

TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|--|---|---|---|---|---|--------------------------------|---|-------------------------|--|--|-----------------------|--|-------------------------|--|--|
| 1. DATE OF INCIDENT 12-MAY-2016 | | TIME 04:13:00 | | 2. ADDRESS OF OCCURRENCE 10341 S UNION AVE CHICAGO, IL 60628 | | | | 3. LOCATION CODE 290 | | 4. BEAT/OCCUR 2232 | | | | | | | | | |
| MEMBER INVOLVED | 5. POSITION 9161 | | 6. LAST NAME BARTLETT | | 7. FIRST NAME ROBERT J | | 8. STAR NO. 10827 | | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10. RACE CODE WHI | | 11. AGE [REDACTED] | | 12. HT. 601 | | 13. WT. 220 | | |
| | 14. DATE OF APPT. 13-OCT-1998 | | 15. EMPLOYEE NO. [REDACTED] | | 16. UNIT & BEAT OF ASSIGNMENT 353 4603 | | 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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | | | | |
| SUBJECT INFORMATION | 20. LAST NAME ROBINSON | | 21. FIRST NAME KEVIN | | 22. M.I. R | | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 24. RACE BLK | | 25. D.O.B. 21-JAN-1985 | | 26. HT. 600 | | 27. WT. 150 | | | | |
| | 28. ADDRESS 15633 LEXINGTON ST HARVEY, IL | | | | 29. TELEPHONE NO. | | 30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | 31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" 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? | | | | 34. BY WHOM? | | 35. CONDITION <input 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 | | | | 37. CB NO. | | IR NO. | | | | | | | | | | | | |
| REASON FOR USE OF FORCE (Check all that apply) | 38. DNA <input type="checkbox"/> | | PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAILANT: ASSAULT | | ASSAILANT: BATTERY | | ASSAILANT: DEADLY FORCE | | | | | | | | |
| | SUBJECTS ACTIONS | | MEMBER RESPONSE | | | | | | | | | | | | | | | | |
| | DID NOT FOLLOW VERBAL DIRECTION <input checked="" 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"/> | | | | | | | | |
| STIFFENED (DEAD WEIGHT) <input type="checkbox"/> | | VERBAL COMMANDS <input checked="" type="checkbox"/> | | TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> | | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | | KICKS <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | | | | | | | | |
| OTHER <input type="checkbox"/> | | WRISTLOCK <input type="checkbox"/> | | OC CHEMICAL WEAPON <input checked="" type="checkbox"/> | | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | | | | | | | | | | |
| | | ARMBAR <input type="checkbox"/> | | CANINE <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | | | | | | | | | | | | |
| | | PRESSURE SENSITIVE AREAS <input type="checkbox"/> | | TASER (Probe Discharge) <input type="checkbox"/> | | | | | | | | | | | | | | | |
| | | CONTROL INSTRUMENT <input type="checkbox"/> | | TASER (Contact Stun) <input type="checkbox"/> | | | | | | | | | | | | | | | |
| | | OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | | | | | | | | | | | | | | |
| | | OTHER <input type="checkbox"/> | | OTHER <input type="checkbox"/> | | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | 39. DNA <input type="checkbox"/> | | | | * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) | | | | 40. ADDITIONAL INFORMATION OFFENDERS WEAPON GLOCK 45CAL SEMI-AUTO HANDGUN THREE SEPARATE DEPLOYMENTS OF OC CHEMICAL MUNITIONS FROM 40MM LAUNCHER FIRST DEPLOYMENT 6 OC FERRET ROUNDS SECOND DEPLOYMENT 6 OC | | | | | | | | | | |
| | POSITION | | STAR NO. | | UNIT | | | | | | | | | | | | | | |
| | 41. WEAPON TYPE | | 42. INCIDENT OCCURRED | | 43. LIGHTING CONDITIONS | | 44. WEATHER CONDITIONS | | | | | | | | | | | | |
| | <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 05 CHEMICAL WEAPON | | <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | <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 | | CLEAR | | | | | | | | | | | | |
| <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) | | 45. MAKE/MANUFACTURER | | 46. MODEL | | 47. BARREL LENGTH | | 48. CALIBER/GAUGE | | | | | | | | | | | |
| <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER | | | | | | | | | | | | | | | | | | | |
| 49. TASER DART ID NO. | | 50. WEAPON SERIAL No. (Includes 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 1 | | 58. TOTAL NO. OF SHOTS MEMBER FIRED | | | | | | | | | | | |
| 59. WHO FIRED FIRST SHOT <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"/> 03 OTHER (Specify) | | | | | | | | | | | | | |
| <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER | | | | | | <input 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 type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW | | | | | | | | | | | | | | | | | | | |
| 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 MEMBERS WEAPON | | 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 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) | | | | | | | | | | | | | | | | | |
| CASE INFO. | 72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC | | | | 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. | | | | 70. EVENT NO. 1613301597 | | | | | | |
| | SIGNATURES | | | | 73. REPORTING MEMBER (Print Name) BARTLETT, ROBERT J | | | | STAR/EMPLOYEE NO. 10827 | | | | | | | | SIGNATURE [REDACTED] | | |
| | | | | 74. REVIEWING SUPERVISOR (Print Name) LAMB JR, THOMAS R | | | | STAR NO. 1925 | | | | SIGNATURE [REDACTED] | | | | | | | |
| | | | | | | | | DATE REVIEWED 12-MAY-2016 19:34:58 | | | | TIME | | | | | | | |

FERRET ROUNDS
THIRD/FINAL DEPLOYMENT 4 OC FERRET ROUNDS

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)

Offender is deceased.

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

Based on the information known at this time the officers actions were in compliance with Department policies and procedures.

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. 1080505 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

GEORGAS, STEVE E

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

12-MAY-2016 19:52:45

79. TOTAL TRR's THIS EVENT No.

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