

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 23-JUN-2014		TIME 18:46:00		2. ADDRESS OF OCCURRENCE 3019 W PETERSON AVE CHICAGO, IL 60659				3. LOCATION CODE 193		4. BEAT/OCCUR 2011						
	5. POSITION 9161		6. LAST NAME ALLEN		7. FIRST NAME JAMES		8. STAR NO. 9253		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE S		11. AGE [REDACTED]		12. HT. 600		13. WT. 205
SUBJECT INFORMATION	14. DATE OF APPT. 25-AUG-2003			15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 020 2031		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 ACKERMAN			21. FIRST NAME LEONARD			22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WHI		25. D.O.B. 06-OCT-1954		26. HT. 600		27. WT. 230
28. ADDRESS 2115 SOUTHWIND CIRCLE SCHAUMBURG, IL				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?				34. BY WHOM? DR NORMAN		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" 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 720 ILCS 5.0/21-3-A-3, 720 ILCS 5.0/12-3-A-2, 520 ILCS 5.0/1.22, 520 ILCS 5.0/1.2		37. CB NO. 18920409		IR NO. <input type="checkbox"/> DNA				

REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE	
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		OPEN HAND STRIKE		ELBOW STRIKE		KNEE STRIKE		FIREARM	
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		MEMBER PRESENCE <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH		IMPACT WEAPON (Describe in Box 40)		OTHER _____		
STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON		KICKS		IMPACT MUNITION (Describe in Box 40)		OTHER _____		
OTHER <u>DROPPED HIS BODY WEIGHT</u>		WRISTLOCK <input checked="" type="checkbox"/>		CANINE		OTHER _____		OTHER _____		OTHER _____		
OTHER <u>TWISTED TORSO</u>		ARMBAR <input type="checkbox"/>		TASER (Probe Discharge)		OTHER _____		OTHER _____		OTHER _____		
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun)								
		CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted)								
		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed)								
		OTHER _____		OTHER _____								

WEAPON DISCHARGE INCIDENT	39. DNA <input checked="" type="checkbox"/>			40. ADDITIONAL INFORMATION ROS WERE UNABLE TO COMPLETE HANDCUFFING DUE TO ACTIVE RESISTER'S INJURY.										
	41. WEAPON TYPE			42. INCIDENT OCCURRED			43. LIGHTING CONDITIONS			44. WEATHER CONDITIONS				
<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 type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors			<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			CLEAR		
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 CATDRIDGES/ SHOT SHELLS RELOADED			62. HOW WAS MEMBER'S HANDGUN WORN			63. DID MEMBER USE SIGHTS		
<input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)			<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"/> 01 YES <input type="checkbox"/> 02 NO		
63. HOW WAS MEMBER'S HANDGUN DRAWN			64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD			65. DID MEMBER USE SIGHTS			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 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)												<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			69. POSITION OF MEMBER DISCHARGING WEAPON			70. EVENT NO. 1417411267			71. R.D. NO. HX315785					
<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)											

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) ALLEN, JAMES				STAR/EMPLOYEE NO. 9253		SIGNATURE [REDACTED]						
	23-JUN-2014 20:14:02				[REDACTED]		[REDACTED]						
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.													
74. REVIEWING SUPERVISOR (Print Name) NEARY, KEVIN M				STAR NO. 1082		SIGNATURE [REDACTED]				DATE REVIEWED 23-JUN-2014 20:15:54		TIME	

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM 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.) 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.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject being seen at Swedish Covenant Hospital at time of the report.

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

The officer's control techniques were in compliance with the Use of Force Model and Dept directives.

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)

LAKICH, DRAGAN

SIGNATURE



DATE COMPLETED

TIME

23-JUN-2014 20:20:28

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

SUPPLEMENTARY REPORT

I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

CASE REPORT

OFFICER BATTERY REPORT

CR INITIATION REPORT

2

ARREST REPORT

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