

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 07-JUN-2016		TIME 00:15:00		2. ADDRESS OF OCCURRENCE 1430 W 83RD ST CHICAGO, IL 00838				3. LOCATION CODE 280		4. BEAT CODE 0713											
MEMBER INVOLVED	5. POSITION 9171		6. LAST NAME JOSEPHS		7. FIRST NAME PATRICK R		8. STAR NO. 1448		9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		10. RACE CODE (BY AGE) BLK		11. HT 604		12. WT 235						
	14. (DATE OF APPL) 25-OCT-2004			15. EMPLOYEE NO.			16. UNIT & BEAT OF ASSIGNMENT 007 0701		17. DUTY STATUS <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 SHIELDS				21. FIRST NAME ALAN				22. MI		23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		24. RACE BLK		25. DOB 21-JUN-1984		26. HT 508		27. WT 157		
	28. ADDRESS 1538 S AUSTIN BLVD CHICAGO, IL				29. TELEPHONE NO.				30. WAS SUBJECT ARMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				31. SUBJECT INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
33. WHERE WAS MEDICAL TREATMENT OBTAINED? HOLY CROSS HOSPITAL												34. BY WHOM?		35. CONDITION <input checked="" type="checkbox"/> Conscious <input type="checkbox"/> Unconscious <input type="checkbox"/> Deceased				36. NATURE OF INJURY <input checked="" type="checkbox"/> Laceration <input type="checkbox"/> Bruise <input type="checkbox"/> Other			
39. CHARGES PLACED PLEASE SEE NEXT PAGE												37. ICA NO. 19323335		38. ICA				39. ICA			
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT/ASSAULT		ASSAULT/BATTERY		ASSAULT/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 type="checkbox"/> ATTACK WITHOUT WEAPON OTHER _____		<input type="checkbox"/> USE OF FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON OTHER _____												
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE		OPEN HAND STRIKE		ELBOW STRIKE		KNEE STRIKE		FIREARM												
	<input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRIST LOCK <input checked="" type="checkbox"/> AMMUNITION <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION OTHER _____		<input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Shot) <input type="checkbox"/> TASER (Spark Displayed) OTHER _____		<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) OTHER _____		<input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) OTHER _____		<input type="checkbox"/> OTHER _____												
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"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		<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		CLEAR															
45. MAKE/MANUFACTURER		46. MODEL		47. BARRREL 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. 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		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		63. OTHER (Specify)													
<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 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)		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO													
64. HOW WAS MEMBER'S HANDGUN DRAWN		65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		66. DID MEMBER USE SIGHTS																	
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW				<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																	
68. 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 06 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT																	
69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON				68. 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. 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 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) JOSEPHS, PATRICK R		STAR/EMPLOYEE NO. 1448		SIGNATURE																	
07-JUN-2016 04:35:25																					
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																					
74. REVIEWING SUPERVISOR (Print Name) POULOS, JOHN D		STAR NO. 814		SIGNATURE				DATE REVIEWED 07-JUN-2016 04:58:03		TIME											

1615918169

H2296634

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 FIRE ARM BY A DEPARTMENT MEMBER, 2) ALL INCIDENTS INVOLVING THE BEHIND INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTI ACTIONS WITH A DEPARTMENT MEMBER, 3) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITION BY A DEPARTMENT MEMBER, 4) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE IS 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 MEMBER'S STATEMENT REGARDING THE USE OF FORCE

TMA

REFUSED

INTERVIEW NOT CONDUCTED (Orally Reported)

77 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. ICRNO _____ OBTAINED

78 LIEUTENANT OR ABOVE/OCIC (Print Name)

WIBERG, WAYNE A

SIGNATURE

DATE COMPLETED

TIME

08-JUN-2016 01:57:02

79 TOTAL TRIP'S THIS EVENT No

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