

ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 25-MAY-2011		TIME 22:29:00		2. ADDRESS OF OCCURRENCE 10 N KILBOURN AVE CHICAGO, IL 60624			3. LOCATION CODE 304		4. BEAT/OCCUR 1113		
5. POSITION 9161		6. LAST NAME ORTIZ		7. FIRST NAME WILFREDO		8. STAR NO 9748	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE 506	12. HT. 185	13. WT 185
14. DATE OF APPT. 19-MAY-2008		15. EMPLOYEE NO. 106274		16. UNIT & BEAT OF ASSIGNMENT 153 4430A		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	
20. LAST NAME JACOBS			21. FIRST NAME TIFFANI			22. M.I.	23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 28-MAY-1981	26. HT. 508	27. WT. 200
28. ADDRESS 305 S CENTRAL PARK BLVD CHICAGO, IL 60624				29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL				34. BY WHOM? E.R.		35. CONDITION <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					
36. CHARGES PLACED							<input type="checkbox"/> DNA	37. CB NO. 18149679		IR NO. <input type="checkbox"/> DNA	

38. SUBJECTS ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT-ASSAULT		ASSAULT-BATTERY		ASSAULT-DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	
MEMBER'S RESPONSE	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>	
	OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____	
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input checked="" type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>		
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____		
ESCORT HOLDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>				
WRISTLOCK <input checked="" type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER _____						
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>								
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>								
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>								
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>								
OTHER _____		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"/> 04 SEMI-AUTO PISTOL		<input type="checkbox"/> Indoors		<input checked="" type="checkbox"/> Outdoors		<input type="checkbox"/> 02 Night		<input type="checkbox"/> 03 Dawn		<input type="checkbox"/> 04 Dusk		<input type="checkbox"/> 06 Good Artificial		RAIN			
<input type="checkbox"/> 02 RIFLE		<input type="checkbox"/> 05 CHEMICAL WEAPON						<input checked="" type="checkbox"/> 05 Poor Artificial											
<input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 07 OTHER		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. 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							
<input type="checkbox"/> 01 MEMBER		<input type="checkbox"/> 02 OFFENDER		<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)							
63. HOW WAS MEMBER'S HANDGUN DRAWN				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. 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									
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 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)			

70. EVENT NO. 1114517571			
71. R.D. NO. HT314748			
72. INFO.			
NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. DF OCCUR.			
NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. DF OCCUR. <input type="checkbox"/> OP COMMAND <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) ORTIZ, WILFREDO		STAR/EMPLOYEE NO 9748	
26-MAY-2011 05:42:14		SIGNATURE	
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.			
74. REVIEWING SUPERVISOR (Print Name) HUGHES, FRED L		STAR NO. 1719	
SIGNATURE		DATE REVIEWED 26-MAY-2011 05:48:52	

LOG # 1045673

Attachment # 16

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.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

CL # 1045673 Based upon all information known to me at this time, I have concluded that the officer's action were in compliance with Department procedures and directives.

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 _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

GULLIFORD, WAYNE M

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

26-MAY-2011 06:15:54

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.

CASE REPORT

ARREST REPORT

SUPPLEMENTARY REPORT

OFFICER BATTERY REPORT

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

I.O.D. REPORT

CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

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