

# TACTICAL RESPONSE REPORT/Chicago Police Department

<b>MEMBER INVOLVED</b>	1. DATE OF INCIDENT <b>23-JUN-2014</b>		TIME <b>16:46:00</b>		2. ADDRESS OF OCCURRENCE <b>3019 W PETERSON AVE CHICAGO, IL 60659</b>				3. LOCATION CODE <b>193</b>		4. BEAT/OCCUR <b>2011</b>						
	5. POSITION <b>9161</b>		6. LAST NAME <b>CZAPLA</b>		7. FIRST NAME <b>MARK A</b>		8. STAR NO. <b>19644</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>[REDACTED]</b>		12. HT. <b>602</b>		13. WT. <b>190</b>
<b>SUBJECT INFORMATION</b>	14. DATE OF APPT. <b>14-AUG-2000</b>			15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>020 2031</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	20. LAST NAME <b>ACKERMAN</b>			21. FIRST NAME <b>LEONARD</b>			22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>WHI</b>		25. D.O.B. <b>06-OCT-1954</b>		26. HT. <b>600</b>		27. WT. <b>230</b>
28. ADDRESS <b>2115 SOUTHWIND CIRCLE SCHAUMBURG, IL 60194</b>				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? <b>SWEDISH COVENANT HOSPITAL</b>				34. BY WHOM? <b>NORMAN</b>		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 <b>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</b>								37. CB NO. <b>18920409</b>		IR NO. <input type="checkbox"/> DNA							

<b>REASON FOR USE OF FORCE (Check all that apply)</b>	38. DNA <input type="checkbox"/>		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT:ASSAULT		ASSAULT:BATTERY		ASSAULT:DEADLY FORCE	
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		OTHER <b>DROPPED BODY WEIGHT</b>		OTHER <b>TWISTED BODY</b>		OTHER _____		OTHER _____	
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <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"/>		
STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>		
OTHER _____		ESCORT HOLDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>		
		WRISTLOCK <input checked="" type="checkbox"/>		CANINE <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____		
		ARMBAR <input checked="" type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>				
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		OTHER _____						
		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 _____								

<b>WEAPON DISCHARGE INCIDENT</b>	39. DNA <input checked="" type="checkbox"/>			40. ADDITIONAL INFORMATION <b>NO HANDCUFFING COMPLETED AFTER RESISTOR'S INJURY.</b>										
	POSITION			STAR NO.			UNIT							
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 type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 06 Good Artificial			<b>CLEAR</b>		
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			<b>1417411267</b> 70. EVENT NO.		
<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"/> 03 OTHER (Specify)					
63. HOW WAS MEMBER'S HANDGUN DRAWN			64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD			65. DID MEMBER USE SIGHTS						<b>HX315785</b> 71. R.D. NO.		
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)						<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						69. POSITION OF MEMBER DISCHARGING WEAPON								
<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)								

<b>CASE INFO.</b>	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.													
<b>SIGNATURES</b>	73. REPORTING MEMBER (Print Name) <b>CZAPLA, MARK A</b>				STAR/EMPLOYEE NO. <b>19644</b>		SIGNATURE <b>[REDACTED]</b>						
	23-JUN-2014 20:14:05												
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>NEARY, KEVIN M</b>				STAR NO. <b>1082</b>		SIGNATURE <b>[REDACTED]</b>				DATE REVIEWED <b>23-JUN-2014 20:16:31</b>		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 20:21:00**

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

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.

**2**