

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 21-MAR-2016		TIME 02:21:00		2. ADDRESS OF OCCURRENCE 10129 S GREEN ST CHICAGO, IL 60643			3. LOCATION CODE 304		4. BEAT/OCCUR 2232					
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME BOYD	7. FIRST NAME STEPHEN E	8. STAR NO. 12598	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE BLK	11. AGE 602	12. HT. 218	13. WT. 218					
	14. DATE OF APPT. 10-OCT-2000		15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT 311		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						
SUBJECT INFORMATION	20. LAST NAME HARVILEY		21. FIRST NAME SAMUEL	22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 07-SEP-1991	26. HT. 505	27. WT. 160					
	28. ADDRESS 1004 W 87TH STREET CHICAGO, IL			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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
33. WHERE WAS MEDICAL TREATMENT OBTAINED? LITTLE COMPANY OF MARY			34. BY WHOM? HERREA, BLANCA		36. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid									
36. CHARGES PLACED 725 ILCS 5.0/110-3, 720 ILCS 5.0/18-2-A-3, 720 ILCS 5.0/12-3.05-E-2						37. CB NO. 19282948	IR NO. <input type="checkbox"/> DNA							
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE			
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE											
DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		MEMBER PRESENCE <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>				
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>				
OTHER _____		ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER HIT OVER THE HEAD/SK <input type="checkbox"/>		OTHER _____				
		WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		OTHER HIT OVER THE HEAD/SK <input type="checkbox"/>						
		ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <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 _____												
39. <input type="checkbox"/> DNA			40. ADDITIONAL INFORMATION SUBJECT FIRED ONE SHOT AT MEMBER STRIKING HIM IN THE RIGHT THIGH, FROM A SEMI AUTO HANDGUN											
POSITION			STAR NO.			UNIT								
WEAPON DISCHARGE INCIDENT			41. WEAPON TYPE			42. INCIDENT OCCURRED			43. LIGHTING CONDITIONS			44. WEATHER CONDITIONS		
			<input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON			<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors			<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		
			45. MAKE/MANUFACTURER BERETTA -US-(BANTAM,BRIGADIER 551,EMPIRE,PU/MA)			46. MODEL 8000			47. BARREL LENGTH 4.5			48. CALIBER/GAUGE 9 MM		
49. TASER DART ID NO.			50. WEAPON SERIAL No (Include Letters) 022640MC			51. CHICAGO GUN REG. NO. 626670			52. IL FIREARM OWNER ID NO. 40210455			53. HANDGUN CERTIFICATE NO.		
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 9		
59. WHO FIRED FIRST SHOT <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 CARTRIDGES/ SHOT SHELLS RELOADED			62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)			70. EVENT NO. 1608101040		
<input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER									<input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)					
63. HOW WAS MEMBER'S HANDGUN DRAWN <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						71. R.D. NO. HZ195073		
<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) 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.											
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)											
72. CASE INFO.			NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC			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.			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) BOYD, STEPHEN E			STAR/EMPLOYEE NO. 12598			SIGNATURE [Signature]					
			21-MAR-2016 08:24:15											
			Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.											
74. REVIEWING SUPERVISOR (Print Name) NEMCOVIC, JOSEPH S			STAR NO. 1794			SIGNATURE [Signature]			DATE REVIEWED TIME 21-MAR-2016 08:26:05					

LOG# 1079743
Attachment 8

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. SUBJECTS STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Subject currently being interviewed by Detectives

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

U#16-004

Officer hospitalized and unable to complete TRR. TRR completed on Officers behalf by Sgt. Nemcovic #1794.

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

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. 1079743 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

PENA, MARIA C

SIGNATURE



DATE COMPLETED

TIME

21-MAR-2016 08:53:30

79. TOTAL TRR's THIS EVENT No.

1

LOG# 1079743

Attachment 8