



# TACTICAL RESPONSE REPORT/Chicago Police Department

|   |   |   |   |   |  |   |   |                                  |  |   |  |        |  |  |                       |  |         |  |
|---|---|---|---|---|--|---|---|----------------------------------|--|---|--|--------|--|--|-----------------------|--|---------|--|
| 1. DATE OF INCIDENT<br><b>16-JUL-2016</b>                     |   | TIME<br><b>01:59:00</b>   |   | 2. ADDRESS OF OCCURRENCE<br><b>7225 S MERRILL AVE CHICAGO, IL 60649</b> |  | 3. LOCATION CODE<br><b>092</b>                                |   | 4. BEAT/OCCUR<br><b>0333</b>     |  | 4a. VIDEO RECORDED INCIDENT<br><input type="checkbox"/> 01 BW <input checked="" type="checkbox"/> 02 IN-CAR CAMER<br><input type="checkbox"/> 03 OTHER REPT VIDEO |  |        |  |  |                       |  |         |  |
| MEMBER INVOLVED   | 5. POSITION<br><b>9161</b>  |   | 6. LAST NAME<br><b>JUNG</b>   |   | 7. FIRST NAME<br><b>JAEHO</b>  |   | 8. STAR NO.<br><b>13387</b>   |                                  | 9. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F   |   | 10. RACE CODE<br><b>API</b>  |        | 11. AGE<br><b>510</b>  |  | 12. HT.<br><b>178</b> |  | 13. WT. |  |
|   | 14. DATE OF APPT.<br><b>28-AUG-2006</b>   |   | 15. EMPLOYEE NO.  |   | 16. UNIT & BEAT OF ASSIGNMENT<br><b>003 0314</b>   |   | 17. DUTY STATUS<br><input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off  |                                  | 18. MEMBER INJURED?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   |   | 19. MEMBER IN UNIFORM?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No  |        |  |  |                       |  |         |  |
| SUBJECT INFORMATION   | 20. LAST NAME<br><b>BECKWITH</b>  |   | 21. FIRST NAME<br><b>DEONTE</b>   |   | 22. M.I.<br><b>J</b>   |   | 23. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F   |                                  | 24. RACE<br><b>BLK</b>   |   | 25. D.O.B.<br><b>10-MAY-1994</b>   |        | 26. HT.<br><b>602</b>  |  | 27. WT.<br><b>200</b> |  |         |  |
|   | 28. ADDRESS <b>7225 S MERRILL AVE CHICAGO, IL 60649</b>   |   |   |   | 29. TELEPHONE NO.  |   | 30. WAS SUBJECT ARMED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No   |                                  | VERBAL THREAT (ASSAULT, MOUTH (SPIT,BITE,ETC), FEET,   |   | 31. SUBJECT INJURED?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No  |        | 32. SUBJECT ALLEGED INJURY?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No |  |                       |  |         |  |
|   | 32a. IF SUBJECT INJURED, DESCRIBE INJURY<br><input type="checkbox"/> 01 Fatal <input checked="" type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 04 Non-Apparent/None  |   |   |   | 33. WHERE WAS MEDICAL TREATMENT OBTAINED?<br><b>JACKSON PARK HOSPITAL FOUNDATION</b>   |   |   |                                  |  |   |  |        |  |  |                       |  |         |  |
|   | 34. BY WHOM?<br><b>DR. SZWAJKUN</b>   |   |   |   | 35. CONDITION<br><input checked="" type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized<br><input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid |   |   |                                  |  |   |  |        |  |  |                       |  |         |  |
| 36. CHARGES PLACED<br><b>***** PLEASE SEE NEXT PAGE *****</b> |   |   |   |   |  |   |   |                                  |  | 37. CB NO.<br><b>19343021</b>   |  | IR NO. |  |  |                       |  |         |  |
| REASON FOR USE OF FORCE<br>(Check all that apply)             | PASSIVE RESISTER  |   | ACTIVE RESISTER   |   | ASSAILANT:ASSAULT  |   | ASSAILANT:BATTERY   |                                  | ASSAILANT:DEADLY FORCE   |   |  |        |  |  |                       |  |         |  |
|   | DID NOT FOLLOW VERBAL DIRECTION <input checked="" 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 WEAPON <input type="checkbox"/>  |   |  |        |  |  |                       |  |         |  |
|   | STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>   |   | PULLED AWAY <input checked="" type="checkbox"/>   |   | OTHER <u>TWISTED HIS BODY, LAID</u>  |   | ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>   |                                  | OTHER <u>KICK, HOLD &amp; LOCK, PUSH, SPIT</u>   |   |  |        |  |  |                       |  |         |  |
| MEMBER PRESENCE <input checked="" type="checkbox"/>           |   | OPEN HAND STRIKE <input type="checkbox"/>   |   | ELBOW STRIKE <input type="checkbox"/>                                   |  | KNEE STRIKE <input type="checkbox"/>                          |   | FIREARM <input type="checkbox"/> |  |   |  |        |  |  |                       |  |         |  |
| VERBAL COMMANDS <input checked="" type="checkbox"/>           |   | TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>                          |   | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>                       |  | KICKS <input type="checkbox"/>                                |   |                                  |  |   |  |        |  |  |                       |  |         |  |
| ESCORT HOLDS <input checked="" 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"/> |   |                                  |  |   |  |        |  |  |                       |  |         |  |
| WRISTLOCK <input type="checkbox"/>                            |   | CANINE <input type="checkbox"/>   |   | OTHER _____   |  |   |   |                                  |  |   |  |        |  |  |                       |  |         |  |
| 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"/> |   |   |  |   |   |                                  |  |   |  |        |  |  |                       |  |         |  |
| CONTROL INSTRUMENT <input type="checkbox"/>                   |   | TASER (Contact Stun) <input type="checkbox"/>                                       |   |   |  |   |   |                                  |  |   |  |        |  |  |                       |  |         |  |
| OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>   |   | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> |   |   |  |   |   |                                  |  |   |  |        |  |  |                       |  |         |  |
| 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"/> |   |   |  |   |   |                                  |  |   |  |        |  |  |                       |  |         |  |
|   |   | TASER (Spark Displayed) <input type="checkbox"/>                                    |   |   |  |   |   |                                  |  |   |  |        |  |  |                       |  |         |  |
|   |   | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> |   |   |  |   |   |                                  |  |   |  |        |  |  |                       |  |         |  |
|   |   | 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 type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   |   |   |                                  | 40c. DID THE DISCHARGE RESULT IN A SELF -INFLECTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member |   |  |        |  |  |                       |  |         |  |
|   | 41. WEAPON TYPE <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   |   | 42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors     |   | 43. LIGHTING CONDITIONS <input 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 checked="" type="checkbox"/> 06 Good Artificial                  |   | 44. WEATHER CONDITIONS<br><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 <input 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 type="checkbox"/> 02 NO |   | 61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED   |   | 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 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 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 MEMBER'S WEAPON <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 type="checkbox"/> 08 ANY OTHER COMBINATION |   |   |   | 69. POSITION OF MEMBER DISCHARGING WEAPON <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)   |   |   |                                  | 70. ADDITIONAL INFORMATION   |   |  |        |  |  |                       |  |         |  |

70. EVENT NO.  
**1619801404**

71. R.D. NO.  
**HZ350999**

|                         |   |  |                                   |  |  |                 |                             |                         |  |
|-------------------------|---|--|-----------------------------------|--|--|-----------------|-----------------------------|-------------------------|--|
| <b>CASE INFORMATION</b> | NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE<br>NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC<br>NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC<br>Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. |  |                                   | <b>1619801404</b>  | <small>70. EVENT NO.</small>                 |                 |                             |                         |  |
|                         | 40. ADDITIONAL INFORMATION  |  |                                   |  |  |                 |                             |                         |  |
| <b>SIGNATURES</b>       | 73. REPORTING MEMBER (Print Name)<br><b>JUNG, JAEHO</b><br><b>16-JUL-2016 13:28:49</b>  |  | STAR/EMPLOYEE NO.<br><b>13387</b> | SIGNATURE<br> |  | <b>HZ350999</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)<br><b>HILLARD, TERRI L</b>  |  | STAR NO.<br><b>2309</b>           | SIGNATURE<br> | DATE REVIEWED<br><b>16-JUL-2016 13:45:54</b> |                 |                             | TIME<br><b>13:45:54</b> |  |

**Additional discharged weapons:**

SUBJECT  
INFORMATION

36. CHARGES PLACED

9-40-030, 625 ILCS 5.0/11-501-A-5, 625 ILCS 5.0/11-501-A-4, 625 ILCS 5.0/11-502-A, 625 ILCS 5.0/11-501-A-2, 720 ILCS 5.0/12-2-B-4, 625 ILCS 5.0/11-204-A, 625 ILCS 5.0/11-505, 625 ILCS 5.0/11-704-A, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4

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)

R/Lt interviewed the offender in the 3rd district lock up. The offender related he reacted the way he did because he believes he was being stopped for no reason.

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

Based on the reports submitted at this time, the officer's actions were in compliance with department rules and regulations.

**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 RE:

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

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

**WILLIAMS, TERESA H**

**80.**

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

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

**3**

**SIGNATURE**

\_\_\_\_\_

**DATE COMPLETED TIME**

**16-JUL-2016 16:22:37**