

ACTUAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 25-MAY-2011		TIME 22:30:00		2. ADDRESS OF OCCURRENCE 31 N KILBOURN AVE CHICAGO, IL 60624			3. LOCATION CODE 304		4. BEAT/OCCUR 1113						
5. POSITION 9161		8. LAST NAME TOTTAS		7. FIRST NAME CHRISTOS T		8. STAR NO. 6708		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 501	12. HT. 220	13. WT. 220	
14. DATE OF APPT 05-DEC-2005		15. EMPLOYEE NO. 99712		16. UNIT & BEAT OF ASSIGNMENT 011 1122		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. A		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. 505	27. WT. 180
28. ADDRESS 305 N CENTRAL PARK AVE 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? ER DOCTOR		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal		36. UNDER INFLUENCE? <input type="checkbox"/> 02 Under Influence		37. REFUSED MEDICAL AID? <input type="checkbox"/> 05 Refused Medical Aid					
38. CHARGES PLACED						39. CB NO. 18149679		IR NO.		DNA <input type="checkbox"/>					

39. (Check all that apply)	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"/>	
SUBJECT'S ACTIONS	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'S RESPONSE	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"/>	
	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 _____	
WEAPON DISCHARGE INCIDENT	ESCORT HOLDS <input 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 type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER _____					
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input checked="" 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 SUBJECT WANTED FOR ARMED ROBBERY REFUSED TO SHOW HANDS		
POSITION	STAR NO	UNIT			
41. WEAPON TYPE <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 checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <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	
44. WEATHER CONDITIONS RAIN		45. MAKE/MANUFACTURER		46. MODEL	
47. BARREL LENGTH		48. CALIBER/GAUGE			
49. TASER DART ID NO. C3100AD10		50. WEAPON SERIAL No. (Include Letters) X00022250		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"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <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"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <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		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 <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <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 checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		70. EVENT NO. 1114517517	
NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.		71. R.O. NO. HT314758	
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) TOTTAS, CHRISTOS T		STAR/EMPLOYEE NO. 6708	
26-MAY-2011 06:44:50		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) MURPHY, GERARD T		STAR NO. 924	
DATE REVIEWED 26-MAY-2011 07:06:59		TIME	

LOG # 1045673
Attachment # 15

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

CL # 1045675 Based upon all information known to me at this time, I have concluded that the Officer's actions 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 Signature]

DATE COMPLETED

TIME

26-MAY-2011 07:14:49

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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