

# ACTICAL RESPONSE REPORT/Chicago Police Department

<b>1. DATE OF INCIDENT</b> 25-MAY-2011	<b>TIME</b> 22:29:00	<b>2. ADDRESS OF OCCURRENCE</b> 10 N KILBOURN AVE CHICAGO, IL 60624		<b>3. LOCATION CODE</b> 220	<b>4. BEAT/OCCUR</b> 1113
<b>5. POSITION</b> 9161	<b>6. LAST NAME</b> BRACKEN	<b>7. FIRST NAME</b> MATTHEW J	<b>8. STAR NO.</b> 13910	<b>9. SEX</b> <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	<b>10. RACE CODE</b> WHI
<b>11. AGE</b> 608	<b>12. HT.</b> 205	<b>13. WT.</b> 205	<b>14. DATE OF APPT</b> 18-DEC-2006	<b>15. EMPLOYEE NO.</b> [REDACTED]	<b>16. UNIT &amp; BEAT OF ASSIGNMENT</b> 153 4430A
<b>17. DUTY STATUS</b> <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		<b>18. MEMBER INJURED?</b> <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		<b>19. MEMBER IN UNIFORM?</b> <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
<b>20. LAST NAME</b> JACOBS	<b>21. FIRST NAME</b> TIFFANI	<b>22. ML</b>	<b>23. SEX</b> <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	<b>24. RACE</b> BLK	<b>25. D.O.B.</b> 28-MAY-1981
<b>26. HT.</b> 508	<b>27. WT.</b> 200	<b>28. ADDRESS</b> 305 S CENTRAL PARK BLVD CHICAGO, IL 60624		<b>29. TELEPHONE NO.</b>	<b>30. WAS SUBJECT ARMED? VEHICLE - ATTEMPTED TO STRIKE OFFICER WITH VEHICLE</b> <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No
<b>31. SUBJECT INJURED?</b> <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		<b>32. SUBJECT ALLEGED INJURY?</b> <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		<b>33. WHERE WAS MEDICAL TREATMENT OBTAINED?</b> MOUNT SINAI HOSPITAL	
<b>34. BY WHOM?</b> E.R.		<b>35. CONDITION</b> <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		<b>36. CHARGES PLACED</b> [REDACTED]	
<b>37. CS NO.</b> 18149679		<b>38. DNA</b> <input type="checkbox"/> DNA <input type="checkbox"/> DNA		<b>39. IR NO.</b> <input type="checkbox"/> DNA	
<b>40. ADDITIONAL INFORMATION</b>					
<b>41. WEAPON TYPE</b> <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER					
<b>42. INCIDENT OCCURRED</b> <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors					
<b>43. LIGHTING CONDITIONS</b> <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 type="checkbox"/> 06 Good Artificial					
<b>44. WEATHER CONDITIONS</b> RAIN					
<b>45. MAKE/MANUFACTURER</b> GLOCK, INC.-AU-		<b>46. MODEL</b> 17	<b>47. BARREL LENGTH</b> 4.5	<b>48. CALIBER/GAUGE</b> 9 MM	
<b>49. TASER DART ID NO</b>	<b>50. WEAPON SERIAL No. (include Letters)</b> NLC930	<b>51. CHICAGO GUN REG. NO.</b> R014011S	<b>52. IL FIREARM OWNER ID. NO</b> 85920355	<b>53. HANDGUN CERTIFICATE NO.</b>	
<b>54. SPECIAL WEAPON CERTIFICATE NO.</b>	<b>55. PROPERTY INVENTORY NO.</b>	<b>56. TYPE OF AMMUNITION USED</b> WINCHESTER 9MM	<b>57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.</b> 1	<b>58. TOTAL NO. OF SHOTS MEMBER FIRED</b> 5	
<b>59. WHO FIRED FIRST SHOT</b> <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		<b>60. WAS FIREARM RELOADED DURING INCIDENT</b> <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	<b>61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED</b>		<b>62. HOW WAS MEMBER'S HANDGUN WORN</b> <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)
<b>63. HOW WAS MEMBER'S HANDGUN DRAWN</b> <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		<b>64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD</b>			<b>65. DID MEMBER USE SIGHTS</b> <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO
<b>66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)</b> NONE		<b>67. DISTANCE BETWEEN INVOLVED MEMBER &amp; OFFENDER WHEN FIRST SHOT WAS FIRED</b> <input type="checkbox"/> 01 0 - .05 FT. <input checked="" type="checkbox"/> 02 .05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.			
<b>68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON</b> <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		<b>69. POSITION OF MEMBER DISCHARGING WEAPON</b> <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)			
<b>70. EVENT NO.</b> 1114517571					
<b>71. R.D. NO.</b> HT314748					
<b>72. INFO.</b> NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <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.					
<b>73. REPORTING MEMBER (Print Name)</b> BRACKEN, MATTHEW J		<b>STAR/EMPLOYEE NO.</b> 13910	<b>SIGNATURE</b> [REDACTED]		
<b>74. REVIEWING SUPERVISOR (Print Name)</b> HUGHES, FRED L					
<b>DATE REVIEWED</b> 26-MAY-2011 05:31:11		<b>TIME</b>			

LOG # 1045673

Attachment # 13

### 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 ADS 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)

Offender undergoing emergency medical treatment at the hospital.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

I have concluded that further investigation is required.

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. 1045673 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

GULLIFORD, WAYNE M

SIGNATURE

DATE COMPLETED

TIME

26-MAY-2011 06:10:07

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:

SUPPLEMENTARY REPORT

I.O.D. REPORT

CASE REPORT

OFFICER BATTERY REPORT

CR INITIATION REPORT

ARREST REPORT

TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR'S THIS EVENT No.

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