

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>21-AUG-2014</b>		TIME <b>00:30:00</b>		2. ADDRESS OF OCCURRENCE <b>1160 N LARRABEE ST CHICAGO, IL 60610</b>			3. LOCATION CODE <b>280</b>		4. BEAT/OCCUR <b>1822</b>		
	5. POSITION <b>9173</b>		6. LAST NAME <b>CASE</b>		7. FIRST NAME <b>DAVID L</b>		8. STAR NO. <b>317</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>WHI</b>	11. AGE [REDACTED]	12. HT. <b>603</b>	13. WT. <b>225</b>
	14. DATE OF APPT. <b>14-JUL-1986</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>018 1891</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 type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
	20. LAST NAME <b>HAWKS</b>			21. FIRST NAME <b>ANTHONY</b>			22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. <b>01-MAR-1968</b>		26. HT. <b>601</b>
SUBJECT INFORMATION	28. ADDRESS <b>1641 N ORCHARD ST CHICAGO, IL 60614</b>				29. TELEPHONE NO.		30. WAS SUBJECT ARMED? HANDS/FISTS <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>ST MARY OF NAZARETH HOSPITAL CENTEF</b>				34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid					
	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****							37. CB NO. <b>18959476</b>	IR NO.		<input type="checkbox"/> DNA	

REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE									
DID NOT FOLLOW VERBAL DIRECTION <input checked="" 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"/>		
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____ <input type="checkbox"/>		
OTHER _____ <input type="checkbox"/>		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"/>				
		WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>								
		ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>								
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>								
		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 _____ <input type="checkbox"/>		OTHER _____ <input type="checkbox"/>								

WEAPON DISCHARGE INCIDENT	39. <input checked="" type="checkbox"/> DNA			40. ADDITIONAL INFORMATION								
	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"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		
	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 CATDRIDGES/ 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					

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) <b>CASE, DAVID L</b>			STAR/EMPLOYEE NO. <b>317</b>			SIGNATURE [REDACTED]		
	74. REVIEWING SUPERVISOR (Print Name) <b>GADE JR, LAWRENCE R</b>			STAR NO. <b>1841</b>			SIGNATURE [REDACTED]		
75. DATE AND TIME <b>21-AUG-2014 03:44:25</b>			DATE AND TIME <b>21-AUG-2014 03:50:50</b>						

70. EVENT NO. **1423219125**  
71. R.D. NO. **HX396077**

SUBJECT  
INFORMATION

36. CHARGES PLACED

720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-A-6, 720  
ILCS 5.0/12-3-A-1, 720 ILCS 5.0/31-1-A

DNA

## 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 @ St. Mary hospital being treated for his injuries.

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

Department members actions in compliance with Department 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)

**SARLITTO, MARY E**

SIGNATURE



DATE COMPLETED TIME

**21-AUG-2014 03:55:52**

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)