

# TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT		
	09-JUN-2018	0315	5101 S WENTWORTH AVE CHICAGO, IL 60609	280	0225	<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				
	EVENT NO.	RD NO.	IR NO.	CB NO.	CHARGE	INVOLVED A MOTOR VEHICLE PURSUIT?		
	02432	JB299217		19656659	720 ILCS 5.0/12-2-B-4 - AGG ASSAULT/PEACE OFFICER/WEAPON	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	LIGHTING	<input type="checkbox"/> DUSK <input type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> DARKNESS	WEATHER	<input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	PATROL TYPE?	<input type="checkbox"/> BICYCLE <input type="checkbox"/> SQUADROL <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> VAN/BUS <input type="checkbox"/> FOOT		
					MEMBER WAS?	ASSIST UNITS ON SCENE?		
					<input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
INVOLVED MEMBER	RANK	LAST NAME	FIRST NAME	EMPLOYEE NO.	SEX	RACE		
	9161	ALEXANDER JR	GENE		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	1		
	DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?	TYPE OF MEMBER INJURY	OTHER INJURIES		
	13-APR-1998	002 0202	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling	<input 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"/> Head Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)		
SUBJECT INFORMATION	LAST NAME	FIRST NAME	M.I.	SEX	RACE	D.O.B.		
	JOHNSON	ROBERT		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLACK	1976		
	ADDRESS	TELEPHONE NO.	CONDITION	SUBJECT INJURY BY MEMBER'S USE OF FORCE?				
			<input type="checkbox"/> Injured by Member <input checked="" type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> OTHER (Specify)	<input checked="" type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK				
			<input type="checkbox"/> Apparently Normal <input type="checkbox"/> Alleges Injury by Member <input checked="" type="checkbox"/> Under Influence of Alcohol <input checked="" type="checkbox"/> Mental Illness / Emotional Disorder	<input type="checkbox"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal				
	MEDICAL TREATMENT?	<input type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)		ST. BERNARD				
	<input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested <input checked="" type="checkbox"/> Performed by CFD EMS							
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 type="checkbox"/> NO <input checked="" 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 type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input checked="" type="checkbox"/> KNEE/LEG STRIKE		<input type="checkbox"/> CHEMICAL WEAPON	<input type="checkbox"/> REVOLVER	<input type="checkbox"/> OTHER (DESCRIBE)		
<input 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"/> FLED	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> SEMI-AUTO PISTOL	<input type="checkbox"/> SHOTGUN			
<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON	<input type="checkbox"/> GRAB/HOLD/RESTRAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	<input type="checkbox"/> 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"/> Obtained Member's Weapon			
	<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> Possessed	<input type="checkbox"/> Used - Attacked Member				
	SUBJECT ACTIVITY	Drug-Related? <input type="checkbox"/> YES <input checked="" 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	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 checked="" type="checkbox"/> Other (Including Verbal Threats)		
	TYPE OF ACTIVITY?	<input type="checkbox"/> Ambush - No Warning <input checked="" type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Disturbance - Rip/Mob Action/Civil Disorder <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Other <input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disturbance - Mental Health <input checked="" type="checkbox"/> Other - Describe in Narrative				Pursuing/Arresting Subject <input type="checkbox"/> Processing/Transporting/Guarding Arrestee <input type="checkbox"/> Charge: _____ IUCR CODE: _____		
MEMBER'S RESPONSE (Check all that apply)	REASON FOR RESPONSE?	<input type="checkbox"/> Defense of Self <input checked="" 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"/> Fleeing Subject <input type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional						
	FORCE MITIGATION EFFORTS			CONTROL TACTICS				
	<input checked="" type="checkbox"/> MEMBER PRESENCE	<input type="checkbox"/> ZONE OF SAFETY	<input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input checked="" type="checkbox"/> TACTICAL POSITIONING	<input type="checkbox"/> NONE	<input type="checkbox"/> ESCORT HOLDS	<input type="checkbox"/> CONTROL INSTRUMENT	<input type="checkbox"/> OTHER
<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 type="checkbox"/> WRISTLOCK	<input type="checkbox"/> PRESSURE SENSITIVE AREAS		
	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 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	
				*AUTHORIZED BY (NAME) _____ RANK _____ STAR NO. _____ UNIT NO. _____				
WEAPON DISCHARGE	<input checked="" type="checkbox"/> DNA	NO. OF WEAPONS DISCHARGED BY THIS MEMBER	WEAPON TYPE:	<input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <input type="checkbox"/> TASER <input type="checkbox"/> RIFLE	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	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) <input type="checkbox"/> OFFENDER	TOTAL NO. OF SHOTS MEMBER 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# 02432 IN SUMMARY, R/O RESPONDED TO A DOMESTIC DISTURBANCE IN THE POLICE STATION. R/O OBSERVED OFFENDER ARGUING WITH GIRLFRIEND. R/O SEPARATED OFFENDER FROM GIRLFRIEND. R/O REQUESTED OFFENDER TO LEAVE THE STATION REPEATEDLY ABOUT 3 TIMES OFFENDER REFUSED. OFFENDER WALKED THEN OUTSIDE THE DOOR AND BECAME IRRATE AND AGGRESSIVELY GRABBED P.O. DARBY #14283 BY THE ARM. OFFENDER THEN KICKED AT R/O WITH HIS FOOT THREE TIMES PLACING R/O IN REASONABLE APPREHENSION OF RECEIVING A BATTERY. R/O WAS ABLE TO MOVE TO AVOID BEING STRUCK. OFFENDER WAS THEN TASED BY BEAT 221R TO PREVENT FURTHER ATTACK. OFFENDER FELL TO THE GROUND AND HE WAS EMERGENCY HAND CUFFED BY R/O. EMS WAS REQUESTED OFFENDER HAD AN INJURY TO HIS HEAD CAUSED BY FALLING TO THE GROUND. OFFENDER WAS TAKEN TO ST. BERNARD BY EMS 36.

REPORTING MEMBER (Print Name) ALEXANDER JR, GENE STAR/EMPLOYEE NO. 8860 SIGNATURE [REDACTED]

**REVIEWING SUPERVISOR**

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

UNK LAST NAME FIRST NAME M.I. SEX  M  F RACE DATE OF BIRTH  
 WITNESSES ADDRESS CHICAGO, IL TELEPHONE NO. WITNESS INTERVIEW  INTERVIEWED  NOT AVAILABLE  REFUSED  OTHER (Specify)

WITNESS STATEMENT

**REVIEWING SUPERVISOR: COMMENTS**  
 R/SGT RESPONDED TO THE SCENE AND THERE WERE NO WITNESSES PRESENT TO BE INTERVIEWED. R/SGT ENSURED ALL APPROPRIATE NOTIFICATIONS WERE MADE. R/SGT ENSURED THE DETAILS WERE COMPLETE AND CORRECT AS WELL AS COMPLETING ALL NECESSARY REQUIRED BOXES IN THE SUPERVISOR REVIEW SECTION. R/SGT REVIEWED ALL APPLICABLE BWC FOOTAGE REGARDING THIS INCIDENT. R/SGT ENSURED ALL NECESSARY REPORTS WERE ATTACHED. R/SGT ENSURED MEDICAL ATTENTION FOR OFFENDER WAS OBTAINED. FIRED CARTRIDGE AND PRONGS RECOVERED AND INVENTORIED.  
 CL #1089808 OBTAINED FOR THIS INCIDENT.

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. 1089808

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

REVIEWING SUPERVISOR NAME (Print) BELL, CHRISTOPH STAR NO. 2625 SIGNATURE [REDACTED] DATE/TIME COMPLETED 09-JUN-2018 0535

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

<b>INCIDENT INFORMATION</b>	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	09-JUN-2018	0315	5101 S WENTWORTH AVE CHICAGO, IL 60609	02432	JB299217		
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE	
9161	ALEXANDER JR	GENE	[REDACTED]	19656659	720 ILCS 5.0/12-2-B-4 - AGG ASSAULT/PEACE OFFICER/WEAPON		
SUBJECT LAST NAME		SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
JOHNSON		ROBERT			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	[REDACTED] 976

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

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

Transported to St. Bernards and sedated to to agitated state during medical treatment for cut to his head from fall after being tased

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

At the time of the incident R/Lt. was touring the district. R/Lt. monitored the broadcast of Beat 221R that she had discharged her Taser and was requesting medical attention in front of the station. R/Lt. immediately responded to the scene. Sgt. Bell was on scene as well as CFD Amb. #36. The offender was observed to be strapped onto a gurney and being loaded into the ambulance. The offender was observed to be in an agitated state. The offender was transported to the hospital for removal of the Taser prongs. R/Lt. downloaded Officer Buckhalter's Taser which indicated one (1) trigger event of five (5) seconds duration. R/Lt. reviewed the BWC of PO Buckhalter #10109, PO Belcher #19965 and PO Salinas #6469. PO Buckhalter's video starts during the Taser activation without audio. PO Belcher's video starts after the deployment and the offender can be heard using profanities. PO Salinas video shows the offender sitting on the ground after the discharge. The offender is observed to be quite vocal, belligerent and non-cooperative with CFD paramedics. The offender is also noted to be spitting towards the paramedics and officers present as he was being placed into the ambulance. Officer Alexander did not have his BWC on his person due to working the desk at the time of the incident. Officer Alexander utilized the Force Mitigation concepts of tactical positioning and additional units to control the offender. The R/Lt. finds the member's use of force in compliance with the Department policy and directives.

## LT OR ABOVE/INCIDENT COMMANDER:

I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.  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:

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:

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.  NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.  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
DOUGHERTY, MICHAEL P	363	[REDACTED]	09-Jun-2018 0655

# TACTICAL RESPONSE REPORT - REVIEW/Chicago Police Department

FRU TRACKING NO. 2018-02128

<b>INCIDENT INFORMATION</b>	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	09-JUN-2018 0315	0315	5101 S WENTWORTH AVE CHICAGO, IL 60609	02432	JB299217		
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	IR NO.	
9161	ALEXANDER JR	GENE	[REDACTED]	19656659	[REDACTED]		
SUBJECT LAST NAME		SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
JOHNSON		ROBERT			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	[REDACTED] 976

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> <b>LEVEL I</b>   | <input type="checkbox"/> <b>LEVEL II</b>  | <input type="checkbox"/> <b>LEVEL III</b>   | <input type="checkbox"/> <b>LEVEL IV</b>   |
| <input type="checkbox"/> Use of escort hold, pressure compliance techniques and firm grips which result in an injury or an allegation of injury.<br><input type="checkbox"/> Use of control holds, wristlocks, armbars used in conjunction with handcuffing and searching techniques which result in an injury or an allegation of injury.<br><input type="checkbox"/> Use of force necessary to overcome passive resistance due to disability or intoxication which results in an injury or an allegation of injury.<br><input checked="" type="checkbox"/> Other | <input type="checkbox"/> Stunning<br><input type="checkbox"/> Use of Taser<br><input type="checkbox"/> Impact weapon (baton, asp, other)<br><input type="checkbox"/> Direct mechanical strike<br><input type="checkbox"/> OC Spray or other chemical agent<br><input type="checkbox"/> Canine<br><input type="checkbox"/> Impact Munitions<br><input type="checkbox"/> LRAD | <input type="checkbox"/> Laceration requiring sutures<br><input type="checkbox"/> Broken/fractured bones<br><input type="checkbox"/> Injuries requiring a hospital admission<br><input type="checkbox"/> Firearm discharge to destroy/deter an animal | <input type="checkbox"/> Use of force involving a discharge of a firearm<br><input type="checkbox"/> Accidental discharge of a firearm<br><input type="checkbox"/> Striking of subject's head with impact weapon<br><input type="checkbox"/> Application of a chokehold<br><input type="checkbox"/> Use of force by an exempt member<br><input type="checkbox"/> Other deadly force incident<br><input checked="" type="checkbox"/> Other incident as determined by the Superintendent |

I hereby certify that to the best of my knowledge, neither I, nor my spouse or domestic partner, my parent, my sibling or my child (hereinafter my household or immediate family), has a personal, professional or financial relationship with the subject, victim, witness, department member(s), witness department member(s), or civilian witness(es). I further certify that to the best of my knowledge, the resolution of the matter under review will not positively or negatively affect my financial interests or the financial interest of any member of my household or immediate family.

I acknowledge that I must disclose to the First Deputy Superintendent, in writing, the acquisition of any financial interest or the development or the discovery of any personal interest that would directly affect my ability to conduct an impartial objective review and render unbiased decisions concerning the matter under review.

I acknowledge that I must disclose to the First Deputy Superintendent, Office of the First Deputy Superintendent, in writing, the discovery that a member of my household or immediate family has a personal, professional, or financial relationship with the victim(s), subject(s), department member(s), witness department member(s), or civilian witness(es) or if a member of my household or immediate family will be positively or negatively affected by the resolution of the matter under review.

### USE OF FORCE INCIDENT REVIEW (FOR FORCE REVIEW UNIT USE ONLY)

**REVIEW SUMMARY:**  
 THE INVOLVED MEMBER IN THIS INCIDENT ASSISTED OTHER DEPARTMENT MEMBERS WITH A SUBJECT THAT WAS FIGHTING INSIDE AND OUTSIDE THE 002ND DISTRICT STATION. THE SUBJECT BECAME AN ASSAILANT AND ATTEMPTED TO STRIKE THE INVOLVED MEMBER WITH HIS FOOT. THE SUBJECT WAS SUBSEQUENTLY TASED BY AN ASSISTING DEPARTMENT MEMBER TO GAIN CONTROL. THIS TRR WAS COMPLETED FOR THE ASSAULT AGAINST THE INVOLVED MEMBER.

AS PART OF THIS REVIEW, THE FORCE REVIEW UNIT REVIEWED THE TRR, TRR-I, THE CASE REPORT, THE ARREST REPORT AND BODY-WORN CAMERA VIDEO CAPTURED FROM P.O. LISA BUCKHALTER #1064, PO PATRICIA SALINAS #121814, AND PO BELINDA BELCHER #104073.

SECONDARY RD NO. GENERATED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	RD NO: _____	U NO. OBTAINED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	U NO: _____
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**OPINIONS AND RECOMMENDATIONS**

**OPINIONS AND RECOMMENDATIONS:**  
 THE FORCE REVIEW UNIT HAS NO RECOMMENDATIONS AT THIS TIME REGARDING THIS INCIDENT.

Approved / Reviewed

**BASED ON THE REVIEW OF THE INCIDENT, THE FOLLOWING IS RECOMMENDED:**

NO ADDITIONAL TRAINING RECOMMENDED

ADDITIONAL TRAINING RECOMMENDED  
 COMPLAINT LOG NO. RECOMMENDED

SUBJECT TO A CURRENT COPA COMPLAINT INVESTIGATION. CL NO.: \_\_\_\_\_  
 REFER TO FORCE REVIEW PANEL

**DISTRICT ACTIONS**

INDIVIDUAL DEBRIEFING WITH SUPERVISOR  
 REVIEW STREAMING VIDEO  
 REVIEW DEPARTMENT DIRECTIVES  
 REVIEW LEGAL/TRAINING BULLETIN  
 STRESS REDUCTION SEMINAR  
 OTHER: (DESCRIBE) \_\_\_\_\_

**EDUCATION AND TRAINING DIVISION ACTIONS**

TACTICS TRAINING  
 EQUIPMENT/WEAPONS TRAINING  
 FORCE MITIGATION TECHNIQUES  
 USE OF FORCE POLICY/LAW REVIEW  
 OTHER: (DESCRIBE) \_\_\_\_\_

REVIEWING MEMBER: (Print)

NOMELLINI, MATTHEW

STAR NO.

SIGNATURE

DATE/TIME

15-JUN-2018 1109

APPROVING SUPERVISOR COMMENTS:

COMPLAINT LOG NO. OBTAINED

CL NO: \_\_\_\_\_

DATE/TIME OBTAINED: \_\_\_\_\_

APPROVING SUPERVISOR: (Print)

BLYSKAL, DAVID M

STAR NO.

1122

SIGNATURE

DATE/TIME

15-Jun-2018 1206

FORCE REVIEW UNIT C/O COMMENTS:

FORCE REVIEW UNIT C/O APPROVAL (Print)

STAR NO.

SIGNATURE

DATE/TIME

**FORCE REVIEW PANEL DETERMINATION (FOR LEVEL IV INCIDENTS ONLY)**

ACTIONS RECOMMENDED?  NO  YES, DESCRIBE BELOW:

30-DAY ADMINISTRATIVE DUTIES  EAP REFERRAL  OTHER: (DESCRIBE) \_\_\_\_\_

APPROVED BY: (Print)

STAR NO.

SIGNATURE

DATE/TIME

