

# TACTICAL RESPONSE REPORT / Chicago Police Department

<b>INCIDENT</b>	DATE OF INCIDENT 28-NOV-2019		TIME 1558		ADDRESS OF OCCURRENCE 756 E 79TH ST CHICAGO, IL 60619		LOCATION CODE 320		BEAT/OCCUR. 0624		VIDEO RECORDED INCIDENT <input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input checked="" type="checkbox"/> OTHER VIDEO	
	BUSINESS NAME X <input type="checkbox"/> DNA EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY ,BEDROOM) CTA BUS SHELTER					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. 08288		RD NO. JC527821		IUCR CODE 0454		IR NO. 1781566		CB NO. 19903623		INVOLVED A PURSUIT? <input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER	
	LIGHTING <input checked="" type="checkbox"/> DUSK <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DARKNESS <input 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"/> OTHER: <input type="checkbox"/> FOOT <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 INDOOR <input type="checkbox"/> OUTDOOR <input checked="" type="checkbox"/>	
<b>INVOLVED MEMBER</b>	RANK 9161		LAST NAME WILLIAMS		FIRST NAME JERALD		EMPLOYEE NO. [REDACTED]		WATCH 4		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
	DATE OF APPT. 26-AUG-2013		UNIT & BEAT OF ASSIGN. 312 6728b		DUTY STATUS <input checked="" type="checkbox"/> ON <input 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 Contusion/Laceration <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion		Laceration Requiring Sutures <input type="checkbox"/> Gun Shot <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Fatal <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)	
<b>SUBJECT INFORMATION</b>	<input type="checkbox"/> DNA LAST NAME KERSH		FIRST NAME BERNARD		M.I. D		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		RACE BLACK		D.O.B. [REDACTED] 1990	
	ADDRESS [REDACTED]		TELEPHONE NO. [REDACTED]		CONDITION <input type="checkbox"/> Apparently Normal <input checked="" type="checkbox"/> Injured by Member <input type="checkbox"/> Injured Not by the Member's Force <input checked="" type="checkbox"/> Under Influence of Alcohol		<input type="checkbox"/> Under Influence of Drugs		<input type="checkbox"/> Disability		<input type="checkbox"/> OTHER (Specify)	
	MEDICAL TREATMENT? <input checked="" 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) UNIVERSITY OF CHICAGO HC		<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 checked="" 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 type="checkbox"/> UNABLE TO UNDERSTAND VERBAL DIRECTION		<input 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 checked="" 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	
	<input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> TASER/STUN GUN		<input type="checkbox"/> REVOLVER		<input type="checkbox"/> OTHER (DESCRIBE)	
<b>MEMBER'S RESPONSE</b> (Check all that apply)	<input checked="" type="checkbox"/> PULLED AWAY		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:					
	<input type="checkbox"/> FLED		<input type="checkbox"/> WRESTLE/GRAPPLE		<input checked="" type="checkbox"/> OTHER (DESCRIBE) LICKED AND SPAT ON OFFICER		WEAPON USE:					
	<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> OTHER (DESCRIBE)		<input checked="" type="checkbox"/> 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					
	TYPE OF ACTIVITY <input type="checkbox"/> Ambush - No Warning <input 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 checked="" type="checkbox"/> Traffic Stop <input checked="" type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disturbance - Mental Health		<input type="checkbox"/> Other - Describe in Narrative <input type="checkbox"/> Pursuing/Arresting Subject		<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 <input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member Shot/Shot At			
<b>WEAPON DISCHARGE</b>	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 checked="" 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 type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER						<input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> OTHER <input type="checkbox"/> ARMBAR <input type="checkbox"/> EMERGENCY HANDCUFFING					
	<b>RESPONSE WITHOUT WEAPONS</b>						<b>RESPONSE WITH WEAPONS</b>					
	<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <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 <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"/> EMERGENCY TAKEDOWN <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> OTHER <input type="checkbox"/> CLOSED HAND STRIKE/ PUNCH <input type="checkbox"/> KNEE STRIKE						*AUTHORIZED BY (NAME) _____ RANK _____ STAR NO. _____ UNIT NO. _____					
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.												
<b>WEAPON DISCHARGE</b>	WEAPON TYPE: <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> REVOLVER <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER		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 USED 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							
	<b>TASER DISCHARGE ONLY</b>		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 <input type="checkbox"/> TRIGGER <input type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER _____ <input type="checkbox"/> 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 _____	
<b>FIREARM DISCHARGE ONLY</b>		WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) _____		TOTAL NO. OF SHOTS 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.)

INVESTIGATORY STOP INITIATED AFTER ABOVE SUBJECT WAS OBSERVED CONSUMING ALCOHOL ON THE PUBLIC WAY. OFFICER WILLIAMS FIRST ISSUED VERBAL DIRECTION TO THE ABOVE SUBJECT. THE ABOVE SUBJECT DID NOT FOLLOW VERBAL COMMANDS AND BECAME VERBALLY COMBATIVE AND IRATE, AND DIRECTED PROFANITIES TO OFFICER WILLIAMS. AFTER DETERMINING THAT VERBAL DIRECTION WAS NOT EFFECTIVE, OFFICER WILLIAMS THEN POSITIONED HIMSELF BEHIND THE ABOVE SUBJECT. STILL COMBATIVE, OFFICER WILLIAMS CONTINUED TO TALK TO ABOVE SUBJECT. ABOVE SUBJECT THEN LICKED OFFICER WILLIAMS IN HIS FACE. OFFICER WILLIAMS INITIATED AN ESCORT HOLD AND ADDITIONAL WRIST LOCK ATTEMPTS WHICH WERE INEFFECTIVE AS ARRESTEE CONTINUED TO STIFFEN HIS ARM AND PULL AWAY ATTEMPTING TO DEFEAT ARREST. AFTER VERBAL THREAT DIRECTED AT OFFICER WILLIAMS, SUBJECT STATED NOT VERBATIM" MAN TAKE THAT FUCKING BADGE OFF AND I'LL FUCK YOUR ASS UP," OFFICER WILLIAMS FEARING A BATTERY, ATTEMPTED ANOTHER WRIST LOCK, AGAIN

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

REPORTING MEMBER (Print Name)  
WILLIAMS, JERALD

STAR/EMPLOYEE NO.  
3317

SIGNATURE

## 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 ☒ M ☐ F RACE U DATE OF BIRTH  
ADDRESS TELEPHONE NO. WITNESS INTERVIEW ☒ INTERVIEWED ☐ NOT AVAILABLE ☐ OTHER (Specify)  
☐ REFUSED

WITNESS STATEMENT  
WITNESSED INFORMED R/SGT THAT HE OBSERVED A POLICE OFFICER "GET SPAT IN THE FACE", AND THAT HE HAD VIDEO OF THE INCIDENT. WITNESS IS OWNER OF "HAPPY LIQUORS" LOCATED AT 7901 S. COTTAGE GROVE

☐ ADDITIONAL WITNESSES

## REVIEWING SUPERVISOR: COMMENTS

THIS IS AN INTIAL ADMINISTRATIVE APPROVAL PROCESS, BASED ON INFORMATION PROVIDED AT THE TIME OF THIS REPORT. THERE MAY BE THE POSSIBILITY OF ADDITIONAL INFORMATION, NOT KNOWN TO R/SGT AT THE TIME OF THIS REPORT, SUCH AS: AUDIO/VIDEO EVIDENCE, WRITTEN REPORTS, UNKNOWN AND/OR UNDOCUMENTED WITNESS/VICTIM/OFFENDER STATEMENTS, AND/OR OTHER PERTINENT INFORMATION, NOT RECORDED AT THIS TIME WITH A CONNECTION TO THIS INCIDENT. R/SGT WAS NOT ON SCENE AT TIME OF THIS INCIDENT. R/SGT RELOCATED TO ADDRESS OF OCCURRENCE. THERE WERE NO WITNESSES TO INTERVIEW ON SCENE. R/SGT ENSURED ALL NOTIFICATIONS WERE MADE AND THAT DETAILS ON TRR WERE COMPLETE, CORRECT, AND CONSISTENT. R/SGT NOTIFIED LT. PENNIX (690) AND OEMC OF THIS CANVAS. R/SGT ENSURED THAT EVIDENCE TECHNICIAN WAS REQUESTED TO PHOTOGRAPH OFFENDER AND P.O. WILLIAMS#3317. R/SGT ATTACHED CPD CASE REPORT AND ARREST REPORT TO TRR. R/SGT REVIEWED G.O. 03-02-02 WITH P.O. WILLIAMS#3317.

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.

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

REVIEWING SUPERVISOR NAME (Print)  
BOYD, STEPHEN

STAR NO.  
2242

SIGNATURE

DATE/TIME COMPLETED  
29-NOV-2019 0230

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:

- THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
- CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
- 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.	
	28-NOV-2019	1558	756 E 79TH ST CHICAGO, IL 60619	08288	JC527821	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
	9161	WILLIAMS	JERALD		19903623	
	SUBJECT LAST NAME	SUBJECT FIRST NAME	M.I.	SEX	RACE	D.O.B.
	KERSH	BERNARD	D	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	990

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

MIRANDA WARNINGS GIVEN ☐ YES ☒ NO DATE/TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

VISUAL INSPECTION CONDUCTED ☒ YES ☐ NO DATE/TIME 29 NOV 2019 0500 LOCATION 006TH DISTRICT LOCK-UP INJURIES OBSERVED ☐ NO ☒ YES, DESCRIBE IN COMMENTS

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

Felony charges pending at time of report.

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS ☒ ADDITIONAL ATTACHMENTS

This is an administrative approval only. There may or may not be additional information including audio, video, written reports or other statements made in connection with this incident. R/LT was not present at the time of the incident. Due to the fact that the subject refused to follow verbal direction, pulled away, stiffened, threatened the officer, licked the officer's face and then spat in his face, the officer's use of an emergency take down was well within reason to use on the subject at that time and follows CPDs general orders, special orders and directives relative to use of force. The officer's unit is not issued body worn cameras. There is a POD camera at that location but it was facing the wrong direction during the emergency take-down.

UNITS ON-SCENE OF THE INCIDENT: 6728B, 610, 631

## 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 CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED: 2019-004852	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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<b>INVOLVED MEMBER ACTIONS RECOMMENDED?</b> <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:	<b>REVIEWING SUPERVISOR ACTIONS RECOMMENDED?</b> <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
PENNIX, SIDNEY T	646		29-Nov-2019 0535

**CLEARNET - ADDITIONAL INFORMATION**

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

**TACTICAL RESPONSE REPORT**

<b>DATE OF INCIDENT</b> 28-NOV-2019	<b>TIME</b> 1558	<b>REPORT NO</b> 2019-04976	<b>EVENT NO.</b> 08288	<b>RD NO.</b> JC527821	<b>BEAT OF OCCUR.</b> 0624
<b>ADDRESS OF OCCURENCE</b> 756 E 79TH ST CHICAGO, IL 60619	<b>CB NO.</b> 19903623			<b>IUCR</b> 0454	
<b>MEMBER RANK</b> 9161	<b>MEMBER LAST NAME</b> WILLIAMS	<b>MEMBER FIRST NAME</b> JERALD			
<b>SUBJECT LAST NAME</b> KERSH		<b>SUBJECT FIRST NAME</b> BERNARD			

**REPORT NARRATIVE**

INEFFECTIVE.

ABOVE SUBJECT SPAT IN OFFICER WILLIAMS'S EYE AND MOUTH. WILLIAMS ATTEMPTED ANOTHER WRISTLOCK AND ABOVE SUBJECT WRIST STIFFENED ONCE AGAIN. OFFICER WILLIAMS UNABLE TO SEE CLEARLY AND WITH SPIT LODGED INSIDE OFFICER WILLIAMS'S EYES, CONDUCTED AN EMERGENCY TAKEDOWN TO PLACE SUBJECT INTO CUSTODY AND PREVENT ANY ADDITIONAL INJURIES TO HIMSELF.

Flagged For Review