

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 07-JUN-2016		2 TIME 00:15:00		3 ADDRESS OF OCCURRENCE 1438 W 83RD ST CHICAGO, IL 60638			4 LOCATION CODE 280		5 BEAT/SECTION 0713				
MEMBER INVOLVED	6 POSITION 9161	8 LABY NAME WOJTACZKA	7. FIRST NAME JACOB T	9 STAR NO 18257	10 GENDER <input checked="" type="checkbox"/> M <input type="checkbox"/> F	11 RACE WHI	12 HT 508	13 WT 185					
	14 DATE OF APPT 01-APR-2013	15 EMPLOYEE NO.	16 UNIT & BEAT OF ASSIGNMENT 007 0715R	17 DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off	18 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19 MEMBER IN UNIFORM?							
SUBJECT INFORMATION	20 LABY NAME SHIELDS		21. FIRST NAME ALAN	22 M1 LEE	23 BLK <input checked="" type="checkbox"/> M <input type="checkbox"/> F	24 RACE BLK	25 D.O.B. 21-JUN-1984	26 HT 507	27 WT 160				
	28 ADDRESS 1612 S 60TH CT CICERO, IL			29 TELEPHONE NO.	30 WAS SUBJECT ARMED/HANDS/TIE? <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 WHEN WAS MEDICAL TREATMENT OBTAINED?			34 BY WHOM?	35 CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Hospitalized <input type="checkbox"/> Not Hospitalized		36 UNDER INFLUENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37 RELEASED MEDICAL AID <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	38 CHARGES PLACED PLEASE SEE NEXT PAGE										39 CB NO 18323335		IR NO 1443840

REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (HEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER <u>FLAILING ARMS</u>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER <u>USED FLAILING ARMS</u>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____	
MEMBER'S RESPONSE	MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> EBCORT HOLDS <input type="checkbox"/> WRIST LOCK <input type="checkbox"/> AMMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spear Displayed) <input type="checkbox"/> OTHER <u>ATTEMPTER HANDCUFFIN</u>		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER <u>EMERGENCY HANDCUFF</u>		KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____	

WEAPON DISCHARGE INCIDENT	39 OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			40. ADDITIONAL INFORMATION RIO TRIED TO GAIN CONTROL OF COMBATIVE SUBJECTS LEFT ARM BY GRABBING THE SUBJECTS BICEP AND TRYING TO REMOVE IT FROM UNDER HIS BODY TO ATTEMPT TO COMPLETE EMERGENCY CUFFING						
	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 checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		<input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		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 BODILY MEMBER FIRED	
	59 WHO FIRED FIRST SHOT <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"/> 03 OTHER (Specify)		63 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
	64 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		65 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify)		66 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		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			

CASE INFO.	72 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.						

SIGNATURES	73 REPORTING MEMBER (Print Name) WOJTACZKA, JACOB T		STAR/EMPLOYEE NO. 18257	SIGNATURE [Signature]		
	74 REVIEWING SUPERVISOR (Print Name) POULOS, JOHN D		STAR NO. 814	SIGNATURE [Signature]		DATE REVIEWED TIME 07-JUN-2016 23:53:58
	75. REPORTING MEMBER (Print Name) WOJTACZKA, JACOB T 07-JUN-2016 23:50:41					

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OIC) 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 SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3) ALL INCIDENTS INVOLVING THE DISCHARGE OR IMPACT MANTION BY A DEPARTMENT MEMBER, 4) ANY EXERCISE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE IS FROM THE SAME INCIDENT DESCRIBED HEREIN 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. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REQUIRED INTERVIEW NOT CONDUCTED (Specify Reason)

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

Based on the facts as presented this R/LI 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

[Redacted Signature]

DATE COMPLETED

TIME

08 JUN 2016 01:58:47

79. TOTAL TRN's THIS EVENT No.

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