

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 09-FEB-2020		TIME 0537		ADDRESS OF OCCURRENCE 1609 W WAVELAND AVE CHICAGO, IL 60613			LOCATION CODE 303		BEAT/OCCUR. 1922		VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input checked="" 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 <input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER											
						MOUTH OF ALLEY			<input type="checkbox"/> SUPERVISOR DIRECTED <input checked="" type="checkbox"/> CALL FOR SERVICE											
	EVENT NO. 2001003217			RD NO. JD145395		IUCR CODE 0550		IR NO.		CB NO.		INVOLVED A PURSUIT? <input type="checkbox"/> NO <input checked="" type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER								
INVOLVED MEMBER	RANK 9161		LAST NAME MCLEAN-HALL			FIRST NAME ASHTON			EMPLOYEE NO.		WATCH 1	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 2	AGE 34	HT. 507	WT. 165				
	DATE OF APPT. 16-AUG-2017		UNIT & BEAT OF ASSIGN. 019 1912		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		<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 GRAYSON					FIRST NAME JEREMY					M.I. D	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. 1988		HT. 604	WT. 255			
	ADDRESS CHICAGO, IL 60640					TELEPHONE NO.					CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured by Member					<input checked="" type="checkbox"/> Injured Not by the Member's Force <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol				
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested <input checked="" type="checkbox"/> Performed by CFD EMS					<input type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)					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 type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY)					<input type="checkbox"/> THROWN OBJECT (DESCRIBE)					WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW:				
	<input type="checkbox"/> UNABLE TO UNDERSTAND VERBAL DIRECTION					<input type="checkbox"/> HAND/ARM/ELBOW STRIKE										<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 checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON					<input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> EXPLOSIVE DEVICE				
	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)					<input type="checkbox"/> MOUTH/TEETH/SPIT					<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON					<input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE)				
MEMBER'S RESPONSE (Check all that apply)	<input checked="" type="checkbox"/> FLED					<input type="checkbox"/> PUSH/SHOVE/PULL					<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON					<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:				
	<input type="checkbox"/> PULLED AWAY					<input type="checkbox"/> GRAB/HOLD/RESTRAIN					<input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM					<input type="checkbox"/> WEAPON USE: <input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon				
	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON					<input type="checkbox"/> WRESTLE/GRAPPLE					<input type="checkbox"/> OTHER (DESCRIBE)					<input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member <input type="checkbox"/> Member at Gunpoint				
																<input type="checkbox"/> Displayed, Not Used <input checked="" type="checkbox"/> Member Shot/Shot At				
WEAPON DISCHARGE	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 checked="" 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 checked="" type="checkbox"/> Pursuing/Arresting Subject									
	REASON FOR RESPONSE? <input checked="" type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Stop Self-Inflicted Harm <input checked="" type="checkbox"/> Subject Armed with Weapon					<input checked="" type="checkbox"/> Defense of Department Member <input type="checkbox"/> Overcome Resistance or Aggression <input checked="" type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional														
WEAPON DISCHARGE	FORCE MITIGATION EFFORTS					CONTROL TACTICS														
	<input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> ZONE OF SAFETY <input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK <input checked="" type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE					<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS														
	<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"/> OTHER														
WEAPON DISCHARGE	RESPONSE WITHOUT WEAPONS					RESPONSE WITH WEAPONS														
	<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input 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														
	<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/ PUNCH <input type="checkbox"/> KNEE STRIKE					<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN														
						<input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON														
WEAPON DISCHARGE	*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.																			
	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 USED 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"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <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				
	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				
WEAPON DISCHARGE																				

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.)

SEE DETECTIVE SUPPLEMENTARY REPORT

REPORTING MEMBER (Print Name)
MCLEAN-HALL, ASHTON

STAR/EMPLOYEE NO.
7370

SIGNATURE

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY ☐ Minor Contusion ☐ Significant Contusion ☒ Gun Shot ☐ 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
UNK

LAST NAME

FIRST NAME

M.I.

SEX

RACE

DATE OF BIRTH

ADDRESS
CHICAGO, IL

TELEPHONE NO.

WITNESS INTERVIEW ☐ INTERVIEWED ☐ NOT AVAILABLE ☐ OTHER (Specify)
☐ REFUSED

WITNESS STATEMENT

☐ ADDITIONAL WITNESSES

REVIEWING SUPERVISOR: COMMENTS

SEE DETECTIVE SUPP

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. 20200672

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

REVIEWING SUPERVISOR NAME (Print)

HALEAS, DEMETRIOS

STAR NO.

1098

SIGNATURE

DATE/TIME COMPLETED

09-FEB-2020 1639

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-FEB-2020		TIME 0537	ADDRESS OF OCCURRENCE 1609 W WAVELAND AVE CHICAGO, IL 60613		EVENT NO. 2001003217		RD NO. JD145395	
	RANK 9161	MEMBER LAST NAME MCLEAN-HALL		MEMBER FIRST NAME ASHTON		EMPLOYEE NO. [REDACTED]	CB NO.		CHARGE
	SUBJECT LAST NAME GRAYSON			SUBJECT FIRST NAME JEREMY			M.I. D	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

MIRANDA WARNINGS GIVEN ☐ YES ☒ NO DATE/TIME _____ LOCATION _____

VISUAL INSPECTION CONDUCTED ☐ YES ☒ NO DATE/TIME _____ LOCATION _____ INJURIES OBSERVED ☐ NO ☐ YES, DESCRIBE IN COMMENTS

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

Subject is deceased

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS ☒ ADDITIONAL ATTACHMENTS

Reporting Deputy Chief responded directly to the scene in the area of 3650 N. Ashland. Reporting Deputy Chief reviewed appropriate BWC of PO Elliot TUPAYACHI #18875 and PO Ashton MCLEAN-HALL #7370 at the scene.

Reporting Deputy Chief relocated to Area North Detective Bureau. Reporting Deputy Chief reviewed appropriate ICC from the vehicle's of PO Elliot TUPAYACHI #18875 and PO Ashton MCLEAN-HALL #7370 at Area North Detective Bureau. The member reviewed his BWC and ICC footage prior to completing his TRR. At the time of this report, no witnesses to the actual shooting incident have come forward. COPA personnel viewed various BWC footage at the scene and in Area North Detective Bureau. Reporting Deputy Chief provided the Traumatic Incident Stress Management Program Notification to PO TUPAYACHI and PO MCLEAN-HALL. Investigation by COPA continues regarding the member's use of force. For additional details regarding this incident, please refer to Detective Supplementary report under RD# JD145395.

UNITS ON-SCENE OF THE INCIDENT: See Detective Supplementary report

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 CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED:
2020-0672

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.

<p>INVOLVED MEMBER ACTIONS RECOMMENDED?</p> <p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR</p> <p><input type="checkbox"/> REVIEW STREAMING VIDEO</p> <p><input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN</p> <p><input type="checkbox"/> STRESS REDUCTION SEMINAR</p> <p><input type="checkbox"/> OTHER: _____</p> </div> </div>	<p>REVIEWING SUPERVISOR ACTIONS RECOMMENDED?</p> <p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR</p> <p><input type="checkbox"/> REVIEW STREAMING VIDEO</p> <p><input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN</p> <p><input type="checkbox"/> STRESS REDUCTION SEMINAR</p> <p><input type="checkbox"/> OTHER: _____</p> </div> </div>
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LT OR ABOVE/INCIDENT COMMANDER NAME (Print) CATO III, ERNEST	STAR NO. 423	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 09-Feb-2020 1730
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