

# TACTICAL RESPONSE REPORT/Chicago Police Department

|   |  |                               |                  |   |  |  |                                |  |   |  |  |  |   |   |  |                       |  |         |  |
|---|--|-------------------------------|------------------|---|--|--|--------------------------------|--|---|--|--|--|---|---|--|-----------------------|--|---------|--|
| 1. DATE OF INCIDENT<br><b>23-NOV-2014</b>                     |  | TIME<br><b>16:39:00</b>       |                  | 2. ADDRESS OF OCCURRENCE<br><b>1901 W PRYOR AVE CHICAGO, IL 60643</b> |  |  | 3. LOCATION CODE<br><b>304</b> |  | 4. BEAT/OCCUR<br><b>2212</b>  |  |  |  |   |   |  |                       |  |         |  |
| 5. POSITION<br><b>9161</b>                                    |  | 6. LAST NAME<br><b>GORMAN</b> |                  | 7. FIRST NAME<br><b>JOHN J</b>  |  | 8. STAR NO.<br><b>14913</b>                      |                                | 9. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F |   | 10. RACE CODE<br><b>WHI</b>  |  | 11. AGE<br><b>1962</b>   |   | 12. HT.<br><b>510</b>   |  | 13. WT.<br><b>155</b> |  |         |  |
| 14. DATE OF APPT.<br><b>26-MAR-2001</b>                       |  |                               | 15. EMPLOYEE NO. |   |  | 16. UNIT & BEAT OF ASSIGNMENT<br><b>022 2272</b> |                                |  | 17. DUTY STATUS<br><input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off  |  | 18. MEMBER INJURED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No |  | 19. MEMBER IN UNIFORM?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No |   |  |                       |  |         |  |
| 20. LAST NAME   |  |                               |                  | 21. FIRST NAME  |  |  |                                | 22. M.I.   |   | 23. SEX<br><input type="checkbox"/> 01 M <input type="checkbox"/> 02 F |  | 24. RACE   |   | 25. D.O.B.  |  | 26. HT.               |  | 27. WT. |  |
| 28. ADDRESS   |  |                               |                  |   |  | 29. TELEPHONE NO.                                |                                |  | 30. WAS SUBJECT ARMED?<br><input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No  |  |  | 31. SUBJECT INJURED?<br><input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No |   | 32. SUBJECT ALLEGED INJURY?<br><input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No |  |                       |  |         |  |
| 33. WHERE WAS MEDICAL TREATMENT OBTAINED?                     |  |                               |                  |   |  | 34. BY WHOM?                                     |                                |  | 35. CONDITION<br><input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence<br><input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid |  |  |  |   |   |  |                       |  |         |  |
| 36. CHARGES PLACED<br><input checked="" type="checkbox"/> DNA |  |                               |                  |   |  |  |                                | 37. CB NO.   |   | IR NO.   |  | <input checked="" type="checkbox"/> DNA  |   |   |  |                       |  |         |  |

|  |  |   |  |   |  |   |  |  |  |   |  |
|--|--|---|--|---|--|---|--|--|--|---|--|
| 38. <input type="checkbox"/> DNA   |  | <b>PASSIVE RESISTER</b><br>DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/><br>STIFFENED (DEAD WEIGHT) <input type="checkbox"/><br>OTHER REFERENCE ADDITIONAL INFO _____  |  | <b>ACTIVE RESISTER</b><br>FLED <input type="checkbox"/><br>PULLED AWAY <input type="checkbox"/><br>OTHER REFERENCE ADDITIONAL _____   |  | <b>ASSAILANT: ASSAULT</b><br>IMMINENT THREAT OF BATTERY <input type="checkbox"/><br>OTHER REFERENCE ADDITIONAL _____  |  | <b>ASSAILANT: BATTERY</b><br>ATTACK WITH WEAPON <input type="checkbox"/><br>ATTACK WITHOUT WEAPON <input type="checkbox"/><br>OTHER REFERENCE ADDITIONAL _____ |  | <b>ASSAILANT: DEADLY FORCE</b><br>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/><br>WEAPON <input type="checkbox"/><br>OTHER REFERENCE ADDITIONAL _____ |  |
| <b>MEMBER'S RESPONSE</b><br>MEMBER PRESENCE <input type="checkbox"/><br>VERBAL COMMANDS <input type="checkbox"/><br>ESCORT HOLDS <input type="checkbox"/><br>WRISTLOCK <input type="checkbox"/><br>ARMBAR <input type="checkbox"/><br>PRESSURE SENSITIVE AREAS <input type="checkbox"/><br>CONTROL INSTRUMENT <input type="checkbox"/><br>OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/><br>OTHER REFERENCE ADDITIONAL INFO _____ |  | OPEN HAND STRIKE <input type="checkbox"/><br>TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/><br>OC CHEMICAL WEAPON <input type="checkbox"/><br>CANINE <input type="checkbox"/><br>TASER (Probe Discharge) <input type="checkbox"/><br>TASER (Contact Stun) <input type="checkbox"/><br>TASER (Laser Targeted) <input type="checkbox"/><br>TASER (Spark Displayed) <input type="checkbox"/><br>OTHER REFERENCE ADDITIONAL _____ |  | ELBOW STRIKE <input type="checkbox"/><br>CLOSED HAND STRIKE/PUNCH <input type="checkbox"/><br>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/><br>OTHER REFERENCE ADDITIONAL _____ |  | KNEE STRIKE <input type="checkbox"/><br>KICKS <input type="checkbox"/><br>IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/><br>OTHER REFERENCE ADDITIONAL _____ |  | FIREARM <input checked="" type="checkbox"/><br>OTHER _____   |  |   |  |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 39. <input type="checkbox"/> DNA  |  |  | 40. ADDITIONAL INFORMATION<br><b>GOCR HX517856-DETECTIVE DIVISION SUPPLEMENTARY</b> |  |  |
| POSITION  |  | STAR NO.   |   | UNIT   |  |
| 41. WEAPON TYPE<br><input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER |  | 42. INCIDENT OCCURRED<br><input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors   |   | 43. LIGHTING CONDITIONS<br><input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial |  |
| 44. WEATHER CONDITIONS<br><b>CLEAR</b>  |  | 45. MAKE/MANUFACTURER<br><b>STURM, RUGER &amp; CO. (BEARCAT, BLACKHAWK, SPEED SIX)</b>   |   | 46. MODEL<br><b>LCP</b>  |  |
| 47. BARREL LENGTH<br><b>2.75</b>  |  | 48. CALIBER/GAUGE<br><b>380 ACP</b>  |   | 49. TASER DART ID NO.  |  |
| 50. WEAPON SERIAL No. (Include Letters)<br><b>37630001</b>  |  | 51. CHICAGO GUN REG. NO.<br><b>R022456S</b>  |   | 52. IL FIREARM OWNER ID, NO.<br><b>34540173</b>  |  |
| 53. HANDGUN CERTIFICATE NO.   |  | 54. SPECIAL WEAPON CERTIFICATE NO.   |   | 55. PROPERTY INVENTORY NO.   |  |
| 56. TYPE OF AMMUNITION USED<br><b>.380</b>  |  | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER<br><b>1</b>   |   | 58. TOTAL NO. OF SHOTS MEMBER FIRED<br><b>5</b>  |  |
| 59. WHO FIRED FIRST SHOT<br><input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) UNKNOWN  |  | 60. WAS FIREARM RELOADED DURING INCIDENT<br><input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO  |   | 61. NO OF CARTRIDGES/SHOT SHELLS RELOADED  |  |
| 62. HOW WAS MEMBER'S HANDGUN WORN<br><input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input checked="" type="checkbox"/> 03 OTHER (Specify) UNKNOWN   |  | 63. HOW WAS MEMBER'S HANDGUN DRAWN<br><input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input checked="" type="checkbox"/> 03 OTHER (Specify) UNKNOWN   |   | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD  |  |
| 65. DID MEMBER USE SIGHTS<br><input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO  |  | 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)<br><b>UNKNOWN</b>  |   | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED<br><input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.                 |  |
| 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON<br><input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN  |  | 69. 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 <input checked="" type="checkbox"/> 05 OTHER (SPECIFY) UNKNOWN |   | 70. EVENT NO.<br><b>1432710587</b>   |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 72. CASE INFO.  |  | NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC<br>NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.<br>Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. |  | 71. RD. NO.<br><b>HX517856</b>                    |  |
| 73. REPORTING MEMBER (Print Name)<br><b>NICOL, EDWARD R</b>   |  | STAR/EMPLOYEE NO.<br><b>2376</b>   |  | SIGNATURE<br><b>[Signature]</b>                   |  |
| 74. REVIEWING SUPERVISOR (Print Name)<br><b>DEANE, JOHN B</b> |  |  |  |   |  |
| STAR NO.<br><b>452</b>  |  | SIGNATURE<br><b>[Signature]</b>  |  | DATE REVIEWED TIME<br><b>23-NOV-2014 22:39:31</b> |  |

CPD-11.377 (REV. 10/07)

LOG# **1072664**

Attachment **8**

### 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)

Officer asserted his Fifth Amendment rights to investigating detectives.

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

Officer refused to complete the TRR. TRR completed by Sgt. Nicol with information available from current investigation.

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, 1072664 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**MEALER, MICHAEL J**

SIGNATURE



DATE COMPLETED

TIME

**23-NOV-2014 22:45:20**

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

CASE REPORT

OFFICER BATTERY REPORT

CR INITIATION REPORT

ARREST REPORT

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

80. TOTAL TRR's THIS EVENT No.

**1**

LOG# 1072664  
Attachment \_\_\_\_\_