



TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 13-AUG-2017		TIME 05:05:00		2. ADDRESS OF OCCURRENCE S HERMOSA AVE CHICAGO, IL			3. LOCATION CODE 304		4. BEAT/OCCUR 2212		5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO																																																																																											
MEMBER INVOLVED	6. POSITION 9171		7. LAST NAME MUHAMMAD		8. FIRST NAME KHALIL		9. STAR NO. 960		10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		11. RACE CODE BLK		12. AGE 1971		13. HT. 510		14. WT. 200																																																																																					
	15. DATE OF APPT. 14-AUG-2000			16. EMPLOYEE NO.		17. UNIT & BEAT OF ASSIGNMENT			18. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" 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																																																																																									
SUBJECT INFORMATION	21. LAST NAME HAYES			22. FIRST NAME RICARDO			23. M.I.		24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		25. RACE BLK		26. D.O.B. -1998		27. HT. 506		28. WT. 134																																																																																					
	29. ADDRESS				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		33. SUBJECT ALLEGED INJURY 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 type="checkbox"/> 02 Non-Fatal - Major Injury <input checked="" 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 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.		IR NO.		<input type="checkbox"/> DNA																																																																																							
	40. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">PASSIVE RESISTER</th> <th style="width:20%;">ACTIVE RESISTER</th> <th style="width:20%;">ASSAILANT:ASSAULT</th> <th style="width:20%;">ASSAILANT:BATTERY</th> <th style="width:20%;">ASSAILANT:DEADLY FORCE</th> </tr> </thead> <tbody> <tr> <td>DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/></td> <td>FLED <input checked="" type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/></td> <td>ATTACK WITH WEAPON <input type="checkbox"/></td> <td>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/></td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT) <input type="checkbox"/></td> <td>PULLED AWAY <input type="checkbox"/></td> <td>OTHER <u>UNKNOWN DARK OBJECT</u></td> <td>ATTACK WITHOUT WEAPON <input type="checkbox"/></td> <td>WEAPON <input checked="" type="checkbox"/></td> </tr> <tr> <td>OTHER _____</td> 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REASON FOR USE OF FORCE (Check all that apply)	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 -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 checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL				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 CLEAR																																																																																									
	<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON				50. MAKE/MANUFACTURER GLOCK, INC.-AU-				51. MODEL 19				52. BARREL LENGTH 4				53. CALIBER/GAUGE 9 MM																																																																																					
	<input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge)				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.																																																																																	
	<input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER				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 2																																																																																	
	64. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY)						65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO						66. NO OF CARTRIDGES/ SHOT SHELLS RELOADED 0						67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																																																																																			
	68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify)						69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD N/A						70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO																																																																																									
	71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE																		72. 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.																																																																																			
	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 type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input checked="" type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																																																																																			

75. EVENT NO.
1722503685

76. R.D. NO.
JA389109

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.			1722503685	75. EVENT NO.		
	78. ADDITIONAL INFORMATION THIS STATEMENT IS NOT BEING GIVEN VOLUNTARILY BUT UNDER DURESS. I AM ONLY GIVING THIS STATEMENT AT THIS TIME BECAUSE I KNOW I COULD LOSS MY JOB IF I REFUSE THE DIRECT ORDER GIVEN TO ME TO SUBMIT THIS REPORT BY DEPUTY CHIEF WATSON ON 13 AUG 2017 @ 1620HRS						
SIGNATURES	79. REPORTING MEMBER (Print Name) MUHAMMAD, KHALIL 13-AUG-2017 18:00:49		STAR/EMPLOYEE NO. 960	SIGNATURE 	JA389109	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) WINES, PATRINA L		STAR NO. 521	SIGNATURE 			DATE REVIEWED TIME 13-AUG-2017 18:03:02

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)

Requested attorney,

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Based upon all available information at this time, this incident requires further investigation by COPA.

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. 1086285 OBTAINED

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

WATSON, LARRY W

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

13-AUG-2017 18:15:43

LOG# 1086285

Attachment 6

