

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 07-JUN-2016		2. ADDRESS OF OCCURRENCE 1438 W 83RD ST CHICAGO, IL 60630		3. LOCATION GRID 281		4. BEAT/GRID 0713	
5. POSITION 9161		6. LAST NAME BANDOLA		7. FIRST NAME ROBERT S		8. STAR NO. 7610	
9. RACE <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		10. HAIR COLOR WHI		11. HGT. 509		12. WT. 190	
13. DATE OF APPT. 27-NOV-2008		14. EMPLOYEE NO.		15. UNIT & BEAT OF ASSIGNMENT 007 0715R		16. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off	
17. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. MEMBER IN UNIFORM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. TAB NAME SHIELDS		22. FIRST NAME ALAN		23. M.I. L		24. RACE <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O	
25. STAR NO. 21-JUN-1984		26. HGT. 907		27. WT. 180		28. DATE OF APPT.	
29. ADDRESS 1612 S 80TH COURT, CICERO, IL 60804		30. TELEPHONE NO.		31. WAS SUBJECT ARMED/MOUTH (SPIT, BIT, ETC.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32. SUBJECT INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM?		35. CONDITION <input checked="" type="checkbox"/> 01 Asphyxiated <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. CHARGE(S) PLACED? <input type="checkbox"/> DNA	
37. CB NO. 18323335		38. DNA		39. DNA		40. DNA	
PLEASE SEE NEXT PAGE							
39. REASON FOR USE OF FORCE (Check all that apply)		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT: BATTERY	
SUBJECTS ACTIONS		<input checked="" type="checkbox"/> DO NOT FOLLOW VERBAL DIRECTION		<input type="checkbox"/> FLED		<input type="checkbox"/> IMMINENT THREAT OF BATTERY	
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> OTHER		<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> OTHER	
MEMBER'S RESPONSE		<input checked="" type="checkbox"/> MEMBER PRESENCE		<input type="checkbox"/> OPEN HAND STRIKE		<input type="checkbox"/> ELBOW STRIKE	
<input checked="" type="checkbox"/> VERBAL COMMANDS		<input checked="" type="checkbox"/> EGGCOT HOLD		<input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING		<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH	
<input type="checkbox"/> WRIST LOCK		<input type="checkbox"/> ARMBAR		<input type="checkbox"/> OC CHEMICAL WEAPON		<input type="checkbox"/> KICKS	
<input type="checkbox"/> PRECISE SENSITIVE AREAS		<input type="checkbox"/> CONTROL INSTRUMENT		<input type="checkbox"/> CANINE		<input type="checkbox"/> IMPACT WEAPON (Describe in Box 40)	
<input type="checkbox"/> OC/CHEMICAL WEAPON AUTHORIZATION		<input type="checkbox"/> OTHER		<input type="checkbox"/> TASER (Probe Discharge)		<input type="checkbox"/> IMPACT MUNITION (Describe in Box 41)	
<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> TASER (Contact Stun)		<input type="checkbox"/> OTHER	
<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> TASER (Spark Displayed)		<input type="checkbox"/> OTHER	
41. WEAPON TYPE				42. INCIDENT OCCURRED			
<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN				<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors			
<input type="checkbox"/> 04 B&A AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				<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 Good Artificial			
43. LIGHTING CONDITIONS				44. WEATHER CONDITIONS CLEAR			
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. SPECIAL WEAPON CERTIFICATE NO.		54. PROPERTY INVENTORY NO.		55. TYPE OF AMMUNITION USED		56. TOTAL NO. OF SHOTS MEMBER FIRED	
57. WHO FIRED FIRST SHOT		58. WAS FIREARM RELOADED DURING INCIDENT		59. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		60. HOW WAS MEMBER'S HANDGUN WORN	
<input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		<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"/> 03 OTHER (Specify)		61. DID MEMBER USE SIGHTS	
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		62. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		63. DID MEMBER USE SIGHTS		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
64. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED			
<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				<input type="checkbox"/> 01 0-10 FT. <input type="checkbox"/> 02 10-25 FT. <input type="checkbox"/> 03 25-50 FT. <input type="checkbox"/> 04 OVER 50 FT.			
66. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON				67. POSITION OF MEMBER DISCHARGING WEAPON			
<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				<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. CASE INFO.							
71. 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 type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input 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.							
73. REPORTING MEMBER (Print Name) BANDOLA, ROBERT S		STAR/EMPLOYEE NO. 7610		SIGNATURE [Signature]			
74. REVIEWING SUPERVISOR (Print Name) POULOS, JOHN D		STAR NO. 814		SIGNATURE [Signature]		DATE REVIEWED TIME 07-JUN-2016 04:57:01	
75. SIGNATURES							
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.							

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H2296634

LIEUTENANT OR ABOVE/OCIC REVIEW

THE CHIEF (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 EXERCISE OF IMPACT PRIVILEGES BY A DEPARTMENT MEMBER, 4) ANY ILLEGAL USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE RESULTS 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.

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REQUIRED INTERVIEW NOT CONDUCTED (Specify Reason)

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

Based on the facts as presented this R/LT believes that the officer followed all department policies, procedures, and the use of force according to the law.

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./CRMO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

WIBERG, WAYNE A

SIGNATURE

DATE COMPLETED

TIME

08 JUN 2016 01:54:03

79. TOTAL PAGES THIS EVENT NO.

3