



TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 05-NOV-2016		TIME 15:00:00		2. ADDRESS OF OCCURRENCE 3124 W 111TH ST CHICAGO, IL 60655			3. LOCATION CODE 304	4. BEAT/OCCUR 2211	5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO			
MEMBER INVOLVED	6. POSITION 9161		7. LAST NAME TREACY		8. FIRST NAME JOSEPH J		9. STAR NO. 17619	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE WHI	12. AGE [REDACTED]	13. HT. 601	14. WT. 250
	15. DATE OF APPT. 27-NOV-2006			16. EMPLOYEE NO. [REDACTED]		17. UNIT & BEAT OF ASSIGNMENT 311		18. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off		19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	20. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
SUBJECT INFORMATION	21. LAST NAME BEAL		22. FIRST NAME MICHAEL		23. M.I. TERREI	24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE BLK	26. D.O.B. 04-AUG-1988	27. HT. 511	28. WT. 260		
	29. ADDRESS 3221 W 62ND STREET INDIANAPOLIS, IN			30. TELEPHONE NO.		31. WAS SUBJECT ARMED? OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			32. SUBJECT INJURED BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	34. IF SUBJECT INJURED, DESCRIBE INJURY <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				35. WHERE WAS MEDICAL TREATMENT OBTAINED?							
	36. BY WHOM?					37. 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						
38. CHARGES PLACED 720 ILCS 5.0/31-1A-B, 720 ILCS 5.0/12-3.05-D-4							39. CB NO. 19394239	IR NO. <input type="checkbox"/> DNA				
REASON FOR USE OF FORCE (Check all that apply)	40. PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT:ASSAULT		ASSAULT:BATTERY		ASSAULT: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 <input checked="" type="checkbox"/>			
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>		WEAPON <input type="checkbox"/>			
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"/>		OTHER _____				
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"/>		PERCEIVED AS _____				
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER _____		OTHER _____		PERCEIVED AS _____				
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		OTHER _____				
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		OTHER _____				
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (ARC Cycle) <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		OTHER _____				
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		OTHER _____				
LRAD WITH AUTHORIZATION <input type="checkbox"/>		OTHER SEE ADDITIONAL INFO BOX										
OTHER _____												
WEAPON DISCHARGE INCIDENT	41. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			RANK		STAR NO.	UNIT NO.	42. 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				
	43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			45. DID THE DISCHARGE RESULT IN A SELF -INFLICTED INJURY? <input type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member					
	46. 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			47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		48. 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		49. WEATHER CONDITIONS CLEAR				
	50. MAKE/MANUFACTURER			51. MODEL		52. BARREL LENGTH		53. CALIBER/GAUGE				
	54. TASER DART ID NO.			55. WEAPON SERIAL No. (Include Letters)		56. CHICAGO GUN REG. NO.		57. IL FIREARM OWNER ID. NO.		58. HANDGUN CERTIFICATE NO.		
	59. SPECIAL WEAPON CERTIFICATE NO.			60. PROPERTY INVENTORY NO.		61. TYPE OF AMMUNITION USED		62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		63. TOTAL NO. OF SHOTS MEMBER FIRED		
	64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)			65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. NO OF CARTRIDGES/ SHOT SHELLS RELOADED		67. 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)				
	68. 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)			69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD					70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			
	71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)						72. 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.					
	73. 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						74. 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)					

75. EVENT NO.
1631009285

76. R.D. NO.
HZ503783

CASE INFORMATION	77. 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 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.			1631009285	75. EVENT NO.		
	78. ADDITIONAL INFORMATION OFFENDER AND R/O WERE STRUGGLING TO GAIN CONTROL OF A FIREARM AND R/O WAS ABLE TO GAIN CONTROL OF THE WEAPON AT WHICH TIME THE OFFENDER TACKLED R/O AND PLACED R/O INTO A CHOKE HOLD. R/O WAS ABLE TO MANEUVER HIS WAY OUT OF THE CHOKE HOLD OF THE OFFENDER.						
SIGNATURES	79. REPORTING MEMBER (Print Name) TREACY, JOSEPH J 06-NOV-2016 01:36:00		STAR/EMPLOYEE NO. 17619	SIGNATURE 	HZ503783	76. R.D. NO.	
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.						
	80. REVIEWING SUPERVISOR (Print Name) KARCZEWSKI, MICHAEL T		STAR NO. 1055	SIGNATURE 			DATE REVIEWED TIME 06-NOV-2016 01:44:44

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS 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 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 TRRS 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.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

 DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

R/Lt is approving this report the day after the incident and is unable to interview the subject involved in this incident.

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Based on the information available to the reporting Lieutenant at this time, the reporting Lieutenant feels that Officer Treacy acted in accordance with the existing directives and policy for the use of force.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

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

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

 INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED. LOG NO. _____ OBTAINED

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

SMITH, TIMOTHY J

86.

TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:
 - A. INDEPENDENT POLICE REVIEW AUTHORITY, AND
 - B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

██████████

DATE COMPLETED TIME

06-NOV-2016 18:50:39