



TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | |
|---|---|---|---|--|---|---|--|----------------------------------|--|
| 1. DATE OF INCIDENT 01-JAN-2017 | | TIME 02:14:00 | 2. ADDRESS OF OCCURRENCE 12504 S STATE ST CHICAGO, IL 60628 | | 3. LOCATION CODE 304 | 4. BEAT/OCCUR 0523 | 5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-LEIN CAMERA <input type="checkbox"/> 03 OTHER BODY VIDEO | | |
| MEMBER INVOLVED | 6. POSITION 9161 | 7. LAST NAME RASKE | 8. FIRST NAME ALEX S | 9. STAR NO. 11186 | 10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 11. RACE CODE WHI | 12. AGE 603 | 13. HT. 240 | |
| | 15. DATE OF APPT. 02-JUL-2012 | 16. EMPLOYEE NO. | 17. UNIT & BEAT OF ASSIGNMENT 005 0562D | | 18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | 19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | 20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | |
| SUBJECT INFORMATION | 21. LAST NAME ROWLETT | | 22. FIRST NAME DWANE | | 23. M.I. K | 24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 25. RACE BLK | 26. D.O.B. 03-APR-1973 | |
| | 27. HT. 602 | | 28. WT. 270 | | | | | | |
| | 29. ADDRESS 12915 S ABERDEEN ST CHICAGO, IL | | | 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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | |
| | 34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input checked="" 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? CHRIST | | | | | |
| | 36. BY WHOM? | | | 37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | | | | |
| 38. CHARGES PLACED | | | | | <input type="checkbox"/> DNA | 39. CB NO. 19417085 | IR NO. | <input type="checkbox"/> DNA | |
| REASON FOR USE OF FORCE (Check all that apply) | 40. PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAILANT: ASSAULT | | ASSAILANT: BATTERY | | |
| | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____ | | FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____ | | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____ PERCEIVED AS _____ | | ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____ | | |
| SUBJECT'S ACTIONS | MEMBER'S RESPONSE | | ASSAILANT: DEADLY FORCE | | | | | | |
| | MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> CC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> LRAD WITH AUTHORIZATION <input type="checkbox"/> OTHER _____ | | OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> CC/CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) <input type="checkbox"/> 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 _____ | | ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____ | | KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____ | | |
| WEAPON DISCHARGE INCIDENT | 41. *CC/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 checked="" 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 checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member | | | |
| | 46. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER | | 47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | 48. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | | 49. WEATHER CONDITIONS CLEAR | | |
| | 50. MAKE/MANUFACTURER GLOCK, INC. -AU- | | | 51. MODEL 17 | 52. BARREL LENGTH 4.5 | 53. CALIBER/GAUGE 9 MM | | | |
| | 54. TASER DART ID NO. | 55. WEAPON SERIAL No. (Include Letters) SVP524 | 56. CHICAGO GUN REG. NO. R027465S | 57. IL FIREARM OWNER ID. NO. 15660440 | 58. HANDGUN CERTIFICATE NO. | | | | |
| 59. SPECIAL WEAPON CERTIFICATE NO. | 60. PROPERTY INVENTORY NO. | 61. TYPE OF AMMUNITION USED Department Issued | | 62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1 | 63. TOTAL NO. OF SHOTS MEMBER FIRED 9 | | | | |
| 64. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER | | 65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | 66. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED | | 67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) | | | |
| 68. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" 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 checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | |
| 71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) CAR DOOR | | | | 72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" 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 checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input checked="" type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION | | | | 74. POSITION OF MEMBER DISCHARGING WEAPON <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) | | | | | |

LOG# 1083546
 Attachment 9
 1700102141
 JA100125

| | | | | | | | |
|-------------------------|--|--|----------------------------------|--|----------------------|---------------------|--|
| 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 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. | | | 1700102141 | 75. EVENT NO. | | |
| | 78. ADDITIONAL INFORMATION | | | | | | |
| SIGNATURES | 79. REPORTING MEMBER (Print Name) RASKE, ALEX S 01-JAN-2017 08:41:34 | | STAR/EMPLOYEE NO 11186 | SIGNATURE  | JA100125 | 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) GUTIERREZ, ADNARDO | | STAR NO. 714 | SIGNATURE  | | | DATE REVIEWED TIME 01-JAN-2017 08:43:09 |

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

| | | | |
|--|------------------------------|----------------------------------|--|
| <p>81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE</p> <p>Surgery</p> | <input type="checkbox"/> DNA | <input type="checkbox"/> REFUSED | <input checked="" type="checkbox"/> INTERVIEW NOT CONDUCTED (Specify Reason) |
|--|------------------------------|----------------------------------|--|

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

U#17-001, no body cameras or dashboard videos. As of this report no further action by the undersigned is required. Investigation into this incident is ongoing by Area South Detective Division and IPRA and appropriate criminal charges have not been determined. Based on the available facts at the time, it is the preliminary finding of the undersigned that further investigation is needed.

| | |
|--|---|
| <p>83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY</p> <p><input checked="" type="checkbox"/> I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN 903-02-05.</p> | <p>84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION</p> <p><input checked="" type="checkbox"/> INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.</p> <p><input type="checkbox"/> LOG NO. <u>1083546</u> OBTAINED</p> |
|--|---|

| | |
|--|--------------------------------------|
| <p>85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)</p> <p>WILLIAMS, TERENCE V</p> | <p>86. TRR _____ OF _____ TRR(S)</p> |
|--|--------------------------------------|

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.

| | |
|--------------------------|--|
| <p>SIGNATURE</p> <p></p> | <p>DATE COMPLETED TIME</p> <p>01-JAN-2017 09:01:11</p> |
|--------------------------|--|

LOG# 1083546

Attachment 9