

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 28-NOV-2017	TIME 1558	ADDRESS OF OCCURRENCE 7841 S CHAMPLAIN AVE CHICAGO, IL 60619	LOCATION CODE 291	BEAT/OCCUR. 0624	VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO					
	BUSINESS NAME	<input checked="" type="checkbox"/> DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY ,BEDROOM) GANGWAY IN BETWEEN 7841 S. CHAMPLAIN AND 7837 S. CHAMPLAIN	ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input checked="" type="checkbox"/> OTHER ASSIST P.O.	<input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE						
	EVENT NO. 1733209032	RD NO. JA528606	IR NO.	CB NO.	CHARGE	INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	LIGHTING <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL	WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> FOG <input type="checkbox"/> CLOUDY	PATROL TYPE? <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER: <input type="checkbox"/> FOOT	MEMBER WAS? <input checked="" type="checkbox"/> WITH PARTNER <input type="checkbox"/> ALONE	ASSIST UNITS ON SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR					
INVOLVED MEMBER	RANK 9161	LAST NAME DE YOUNG	FIRST NAME BENJAMIN	EMPLOYEE NO.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 2	AGE 25	HT. 603	WT. 205		
	DATE OF APPT. 31-AUG-2015	UNIT & BEAT OF ASSIGN. 006 X602	DUTY STATUS <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	IN UNIFORM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF MEMBER INJURY <input checked="" type="checkbox"/> Minor Swelling <input type="checkbox"/> None / None Apparent	<input checked="" type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)					
SUBJECT INFORMATION	LAST NAME [REDACTED]		FIRST NAME [REDACTED]		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. [REDACTED]	HT. [REDACTED]	WT. [REDACTED]	
	ADDRESS		TELEPHONE NO.	CONDITION <input type="checkbox"/> Injured by Member <input type="checkbox"/> Under Influence of Drugs <input checked="" type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> Apparently Normal <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Mental Illness / Emotional Disorder		TAZED			
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested		<input type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)		SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input checked="" type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK		<input type="checkbox"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal				
SUBJECT'S ACTIONS (Check all that apply)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION		<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY)		<input type="checkbox"/> THROWN OBJECT (DESCRIBE)		WAS SUBJECT ARMED WITH WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW:				
	<input type="checkbox"/> VERBAL THREATS		<input type="checkbox"/> HAND/ARM/ELBOW STRIKE				<input type="checkbox"/> BLUNT OBJECT		<input type="checkbox"/> KNIFE/CUTTING INSTRUMENT		<input type="checkbox"/> EXPLOSIVE DEVICE
	<input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> KNEE/LEG STRIKE				<input type="checkbox"/> CHEMICAL WEAPON		<input type="checkbox"/> REVOLVER		<input type="checkbox"/> OTHER (DESCRIBE)
	<input checked="" type="checkbox"/> PULLED AWAY		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON		<input type="checkbox"/> TASER/STUN GUN		<input type="checkbox"/> RIFLE		<input type="checkbox"/> VEHICLE
<input checked="" type="checkbox"/> FLED		<input type="checkbox"/> PUSH/SHOVE/PULL		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		<input type="checkbox"/> SEMI-AUTO PISTOL		<input type="checkbox"/> SHOTGUN			
<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		WEAPON/OBJECT PERCEIVED AS:		WEAPON USE: <input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member at Gunpoint			
<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member		<input type="checkbox"/> Obtained Member's Weapon			
SUBJECT ACTIVITY Drug-Related? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, IDENTIFY MANNER OF ATTACK?		MANNER OF ATTACK? <input type="checkbox"/> Shot/Shot At <input type="checkbox"/> Struck/Blunt Force (Including Attempt)		<input type="checkbox"/> Stabbed/Cut (Including Attempt) <input type="checkbox"/> Other (Including Verbal Threats)	
TYPE OF ACTIVITY? <input checked="" type="checkbox"/> Traffic Stop <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Investigatory Stop		<input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Mental Health		<input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input type="checkbox"/> Disturbance - Other		<input checked="" type="checkbox"/> Pursuing/Arresting Subject		<input type="checkbox"/> Processing/Transporting/Guarding Arrestee		Charge: 720 ILCS 550.0/4-A - POSS CANNABIS<10 GRAMS	
REASON FOR RESPONSE? <input type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Department Member		<input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Overcome Resistance or Aggression		<input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Subject Armed with Weapon		<input checked="" type="checkbox"/> Fleeing Subject		<input type="checkbox"/> Unintentional		IUCR CODE: 1811	
MEMBER'S RESPONSE (Check all that apply)	FORCE MITIGATION EFFORTS					CONTROL TACTICS					
	<input checked="" type="checkbox"/> MEMBER PRESENCE		<input type="checkbox"/> ZONE OF SAFETY		<input type="checkbox"/> MOVEMENT TO AVOID ATTACK		<input type="checkbox"/> TACTICAL POSITIONING		<input type="checkbox"/> NONE		<input checked="" type="checkbox"/> ESCORT HOLDS
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES		<input type="checkbox"/> SPECIALIZED UNITS		<input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS		<input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> WRISTLOCK		<input type="checkbox"/> CONTROL INSTRUMENT
RESPONSE WITHOUT WEAPONS					RESPONSE WITH WEAPONS						
<input type="checkbox"/> OPEN HAND STRIKE		<input type="checkbox"/> KICKS		<input type="checkbox"/> OTHER		<input type="checkbox"/> OC/CHEMICAL WEAPON		<input type="checkbox"/> TASER		<input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW)	
<input type="checkbox"/> TAKE DOWN		<input type="checkbox"/> ELBOW STRIKE		<input type="checkbox"/> CLOSED HAND STRIKE/ PUNCH		<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION*		<input type="checkbox"/> CANINE		<input type="checkbox"/> REVOLVER	
<input type="checkbox"/> KNEE STRIKE						<input type="checkbox"/> LRAD W/ AUTHORIZATION*		<input type="checkbox"/> BATON/EXPANDABLE BATON		<input type="checkbox"/> SEMI-AUTO PISTOL	
										<input type="checkbox"/> RIFLE	
										<input type="checkbox"/> SHOTGUN	
										<input type="checkbox"/> OTHER	
WEAPON DISCHARGE	<input checked="" type="checkbox"/> DNA		NO. OF WEAPONS DISCHARGED BY THIS MEMBER		WEAPON TYPE: <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER		<input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER		WEAPON SERIAL NO.		WEAPON CERT. NO.
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USE AS A WEAPON? <input type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON						
	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> VEHICLE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> UNKNOWN						
	TASER DISCHARGE ONLY		TASER DART ID NO.		PROPERTY INVENTORY NO.		PROBE DISCHARGE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		ARC CYCLE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER
	FIREARM DISCHARGE ONLY		WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)		TOTAL NO. OF SHOTS FIRED		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAKE/ MANUFACTURER		MODEL
										DID MEMBER FIRE AT A VEHICLE? <input type="checkbox"/> NO <input type="checkbox"/> YES	

NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): IMMEDIATE SUPERVISOR DISTRICT OF OCCURRENCE NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): OEMC CPIC

NARRATIVE (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER **WILL NOT COMPLETE THE NARRATIVE SECTION** FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)

EVENT #09032 IN SUMMARY: OFFICERS RESPONDED TO THE ABOVE AREA TO ASSIST BEAT 686 WHO HAD THE ABOVE OFFENDER FLEE ON FOOT WHILE CONDUCTING A TRAFFIC STOP. OFFICER DEYOUNG WAS RUNNING SOUTH THROUGH THE ALLEY DIRECTLY EAST OF CHAMPLAIN ST COMING FROM 79TH STREET. OFFICER DEYOUNG VIEWED OFFICER GARBACZ (#17624) IN THE BACKYARD OF THE ABOVE ADDRESS WITH HER TAZER DRAWN, GIVING VERBAL COMMANDS TO THE ABOVE OFFENDER. AT THIS POINT THE OFFENDER JUMPED A FENCE AND WAS TAZED. THE OFFENDER STARTED TO STAND UP AND BEGAN TO FLEE AGAIN. AT THIS TIME OFFICER DEYOUNG PERFORMED AN EMERGENCY TAKEDOWN AND PULLED THE OFFENDER'S RIGHT ARM FROM UNDERNEATH HIS BODY. THROUGHOUT THIS TIME, OFFICER DEYOUNG WAS SHOUTING VERBAL COMMANDS TO THE OFFENDER TO PUT HIS HANDS BEHIND HIS BACK. THE OFFENDER CONTINUED TO RESIST OFFICER DEYOUNG AND WOULD NOT LISTEN TO NUMEROUS VERBAL COMMANDS. OFFICER DEYOUNG WAS ABLE TO FREE THE OFFENDER'S RIGHT HAND AND GAIN CONTROL IN ORDER THAT THE ARREST COULD BE MADE. OFFICER DEYOUNG USED HIS KNEE AND HAND TO APPLY PRESSURE TO PRESSURE SENSITIVE AREAS TO GAIN COMPLIANCE FROM THE OFFENDER. OFFICERS WERE FINALLY ABLE TO APPREHEND THE OFFENDER AND ESCORT THE OFFENDER TO A MARKED SQUAD CAR WITH A CAGE WHILE USING A WRISTLOCK. EMS WAS REQUESTED FOR THE OFFENDER AND WAS BROUGHT TO JACKSON PARK HOSPITAL. THIS WAS A BWC RECORDED EVENT.

REPORTING MEMBER (Print Name) DE YOUNG, BENJAMIN STAR/EMPLOYEE NO. 17199 SIGNATURE [REDACTED]

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY Minor Contusion Significant Contusion Gun Shot None / None Apparent Minor Laceration/Abrasion Laceration Requiring Sutures Fatal Intentional Act by Member Intentional Act by Self Intentional Act by Other Minor Swelling Complaint of Substantial Pain Broken/Fractured Bone(s) Other (Explain) Unintentional Act by Member Unintentional Act by Self Unintentional Act by Other

WITNESSES	<input type="checkbox"/> UNK	LAST NAME	FIRST NAME	M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	DATE OF BIRTH
		ADDRESS CHICAGO, IL	TELEPHONE NO.		WITNESS INTERVIEW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REFUSED <input type="checkbox"/> OTHER (Specify)		
		WITNESS STATEMENT					

REVIEWING SUPERVISOR: COMMENTS
R/SGT WAS ON SCENE FOR THIS INCIDENT. R/SGT DID NOT LOCATE ANY WITNESSES FOR THIS INCIDENT. R/SGT REVIEWED BODY WORN CAMERA FOOTAGE OF THE INVOLVED OFFICERS. R/SGT NOTIFIED CPIC AND COPA (BOWENS #50) REGARDING A SECOND OFFICERS TASER DEPLOYMENT AND RECEIVED LOG #1087646.

ATTACHMENTS: CASE REPORT ARREST REPORT SUPPLEMENTARY REPORT INVENTORY IOD REPORT TASER DOWNLOAD OTHER

REVIEWING SUPERVISOR:
 I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02. LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED. 1087646

I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print) OKEEFE, DENIS STAR NO. 1986 SIGNATURE [REDACTED] DATE/TIME COMPLETED 28-NOV-2017 1835

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 AND THE ATTACHMENTS WILL BE FORWARDED TO:
A. THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
B. CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
C. DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.	
	28-NOV-2017	1558	7841 S CHAMPLAIN AVE CHICAGO, IL 60619	1733209032	JA528606	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9161	DE YOUNG	BENJAMIN	██████████			
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
██████████	██████████			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	██████████

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was given Miranda warnings, witnessed by PPO YI#17899, Cuellar#16889, and Sgt Flaherty#1732, refused to speak with R/Lt.

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

R/Lt viewed the BWC of Zamojska #8309, Garbacz#17624, and DeYoung#17199 and reviewed the arrest and case reports of the incident. The above member was responding to assist another officer who had just discharged her taser. Upon arrival seconds after subject was tasered, member began to attempt to handcuff subject. The subject resisted the members actions by stiffening his arms and refusing to allow himself to be hand cuffed, subject would not allow his arms to be placed behind him. Member used reasonable and necessary holding techniques and compliance techniques to cuff subject. After in custody subject was taken by CFD to Jackson Park Hospital for treatment to injuries suffered from the tasing.

LT OR ABOVE/INCIDENT COMMANDER:

<input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.	BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE MEMBER'S USE OF FORCE RESPONSE APPEARS TO BE:	<input checked="" type="checkbox"/> IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
<input type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED:		<input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
		<input type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

ACTIONS RECOMMENDED? NO YES, DESCRIBE BELOW: OTHER:

- | | |
|--|---|
| <input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR | <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN |
| <input type="checkbox"/> REVIEW STREAMING VIDEO | <input type="checkbox"/> STRESS REDUCTION SEMINAR |
| <input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES | |

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
KAPA, CHRISTOPH J	325	██████████	29-Nov-2017