




# TACTICAL RESPONSE REPORT/Chicago Police Department

<b>1. DATE OF INCIDENT</b> 16-AUG-2016	<b>TIME</b> 22:04:00	<b>2. ADDRESS OF OCCURRENCE</b> 10000 S DAUPHIN AVE CHICAGO, IL 60628	<b>3. LOCATION CODE</b> 304	<b>4. BEAT/OCCUR</b> 0511	<b>4a. VIDEO RECORDED INCIDENT</b> <input type="checkbox"/> 01 BWC <input checked="" type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO				
<b>MEMBER INVOLVED</b>	<b>5. POSITION</b> 9161	<b>6. LAST NAME</b> PSIK	<b>7. FIRST NAME</b> BRETT M	<b>8. STAR NO.</b> 12438	<b>9. SEX</b> <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	<b>10. RACE CODE</b> I	<b>11. AGE</b> [REDACTED]	<b>12. HT.</b> 511	<b>13. WT.</b> 150
	<b>14. DATE OF APPT.</b> 29-JUN-2015	<b>15. EMPLOYEE NO.</b> [REDACTED]	<b>16. UNIT &amp; BEAT OF ASSIGNMENT</b> 044 0513	<b>17. DUTY STATUS</b> <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<b>18. MEMBER INJURED?</b> <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<b>19. MEMBER IN UNIFORM?</b> <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			

<b>20. LAST NAME</b> LAWSON	<b>21. FIRST NAME</b> CHARLES	<b>22. M.I.</b> E	<b>23. SEX</b> <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	<b>24. RACE</b> BLK	<b>25. D.O.B.</b> 01-SEP-1991	<b>26. HT.</b> 509	<b>27. WT.</b> 220
<b>28. ADDRESS</b> 10710 S WENTWORTH AVE CHICAGO, IL 60628			<b>29. TELEPHONE NO.</b> (773) 468-0016	<b>30. WAS SUBJECT ARMED?</b> <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No FIREARM - SEMI-AUTOMATIC	<b>31. SUBJECT INJURED?</b> <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<b>32. SUBJECT ALLEGED INJURY?</b> <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
<b>32a. IF SUBJECT INJURED, DESCRIBE INJURY</b> <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None		<b>33. WHERE WAS MEDICAL TREATMENT OBTAINED?</b>					
<b>34. BY WHOM?</b>			<b>35. CONDITION</b> <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				
<b>36. CHARGES PLACED</b> ***** PLEASE SEE NEXT PAGE *****				<b>37. CB NO.</b> 19357417	<b>IR NO.</b> <input type="checkbox"/> DNA		

<b>REASON FOR USE OF FORCE</b> (Check all that apply)	<b>SUBJECT'S ACTIONS</b>	<b>MEMBER'S RESPONSE</b>	<b>PASSIVE RESISTER</b>	<b>ACTIVE RESISTER</b>	<b>ASSAULT:ASSAULT</b>	<b>ASSAULT:BATTERY</b>	<b>ASSAULT:DEADLY FORCE</b>
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>	MEMBER PRESENCE <input type="checkbox"/>	<input type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input checked="" type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON <input checked="" type="checkbox"/>
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	VERBAL COMMANDS <input type="checkbox"/>	<input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	OTHER _____
	OTHER _____	ESCORT HOLDS <input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	ELBOW STRIKE <input type="checkbox"/>	OTHER _____	PERCEIVED AS _____
		WRISTLOCK <input type="checkbox"/>	<input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input checked="" type="checkbox"/>
		ARMBAR <input type="checkbox"/>	<input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>	<input type="checkbox"/>		OTHER _____	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	
		CONTROL INSTRUMENT <input type="checkbox"/>	<input type="checkbox"/>				
		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	<input type="checkbox"/>				
		LRAD WITH AUTHORIZATION <input type="checkbox"/>	<input type="checkbox"/>				
		OTHER _____	<input type="checkbox"/>				

<b>OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)</b>	<b>RANK</b>	<b>STAR NO.</b>	<b>UNIT NO.</b>	<b>40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL?</b> <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No
<b>40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT?</b> <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<b>40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY?</b> <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<b>40c. DID THE DISCHARGE RESULT IN A SELF -INFLECTED INJURY?</b> <input type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member		
<b>41. WEAPON TYPE</b> <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	<b>42. INCIDENT OCCURRED</b> <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	<b>43. LIGHTING CONDITIONS</b> <input checked="" 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	<b>44. WEATHER CONDITIONS</b> CLEAR	
<b>45. MAKE/MANUFACTURER</b> GLOCK, INC.--AU--	<b>46. MODEL</b> 19	<b>47. BARREL LENGTH</b> 4.0	<b>48. CALIBER/GAUGE</b> 9 MM	
<b>49. TASER DART ID NO.</b>	<b>50. WEAPON SERIAL No. (Include Letters)</b> ZWC009	<b>51. CHICAGO GUN REG. NO.</b> R037672S	<b>52. IL FIREARM OWNER ID. NO.</b> 13732630	<b>53. HANDGUN CERTIFICATE NO.</b>
<b>54. SPECIAL WEAPON CERTIFICATE NO.</b>	<b>55. PROPERTY INVENTORY NO.</b>	<b>56. TYPE OF AMMUNITION USED</b> Department Issued	<b>57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.</b> 1	<b>58. TOTAL NO. OF SHOTS MEMBER FIRED</b> 2
<b>59. WHO FIRED FIRST SHOT</b> <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)	<b>60. WAS FIREARM RELOADED DURING INCIDENT?</b> <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	<b>61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED</b>	<b>62. HOW WAS MEMBER'S HANDGUN WORN</b> <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)	
<b>63. HOW WAS MEMBER'S HANDGUN DRAWN</b> <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)	<b>64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD</b>		<b>65. DID MEMBER USE SIGHTS</b> <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
<b>66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)</b> VEHICLE		<b>67. DISTANCE BETWEEN INVOLVED MEMBER &amp; OFFENDER WHEN FIRST SHOT WAS FIRED</b> <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.		
<b>68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON</b> <input 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 NONE <input checked="" type="checkbox"/> 08 ANY OTHER COMBINATION		<b>69. POSITION OF MEMBER DISCHARGING WEAPON</b> <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)		
		<b>70. ADDITIONAL INFORMATION</b> BERRETTA SEMI-AUTOMATIC HANDGUN		
				<b>70. EVENT NO.</b> 1622916533
				<b>71. R.D. NO.</b> HZ395227

<b>CASE INFORMATION</b>	NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE 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.			<b>1622916533</b>	<small>70. EVENT NO.</small>		
	40. ADDITIONAL INFORMATION <b>BERRETTA SEMI-AUTOMATIC HANDGUN</b>						
<b>SIGNATURES</b>	73. REPORTING MEMBER (Print Name) <b>PSIK, BRETT M</b> <b>17-AUG-2016 07:32:56</b>		STAR/EMPLOYEE NO. <b>12438</b> 	SIGNATURE 	<b>HZ395227</b>	<small>71. R.D. NO.</small>	
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.						
	74. REVIEWING SUPERVISOR (Print Name) <b>DEROUIN, THOMAS H</b>		STAR NO. <b>2462</b>	SIGNATURE 			DATE REVIEWED    TIME <b>17-AUG-2016 07:33:35</b>

**Additional discharged weapons:**

SUBJECT  
INFORMATION

36. CHARGES PLACED

625 ILCS 5.0/11-204.1-A-1, 625 ILCS 5.0/4-103-A-1, 720 ILCS 5.0/18-4-A-4, 720  
ILCS 5.0/24-1.1-A, 720 ILCS 5.0/12-3.05-E-2, 720 ILCS 5.0/9-1-A-1, 720 ILCS  
5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 725 ILCS 5.0/110-3, 720  
ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-  
1-A-1

DNA

## 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)

**76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS**

The officer was shot at by the offender placing him in fear for his and his partners lives, the officers response was within department policy and guidelines.

**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. \_\_\_\_\_ OBTAINED

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

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

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

**NAVARRO, KEVIN B**

**80.**

TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

**81. TOTAL TRR's THIS EVENT No.**

**4**

**SIGNATURE**



**DATE COMPLETED TIME**

**17-AUG-2016 07:37:12**