

# ACTICAL RESPONSE REPORT/Chicago Police Department

|   |   |  |  |  |  |  |   |   |   |  |   |                                    |  |        |                                  |   |                       |  |         |  |
|---|---|--|--|--|--|--|---|---|---|--|---|------------------------------------|--|--------|----------------------------------|---|-----------------------|--|---------|--|
| 1. DATE OF INCIDENT<br><b>01-JUL-2017</b>   |   | TIME<br><b>22:51:00</b>  |  | 2. ADDRESS OF OCCURRENCE<br><b>2237 S KOSTNER AVE CHICAGO, IL 60623</b>  |  | 3. LOCATION CODE<br><b>291</b>   |   | 4. BEAT/OCCUR<br><b>1013</b>  |   | 5. VIDEO RECORDED INCIDENT<br><input checked="" type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA<br><input type="checkbox"/> 03 OTHER REPT VIDEO |   |                                    |  |        |                                  |   |                       |  |         |  |
| INVOLVED  | 6. POSITION<br><b>9161</b>  |  | 7. LAST NAME<br><b>COJOCNEAN</b>                           |  | 8. FIRST NAME<br><b>DAN M</b>                                  |  | 9. STAR NO.<br><b>15003</b>   |   | 10. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F         |  | 11. RACE CODE<br><b>WHI</b>   |                                    | 12. AGE<br><b>[REDACTED]</b>   |        | 13. HT.<br><b>511</b>            |   | 14. WT.<br><b>175</b> |  |         |  |
|   | 15. DATE OF APPT.<br><b>02-FEB-2015</b>                             |  |  | 16. EMPLOYEE NO.<br><b>[REDACTED]</b>  |  |  | 17. UNIT & BEAT OF ASSIGNMENT<br><b>010 1065B</b>   |   |   | 18. DUTY STATUS<br><input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off   |   |                                    | 19. MEMBER INJURED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No                   |        |                                  | 20. MEMBER IN UNIFORM?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No |                       |  |         |  |
| INFORMATION   | 21. LAST NAME<br><b>LOCKE</b>                                       |  |  |  | 22. FIRST NAME<br><b>QUENTICA</b>                              |  |   |   | 23. M.I.  |  | 24. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F                           |                                    | 25. RACE<br><b>BLK</b>   |        | 26. D.O.B.<br><b>27-AUG-1980</b> |   | 27. HT.               |  | 28. WT. |  |
|   | 29. ADDRESS<br><b>CHICAGO, IL</b>                                   |  |  |  | 30. TELEPHONE NO.  |  | 31. WAS SUBJECT ARMED? FIREARM - RIFLE, FIREARM - SEMI-AUTOMATIC<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No |   |   |  | 32. SUBJECT INJURED BY MEMBER?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No |                                    | 33. SUBJECT ALLEGED INJURY BY MEMBER?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No |        |                                  |   |                       |  |         |  |
| 34. IF SUBJECT INJURED, DESCRIBE INJURY<br><input checked="" 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?<br><b>MOUNT SINAI HOSPITAL</b>   |  |  |   |   |   |  |   |                                    |  |        |                                  |   |                       |  |         |  |
| 36. BY WHOM?  |   |  |  | 37. CONDITION<br><input checked="" type="checkbox"/> 01 Apparently Normal <input 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  |   |  |  |  |  |  |   |   |   |  |   | 39. CB NO.                         |  | IR NO. |                                  | DNA   |                       |  |         |  |
| SUBJECTS ACTIONS  | 40. PASSIVE RESISTER  |  | ACTIVE RESISTER  |  | ASSAILANT:ASSAULT  |  | ASSAILANT:BATTERY   |   | ASSAILANT:DEADLY FORCE  |  |   |                                    |  |        |                                  |   |                       |  |         |  |
|   | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> |  | FLED <input checked="" 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 type="checkbox"/>   |   | WEAPON <input checked="" type="checkbox"/>  |   |  |   |                                    |  |        |                                  |   |                       |  |         |  |
| OTHER _____   |   | OTHER _____  |  | PERCEIVED AS _____   |  | OTHER _____  |   | PERCEIVED AS _____  |   |  |   |                                    |  |        |                                  |   |                       |  |         |  |
| MEMBER'S RESPONSE   | MEMBER PRESENCE <input checked="" type="checkbox"/>                 |  | OPEN HAND STRIKE <input type="checkbox"/>                  |  | ELBOW STRIKE <input type="checkbox"/>                          |  | KNEE STRIKE <input type="checkbox"/>  |   | FIREARM <input checked="" 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"/>  |   |   |   |  |   |                                    |  |        |                                  |   |                       |  |         |  |
| 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 _____  |  |  |  |  |   |   |   |  |   |                                    |  |        |                                  |   |                       |  |         |  |
| 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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   |  |  |   | 45. DID THE DISCHARGE RESULT IN A SELF -INFLECTED INJURY? <input checked="" type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input 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 checked="" 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<br><b>CLEAR</b>   |   |                                    |  |        |                                  |   |                       |  |         |  |
| 50. MAKE/MANUFACTURER<br><b>GLOCK, INC--AU-</b>   |   |  |  | 51. MODEL<br><b>17</b>   |  | 52. BARREL LENGTH<br><b>4.5</b>  |   | 53. CALIBER/GAUGE<br><b>9 MM</b>  |   |  |   |                                    |  |        |                                  |   |                       |  |         |  |
| 54. TASER DART ID NO.   |   | 55. WEAPON SERIAL NO. (Include Letters)<br><b>YRK053</b>   |  | 56. CHICAGO GUN REG. NO.<br><b>R036377S</b>  |  | 57. IL FIREARM OWNER ID. NO.<br><b>14670678</b>  |   | 58. HANDGUN CERTIFICATE NO.   |   |  |   |                                    |  |        |                                  |   |                       |  |         |  |
| 59. SPECIAL WEAPON CERTIFICATE NO.  |   |  |  | 60. PROPERTY INVENTORY NO.   |  | 61. TYPE OF AMMUNITION USED<br><b>Department Issued</b>  |   | 62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.<br><b>1</b>   |   | 63. TOTAL NO. OF SHOTS MEMBER FIRED<br><b>8</b>  |   | <b>1718219168</b><br>75. EVENT NO. |  |        |                                  |   |                       |  |         |  |
| 64. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY)<br><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)<br><input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)  |   |   |   |  |   |                                    |  |        |                                  |   |                       |  |         |  |
| 68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify)<br><input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW  |   |  |  | 69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD  |  |  |   | 70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO   |   |  |   | <b>JAC30884</b><br>76. R.D. NO.    |  |        |                                  |   |                       |  |         |  |
| 71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)<br><b>NONE</b>  |   |  |  |  |  | 72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED<br><input type="checkbox"/> 01 0 - 05 FT. <input checked="" 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<br><input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE<br><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<br><input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING<br><input checked="" type="checkbox"/> 05 OTHER (SPECIFY) ON FENCE |   |   |   |  |   |                                    |  |        |                                  |   |                       |  |         |  |

INFORMATION

77. NOTIFICATIONS (ALL INCIDENTS):  IMMEDIATE SUPERVISOR  DSS OF DISTRICT OF OCCURRENCE  
 NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT):  OEMC  CPIC  
 NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT):  OEMC  
 Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.

78. ADDITIONAL INFORMATION  
**ASSAILANT ARMED WITH A RIFLE AND SEMI-AUTO HANDGUN.  
 PRELIMINARY INVESTIGATION REVEALED 8 SPENT CASINGS DISCHARGED FROM OFFICER'S WEAPON.**

SIGNATURES

79. REPORTING MEMBER (Print Name) STAR/EMPLOYEE NO. SIGNATURE  
**COJOCNEAN, DAN M** **15003** [REDACTED]  
**02-JUL-2017 06:13:41** [REDACTED]

Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.

80. REVIEWING SUPERVISOR (Print Name) STAR NO. SIGNATURE DATE REVIEWED TIME  
**ONESTO, MICHAEL J** **1739** [REDACTED] **02-JUL-2017 06:37:53**

1718219168

75. EVENT NO.

JA330884

76. R.D. NO.

## 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)

Offender succumbed to his injuries.

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

U#17-014 IPRA personnel on scene. The member's vehicle does not have an ICC system. The Reporting Deputy reviewed appropriate, available BWC's which included the above member's BWC. The member responded to a call of Shots Fired, Man with a Gun at the listed address. The member proceeded to the rear of the location via the South gangway on foot. While in the gangway the member heard a voice from inside the residence state in essence, not verbatim, "grab the guns and go". Upon climbing a fence leading to the rear yard the member encountered the armed offender who turned in the direction of the member. The member discharged his weapon in defense of self and his partner. An assault rifle and a semi-automatic handgun were recovered in immediate proximity to the offender. Based upon the available evidence at this time it is the preliminary determination of the Undersigned that the member acted within Departmental guidelines.

**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. 1085782 OBTAINED

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

**O DONNELL, JAMES C**

**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

**02-JUL-2017 06:59:04**