TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED

1. DATE OF INCIDENT	TIME	2. ADDRESS OF OCCURRENCE	3. LOCATION CODE	4. BEAT/OCCUR	5. VIDEO RECORDED INCIDENT
05-OCT-2017	15:30:00	2301 N HARLEM AVE CHICAGO, IL 60707	277	2512	☐ 01 BWC ☐ 02 IN-CAR CAMERA ☐ 03 OTHER REPT VIDEO

6. POSITION	7. LAST NAME	8. FIRST NAME	9. STAR NO.	10. SEX	11. RACE CODE	12. AGE	13. HT.	14. WT.
9161	MESSINO	WILLIAM N	18980	☒ 01 M ☐ 02 F	WHI	1977	508	175

15. DATE OF APPT.	16. EMPLOYEE NO.	17. UNIT & BEAT OF ASSIGNMENT	18. DUTY STATUS	19. MEMBER INJURED?	20. MEMBER IN UNIFORM?
28-OCT-2002	▮	025 2511	☒ 01 On ☐ 02 Off	☐ 01 Yes ☒ 02 No	☒ 01 Yes ☐ 02 No

SUBJECT INFORMATION ☐ DNA

21. LAST NAME	22. FIRST NAME	23. M.I.	24. SEX	25. RACE	26. D.O.B.	27. HT.	28. WT.
BAILEY	ANTHONY		☒ 01 M ☐ 02 F	WHI	18-MAY-1973	508	220

29. ADDRESS	30. TELEPHONE NO.	31. WAS SUBJECT ARMED? HANDS/FISTS, OTHER (SPECIFY)	32. SUBJECT INJURED BY MEMBER?	33. SUBJECT ALLEGED INJURY BY MEMBER?
▮		☐ 01 Yes ☒ 02 No	☒ 01 Yes ☐ 02 No	☒ 01 Yes ☐ 02 No

34. IF SUBJECT INJURED, DESCRIBE INJURY	35. WHERE WAS MEDICAL TREATMENT OBTAINED?
☐ 01 Fatal ☐ 02 Non-Fatal - Major Injury ☒ 03 Non-Fatal - Minor Injury ☐ 04 Non-Apparent/None	OUR LADY OF RESURRECTION MEDICAL CENTER

36. BY WHOM?	37. CONDITION
	☐ 01 Apparently Normal ☐ 02 Under Influence ☒ 03 Hospitalized ☐ 04 Not Hospitalized ☐ 05 Refused Medical Aid

38. CHARGES PLACED		39. CB NO.	IR NO.	☐ DNA
720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 15 ILCS 335.0/14	☐ DNA	19546501		

REASON FOR USE OF FORCE (Check all that apply)   ☐ DNA

40.

SUBJECT'S ACTIONS

PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT:ASSAULT	ASSAILANT:BATTERY	ASSAILANT:DEADLY FORCE
DID NOT FOLLOW VERBAL DIRECTION ☒	FLED ☒	IMMINENT THREAT OF BATTERY ☒	ATTACK WITH WEAPON ☐	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM ☐
STIFFENED (DEAD WEIGHT) ☒	PULLED AWAY ☒	OTHER FLAILING ARM W/ CLENC	ATTACK WITHOUT WEAPON ☐	WEAPON ☐
OTHER ___	OTHER ___	PERCEIVED AS ___	OTHER ___	OTHER ___ PERCEIVED AS ___

MEMBER'S RESPONSE

MEMBER PRESENCE ☒	OPEN HAND STRIKE ☐			
VERBAL COMMANDS ☒	TAKE DOWN / EMERGENCY HANDCUFFING ☐	ELBOW STRIKE ☐	KNEE STRIKE ☒	FIREARM ☐
ESCORT HOLDS ☒	OC CHEMICAL WEAPON ☐			
WRISTLOCK ☐	CANINE ☐			
ARMBAR ☐	TASER (Probe Discharge) ☐ 01☐ 02☐ 03☐	CLOSED HAND STRIKE/PUNCH ☐	KICKS ☐	
PRESSURE SENSITIVE AREAS ☐	TASER (Contact Stun) ☐ 01☐ 02☐ 03☐	IMPACT WEAPON (Describe in Box 40) ☐	IMPACT MUNITION (Describe in Box 40) ☐	OTHER ___
CONTROL INSTRUMENT ☐	TASER (ARC Cycle) ☐ 01☐ 02☐ 03☐	OTHER ___		
OC/CHEMICAL WEAPON W/AUTHORIZATION ☐	TASER (Spark Displayed) ☐ 01☐ 02☐ 03☐			
LRAD WITH AUTHORIZATION ☐				
OTHER ___	OTHER ___			

WEAPON DISCHARGE INCIDENT   ☐ DNA

41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)	RANK	STAR NO.	UNIT NO.	42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL?
				☐ 01 Yes ☒ 02 No

43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT?	44. DID THIS WEAON CONTRIBUTE TO A SUBJECT INJURY	45. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY?
☐ 01 Yes ☒ 02 No	☐ 01 Yes ☐ 02 No	☒ 01 No ☒ 02 Yes - Subject ☐ 03 Yes - Member

46. WEAPON TYPE	47. INCIDENT OCCURRED	48. LIGHTING CONDITIONS	49. WEATHER CONDITIONS
☐ 01 REVOLVER ☐ 02 RIFLE ☐ 03 SHOTGUN ☐ 04 SEMI-AUTO PISTOL ☐ 05 CHEMICAL WEAPON ☐ 06 TASER (Probe Discharge) ☐ 07 OTHER	☐ Indoors ☒ Outdoors	☒ 01 Daylight ☐ 02 Night ☐ 03 Dawn ☐ 04 Dusk ☐ 05 Poor Artificial ☐ 06 Good Artificial	CLEAR

50. MAKE/MANUFACTURER	51. MODEL	52. BARREL LENGTH	53. CALIBER/GAUGE

54. TASER DART ID NO.	55. WEAPON SERIAL No. (Include Letters)	56. CHICAGO GUN REG. NO.	57. IL FIREARM OWNER ID. NO.	58. HANDGUN CERTIFICATE NO.

59. SPECIAL WEAPON CERTIFICATE NO.	60. PROPERTY INVENTORY NO.	61. TYPE OF AMMUNITION USED	62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	63. TOTAL NO. OF SHOTS MEMBER FIRED

64. WHO FIRED FIRST SHOT	65. WAS FIREARM RELOADED DURING INCIDENT	66. NO OF CARTRIDGES/ SHOT SHELLS RELOADED	67. HOW WAS MEMBER'S HANDGUN WORN
☐ 01 MEMBER ☐ 02 OFFENDER ☐ 03 OTHER (SPECIFY)	☐ 01 YES ☐ 02 NO		☐ 01 RT. SIDE (WAIST) ☐ 02 LT. SIDE (WAIST) ☐ 03 OTHER (Specify)

68. HOW WAS MEMBER'S HANDGUN DRAWN	69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	70. DID MEMBER USE SIGHTS
☐ 01 STRONG SIDE DRAW ☐ 02 CROSS DRAW ☐ 03 OTHER (Specify)		☐ 01 YES ☐ 02 NO

71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED
	☐ 01 0 - 05 FT. ☐ 02 05 - 10 FT. ☐ 03 10 - 15 FT. ☐ 04 OVER 15 FT.

73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON	74. POSITION OF MEMBER DISCHARGING WEAPON
☐ 01 SUBJECT ☐ 03 ANIMAL ☐ 05 SUBJECT & OTHER CATEGORY ☐ 07 NONE ☐ 02 OTHER PERSON ☐ 04 OBJECT ☐ 06 UNKNOWN ☐ 08 ANY OTHER COMBINATION	☐ 01 STANDING ☐ 02 LYING DOWN ☐ 03 SITTING ☐ 04 KNEELING ☐ 05 OTHER (SPECIFY)

75. EVENT NO. 1727809374

76. R.D. NO. JA459497

CASE INFORMATION

77. NOTIFICATIONS (ALL INCIDENTS): ☐ IMMEDIATE SUPERVISOR ☐ DSS OF DISTRICT OF OCCURRENCE

NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): ☐ OEMC ☐ CPIC

NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): ☐ OEMC

Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropiate case report.

78. ADDITIONAL INFORMATION

SIGNATURES

79. REPORTING MEMBER (Print Name)	STAR/EMPLOYEE NO.	SIGNATURE
MESSINO, WILLIAM N 05-OCT-2017 21:09:30	18980	███

Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.

80. REVIEWING SUPERVISOR (Print Name)	STAR NO.	SIGNATURE	DATE REVIEWED TIME
ZOGG, PAUL V	2024	███	05-OCT-2017 21:12:29

JA459497

76. R.D. NO.

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

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

R/LT interviewed the subject who stated in essence and not verbatim that he ran out of the bank's emergency exit door and fell down. The officers got on top of him, when the younger officer (Messino) punched him several times in the face. The subject was taken to OLR Hospital for treatment.

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

R/LT believes based upon the information provided at this time that R/LT and R/Sgt can not determine if force was justified due to not being able to review the bank parking lot video. Sgt. Zogg approved that the force that was used by Officer Messino was justified based on the statements provided by Officer Messino and Gorzelany. R/LT believes further investigation is required. Detectives will retrieve the bank video during business hours.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☒ INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

☐ LOG NO. **1087021** OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

OSEGUERA, ALBERT J

86.

TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABLILITY 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 WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE	DATE COMPLETED TIME
███	05-OCT-2017 21:24:00