

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT				
	17-DEC-2018	2335	1236 W 72ND PL CHICAGO, IL 60636	291	0734	<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						
			GANGWAY	<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?				
	16807	JB557816	1831732	19744292	720 ILCS 5.0/31-1A-B - ATTEMPT DISARM PC OFF/CORR INST EMP	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	LIGHTING	<input type="checkbox"/> DUSK <input type="checkbox"/> WEATHER	<input type="checkbox"/> RAIN	PATROL TYPE?	<input type="checkbox"/> BICYCLE	<input type="checkbox"/> SQUADROL	<input type="checkbox"/> OTHER:			
	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN	<input checked="" type="checkbox"/> CLEAR	<input type="checkbox"/> SNOW/ICE	<input checked="" type="checkbox"/> POLICE CAR	<input type="checkbox"/> MOTORCYCLE/PAPV	<input type="checkbox"/> VAN/BUS				
	<input checked="" type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL	<input type="checkbox"/> CLOUDY	<input type="checkbox"/> FOG	<input type="checkbox"/> FOOT						
					MEMBER WAS?	ASSIST UNITS ON SCENE?	INCIDENT			
					<input checked="" type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR			
INVOLVED MEMBER	RANK	LAST NAME	FIRST NAME	EMPLOYEE NO.	SEX	RACE	AGE	HT.	WT.	
	9161	SCANLON	MICHAEL		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	2	23	511	180	
	DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?	TYPE OF MEMBER INJURY					
			<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling	<input checked="" type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion	<input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	<input type="checkbox"/> Gun Shot <input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain)		
SUBJECT INFORMATION	LAST NAME	FIRST NAME	M.I.	SEX	RACE	D.O.B.	HT.	WT.		
	COOKER	NAEEM	J	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLACK			511	180	
	ADDRESS	TELEPHONE NO.	CONDITION							
			<input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force	<input type="checkbox"/> Injured by Member <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol	<input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Mental Illness / Emotional Disorder					
	MEDICAL TREATMENT?				SUBJECT INJURY BY MEMBER'S USE OF FORCE?					
	<input checked="" type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested <input type="checkbox"/> Performed by CFD EMS	<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"/> Subject Alleged Injury	<input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> Non-Fatal - Major Injury	<input type="checkbox"/> UNK <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 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 checked="" 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)				
<input checked="" type="checkbox"/> PULLED AWAY	<input type="checkbox"/> MOUTH/TEETH/SPIT		<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"/> IMMINENT THREAT OF BATTERY WITH WEAPON	<input checked="" type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> RIFLE					
<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON	<input checked="" type="checkbox"/> GRAB/HOLD/RESTRAIN	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	<input type="checkbox"/> SEMI-AUTO PISTOL	<input checked="" type="checkbox"/> SHOTGUN					
<input type="checkbox"/> OTHER (DESCRIBE)	<input checked="" type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> OTHER (DESCRIBE)		WEAPON/OBJECT PERCEIVED AS:						
	<input type="checkbox"/> OTHER (DESCRIBE)	<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> DNA <input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member at Gunpoint <input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon <input type="checkbox"/> Used - Attacked Member						
	SUBJECT ACTIVITY	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION?		IF YES, IDENTIFY MANNER OF ATTACK	MANNER OF ATTACK					
	Drug-Related? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		<input type="checkbox"/> Show/Spot 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?				Charge: 720 ILCS 5.0/4-103-A-1 - RECEIVE/POSSESS/SELL	IUCR CODE: 0930				
	<input checked="" type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Action/Civil Disorder <input type="checkbox"/> Disturbance - Other	<input type="checkbox"/> Traffic Stop <input type="checkbox"/> Man with a Gun	<input type="checkbox"/> Investigative Stop <input type="checkbox"/> Disturbance - Mental Health	<input type="checkbox"/> Other - Describe in Narrative	<input checked="" type="checkbox"/> Pursuing/Arresting Subject					
MEMBER'S RESPONSE (Check all that apply)	REASON FOR RESPONSE?	Defense of Self		Defense of Member of Public	Stop Self-Inflicted Harm	Subject Armed with Weapon				
		<input type="checkbox"/> Defense of Department Member	<input type="checkbox"/> Overcome Resistance or Aggression	<input type="checkbox"/> Fleeing Subject	<input checked="" type="checkbox"/> Unintentional					
	FORCE MITIGATION EFFORTS					CONTROL TACTICS				
	<input checked="" 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 checked="" type="checkbox"/> OTHER GRABBED OFFENDER		
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES	<input type="checkbox"/> SPECIALIZED UNITS	<input type="checkbox"/> ADDITIONAL UNIT MEMBERS	<input type="checkbox"/> OTHER		<input type="checkbox"/> WRISTLOCK	<input type="checkbox"/> PRESSURE SENSITIVE AREAS			
	<input type="checkbox"/> OPEN HAND STRIKE	<input checked="" type="checkbox"/> KICKS	<input type="checkbox"/> GRABBED OFFENDER	<input type="checkbox"/> OC/CHEMICAL WEAPON	<input type="checkbox"/> TASER	<input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW)	<input type="checkbox"/> REVOLVER	<input checked="" type="checkbox"/> SEMI-AUTO PISTOL		
	<input type="checkbox"/> TAKE DOWN	<input checked="" type="checkbox"/> OTHER		<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION*	<input type="checkbox"/> CANINE		<input type="checkbox"/> RIFLE	<input type="checkbox"/> SHOTGUN		
	<input type="checkbox"/> ELBOW STRIKE			<input type="checkbox"/> LRAD W/ AUTHORIZATION*	<input type="checkbox"/> BATON/EXPANDABLE BATON		<input type="checkbox"/> OTHER			
	<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH			*AUTHORIZED BY (NAME) _____ RANK _____ STAR NO. _____ UNIT NO. _____						
	<input type="checkbox"/> KNEE STRIKE									
WEAPON DISCHARGE	NO. OF WEAPONS DISCHARGED BY THIS MEMBER	WEAPON TYPE:	<input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN	WEAPON SERIAL NO.	WEAPON CERT. NO.					
	1	<input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER	<input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER							
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY?	DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY?		WAS SUBJECT VEHICLE USE AS A WEAPON?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		<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?	WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT?		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY):							
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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 checked="" type="checkbox"/> UNKNOWN							
TASER DISCHARGE ONLY	TASER DART ID NO.	PROPERTY INVENTORY NO.	PROBE DISCHARGE	CONTACT STUN	ARC CYCLE	SPARK DISPLAY				
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	<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?	TOTAL NO. OF SHOTS MEMBER FIRED	WAS FIREARM RELOADED DURING INCIDENT?	MAKE/ MANUFACTURER	MODEL	DID MEMBER FIRE AT A VEHICLE?				
	<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)	1	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	GLOCK GMBH	17	<input checked="" 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.)

REPORTING MEMBER (Print Name) STAR/EMPLOYEE NO. SIGNATURE
 SCANLON, MICHAEL 15504 [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

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

WITNESSES
 WITNESS STATEMENT

REVIEWING SUPERVISOR: COMMENTS
 NO WITNESSES PRESENT ON THE SCENE. R/SGT HAS REVIEWED THIS REPORT FOR COMPLETENESS.

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.
 1092023

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
 MCGREW, DAVID 2260 [REDACTED] 18-DEC-2018 0751

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.		
	17-DEC-2018	2335	1236 W 72ND PL CHICAGO, IL 60636	16807	JB557816		
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE	
9161	SCANLON	MICHAEL	[REDACTED]	19744292	720 ILCS 5.0/31-1A-B - ATTEMPT DISARM PC OFF/ CORR INST EMP		
SUBJECT LAST NAME		SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
COOKER		NAEEM		J	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	[REDACTED] 1991

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

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

Individual was part of an on going felony investigation.

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

Reporting D/C reviewed all the available Body Worn Camera and all other video available at the time of this report. COPA members responded to the scene of the incident and are conducting a parallel investigation.

LT OR ABOVE/INCIDENT COMMANDER:

<input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02. <input checked="" 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: 1092023	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"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES. <input type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.
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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
DEVEREUX, GEORGE J	30	[REDACTED]	18-Dec-2018 0816

