

### TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT <b>06-JUN-2016</b>		2 TIME <b>23:20:00</b>		3 ADDRESS OF OCCURRENCE <b>1800 W 83RD ST CHICAGO, IL 60638</b>			4 LOCATION CODE <b>092</b>		5 BEAT/SECTION <b>0714</b>		
MEMBER INVOLVED	6 POSITION <b>9181</b>	7 LAST NAME <b>COLEMAN</b>	8 FIRST NAME <b>SHANE M</b>	9 STAR NO <b>15359</b>	10 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	11 RACE <b>WHI</b>	12 HT <b>603</b>	13 WT <b>200</b>			
	14 DATE OF APPL. <b>01-MAY-2013</b>		15 EMPLOYER NO	16 UNIT & BEAT OF ASSIGNMENT <b>007 0741R</b>		17 DUTY STATION <input checked="" type="checkbox"/> On <input type="checkbox"/> Off	18 MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
SUBJECT INFORMATION	20 LAST NAME <b>SHIELDS</b>		21 FIRST NAME <b>ALAN</b>		22 MI. <b>L</b>	23 BCR <input checked="" type="checkbox"/> M <input type="checkbox"/> F	24 HAIR <b>BLK</b>	25 DOB <b>21-JUN-1984</b>	26 HT <b>507</b>	27 WT <b>180</b>	
	28 ADDRESS <b>1812 S 60TH CT CICERO, IL</b>			29 TELEPHONE NO	30 WAS SUBJECT ARMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			31 SUBJECT INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32 NUMBER OF ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? <b>HOLY CROSS HOSPITAL</b>			34 BY WHOM?	35 CONDITION <input checked="" type="checkbox"/> Hospitalized <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Under Influence <input type="checkbox"/> Refused Medical Aid						
	36 CHARGES PLACED			37 DNA			38 CR NO		39 IIR NO		

PLEASE SEE NEXT PAGE

19323335

REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ABRILANT: ASSAULT		ABRILANT: BATTERY		ABRILANT: DEADLY FORCE	
	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) OTHER _____		<input type="checkbox"/> FLED <input checked="" type="checkbox"/> PULLED AWAY OTHER _____		<input type="checkbox"/> IMMINENT THREAT OF BATTERY OTHER _____		<input type="checkbox"/> ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITH (UN) WEAPON OTHER: <input checked="" type="checkbox"/> GRABBED ARM TO DEF		<input type="checkbox"/> USE OF FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON	
MEMBER'S RESPONSE	<input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLD <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE ARFAB <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON AUTHORIZATION OTHER _____		<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> GAMMA <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) OTHER _____		<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) OTHER _____		<input type="checkbox"/> KICK <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40)		<input type="checkbox"/> FIREARM OTHER _____	

WEAPON DISCHARGE INCIDENT	39 OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			40. ADDITIONAL INFORMATION							
	POSITION		STAR NO	UNIT							
	41 WEAPON TYPE		42 INCIDENT OCCURRED		43 LIGHTING CONDITIONS		44 WEATHER CONDITIONS				
	<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		<input checked="" 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		<b>CLEAR</b>				
	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 R. FIREARM OWNER ID NO.		53 HANGGUN CERTIFICATE NO		
	54 SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED		
	59 WHO FIRED FIRST SHOT		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. 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)				

CASE INFO.	63. HOW WAS MEMBER'S HANDGUN DRAWN		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGNS	
	<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
SIGNATURES	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 0-10 FT <input type="checkbox"/> 02 10-15 FT <input type="checkbox"/> 03 15-20 FT <input type="checkbox"/> 04 OVER 20 FT		
SIGNATURES	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON			69. 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)		
	72. 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)		STAR/EMPLOYEE NO.		SIGNATURE		
<b>COLEMAN, SHANE M</b>		<b>15359</b>		<b>PCDAN08</b>		
74. REVIEWING SUPERVISOR (Print Name)						
<b>POULOS, JOHN D</b>		STAR NO		DATE REVIEWED TIME		
		<b>814</b>		<b>07-JUN-2016 04:57:20</b>		

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### LIEUTENANT OR ABOVE/OCIC REVIEW

THE INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW FUNCTION FOR: 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2) ALL INCIDENTS INVOLVING THE BEREAVEMENT OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3) ALL INCIDENTS INVOLVING THE DISCHARGE OR IMPACT LIMITATIONS BY A DEPARTMENT MEMBER, 4) ANY OTHER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE BELONGS FROM THE SAME INCIDENT DESCRIBED IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW FUNCTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE:

DNA

RETURNED

INTERVIEW NOT COMPLETED (Specify Reason)

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

Based on the facts as presented this R/O 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./CRNO \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

WIBERG, WAYNE A

SIGNATURE

DATE COMPLETED

08-JUN-2016 01:56:20

TIME

79. TOTAL TRKs THIS EVENT No.

3