

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT <b>18-FEB-2017</b>		TIME <b>21:01:00</b>		2. ADDRESS OF OCCURRENCE <b>425 E 63RD ST CHICAGO, IL 60637</b>		3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>0312</b>		5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input checked="" type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO			
		6. POSITION <b>9161</b>		7. LAST NAME <b>ANGEL</b>		8. FIRST NAME <b>SAMUEL</b>		9. STAR NO. <b>16501</b>		10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		11. RACE CODE <b>WWH</b>		12. AGE <b>507</b>	
SUBJECT INFORMATION		15. DATE OF APPT. <b>27-MAY-2014</b>		16. EMPLOYEE NO. <b>[REDACTED]</b>		17. UNIT & BEAT OF ASSIGNMENT <b>003 0306B</b>		18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		19. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		20. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
		21. LAST NAME <b>WHITE</b>		22. FIRST NAME <b>LEE</b>		23. M.I. <b>WARRE</b>		24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		25. RACE <b>BLK</b>		26. D.O.B. <b>05-AUG-1973</b>		27. HT. <b>509</b>	
REASON FOR USE OF FORCE (Check all that apply)		29. ADDRESS <b>6316 S ST LAWRENCE AVE CHICAGO, IL 60637</b>		30. TELEPHONE NO.		31. WAS SUBJECT ARMED? HANDS/FISTS, VERBAL THREAT (ASSAULT) <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		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 checked="" type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 04 Non-Apparent/None		35. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>JACKSON PARK HOSPITAL FOUNDATION</b>											
		36. BY WHOM? <b>DR. MUHAMMAD</b>		37. CONDITION <input checked="" 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											
		38. CHARGES PLACED <input type="checkbox"/> DNA		39. CB NO. <b>19439768</b> IR NO. <input type="checkbox"/> DNA											
SUBJECT'S ACTIONS		40. PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE					
		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER <u>WALKING AWAY</u>		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER <u>SWINGING ARMS VIOLEN</u> PERCEIVED AS _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____ PERCEIVED AS _____					
MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> LRAD WITH AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC 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 _____		FIREARM <input type="checkbox"/> OTHER _____					
		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					
WEAPON DISCHARGE INCIDENT		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 checked="" type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member									
		46. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <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 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		49. WEATHER CONDITIONS <b>CLEAR</b>							
		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.					
LOG# Attachment		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"/> 03 OTHER (Specify) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		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"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		70. DID MEMBER USE GUNITE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
		68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		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 - 5 FT. <input type="checkbox"/> 02 5 - 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"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input 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 type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 KNEELING <input type="checkbox"/> 04 OTHER (Specify)		75. EVENT NO. <b>1704915368</b>		76. R.D. NO. <b>JA159008</b>									

## 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)

Subject was transported to Jackson Park Hospital and signed in for an involuntary admission. At the time of this report R/Lt had information that the subject was sedated at JPH.

### 82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

R/Lt was advised this subject became irate and when dealing with the listed officers regarding an ANOV. It was further learned the subject was a consumer of mental health [REDACTED]. The subject was transported to Jackson Park Hospital for involuntary admission. R/LT did not have any contact with the subject.

Based on the information available at the time of this report, the R/Lt. feels that the officer acted in accordance with existing department policy and directives. No known video available at this time.

### 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)

OCONNOR, DANIEL 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

[REDACTED]

### DATE COMPLETED TIME

18-FEB-2017 23:57:51