

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 20-OCT-2019	TIME 1257	ADDRESS OF OCCURRENCE 3730 N WESTERN AVE CHICAGO, IL 60618	LOCATION CODE 303	BEAT/OCCUR. 1921	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) ALLEY		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. 00766	RD NO. JC479230	IUCR CODE 0454	IR NO.	CB NO. 19886564	INVOLVED A PURSUIT? <input type="checkbox"/> NO <input checked="" type="checkbox"/> FOOT <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER				
LIGHTING <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input checked="" type="checkbox"/> DARKNESS <input checked="" type="checkbox"/> ARTIFICIAL	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"/> MOTORCYCLE/PAPV <input type="checkbox"/> SQUADROL <input type="checkbox"/> VAN/BUS <input type="checkbox"/> OTHER:	MEMBER WAS? <input checked="" 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					
INVOLVED MEMBER	RANK 9161	LAST NAME DALCASON	FIRST NAME JOHN	EMPLOYEE NO.	WATCH 4	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 2	AGE 39	HT. 604	WT. 205
	DATE OF APPT. 28-APR-2003	UNIT & BEAT OF ASSIGN. 211	DUTY STATUS <input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF	IN UNIFORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE OF MEMBER INJURY <input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling	<input 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 HAMLIN		FIRST NAME EARNEST		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. -1980	HT. 603	WT. 170
	ADDRESS CHICAGO, IL 60624		TELEPHONE NO.		CONDITION <input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured by Member		<input type="checkbox"/> Injured Not by the Member's Force <input type="checkbox"/> Under Influence of Alcohol		<input type="checkbox"/> Disability <input type="checkbox"/> OTHER (Specify)	
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input checked="" type="checkbox"/> Offered/EMS Requested		<input type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)		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			
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"/> UNABLE TO UNDERSTAND VERBAL DIRECTION		<input checked="" type="checkbox"/> HAND/ARM/ELBOW STRIKE		<input type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON		<input type="checkbox"/> BLUNT OBJECT (DESCRIBE)		<input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> SHOTGUN	
	<input type="checkbox"/> VERBAL THREATS		<input type="checkbox"/> KNEE/LEG STRIKE		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		<input type="checkbox"/> CHEMICAL WEAPON		<input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> EXPLOSIVE DEVICE	
MEMBER'S RESPONSE (Check all that apply)	<input checked="" type="checkbox"/> PULLED AWAY		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> TASER/STUN GUN		<input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE)	
	<input type="checkbox"/> FLED		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:			
	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		WEAPON USE: <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 <input type="checkbox"/> Member at Gunpoint	
MEMBER'S RESPONSE (Check all that apply)	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		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		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	
	TYPE OF ACTIVITY <input type="checkbox"/> Ambush - No Warning <input checked="" type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input type="checkbox"/> Disturbance - Other <input type="checkbox"/> Processing/Transporting/Guarding Arrestee		<input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disturbance - Mental Health		<input type="checkbox"/> Other - Describe in Narrative <input type="checkbox"/> Pursuing/Arresting Subject		REASON FOR RESPONSE? <input type="checkbox"/> Defense of Self <input checked="" 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 checked="" type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional	
	FORCE MITIGATION EFFORTS		CONTROL TACTICS		MEMBER'S PRESENCE <input checked="" type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> TACTICAL POSITIONING <input checked="" type="checkbox"/> NONE <input type="checkbox"/>		ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS		VERBAL DIRECTION/CONTROL TECHNIQUES <input checked="" type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER <input type="checkbox"/>	
WEAPON DISCHARGE	RESPONSE WITHOUT WEAPONS		RESPONSE WITH WEAPONS		OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> LESS LETHAL SHOTGUN (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL		ELBOW STRIKE <input type="checkbox"/>	
	<input checked="" type="checkbox"/> CLOSED HAND STRIKE/ PUNCH		<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> OTHER		<input type="checkbox"/> ELBOW STRIKE		<input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON		<input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN	
	<input type="checkbox"/> KNEE STRIKE		*AUTHORIZED BY (NAME) _____ RANK _____ STAR NO. _____ UNIT NO. _____							
WEAPON DISCHARGE	WAS ANY REPORTABLE FORCE USED AGAINST THE SUBJECT WHILE HANDCUFFED OR OTHERWISE IN PHYSICAL RESTRAINTS? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES IF YES, DESCRIBE SUBJECT'S ACTIONS AND MEMBER'S RESPONSE IN THE NARRATIVE SECTION.									
	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		NO. OF DISCHARGES OF THE WEAPON.		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					
WEAPON DISCHARGE	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 CARTRIDGE ID NO.(S) _____ PROPERTY INVENTORY NO. _____		CARTRIDGES DISCHARGED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER _____		ADDITIONAL ENERGY CYCLES TRIGGER <input type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER _____ ARC <input type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER _____		CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER _____		SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <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 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.)

R/O OBSERVED ABOVE SUBJECT INVOLVED IN A PHYSICAL ALTERCATION WITH A KNOWN FEMALE [REDACTED] AT ABOVE APPROXIMATE ADDRESS. R/O OBSERVED ABOVE SUBECT STRIKE VICTIM TWO TIMES ABOUT THE HEAD AND BODY WITH A CLOSED FIST. ABOVE OFFENDER THEN PLACED THE VICTIM IN A HEAD LOCK AND BEGAN DRAGGING THE VICTIM SOUTH ON WESTERN. AFTER A SHORT DISTANCE ABOVE OFFENDER WRAPPED HIS ARMS AROUND THE VICTIM FROM BEHIND IN A BEAR HUG AND CONTINUED TO DRAG HER AGAINST HER WILL DOWN THE SREET AS THE VICTIM SCREAMED AND STRUGGLED AGAINST THE OFFENDER. AT THIS TIME R/O APPROACHED OFFENDER, ANNOUNCED HIS OFFICE, AND ORDERED THE OFFENDER TO LET THE VICTIM GO. OFFENDER STATED "SHE'S MY GIRLFRIEND AND CONTINUED TO DRAG THE VICTIM SOUTH ON WESTERN. R/O AGAIN ANNOUNCED HIS OFFICE AND AGAIN ORDERED THE OFFENDER TO RELEASE THE VICTIM. OFFENDER STATED ONCE MORE "SHE'S MY GIRLFRIEND" AND CONTINUED TO DRAG THE VICTIM. AT THIS TIME R/O ATTEMPTED TO SEPARATE THE OFFENDER AND VICTIM WITH R/OS LEFT HAND. DURING R/OS ATTEMPT TO SEPARATE VICTIM AND OFFENDER, OFFENDER USED HIS LEFT HAND TO SHOVE R/O ABOUT THE CHEST. R/O RESPONDED BY STRIKING THE OFFENDER WITH A CLOSED FIST IN THE FACE. THE OFFENDER THEN

****REPORT NARRATIVE CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM****

REPORTING MEMBER (Print Name) DALCASON, JOHN STAR/EMPLOYEE NO. 5392 SIGNATURE [REDACTED]

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY Minor Contusion Significant Contusion Gun Shot HOW WAS INJURY SUSTAINED? Intentional Act by Member Intentional Act by Self Intentional Act by Other
 None / None Apparent Minor Laceration/Abrasion Laceration Requiring Sutures Fatal Unintentional Act by Member Unintentional Act by Self Unintentional 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 type="checkbox"/> UNK LAST NAME: <u>COLLAZO</u> FIRST NAME: <u>MICHAEL</u> M.I.: SEX: <input checked="" type="checkbox"/> M <input type="checkbox"/> F RACE: <u>2</u> DATE OF BIRTH: <u>[REDACTED]1981</u>
	ADDRESS: <u>6464 N CLARK ST CHICAGO, IL 60626</u> TELEPHONE NO.: WITNESS INTERVIEW: <input checked="" type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REFUSED <input type="checkbox"/> OTHER (Specify)
	WITNESS STATEMENT: R/SGT INTERVIEWED WITNESS/OFF DUTY P.O. COLLAZO # 11298 IN THE 019TH DISTRICT STATION. OFFICER COLLAZO # 11298 STATED THAT HE AND P.O. DALCASON # 5392 OBSERVED THE OFFENDER PLACE [REDACTED] IN A BEAR HUG AND PUNCH HER [REDACTED]

ADDITIONAL WITNESSES

REVIEWING SUPERVISOR: COMMENTS
 R/SGT ARRIVED ON SCENE AFTER RESPONDING TO 1921'S REQUEST FOR A SUPERVISOR. R/SGT OBSERVED THE OFFENDER, HAMLIN, EARNEST ON THE GROUND WITH HANDCUFFS PLACED ON HIM. HIS ARMS WERE BEHIND HIS BACK AND A LARGE CROWD WAS SURROUNDING THE OFFENDER. R/SGT WAS ABLE TO SPEAK WITH OFF DUTY P.O. DALCASON # 5392 WHO WAS WORKING AS A SECURITY GUARD AT WAVELAND BOWL. P.O. DALCASON STATED THAT HE OBSERVED A DOMESTIC BATTERY, AND AFTER HE ANNOUNCED HIS OFFICE AND ATTEMPTED TO INTERVENE, THE OFFENDER IMMEDIATELY STRUCK P.O. DALCASON IN THE CHEST WITH A CLOSED FIST. P.O DALCASON RESPONDED WITH HIS OWN PUNCHES TO THE HEAD OF THE OFFENDER. THE ALTERCATION CONTINUED TO THE GROUND WHERE BOTH HAMLIN AND DALCASON CONTINUED STRIKING EACH OTHER. OFF DUTY COLLAZO WAS THEN ABLE TO ASSIST P.O. DALCASON AND

****COMMENTS CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM****

SUPERVISOR ON-SCENE RESPONSE NO YES EVIDENCE TECHNICIAN? NOTIFIED RESPONDED DNA

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. 20190004249

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

REVIEWING SUPERVISOR NAME (Print) CORTER, DARRYL STAR NO. 1045 SIGNATURE [REDACTED] DATE/TIME COMPLETED 20-OCT-2019 0518

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.	
	20-OCT-2019	1257	3730 N WESTERN AVE CHICAGO, IL 60618	00766	JC479230	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9161	DALCASON	JOHN	[REDACTED]	19886564		
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
HAMLIN	EARNEST			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	[REDACTED] 1980

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

MIRANDA WARNINGS GIVEN YES NO DATE/TIME 20-OCT-2019 0504 LOCATION 836 W. WELLINGTON

VISUAL INSPECTION CONDUCTED YES NO DATE/TIME 20 OCT 2019 0504 LOCATION 836 W. WELLINGTON INJURIES OBSERVED NO YES, DESCRIBE IN COMMENTS

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

R/Lt. interviewed the subject at Advocate Illinois Masonic Medical Center' Emergency Room. Ernest Hamlin (complainant) informed Lt. Alvarez-Pena that he was involved in a disagreement with his girlfriend [REDACTED] on the street when off-duty Officers Dalcason and Collazo walked up to him and started hitting him for no reason. Above interview captured on Lt. Alvarez-Pena's BWC. Interview ordered to be terminated by Beat 5360, Sgt. Joaquin Mendoza # 2119.

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS ADDITIONAL ATTACHMENTS

R/ Lt., was unable to recover video which captured the arrest affected by Officers John Dalcason and Michael Collazo. R/Lt., did review pod camera #2460 located at 3700 N. Western Avenue which showed the offender handcuffed on the ground. There is a pod camera in the Waveland Bowl parking lot at 3700 N. Western Avenue.

The following account is based all available information to R/Lt. According to Officer Dalcason while working off-duty as a security officer with Officer Michael Collazo at Waveland Bowl, said officers witnessed a domestic battery involving offender kna Ernest Hamlin and his girlfriend [REDACTED]. Officer Dalcason claims he identified himself as a Chicago Police Officer and ordered the offender twice to let victim go. When the offender refused to obey Officer Dalcason's order, Officer Dalcason approached placing his hand on the offender's shoulder. The offender became an assailant as he shoved Officer Dalcason in the chest and continued to resist. Officer Dalcason then used force to arrest the offender while giving him verbal commands to stop resisting and stay on the ground.

****COMMENTS CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM****

UNITS ON-SCENE OF THE INCIDENT: 1910, 1911,1912, 1914,1921,1923,1933

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 CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED: 2019-000-4249 NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

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: A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

INVOLVED MEMBER ACTIONS RECOMMENDED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW: <input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN <input type="checkbox"/> REVIEW STREAMING VIDEO <input type="checkbox"/> STRESS REDUCTION SEMINAR <input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES <input type="checkbox"/> OTHER: _____	REVIEWING SUPERVISOR ACTIONS RECOMMENDED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW: <input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN <input type="checkbox"/> REVIEW STREAMING VIDEO <input type="checkbox"/> STRESS REDUCTION SEMINAR <input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES <input type="checkbox"/> OTHER: _____
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LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
ALVAREZ-PENA, SHERRY L	432	[REDACTED]	20-Oct-2019 0934

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 20-OCT-2019	TIME 1257	REPORT NO 2019-04479	EVENT NO. 00766	RD NO. JC479230	BEAT OF OCCUR. 1921
ADDRESS OF OCCURENCE 3730 N WESTERN AVE CHICAGO, IL 60618	CB NO. 19886564	IUCR 0454			
MEMBER RANK 9161	MEMBER LAST NAME DALCASON	MEMBER FIRST NAME JOHN			
SUBJECT LAST NAME HAMLIN		SUBJECT FIRST NAME EARNEST			

REPORT NARRATIVE

STRUCK R/O ON THE CHEST WITH A CLOSED FIST AND R/O CONTINUED TO DEFEND HIMSELF WITH CLOSED HAND STRIKES TO HEAD AND BODY. R/O WAS ABLE TO PERFORM AN EMERGENCY TAKEDOWN OF OFFENDER HOWEVER OFFENDER CONTINUED TO RESIST R/OS ATTEMPTS TO PLACE THE OFFENDER INTO CUSTODY BY STRIKING R/O WITH A CLOSED FIST AND CONTINUALLY ATTEMPTING TO POST UP WITH HANDS AND KNEES IN AN ATTEMPT TO DEFEAT THE ARREST. R/O WAS FINALLY ABLE TO CONTROL THE OFFENDER AND PLACE HIM INTO CUSTODY.

Flagged For Review

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 20-OCT-2019	TIME 1257	REPORT NO 2019-04479	EVENT NO. 00766	RD NO. JC479230	BEAT OF OCCUR. 1921
ADDRESS OF OCCURENCE 3730 N WESTERN AVE CHICAGO, IL 60618	CB NO. 19886564			IUCR 0454	
MEMBER RANK 9161	MEMBER LAST NAME DALCASON	MEMBER FIRST NAME JOHN			
SUBJECT LAST NAME HAMLIN		SUBJECT FIRST NAME EARNEST			

REVIEWING SUPERVISOR COMMENTS

HANDCUFFED OFFENDER HAMLIN. R/SGT WAS ABLE TO REVIEW BWC OF OFFICER TUPAYACHI AND R/SGT CORTER'S OWN BWC VIA DEPARTMENT ISSUED CELL PHONES. R/SGT ATTEMPTED TO GAIN INFORMATION FROM THE VICTIM, KNA [REDACTED] SEVERAL TIMES WITH NEGATIVE RESULTS. R/SGT ALONG WITH BEAT 1914 DID NOT OBSERVE AND OUTSIDE CAMERAS ALONG WAVELAND BOWL ON THE WESTERN AVE SIDE OF THE BUILDING. BEAT 1914 ALSO CHECKED INSIDE WAVELAND BOWL FOR EXTERNAL VIEWS OF THE INCIDENT WITH NEGATIVE RESULTS. POD CAMERA 2460 WAS TRAINED ON WESTERN AVE TRAFFIC FLOW UNTIL THE SDSC ROOM IN THE 019TH DISTRICT WAS ABLE TO REPOSITION THE CAMERA TOWARDS THE INCIDENT AFTER IT WAS CALLED IN BY BEAT 1921. R/SGT REVIEWED THE POD VIDEO AND IT DOES NOT SHOW THE ALTERCATION. THE OFFENDER WAS TAKEN TO ILLINOIS MASONIC HOSPITAL FOR TREATMENT FOR FACIAL LACERATIONS BY CFD AMB # 61. BEAT 1912 WAS WITH THE OFFENDER AT THE HOSPITAL. R/SGT HAS CONCLUDED, AFTER WATCHING BWC AND POD CAMERA VIDEO ALONG WITH INTERVIEWS, THAT P.O. DALCASON IS CONSISTENT WITH THE ACCOUNT OF THE INCIDENT. R/SGT ALSO REVIEWED THE BWC FROM LT ALVAREZ # 432 AND INTERVIEW WITH THE OFFENDER. R/SGT NOTIFIED COPA AND OBTAINED CL# 2019-000-4249 AFTER THE OFFENDER STATED THE OFFICER'S NEVER IDENTIFIED THEMSELVES AND STRUCK HIM FOR NO REASON. DET. ROMAN # 20812 WAS ON SCENE IN THE 019TH DISTRICT.

Flagged For Review

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

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ADDRESS OF OCCURENCE 3730 N WESTERN AVE CHICAGO, IL 60618	CB NO. 19886564			IUCR 0454	
MEMBER RANK 9161	MEMBER LAST NAME DALCASON	MEMBER FIRST NAME JOHN			
SUBJECT LAST NAME HAMLIN		SUBJECT FIRST NAME EARNEST			

INVESTIGATION COMMENTS

While the subject was restrained, Officer Michael Collazo pushed aside [REDACTED] who was on top of Officer Dalcason and allegedly impeding the arrest of Hamlin and subsequently placed him into custody. ET was ordered to take pictures of Officer Dalcason and the Offender Ernest Hamlin. Based on the totality of the circumstances presented, no BWC video or other video (at this time), no independent witnesses, the subject's statement and the nature of his injuries, R/Lt. recommends this incident be the subject of an investigative review.

Flagged For Review