

# TACTICAL RESPONSE REPORT / Chicago Police Department

<b>INCIDENT</b>	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT				
	25-FEB-2018	2000	4247 S ASHLAND AVE CHICAGO, IL 60609	304	0924	<input 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)		ASSIGNMENT TYPE						
		STREET		<input checked="" type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER		<input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE				
<b>INVOLVED MEMBER</b>	EVENT NO.	RD NO.	IR NO.	CB NO.	CHARGE	INVOLVED A MOTOR VEHICLE PURSUIT?				
	13472	JB165332	1821785	19607059	720 ILCS 5.0/12-3.05-D-4 - AGG BATTERY/PEACE OFFICER	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
<b>SUBJECT INFORMATION</b>	RANK	LAST NAME	FIRST NAME	EMPLOYEE NO.	SEX	RACE	AGE	HT.	WT.	
	9161	BARNES	JEREMY		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	2	32	606	325	
	DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?	TYPE OF MEMBER INJURY		Laceration Requiring Sutures		Gun Shot	
05-MAR-2013	312 6729E	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling		<input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm		<input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain)		
<b>SUBJECT'S ACTIONS</b> (Check all that apply)	LAST NAME		FIRST NAME	M.I.	SEX	RACE	D.O.B.	HT.	WT.	
	WHITE		JERMARIE	T	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLACK	11-APR-1991	506	130	
	ADDRESS		TELEPHONE NO.	CONDITION		Injured by Member		Under Influence of Drugs		OTHER (Specify)
<b>MEMBER'S RESPONSE</b> (Check all that apply)	1111 S LAFLIN ST CHICAGO, IL 60607			<input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force		<input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol		Mental Illness / Emotional Disorder		
	MEDICAL TREATMENT?		SUBJECT INJURY BY MEMBER'S USE OF FORCE?		OTHER (Specify)		Non-Fatal - Minor Injury		UNKN	
	<input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested		<input type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)		<input checked="" type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal		<input type="checkbox"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal			
<b>WEAPON DISCHARGE</b>	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION		<input checked="" type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON (SPECIFY)		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 checked="" type="checkbox"/> HAND/ARM/ELBOW 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"/> KNEE/LEG STRIKE				<input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE)			
<b>MEMBER'S RESPONSE</b> (Check all that apply)	<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 checked="" type="checkbox"/> FLED		<input checked="" type="checkbox"/> PUSH/SHOVE/PULL		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		<input type="checkbox"/> VEHICLE <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:			
<b>WEAPON DISCHARGE</b>	<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> WRESTLE/GRAPPLE		<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"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)				<input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon			
	<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)				<input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member			
<b>WEAPON DISCHARGE</b>	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 type="checkbox"/> NO <input checked="" type="checkbox"/> YES		MANNER OF ATTACK? <input type="checkbox"/> Shot/Shot At <input checked="" 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"/> Disturbance - Domestic		<input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder		<input type="checkbox"/> Pursuing/Arresting Subject		<input type="checkbox"/> Processing/Transporting/Guarding Arrestee	
	<input checked="" type="checkbox"/> Investigatory Stop		<input type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Mental Health		<input type="checkbox"/> Disturbance - Other		Charge: _____		Charge: _____	
<b>WEAPON DISCHARGE</b>	<input checked="" type="checkbox"/> REASON FOR RESPONSE? <input type="checkbox"/> Defense of Self		<input type="checkbox"/> Defense of Member of Public		<input type="checkbox"/> Stop Self-Inflicted Harm		<input type="checkbox"/> Subject Armed with Weapon		<input type="checkbox"/> Unintentional	
	<input type="checkbox"/> Defense of Department Member		<input type="checkbox"/> Overcome Resistance or Aggression		<input type="checkbox"/> Fleeing Subject					
<b>WEAPON DISCHARGE</b>	<b>FORCE MITIGATION EFFORTS</b>				<b>CONTROL TACTICS</b>					
	<input 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 type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OTHER					
	<input 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"/> ARMSBAR <input type="checkbox"/> EMERGENCY HANDCUFFING					
<b>WEAPON DISCHARGE</b>	<b>RESPONSE WITHOUT WEAPONS</b>				<b>RESPONSE WITH WEAPONS</b>					
	<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 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					
<b>WEAPON DISCHARGE</b>	<input type="checkbox"/> LRAD W/ AUTHORIZATION*				<input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> OTHER					
	*AUTHORIZED BY (NAME) _____ RANK _____ STAR NO. _____ UNIT NO. _____									
<b>WEAPON DISCHARGE</b>	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"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN					
<b>WEAPON DISCHARGE</b>	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	
	SPARK DISPLAY <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 MEMBER FIRED		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	FIREARM DISCHARGE ONLY		TOTAL NO. OF SHOTS MEMBER FIRED		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.)**  
 WHILE CONDUCTING A TRAFFIC STOP, THE LISTED SUBJECT WAS ASKED TO EXIT THE VEHICLE. ONCE THE SUBJECT EXITED THE VEHICLE, THE SUBJECT PUSHED THE LISTED MEMBER ON OR ABOUT THE MEMBERS CHEST CAUSING THE MEMBER TO STUMBLE BACK. THE SUBJECT FLED ON FOOT BEFORE THE MEMBER HAD TIME TO RESPOND.

REPORTING MEMBER (Print Name)      STAR/EMPLOYEE NO.      SIGNATURE  
 BARNES, JEREMY      13912      [REDACTED]

**REVIEWING SUPERVISOR**

TYPE OF SUBJECT INJURY     Minor Contusion     Significant Contusion     Gun Shot    HOW WAS INJURY SUSTAINED?  
 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

<b>WITNESSES</b>	<input checked="" 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**  
 P.O. JEREMY BARNES #13912 WHILE CONDUCTING A TRAFFIC STOP WAS STRUCK IN THE CHEST BY OFFENDER WHITE, JERMARIE, T., WHO THEN FLED THE AREA. P.O. JEREMY BARNES HAD NO TIME TO REACT AND DID NOT USE FORCE AGAINST OFFENDER WHITE, JERMARIE, T.

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. 1088587

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

REVIEWING SUPERVISOR NAME (Print)      STAR NO.      SIGNATURE      DATE/TIME COMPLETED  
 CAVANAUGH, MICHAEL      1063      [REDACTED]      26-FEB-2018 0521

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.	
	25-FEB-2018	2000	4247 S ASHLAND AVE CHICAGO, IL 60609	13472	JB165332	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9161	BARNES	JEREMY	██████████	19607059		720 ILCS 5.0/12-3.05-D-4 - AGG BATTERY/PEACE OFFICER
	SUBJECT LAST NAME	SUBJECT FIRST NAME	M.I.	SEX	RACE	D.O.B.
	WHITE	JERMARIE	T	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	11-APR-1991

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

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

Offender in surgery

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS ADDITIONAL ATTACHMENTS

There were no BWC or ICC video footage of this incident. Reporting Deputy Chief reviewed available private video which captured a portion of the incident. No potential witnesses were available at this time for interview. The listed offender was a passenger in a vehicle in which a traffic stop was conducted. The offender shoved Officer Barnes in the chest before fleeing on foot. Officer Barnes remained with the vehicle while the offender was pursued by other police officers. The offender was subsequently shot by another police officer and was transported to a hospital for treatment of his injuries. Officer Barnes was in compliance with department policy.

LOG# 1088587

Attachment# 10

## 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:

- INDIVIDUAL DEBRIEFING WITH SUPERVISOR
- REVIEW LEGAL/TRAINING BULLETIN
- REVIEW STREAMING VIDEO
- STRESS REDUCTION SEMINAR
- REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
O DONNELL, JAMES C	13	██████████	26-Feb-2018