

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 09-JUN-2018	TIME 0315	ADDRESS OF OCCURRENCE 5101 S WENTWORTH AVE CHICAGO, IL 60609	LOCATION CODE 280	BEAT/OCCUR. 0225	VIDEO RECORDED INCIDENT <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) STREET	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.	CB NO.	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 type="checkbox"/> ARTIFICIAL <input type="checkbox"/> DARKNESS	WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input 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 checked="" type="checkbox"/> FOOT <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> VAN/BUS	MEMBER WAS? <input checked="" type="checkbox"/> ALONE <input 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						
INVOLVED MEMBER	RANK 9161	LAST NAME DARBY	FIRST NAME JOHN	EMPLOYEE NO.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 1	AGE 53	HT. 600	WT. 200		
	DATE OF APPT. 04-OCT-1999	UNIT & BEAT OF ASSIGN. 002 212r	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"/> 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 JOHNSON		FIRST NAME ROBERT		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. 976	HT. 506	WT. 160	
	ADDRESS		TELEPHONE NO.		CONDITION <input type="checkbox"/> Injured by Member <input checked="" type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Mental Illness / <input type="checkbox"/> Injured Unrelated to Force <input checked="" type="checkbox"/> Under Influence of Alcohol <input checked="" type="checkbox"/> Emotional Disorder						
	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 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 checked="" 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)				
MEMBER'S RESPONSE (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 type="checkbox"/> IMMEDIATE THREAT OF BATTERY - NO WEAPON		<input checked="" type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:				
<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: _____			
WEAPON DISCHARGE	REASON FOR RESPONSE? <input checked="" 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"/> Defense of Department Member <input type="checkbox"/> Overcome Resistance or Aggression <input 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 checked="" 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 checked="" type="checkbox"/> OTHER		<input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> P.O PULLED AWAY				
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS		<input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS		<input type="checkbox"/> ARMBAR <input type="checkbox"/> EMERGENCY HANDCUFFING						
RESPONSE WITHOUT WEAPONS		RESPONSE WITH WEAPONS									
<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS		<input type="checkbox"/> TAKE DOWN <input checked="" type="checkbox"/> OTHER		<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH		<input type="checkbox"/> KNEE STRIKE		<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"/> 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	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"/> 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.		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 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.)

EVENT#02432
 IN SUMMARY RO OBSERVED OFFENDER OUTSIDE OF POLICE FACILITY KICKING AND SWINGING HIS ARMS. R.O. WENT OUTSIDE TO ASSIST P.O. SAVERSON AND P.O. ALEXANDER AT WHICH TIME THE OFFENDER AGGRESSIVELY GRABBED R.O.'S RIGHT ARM, PULLING R.O. TOWARDS HIM. R.O THEN PULLED HIS RIGHT ARM AWAY CAUSING OFFENDER TO RELEASE R.O.'S ARM. THE OFFENDER THEN BEGAN KICKING AND SWINGING AT P.O. ALEXANDER IN AN ATTEMPT TO STRIKE HIM. AT THIS TIME TO PREVENT FURTHER ATTACK BT 221R TASED THE OFFENDER CAUSING HIM TO FALL TO THE GROUND STRIKING HIS HEAD SUSTAINING A SMALL LACERATION. EMS#36 RESPONDED TO THE SCENE. SUBJECT WAS THEN PLACED IN CUSTODY BY P.O. ALEXANDER

REPORTING MEMBER (Print Name) STAR/EMPLOYEE NO. SIGNATURE
 DARBY, JOHN 14283

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

WITNESSES	<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"/> 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) STAR NO. SIGNATURE DATE/TIME COMPLETED
 BELL, CHRISTOPH 2625 09-JUN-2018 0642

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 09-JUN-2018		TIME 0315	ADDRESS OF OCCURRENCE 5101 S WENTWORTH AVE CHICAGO, IL 60609		EVENT NO. 02432	RD NO. JB299217	
	RANK 9161	MEMBER LAST NAME DARBY		MEMBER FIRST NAME JOHN		EMPLOYEE NO. [REDACTED]	CB NO.	
	SUBJECT LAST NAME JOHNSON			SUBJECT FIRST NAME ROBERT			M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F

CHARGE
720 ILCS 5.0/12-3-A-2 -
BATTERY - MAKE PHYSICAL
CONTACT
[REDACTED] 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/LI was touring the district. R/LI monitored the broadcast of Beat 221R that she had discharged her Taser and was requesting medical attention in front of the station. R/LI 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/LI downloaded Officer Buckhalter's Taser which indicated one (1) trigger event of five (5) seconds duration. R/LI reviewed the BWC of PO Buckhalter #10109, PO Belcher #19965 and PO Salinas #8469. 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 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. Based on available reports Officer Darby's use of force is minimal in that he pulled away from the offender to distance himself before the offender was Tased by Beat 221R. The R/LI 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) DOUGHERTY, MICHAEL P	STAR NO. 363	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 09-Jun-2018 0719
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TACTICAL RESPONSE REPORT - REVIEW/Chicago Police Department

FRU TRACKING NO. 2018-02130

INCIDENT INFORMATION	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	DARBY	JOHN					
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

<input checked="" type="checkbox"/> LEVEL I	<input type="checkbox"/> LEVEL II	<input type="checkbox"/> LEVEL III	<input type="checkbox"/> LEVEL IV
<input type="checkbox"/> Use of escort hold, pressure compliance techniques and firm grips which result in an injury or an allegation of injury. <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. <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. <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Stunning <input type="checkbox"/> Use of Taser <input type="checkbox"/> Impact weapon (baton, asp, other) <input type="checkbox"/> Direct mechanical strike <input type="checkbox"/> OC Spray or other chemical agent <input type="checkbox"/> Canine <input type="checkbox"/> Impact Munitions <input type="checkbox"/> LRAD	<input type="checkbox"/> Laceration requiring sutures <input type="checkbox"/> Broken/fractured bones <input type="checkbox"/> Injuries requiring a hospital admission <input type="checkbox"/> Firearm discharge to destroy/deter an animal	<input type="checkbox"/> Use of force involving a discharge of a firearm <input type="checkbox"/> Accidental discharge of a firearm <input type="checkbox"/> Striking of subject's head with impact weapon <input type="checkbox"/> Application of a chokehold <input type="checkbox"/> Use of force by an exempt member <input type="checkbox"/> Other deadly force incident <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 OUTSIDE THE 002ND DISTRICT STATION. THE SUBJECT BECAME AN ASSAULTANT AND BATTERED THE INVOLVED MEMBER. THE SUBJECT WAS SUBSEQUENTLY TASED BY AN ASSISTING DEPARTMENT MEMBER. THIS TRR WAS COMPLETED FOR THE BATTERY 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:
MEMBER ADVISEMENT (INVOLVED MEMBER):

IN THE 'MEMBER'S RESPONSE' PORTION OF THE TRR, THE INVOLVED MEMBER CHECKED THE 'OTHER' BOX IN THE 'CONTROL TACTICS' SECTION AS WELL AS IN THE 'RESPONSE WITHOUT WEAPONS' SECTION, ADDING "P.O. PULLED AWAY." THESE SECTIONS OF THE TRR ARE INTENDED TO INDICATE FORCE WHICH WAS APPLIED BY THE INVOLVED MEMBER ON THE SUBJECT. A MORE APPROPRIATE LOCATION TO CITE THAT THE INVOLVED MEMBER PULLED AWAY WOULD BE IN THE 'FORCE MITIGATION EFFORTS' SECTION OF THE TRR OR SIMPLY STATING IT IN THE NARRATIVE. IT SHOULD BE NOTED THAT THE CURRENT TRR INSTRUCTIONS DO NOT SPECIFY THE PURPOSE OF EACH SECTION AND BOX.

THE FORCE REVIEW UNIT HAS NO RECOMMENDATIONS AT THIS TIME REGARDING THIS INCIDENT.

BASED ON THE REVIEW OF THE INCIDENT, THE FOLLOWING IS RECOMMENDED:	<input type="checkbox"/> ADDITIONAL TRAINING RECOMMENDED	<input type="checkbox"/> SUBJECT TO A CURRENT COPA COMPLAINT INVESTIGATION. CL NO.:
<input checked="" type="checkbox"/> NO ADDITIONAL TRAINING RECOMMENDED	<input type="checkbox"/> COMPLAINT LOG NO. RECOMMENDED	<input type="checkbox"/> REFER TO FORCE REVIEW PANEL

DISTRICT ACTIONS		EDUCATION AND TRAINING DIVISION ACTIONS	
<input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR	<input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN	<input type="checkbox"/> TACTICS TRAINING	<input type="checkbox"/> USE OF FORCE POLICY/LAW REVIEW
<input type="checkbox"/> REVIEW STREAMING VIDEO	<input type="checkbox"/> STRESS REDUCTION SEMINAR	<input type="checkbox"/> EQUIPMENT/WEAPONS TRAINING	<input type="checkbox"/> OTHER: (DESCRIBE)
<input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES	<input type="checkbox"/> OTHER: (DESCRIBE)	<input type="checkbox"/> FORCE MITIGATION TECHNIQUES	

REVIEWING MEMBER: (Print) NOMELLINI, MATTHEW	STAR NO.	SIGNATURE	DATE/TIME 15-JUN-2018 1113
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APPROVING SUPERVISOR COMMENTS:	<input type="checkbox"/> COMPLAINT LOG NO. OBTAINED
	CL NO:
	DATE/TIME OBTAINED:

APPROVING SUPERVISOR: (Print) BLYSKAL, DAVID M	STAR NO. 1122	SIGNATURE	DATE/TIME 15-Jun-2018 1208
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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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW:
<input type="checkbox"/> 30-DAY ADMINISTRATIVE DUTIES <input type="checkbox"/> EAP REFERRAL <input type="checkbox"/> OTHER: (DESCRIBE)

APPROVED BY: (Print)	STAR NO.	SIGNATURE	DATE/TIME
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