

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | | | |
|--|--|---------------------------------|--|---|---|---|---|--|--|---|-----------------------|
| 1. DATE OF INCIDENT 24-AUG-2014 | | TIME 20:58:00 | | 2. ADDRESS OF OCCURRENCE 948 E 80TH ST CHICAGO, IL 60619 | | | 3. LOCATION CODE 092 | | 4. BEAT/OCCUR 0624 | | |
| 5. POSITION 9161 | | 6. LAST NAME HUNT | | 7. FIRST NAME JAMES A | | 8. STAR NO. 11442 | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 10. RACE CODE WHI | 11. AGE 1984 | 12. HT. 603 | 13. WT. 215 |
| 14. DATE OF APPT. 03-JUN-2013 | | 15. EMPLOYEE NO. | | 16. UNIT & BEAT OF ASSIGNMENT 044 4250C | | 17. DUTY STATUS <input 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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | |
| 20. LAST NAME PITTMAN | | 21. FIRST NAME DESEAN | | 22. M.I. | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 24. RACE BLK | 25. D.O.B. 1996 | 26. HT. 507 | 27. WT. 155 | | |
| 28. ADDRESS | | 29. TELEPHONE NO. | | 30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC, 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? | | 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 | | | | 37. CB NO | | IR NO | | DNA | | | |

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|--|--|---|--|--|--|--|--|---|--|---|--|
| 38. REASON FOR USE OF FORCE (Check all that apply) | | PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAILANT: ASSAULT | | ASSAILANT: BATTERY | | ASSAILANT: DEADLY FORCE | |
| SUBJECT'S ACTIONS | | DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> | | FLED <input type="checkbox"/> | | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> | | ATTACK WITH WEAPON <input type="checkbox"/> | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> | |
| | | 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 _____ | |
| MEMBER'S RESPONSE | | MEMBER PRESENCE <input 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 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"/> | | | | | | | |
| | | 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 (Laser Targeted) <input type="checkbox"/> | | | | | | | |
| | | OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | | | | | | |
| | | OTHER _____ | | OTHER _____ | | | | | | | |

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| 39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) | | | 40. ADDITIONAL INFORMATION DARK SEMI-AUTOMATIC 9MM HANDGUN | | | | | | | | |
| 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 checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial | | | CLEAR | | |
| <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 | | | 45. MAKE/MANUFACTURER SPRINGFIELD ARMOY M1A | | | 46. MODEL XD | | | 47. BARREL LENGTH 4 | | |
| | | | 48. CALIBER/GAUGE 9 MM | | | | | | | | |
| 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 | | |
| 64. 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 FIRED 11 | | |
| 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) | | | 60. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | 61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED 16 | | | 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) | | |
| <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER | | | | | | | | | | | |
| 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) | | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD TACTICAL MAGAZINE EXCHANGE | | | 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | | | | |
| <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW | | | | | | | | | | | |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE | | | 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 MEMBERS 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) | | | | | | | | |

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|--|--|--|--|-----------------------------------|--|---|--|
| 72. CASE INFO. | | 73. REPORTING MEMBER (Print Name) HUNT, JAMES A | | STAR/EMPLOYEE NO. 11442 | | SIGNATURE | |
| | | 25-AUG-2014 03:55:52 | | | | | |
| | | Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | | | | |
| 74. REVIEWING SUPERVISOR (Print Name) GILLILAND, TIMOTHY D | | STAR NO. 1895 | | SIGNATURE | | DATE REVIEWED TIME 25-AUG-2014 03:56:55 | |

70. EVENT NO. **1423616797**
71. R.D. NO. **HX401089**

LOG# 1071168
Attachment 8

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADR WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 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.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject deceased

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on information known at this time it appears that PO Hunt was in compliance with Department orders in that he fired his weapon at the subject who was pointing a weapon at him placing Officer Hunt in fear of his life.

77. WATCH COMMANDER/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 1071168 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

FLETCHER, CHRISTOPH D

SIGNATURE



DATE COMPLETED

TIME

25-AUG-2014 04:03:26

79. DISTRIBUTION OF ORIGINAL TRR.

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

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# THIS EVENT No

1