

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>25-JUL-2016</b>		TIME <b>05:57:00</b>		2. ADDRESS OF OCCURRENCE <b>1319 S SAWYER AVE CHICAGO, IL 60623</b>			3. LOCATION CODE <b>330</b>		4. BEAT/OCCUR <b>1022</b>		4a. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT VIDEO							
MEMBER INVOLVED	5. POSITION <b>9122 WARDEN</b>		8. LAST NAME <b>WARDEN</b>		7. FIRST NAME <b>RONALD A</b>		8. STAR NO.		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>BLK</b>		11. AGE <b>1959</b>		12. HT. <b>508</b>		13. WT. <b>235</b>	
	14. DATE OF APPT. <b>16-DEC-2011</b>			15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT <b>171</b>			17. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
SUBJECT INFORMATION	20. LAST NAME <b>METCALF</b>			21. FIRST NAME <b>DERRICK</b>			22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>1984</b>		26. HT. <b>509</b>		27. WT. <b>170</b>	
	28. ADDRESS <b>9318 S ESSEX AVE CHICAGO, IL 60617</b>				29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		FIREARM - SEMI-AUTOMATIC, OTHER (SPECIFY)		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					
	32a. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input checked="" type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>MOUNT SINAI HOSPITAL</b>													
34. BY WHOM? <b>DR FERGUSON</b>				35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid														
36. CHARGES PLACED <b>720 ILCS 5.0/18-2-A-2</b>				37. CB NO. <b>19347055</b>		IR NO.												
REASON FOR USE OF FORCE (Check all that apply)		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT-ASSAULT		ASSAILANT-BATTERY		ASSAILANT-DEADLY FORCE								
		DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>								
MEMBER'S RESPONSE		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>								
		OTHER _____		OTHER _____				OTHER _____		OTHER _____								
SUBJECTS ACTIONS		MEMBER PRESENCE <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/>								
		VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____								
MEMBER'S RESPONSE		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"/>		OTHER _____								
		WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER _____												
MEMBER'S RESPONSE		ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>														
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>														
MEMBER'S RESPONSE		CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>														
		OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>														
MEMBER'S RESPONSE		LRAD WITH AUTHORIZATION <input type="checkbox"/>		TASER (ARC Cycle) <input type="checkbox"/>														
		OTHER _____		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>														
MEMBER'S RESPONSE		OTHER _____		TASER (Spark Displayed) <input type="checkbox"/>														
				01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>														
MEMBER'S RESPONSE				OTHER _____														

WEAPON DISCHARGE INCIDENT	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		RANK		STAR NO.		UNIT NO.		40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				40c. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member					
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input 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 checked="" type="checkbox"/> 01 Daylight <input 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		44. WEATHER CONDITIONS <b>CLEAR</b>							
	45. MAKE/MANUFACTURER <b>GLOCK, INC.-AU-</b>		46. MODEL <b>27</b>		47. BARREL LENGTH <b>3.5</b>		48. CALIBER/GAUGE <b>40 S&amp;W</b>							
	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters) <b>XDH425</b>		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO. <b>3451460</b>		53. HANDGUN CERTIFICATE NO.					
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED <b>40 S &amp; W</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>4</b>		70. EVENT NO. <b>1620702972</b>		71. R.O. NO. <b>HZ363168</b>	
	59. WHO FIRED FIRST SHOT <input checked="" 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 checked="" type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED <b>0</b>		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 checked="" 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 checked="" type="checkbox"/> 02 NO							
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, GAR, FURNITURE, ETC) <b>NONE</b>				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" 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 <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 ANY OTHER COMBINATION				69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" 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. ADDITIONAL INFORMATION <b>SUBJECT BRANDISHED A FIREARM IN AN ATTEMPT</b>														

ARMED ROBBERY

CCL #1434581460-(EXP 06 JUN 19)

[Redacted]

CL-1081577

U-1613

<b>CASE INFORMATION</b>	NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE			<b>1620702972</b> <small>70. EVENT NO.</small>	
	NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC				
NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC					
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.					
40. ADDITIONAL INFORMATION					
<b>SUBJECT BRANDISHED A FIREARM IN AN ATTEMPTED ARMED ROBBERY</b>					
<b>CCL #1434581460-(EXP 06 JUN 19)</b>					
<b>SIGNATURES</b>	73 REPORTING MEMBER (Print Name)		STAR/EMPLOYEE NO.	SIGNATURE	<b>HZ363168</b> <small>71. R.D. NO.</small>
	<b>WARDEN, RONALD A</b>		<b>22739</b>		
	25-JUL-2016 14:03:29				
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.					
74 REVIEWING SUPERVISOR (Print Name)		STAR NO.	SIGNATURE	DATE REVIEWED	TIME
<b>CHAMBERS, KEVIN M</b>		<b>9</b>		<b>25-JUL-2016</b>	<b>14:04:22</b>

Additional discharged weapons:

CL-1081577  
U-1613

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE OF DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

in hospital

76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Involved Department member is NOT a sworn officer. He is employed as a civilian detention aid. Based on the information provided to me, the undersigned feels this investigation should continue, and the final determination will be made by the Cook County State's Attorney. As noted the involved was NOT acting a sworn law enforcement officer, but as a private citizen, with a valid concealed carry permit and FOID card. At the time of this report and given the information provided to me, it appears that his actions were lawful. Final determination to be made by Area Detectives and the assigned State's Attorney.

77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

LOG NO. 1088577 OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE:

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

**RYAN, KEVIN P**

80.

TRR OF TRR(S)

81. TOTAL TRR'S THIS EVENT No.

1

SIGNATURE



DATE COMPLETED TIME

25-JUL-2016 16:07:12