

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 05-SEP-2020	TIME 0141	ADDRESS OF OCCURRENCE 5010 W 50TH ST CHICAGO, IL 60638	LOCATION CODE 269	BEAT/OCCUR. 0814	VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO																																			
	BUSINESS NAME <input type="checkbox"/> DNA EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY ,BEDROOM) PARK			ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input checked="" type="checkbox"/> CALL FOR SERVICE																																					
	EVENT NO. 01278	RD NO. JD356946	IUCR CODE	IR NO.	CB NO.	INVOLVED A PURSUIT? <input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER																																			
LIGHTING <input type="checkbox"/> DUSK <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input checked="" type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL		WEATHER <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 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																																	
RANK 9161	LAST NAME GURSKIS	FIRST NAME PETE	EMPLOYEE NO.	WATCH 1	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 2	AGE 50	HT.	WT.																																
DATE OF APPT. 26-OCT-1998	UNIT & BEAT OF ASSIGN. 008 815	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		Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion		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 WARNER		FIRST NAME SHAON		M.I. J	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. 1985	HT.	WT.																															
	ADDRESS		TELEPHONE NO.		CONDITION <input type="checkbox"/> Apparently Normal <input checked="" type="checkbox"/> Injured by Member		Injured Not by the Member's Force <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol		Disability <input type="checkbox"/> OTHER (Specify)																																
	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 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 checked="" type="checkbox"/> Fatal		Gun Shot <input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain)																																
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 checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON		<input type="checkbox"/> BLUNT OBJECT (DESCRIBE)		<input checked="" 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																														
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> TASER/STUN GUN		<input type="checkbox"/> REVOLVER		<input type="checkbox"/> OTHER (DESCRIBE)																															
<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"/> VEHICLE		<input type="checkbox"/> RIFLE		WEAPON USE:																															
<input type="checkbox"/> FLED		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:		<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"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> Possessed <input checked="" type="checkbox"/> Used - Attacked Member		<input type="checkbox"/> Member at Gunpoint		<input type="checkbox"/> Member Shot/Shot At																															
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 checked="" type="checkbox"/> Other - Describe in Narrative		<input type="checkbox"/> Processing/Transporting/Guarding Arrestee <input type="checkbox"/> Pursuing/Arresting Subject																																	
MEMBER'S RESPONSE (Check all that apply)	REASON FOR RESPONSE? <input type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Department Member <input type="checkbox"/> Defense of Member of Public <input checked="" type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Fleeing Subject <input checked="" type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional						FORCE MITIGATION EFFORTS																																		
	<input checked="" type="checkbox"/> MEMBER PRESENCE			<input checked="" type="checkbox"/> ZONE OF SAFETY			<input type="checkbox"/> MOVEMENT TO AVOID ATTACK			<input checked="" type="checkbox"/> TACTICAL POSITIONING			<input type="checkbox"/> NONE																												
	<input checked="" type="checkbox"/> VERBAL DIRECTION/ CONTROL TECHNIQUES			<input type="checkbox"/> SPECIALIZED UNITS			<input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS			<input type="checkbox"/> OTHER			<input type="checkbox"/> ESCORT HOLDS			<input type="checkbox"/> CONTROL INSTRUMENT			<input type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS																						
RESPONSE WITHOUT WEAPONS						RESPONSE WITH WEAPONS						CONTROL TACTICS																													
<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 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"/> CLOSED HAND STRIKE/ PUNCH						<input type="checkbox"/> LRAD W/ AUTHORIZATION*						<input type="checkbox"/> BATON/EXPANDABLE BATON						<input type="checkbox"/> OTHER																	
<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.																																									
WEAPON DISCHARGE	WEAPON TYPE: <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER		<input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> OTHER		NO. OF DISCHARGES OF THE WEAPON. 12		WEAPON SERIAL NO.		WEAPON CERT. NO.																																
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER				WAS SUBJECT VEHICLE USE AS A WEAPON? <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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input checked="" 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 <input type="checkbox"/> TRIGGER <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 checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)		TOTAL NO. OF SHOTS MEMBER FIRED 12		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MAKE/ MANUFACTURER GLOCK GMBH		MODEL 21		DID MEMBER FIRE AT A VEHICLE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES																													

TACTICAL RESPONSE REPORT - INVESTIGATION /Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.	
	05-SEP-2020	0141	5010 W 50TH ST CHICAGO, IL 60638	01278	JD356946	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9161	GURSKIS	PETE	██████			
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
WARNER	SHAON		J	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	██████-1985

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 was DOA

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS ADDITIONAL ATTACHMENTS

Subject was on the scene of an incident in which he discharged his firearm in order to defend another sworn member and himself. R/Deputy Chief reviewed members body camera from 14:40 to 18:00. This incident is being handled by COPA in conjunction with CPD IRT. There were no actual witness' to the shooting incident, but there was a witness to the lead up crime to this. Member qualified with his weapon on 28 Jan 2020.

UNITS ON-SCENE OF THE INCIDENT: Multiple

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 4177		<input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
		<input checked="" type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

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
WILLIAMS, TERENCE V	59	██████	05-Sep-2020 0818