

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 24-AUG-2014		TIME 19:11:00	2. ADDRESS OF OCCURRENCE 2842 W POLK ST CHICAGO, IL 60612		3. LOCATION CODE 289	4. BEAT/OCCUR 1135								
MEMBER INVOLVED	5. POSITION 9161	5. LAST NAME SLECHTER		7. FIRST NAME ROBERT J	6. STAR NO 4924	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 603	12. HT. 603	13. WT. 212				
	14. DATE OF APPT 03-JAN-2005		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 011 1161A		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
SUBJECT INFORMATION	20. LAST NAME MCINTOSH		21. FIRST NAME ROSHAD		22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 08-SEP-1994	26. HT. 507	27. WT. 140				
	28. ADDRESS 720 N CAMPBELL AVE CHICAGO, IL 60612			29. TELEPHONE NO.		30. WAS SUBJECT ARMED/OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No FIREARM - SEMI-AUTOMATIC		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL			34. BY WHOM?		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid								
	36. CHARGES PLACED <input type="checkbox"/> DNA					37. CB NO.		IR NO. <input type="checkbox"/> DNA						
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT:ASSAULT		ASSAULT:BATTERY		ASSAULT:DEADLY FORCE			
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE											
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 checked="" 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 _____			OTHER _____			OTHER _____			OTHER _____		
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"/>			TASER (Contact Stun) <input type="checkbox"/>											
CONTROL INSTRUMENT <input type="checkbox"/>			TASER (Laser Targeted) <input type="checkbox"/>											
OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>			TASER (Spark Displayed) <input type="checkbox"/>											
OTHER _____			OTHER _____											
WEAPON DISCHARGE INCIDENT	39. <input type="checkbox"/> DNA				40. ADDITIONAL INFORMATION SUBJECT WAS ARMED WITH A SILVER TWO TONE SEMI AUTO 9MM HANDGUN.									
	POSITION		STAR NO.		UNIT									
	41. WEAPON TYPE		44. WEATHER CONDITIONS		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE			
	<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL		CLEAR		GLOCK, INC.-AU--		21		4.6		45 CAL			
<input type="checkbox"/> 01 REVOLVER		<input type="checkbox"/> 05 CHEMICAL WEAPON		<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		<input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 06 Good Artificial								
<input type="checkbox"/> 02 RIFLE		<input type="checkbox"/> 06 TASER (Probe Discharge)		49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.				
<input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 07 OTHER				NEH274		R013707S		96540120				
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						
				Department Issued		1		3						
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO OF CATDRIDGES/ SHOT SHELLS RELOADED 0		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)								
<input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER						<input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)								
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD DNA		65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO										
<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW														
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NO COVER		67. 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 checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.												
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. 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)												
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.													
	NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" 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) INTERRANTE, CARL B				STAR/EMPLOYEE NO. 2344		SIGNATURE [Signature]							
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.													
74. REVIEWING SUPERVISOR (Print Name) VELEZ, CARLOS E				STAR NO. 211		SIGNATURE [Signature]					DATE REVIEWED TIME 25-AUG-2014 03:22:21			

70. EVENT NO.
1423614797

71. R.D. NO.
HX400962

LOG# 1021166

Attachment 14

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 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.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject is deceased.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the what is known at this time, a preliminary determination has been made that the discharges by police officer Robert Slechter comply with department guidelines and directives concerning deadly force in that officer Slechter feared he was about to be shot by an assailant who was armed with a firearm and that the assailant ignored officer Slechter and other officer's commands to drop the weapon and show his hands then took cover in a rear porch and raised the gun and pointed it in the direction of officer Slechter.

77. WATCH COMMANDER/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. 1071166 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

25-AUG-2014 03:32:08

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

CASE REPORT
 ARREST REPORT

SUPPLEMENTARY REPORT

OFFICER BATTERY REPORT

TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT

CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

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