

# TACTICAL RESPONSE REPORT / Chicago Police Department

<b>INCIDENT</b>	DATE OF INCIDENT 09-JUN-2018	TIME 0315	ADDRESS OF OCCURRENCE 155 W 51ST ST CHICAGO, IL 60609	LOCATION CODE 280	BEAT/OCCUR. 0225	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)			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. 02432	RD NO. JB299217	IR NO. 1063785	CB NO. 19656659	CHARGE 720 ILCS 5.0/12-3-A-2 - BATTERY - MAKE PHYSICAL CONTACT	INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
LIGHTING <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN <input checked="" type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL		WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> FOG		PATROL TYPE? <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> BICYCLE <input type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER: <input type="checkbox"/> FOOT <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> VAN/BUS		MEMBER WAS? <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER	ASSIST UNITS ON SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR			
<b>INVOLVED MEMBER</b>	RANK 9161	LAST NAME BUCKHALTER	FIRST NAME LISA	EMPLOYEE NO.	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	RACE 1	AGE 45	HT. 506	WT. 200		
	DATE OF APPT. 25-JUN-2001	UNIT & BEAT OF ASSIGN. 002 0221r	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		Minor Contusion/Laceration <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Gun Shot <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Fatal <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)				
<b>SUBJECT INFORMATION</b>	LAST NAME JOHNSON		FIRST NAME ROBERT	M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. 26-DEC-1976	HT. 506	WT. 160		
	ADDRESS		TELEPHONE NO.	CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured by Member <input checked="" type="checkbox"/> Injured Unrelated to Force		Injured by Member <input checked="" type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> OTHER (Specify) Alleges Injury by Member <input type="checkbox"/> Mental Illness / Emotional Disorder <input checked="" type="checkbox"/>					
	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) ST. BERNARD		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						
<b>SUBJECT'S ACTIONS</b> (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 checked="" 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 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 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"/> 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"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN				
<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"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon <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)		Charge: _____ IUCR CODE: _____			
TYPE OF ACTIVITY? <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input checked="" type="checkbox"/> Disturbance - Other		<input type="checkbox"/> Traffic Stop <input type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Mental Health <input type="checkbox"/> Other - Describe in Narrative		Pursuing/Arresting Subject		Processing/Transporting/Guarding Arrestee		Charge: _____ IUCR CODE: _____			
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 checked="" type="checkbox"/> Defense of Department Member <input type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional		<b>FORCE MITIGATION EFFORTS</b>		<b>CONTROL TACTICS</b>							
<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> MOVEMENT TO AVOID ATTACK		<input checked="" 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 checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS		<input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS							
<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS		<input type="checkbox"/> TAKE DOWN <input type="checkbox"/> OTHER		<input type="checkbox"/> ELBOW STRIKE		<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH		<input type="checkbox"/> KNEE STRIKE			
<input type="checkbox"/> OC/CHEMICAL WEAPON <input checked="" type="checkbox"/> TASER		<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION*		<input type="checkbox"/> CANINE		<input type="checkbox"/> LRAD W/ AUTHORIZATION*		<input type="checkbox"/> BATON/EXPANDABLE BATON			
<input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW)		<input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL		<input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN		<input type="checkbox"/> OTHER					
*AUTHORIZED BY (NAME)		RANK		STAR NO.		UNIT NO.					
<b>WEAPON DISCHARGE</b>	NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		WEAPON TYPE: <input type="checkbox"/> CHEMICAL WEAPON <input checked="" type="checkbox"/> TASER		SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER REVOLVER <input type="checkbox"/> RIFLE		WEAPON SERIAL NO. X3000353R		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				
	<b>TASER DISCHARGE ONLY</b>		TASER DART ID NO. c6202kmm		PROPERTY INVENTORY NO. 14190953		PROBE DISCHARGE <input checked="" 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 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
<b>FIREARM DISCHARGE ONLY</b>		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		MAKE/ MANUFACTURER		MODEL	
		<input type="checkbox"/> OFFENDER								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.)**  
 EVT 02432 IN SUMMARY R/O NOTICED A DISTURBANCE IN FRONT OF 002 POLICE DISTRICT. R/O WENT OUTSIDE AND SAW OFFENDER KICKING AND SWINGING AT P.O ALEXANDER IN AN ATTEMPT TO STRIKE HIM. R/O GAVE VERBAL COMMANDS TO STOP IN WHICH HE IGNORED CONTINUED TO SWING WITH CLOSED FISTS TRYING TO DO PHYSICAL HARM TO P.O.ALEXANDER. R/O THEN TASED OFFENDER TO STOP FURTHER ATTACKS. UPON BEING TASED THE OFFENDER FELL TO THE GROUND AND STRUCK HIS HEAD CAUSING A SMALL LACERATION. OFFENDER WAS THEN HANDCUFFED BY P.O.ALEXANDER. CFD AMB #36 ARRIVED ON SCENE AND OFFENDER WAS TAKEN TO ST BERNARDS HOSPITAL.

REPORTING MEMBER (Print Name) **BUCKHALTER, LISA** STAR/EMPLOYEE NO. **10109** SIGNATURE

**REVIEWING SUPERVISOR**

TYPE OF SUBJECT INJURY  None / None Apparent  Minor Contusion  Significant Contusion  Gun Shot  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**  
 UNK  
 LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_ SEX:  M  F RACE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 ADDRESS: CHICAGO, IL TELEPHONE NO.: \_\_\_\_\_ WITNESS INTERVIEW:  INTERVIEWED  NOT AVAILABLE  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 DATE/TIME COMPLETED **09-JUN-2018 0647**

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.		
	09-JUN-2018	0315	155 W 51ST ST CHICAGO, IL 60609	02432	JB299217		
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE	
9161	BUCKHALTER	LISA		19656659	720 ILCS 5.0/12-3-A-2 - BATTERY - MAKE PHYSICAL CONTACT		
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	1976

## 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 due 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 Beal 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 Darby did not have his BWC activated due to fact that he was in the station processing an arrest when he heard the commotion at the desk and went to assist. PO Alexander did not have a BWC on his person due to being assigned to the desk for the tour. 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. The R/Lt. reviewed the Original Incident Case Report and based on available reports and video the offender's actions indicated him to be an assailant. 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.  IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

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: 1089808

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:  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		09-Jun-2018