actions were in compliance with department rules and regulations. Cross reference this with Log #1080010 obtained by Sgt Kennedy #1828 from IPRA at 2101 hrs.

77. LIEUTENANT OR ABOVE/OCIC FINDINGS 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. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

WILLIAMS, TERESA H

SIGNATURE



DATE COMPLETED

TIME

08-APR-2016 17:11:53

79. TOTAL TRR's THIS EVENT No.

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