




# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>13-JUN-2016</b>		TIME <b>15:17:00</b>		2. ADDRESS OF OCCURRENCE <b>3927 W GRENSHAW ST CHICAGO, IL 60624</b>			3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>1132</b>		4a. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT VIDEO									
MEMBER INVOLVED	5. POSITION <b>9161</b>		6. LAST NAME <b>PRATSCHER</b>		7. FIRST NAME <b>TERRENCE P</b>		8. STAR NO. <b>4190</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>[REDACTED]</b>		12. HT. <b>601</b>		13. WT. <b>255</b>			
	14. DATE OF APPT. <b>19-MAY-2008</b>			15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>010 1063A</b>		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 <b>ONEAL</b>				21. FIRST NAME <b>SHAQUILLE</b>				22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>04-MAY-1993</b>		26. HT. <b>601</b>		27. WT. <b>215</b>	
	28. ADDRESS <b>3616 W GRENSHAW ST CHICAGO, IL 60624</b>				29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" 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							
32a. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input checked="" type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>MOUNT SINAI HOSPITAL</b>																
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 <b>***** PLEASE SEE NEXT PAGE *****</b>										37. CB NO. <b>19326791</b>		IR NO. <input type="checkbox"/> DNA								
REASON FOR USE OF FORCE (Check all that apply)	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 checked="" type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON <input type="checkbox"/>											
STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>		OTHER _____												
OTHER _____		OTHER _____		OTHER _____		OTHER _____		PERCEIVED AS _____												
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input checked="" type="checkbox"/>		ELBOW STRIKE <input checked="" 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 checked="" 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 (ARC Cycle) <input type="checkbox"/>																		
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>																		
LRAD WITH AUTHORIZATIO <input checked="" type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>																		
OTHER _____		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>																		
		OTHER _____																		
WEAPON DISCHARGE INCIDENT	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				RANK		STAR NO.		UNIT NO.		40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
	40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				40b. DID THIS WEAON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				40c. DID THE DISCHARGE RESULT IN A SELF -INFLECTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member											
41. WEAPON TYPE <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				42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" 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 <b>CLEAR</b>												
45. MAKE/MANUFACTURER				46. MODEL		47. BARREL LENGTH		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										
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)				60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input 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 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 type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO												
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)						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 type="checkbox"/> 04 OVER 15 FT.														
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE <input type="checkbox"/> 08 ANY OTHER COMBINATION						69. POSITION OF MEMBER DISCHARGING WEAPON <input 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. ADDITIONAL INFORMATION														
											<b>1616509652</b>		<b>70. EVENT NO.</b>							
											<b>HZ305924</b>		<b>71. R.D. NO.</b>							

<b>CASE INFORMATION</b>	NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			<b>1616509652</b>	<small>70. EVENT NO.</small>		
	40. ADDITIONAL INFORMATION						
<b>SIGNATURES</b>	73. REPORTING MEMBER (Print Name) <b>PRATSCHER, TERRENCE P</b> <b>13-JUN-2016 18:08:37</b>		STAR/EMPLOYEE NO. <b>4190</b> 	SIGNATURE 	<b>HZ305924</b>	<small>71. RD. NO.</small>	
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.						
	74. REVIEWING SUPERVISOR (Print Name) <b>JACKSON, ROBERT A</b>		STAR NO. <b>1884</b> 	DATE REVIEWED    TIME <b>13-JUN-2016 18:39:33</b>			

**Additional discharged weapons:**

SUBJECT  
INFORMATION

36. CHARGES PLACED

720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-5-A, 720 ILCS 570.0/402-C, 720 ILCS  
5.0/31-1-A-7, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/12-3.05-D-4

DNA

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE OF DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

**75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE**

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

The subject was being treated at Mt. Sinai Hospital for minor injuries sustained in this incident and could not be interviewed at this time.

**76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS**

Based on the facts in this incident and the subject was an assailant who was using deadly force by choking the member's partner P.O. T. Pratscher #4190, R/L finds that the member was in compliance with department directives regarding the use of force.

**77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY**

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

**78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION**

I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

LOG NO. \_\_\_\_\_ OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE:

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

**79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)**

**80.**

TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

**81. TOTAL TRR's THIS EVENT No.**

**6**

SIGNATURE

DATE COMPLETED

TIME