

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 type="checkbox"/> DNA EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY ,BEDROOM)			ASSIGNMENT TYPE <input checked="" type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE							
	EVENT NO. 09032	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"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> FOG	PATROL TYPE? <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> FOOT	<input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/PAPV	<input type="checkbox"/> SQUADROL <input type="checkbox"/> VAN/BUS	MEMBER WAS? <input checked="" type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER	ASSIST UNITS ON SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR			
INVOLVED MEMBER	RANK 9161	LAST NAME GARBACZ	FIRST NAME MARISSA	EMPLOYEE NO.	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	RACE 2	AGE 29	HT.	WT.		
	DATE OF APPT. 02-DEC-2013	UNIT & BEAT OF ASSIGN. 006 0686	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"/> None / None Apparent <input type="checkbox"/> Minor Swelling	<input type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion	<input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	<input type="checkbox"/> Gun Shot <input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain)			
SUBJECT INFORMATION	LAST NAME [REDACTED]		FIRST NAME [REDACTED]		M.I. E	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. [REDACTED]	HT. 508	WT. 180	
	ADDRESS [REDACTED]		TELEPHONE NO.		CONDITION <input checked="" type="checkbox"/> Injured by Member <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force						
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input checked="" type="checkbox"/> Offered/EMS Requested		<input type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <u>JACKSON PARK</u>		<input type="checkbox"/> OTHER (Specify)		SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input checked="" 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"/> KNEE/LEG STRIKE		<input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> EXPLOSIVE DEVICE				
	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON		<input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE)				
	<input checked="" type="checkbox"/> FLED		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		<input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> RIFLE				
MEMBER'S RESPONSE (Check all that apply)	<input type="checkbox"/> IMMEDIATE THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:				
	<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		WEAPON USE: <input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member at Gunpoint				
	<input type="checkbox"/> Possessed		<input type="checkbox"/> Used - Attempt to Attack Member		<input type="checkbox"/> Obtained Member's Weapon		<input type="checkbox"/> DNA <input type="checkbox"/> Used - Attacked Member				
	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)		
WEAPON DISCHARGE	TYPE OF ACTIVITY? <input checked="" type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop		<input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Other		<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		
	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		
	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 type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OTHER					
<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> ADDITIONAL UNIT MEMBERS					<input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS						
<input type="checkbox"/> ARMBAR <input type="checkbox"/> EMERGENCY HANDCUFFING											
MEMBER'S RESPONSE (Check all that apply)	RESPONSE WITHOUT WEAPONS					RESPONSE WITH WEAPONS					
	<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> OTHER					<input type="checkbox"/> OC/CHEMICAL WEAPON <input checked="" type="checkbox"/> TASER <input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL					
	<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/ PUNCH <input type="checkbox"/> KNEE STRIKE					<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN					
	<input type="checkbox"/> LRAD W/ AUTHORIZATION*					<input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> OTHER					
WEAPON DISCHARGE	NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1					WEAPON TYPE: <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input checked="" type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> TASER		WEAPON SERIAL NO. X3000356F		WEAPON CERT. NO.	
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USE AS A WEAPON? <input checked="" 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 checked="" type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input checked="" type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN						
	TASER DISCHARGE ONLY		TASER DART ID NO. c6202kvv1		PROPERTY INVENTORY NO. 14051958		PROBE DISCHARGE <input type="checkbox"/> 1 <input checked="" 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 checked="" type="checkbox"/> DNA <input type="checkbox"/> OTHER		ARC CYCLE <input checked="" 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 **BODY WORN CAMERA ACTIVE** IN SUMMARY, R/O'S OBSERVED A SILVER VOLVO OPERATING WITH EXPIRED ILLINOIS TEMPORARY PLATES # [REDACTED] R/O'S CONDUCTED A TRAFFIC STOP ON THE VEHICLE. R/O GARBACZ #17624 APPROACHED THE VEHICLE AND REQUESTED [REDACTED] (OFFENDER/DRIVER) LICENSE AND INSURANCE. UPON RUNNING THE NEW JERSEY LICENSE NUMBER LEADS CAME BACK WITH NO RECORD ON FILE. R/O'S ATTEMPTED TO RUN THE OFFENDER'S NAME THROUGH LEADS BUT STILL CAME BACK WITH NO RECORD ON FILE. AT THIS TIME R/O ZAMOJSKA #8309 ATTEMPTED TO OBTAIN ANOTHER FORM OF IDENTIFICATION FOR THE OFFENDER. WHEN THE OFFENDER COULD NOT PROVIDE ANY FURTHER INFORMATION ON HIS IDENTIFICATION R/O ZAMOJSKA HAD THE OFFENDER STEP OUT OF THE VEHICLE. AS R/O ZAMOJSKA ATTEMPTED TO PLACE THE OFFENDER IN CUSTODY FOR NO VALID DRIVER'S LICENSE THE OFFENDER BEGAN TO FLEE ON FOOT. R/O'S PURSUED THE OFFENDER ON FOOT WESTBOUND ON 79TH ST AT WHICH TIME THE OFFENDER TURNED NORTHBOUND ON FOOT ON THE 7800 BLOCK OF LANGLEY THEN BEGAN RUNNING WESTBOUND THROUGH THE ALLEY. R/O GARBACZ OBSERVED THE OFFENDER TURN AND BEGIN RUNNING NORTHBOUND IN THE ALLEY BETWEEN CHAMPLAIN AND LANGLEY. R/O GARBACZ BEGAN SEARCHING THE YARD OF 7841 S CHAMPLAIN WHEN SHE OBSERVED THE OFFENDER LAYING DOWN AT THE BOTTOM OF THE STAIRS. R/O GARBACZ INSTRUCTED THE OFFENDER TO PUT HIS HANDS IN THE AIR AND BEGIN TO WALK UP THE STAIRS. AS THE OFFENDER BEGAN COMING UP THE STAIRS WALKING UP THE STAIRS TOWARDS R/O GARBACZ THE OFFENDER CONTINUED PLACING HIS HANDS BACK IN HIS POCKETS R/O GARBACZ INSTRUCTED THE OFFENDER TO PUT HIS HANDS IN THE AIR. AS R/O GARBACZ WAITED FOR MORE UNITS TO ARRIVE ON SCENE. THE OFFENDER CONTINUED TO PLACE HIS HANDS IN HIS POCKET R/O GARBACZ INSTRUCTED THE OFFENDER TO KEEP HIS HANDS IN THE AIR MULTIPLE TIMES AND INFORMED THE OFFENDER THAT SHE WOULD TASER THE OFFENDER. THE OFFENDER THEN BEGAN TO FLEE BY ATTEMPTING TO CLIMB THE FENCE AT WHICH POINT R/O GARBACZ ANNOUNCED "TASER, TASER" AND DEPLOYED HER TASER. OFFICER DEYOUNG ARRIVED ON SCENE AND PLACED THE OFFENDER IN CUSTODY.

REPORTING MEMBER (Print Name) GARBACZ, MARISSA	STAR/EMPLOYEE NO. 17624	SIGNATURE [REDACTED]
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REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY <input checked="" type="checkbox"/> Minor Contusion <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Gun Shot <input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Laceration/Abrasion <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Fatal <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Other (Explain)	HOW WAS INJURY SUSTAINED? <input checked="" type="checkbox"/> Intentional Act by Member <input type="checkbox"/> Intentional Act by Self <input type="checkbox"/> Intentional Act by Other <input checked="" type="checkbox"/> Unintentional Act by Member <input checked="" type="checkbox"/> Unintentional Act by Self <input type="checkbox"/> Unintentional Act by Other
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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: _____ TELEPHONE NO.: _____	WITNESS INTERVIEW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REFUSED <input type="checkbox"/> OTHER (Specify) _____
	CHICAGO, IL _____		
	WITNESS STATEMENT: _____		

REVIEWING SUPERVISOR: COMMENTS
 R/SGT WAS ON SCENE TO INVESTIGATE THIS USE OF FORCE INCIDENT. R/SGT WAS UNABLE TO LOCATE ANY WITNESSES. R/SGT REVIEWED BODY WORN CAMERA FOOTAGE OF THE OFFICERS INVOLVED. R/SGT SPOKE WITH THE OFFENDER ON SCENE AND ENSURED THAT E.M.S. WAS SUMMONED FOR HIM. R/SGT CONTACTED CPIC AND COPA, (BOWENS #50) 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 1838
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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	09032	JA528606	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9161	GARBACZ	MARISSA	113766			
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
██████████	██████████		E	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	██████████

LIUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

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

Read subject his Miranda warnings, witnessed by PPO YI#17899, PO Cuellar#16889, and Sgt Flaherty #1732 BT6P40 subject refused to speak with R/Lt.

LIUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

R/Lt monitored a foot chase and taser incident. Sgt. Okeefe responded to scene. R/Lt learned subject taken by CFD to Jackson park hospital. Dr Eggebeen treating subject. Subject being transferred to CCH for bleeding on the brain. At 2040hrs read Miranda to subject, observed swelling and laceration on left cheek. Met at CCH by D/C Bay, Capt O'shea, COPA Fleury #62, Morley#41 and Beckneck#9 at 2100 hrs. Dr Saclarides verified bleeding on the brain. At 1930 hrs R/Lt went to scene and walked into gangway and around house. R/Lt observed the gate to be unstable and secured with a large chain, ET ordered for photos of gate, and injury to DeYoung. D/C and COPA relocated to 006 to view BWC of Zamojska#8309, Garbacz#17624 and DeYoung#17199 OEMC radio transmission recording ordered. After reviewing the BWC, the case report, and arrest report, R/Lt believes that the members actions were reasonable and necessary to arrest an active resistor who was using movement to avoid physical control.

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"/> <u>IN COMPLIANCE</u> WITH DEPARTMENT POLICY AND DIRECTIVES.
<input checked="" 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: 1087646		<input type="checkbox"/> <u>NOT IN COMPLIANCE</u> 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