

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT	
	09-JUN-2020	0320	3901 S ARTESIAN AVE CHICAGO, IL 60632	304	0921	<input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO	
	BUSINESS NAME	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)		ASSIGNMENT TYPE			
						<input type="checkbox"/> ON-VIEW <input checked="" type="checkbox"/> OTHER OFF DUTY <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE	
	EVENT NO.	RD NO.	IUCR CODE	IR NO.	CB NO.	INVOLVED A PURSUIT?	
	2016101682	JD258314				<input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER	
	LIGHTING	WEATHER	PATROL TYPE?	SQUADROL	MEMBER WAS?	ASSIST UNITS ON SCENE?	
	<input type="checkbox"/> DUSK <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARKNESS <input checked="" type="checkbox"/> ARTIFICIAL	<input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	<input type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> FOOT	<input checked="" type="checkbox"/> OTHER: OFF DUTY	<input checked="" type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> OUTDOOR	
INVOLVED MEMBER	RANK	LAST NAME	FIRST NAME	EMPLOYEE NO.	WATCH	SEX	
	9161	MCCLELLAND	AARON		4	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	
	DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?	TYPE OF MEMBER INJURY	OTHER INJURY	
	27-JUN-2016	002	<input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input 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"/> Other (Explain)	
SUBJECT INFORMATION	LAST NAME		FIRST NAME	M.I.	SEX	RACE	
					<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLACK	
	ADDRESS		TELEPHONE NO.	CONDITION	SUBJECT INJURY BY MEMBER'S USE OF FORCE?		
				<input type="checkbox"/> Injured Not by the Member's Force <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured by Member	<input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Mental Illness / Emotional Disorder <input type="checkbox"/> Disability <input checked="" type="checkbox"/> OTHER (Specify) UNKNOWN		
	MEDICAL TREATMENT?		SUBJECT INJURY BY MEMBER'S USE OF FORCE?				
	<input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested <input type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify) <input checked="" type="checkbox"/> OTHER (Specify) UNKNOWN		<input type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input checked="" 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 type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION		<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY)		<input type="checkbox"/> THROWN OBJECT (DESCRIBE)		
	<input type="checkbox"/> UNABLE TO UNDERSTAND VERBAL DIRECTION		<input type="checkbox"/> HAND/ARM/ELBOW STRIKE		<input type="checkbox"/> BLUNT OBJECT (DESCRIBE)		
	<input checked="" type="checkbox"/> VERBAL THREATS		<input type="checkbox"/> KNEE/LEG STRIKE		<input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> SHOTGUN		
	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> EXPLOSIVE DEVICE		
	<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> PUSH/SHOVE/PULL		<input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE)		
	<input checked="" type="checkbox"/> FLED		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> RIFLE		
	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> VEHICLE <input type="checkbox"/> RIFLE		
	<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:		
	<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon		
	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION?		SUBJECT ACTIVITY		WEAPON USE:		
	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		<input type="checkbox"/> Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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		
	TYPE OF ACTIVITY						
	<input checked="" 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 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						
MEMBER'S RESPONSE (Check all that apply)	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 checked="" type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Defense of Department Member <input type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional						
	FORCE MITIGATION EFFORTS			CONTROL TACTICS			
	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input checked="" 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 type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS			<input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input checked="" type="checkbox"/> OTHER UNABLE TO PERFORM			
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER			<input type="checkbox"/> ARMBAR <input type="checkbox"/> EMERGENCY HANDCUFFING			
RESPONSE WITHOUT WEAPONS			RESPONSE WITH WEAPONS				
<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 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"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN				
<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> NONE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE			<input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> OTHER				
			*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 DISCHARGE	WEAPON TYPE:		NO. OF DISCHARGES OF THE WEAPON.		WEAPON SERIAL NO.		
	<input checked="" 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		7				
	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"/> VEHICLE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT UNKNOWN			
TASER DISCHARGE ONLY	TASER CARTRIDGE ID NO.(S)	PROPERTY INVENTORY NO.	CARTRIDGES DISCHARGED	ADDITIONAL ENERGY CYCLES	CONTACT STUN	SPARK DISPLAY	
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	<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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <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 type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) <input checked="" type="checkbox"/> OFFENDER	7	<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.)

POLICE INVOLVED SHOOTING

REPORTING MEMBER (Print Name) FIELDS, MICHAEL	STAR/EMPLOYEE NO. 1007	SIGNATURE [REDACTED]
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REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY	<input type="checkbox"/> Minor Contusion	<input type="checkbox"/> Significant Contusion	<input type="checkbox"/> Gun Shot	HOW WAS INJURY SUSTAINED?		
<input type="checkbox"/> None / None Apparent	<input type="checkbox"/> Minor Laceration/Abrasion	<input type="checkbox"/> Laceration Requiring Sutures	<input type="checkbox"/> Fatal	<input checked="" type="checkbox"/> Intentional Act by Member	<input type="checkbox"/> Intentional Act by Self	<input type="checkbox"/> Intentional Act by Other
<input type="checkbox"/> Minor Swelling	<input type="checkbox"/> Complaint of Substantial Pain	<input type="checkbox"/> Broken/Fractured Bone(s)	<input checked="" type="checkbox"/> Other (Explain)	<input type="checkbox"/> Unintentional Act by Member	<input type="checkbox"/> Unintentional Act by Self	<input type="checkbox"/> Unintentional Act by Other

WITNESSES	LAST NAME	FIRST NAME	M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	DATE OF BIRTH
	ADDRESS CHICAGO, IL		TELEPHONE NO.		WITNESS INTERVIEW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REFUSED <input type="checkbox"/> OTHER (Specify)	
	WITNESS STATEMENT					

REVIEWING SUPERVISOR: COMMENTS
R/LT RESPONDED TO THE SCENE. OFFICER MCCLELLAND WAS SHOT BY AN OFFENDER DURING AN APPARENT ATTEMPT ARMED ROBBERY. OFFICER MCCLELLAND WAS OFF DUTY AND NOT IN UNIFORM AT THE TIME OF THE INCIDENT. OFFICER MCCLELLAND WAS SHOT BY THE OFFENDER IN THE RIGHT LOWER LEG. THE IDENTITY OF THE OFFENDER IS UNKNOWN AT THE TIME OF THE REPORT. OFFICER MCCLELLAND WAS ABLE TO RETURN FIRE BUT AT THE TIME OF THIS REPORT IT IS UNKNOWN IF THE OFFENDER WAS STRUCK. THERE WAS NO BODY WORN CAMERA OR POD CAMERA FOOTAGE TO REVIEW AT THE TIME OF THE REPORT.

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. 2020-002572

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

REVIEWING SUPERVISOR NAME (Print) PENNIX, SIDNEY	STAR NO. 646	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 09-JUN-2020 0901
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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.		
	09-JUN-2020	0320	3901 S ARTESIAN AVE CHICAGO, IL 60632	2016101682	JD258314		
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE	
9161	MCCLELLAND	AARON	██████				
SUBJECT LAST NAME		SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
					<input checked="" type="checkbox"/> M <input type="checkbox"/> F	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)

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS ADDITIONAL ATTACHMENTS

Offenders weapon recovered. Possible offender hospitalized due to being struck by gunfire allegedly at 6422 So King Drive. (Cross reference JD258350) The investigation into whether or not this offender is related to this incident continues.

R/DC responded directly to the scene.

R/DC surveyed the crime scene.

R/DC conducted a walk through at the scene.

Public Safety Interview was conducted with the member at Area One after he was discharged from Mt Sinai Hospital.

Member was off duty, therefore BWC and ICC do not apply.

No POD camera located at this location.

Private video from vicinity of the scene is not available for viewing at this time.

R/DC relocated to Area One Detective Division.

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

UNITS ON SCENE OF THE INCIDENT:

LT OR ABOVE/INCIDENT COMMANDER:

<input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.	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 type="checkbox"/> IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
<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: 2020-002572		<input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

INVOLVED MEMBER ACTIONS RECOMMENDED?

NO YES, DESCRIBE BELOW:

INDIVIDUAL DEBRIEFING WITH SUPERVISOR REVIEW LEGAL/TRAINING BULLETIN

REVIEW STREAMING VIDEO STRESS REDUCTION SEMINAR

REVIEW DEPARTMENT DIRECTIVES OTHER: _____

REVIEWING SUPERVISOR ACTIONS RECOMMENDED?

NO YES, DESCRIBE BELOW:

INDIVIDUAL DEBRIEFING WITH SUPERVISOR REVIEW LEGAL/TRAINING BULLETIN

REVIEW STREAMING VIDEO STRESS REDUCTION SEMINAR

REVIEW DEPARTMENT DIRECTIVES OTHER: _____

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
HANNA, GLORIA J	290	██████	09-Jun-2020 1007

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 09-JUN-2020	TIME 0320	REPORT NO 2020-02153	EVENT NO. 2016101682	RD NO. JD258314	BEAT OF OCCUR. 0921
ADDRESS OF OCCURENCE 3901 S ARTESIAN AVE CHICAGO, IL 60632	CB NO.			IUCR	
MEMBER RANK 9161	MEMBER LAST NAME MCCLELLAND	MEMBER FIRST NAME AARON			
SUBJECT LAST NAME		SUBJECT FIRST NAME			

INVESTIGATION COMMENTS

R/DC was present and observed the recovery and processing of the members firearm at the scene. R/DC provided the Traumatic Incident Stress Management Program Notification to the member. Member was treated and released at Mt Sinai Hospital. COPA personnel were on the scene. Investigation by COPA continues regarding the members use of force.
U #7

Force Review Panel
Review