

**SUMMARY REPORT OF INVESTIGATION**

**I. EXECUTIVE SUMMARY**

Date of Incident:	April 24, 2019
Time of Incident:	12:24 am
Location of Incident:	727 E. 111 <sup>th</sup> Street, 5 <sup>th</sup> District Police Station
Date of COPA Notification:	April 24, 2019
Time of COPA Notification:	1:50 am

██████████ drove to the 5<sup>th</sup> District Police Station following a traffic accident with another motorist. Mr. ██████████ was placed into custody for traffic violations. While in custody, Mr. ██████████ suffered a medical emergency and became unresponsive. Chicago Fire Department personnel responded to the scene but were unable to resuscitate ██████████. A death investigation was conducted, and the Civilian Office of Police Accountability (COPA) found that Mr. ██████████ died of natural causes, and there was no misconduct on behalf of any Chicago Police Department (Department) members.

**II. INVOLVED PARTIES**

Involved Officer #1:	Bennie Traylor Jr; star #5818; employee ID# ██████████ Date of Appointment: April 16, 2018; Police Officer; 5 <sup>th</sup> District; DOB: ██████████ 1989; Male; Black
Involved Officer #2:	Gregory Braxton; star #11269; employee ID# ██████████ Date of Appointment: February 29, 2016; Police Officer; 5 <sup>th</sup> District; DOB: ██████████ 1986; Male; Black
Involved Officer #3:	Hani Mohamed; star #1735; employee ID# ██████████ Date of Appointment: November 27, 2006; Sergeant; 5 <sup>th</sup> District; DOB: ██████████ 1983; Male; White
Involved Individual #1:	██████████ 1950; Male; Black

**III. ALLEGATIONS**

Pursuant to section 2-78-120(d) of the Municipal Code of Chicago, COPA has a duty to investigate all incidents, including those in which no allegation of misconduct has been made, where a person dies while in Department custody. During its investigation of this incident, COPA did not find evidence to support any allegations.

**IV. APPLICABLE RULES AND LAWS**

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**General Orders<sup>1</sup>**

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1. General Order G06-01: Processing Persons Under Department Control (effective June 7, 2002 to February 28, 2020)
  2. General Order G06-01-01: Field Arrest Procedures (effective December 8, 2017 to present)
  3. General Order G06-01-02: Restraining Arrestees (effective December 8, 2017 to present)
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**Special Orders**

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1. Special Order S05-15: Automated External Defibrillator Program (effective December 14, 2015 to present)
2. Special Order S06-01: Processing Persons Under Department Control (effective January 29, 2015 to present)
3. Special Order S06-01-02: Detention Facilities General Procedures and Responsibilities (effective September 9, 2019 to August 16, 2020)
4. Special Order S06-01-05: Miscellaneous Detention Facility Topics (effective February 23, 2012 to present)
5. Special Order S06-01-07: Required Lockup Standards and Reporting (effective February 29, 2012 to present)

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<sup>1</sup> Department general and special orders, also known as directives, “are official documents establishing, defining, and communicating Department-wide policy, procedures, or programs issued in the name of the Superintendent of Police.” Department Directives System, General Order G01-03; *see also* Chicago Police Department Directives System, available at <http://directives.chicagopolice.org/directives/> (last accessed August 31, 2021).

## V. INVESTIGATION<sup>2</sup>

### a. Interviews

In a statement to COPA<sup>3</sup> on May 20, 2019, **Officer Gregory Braxton** stated he and his partner, Officer Bennie Traylor, were dispatched to the 5<sup>th</sup> District Station in response to a traffic accident that occurred at 88<sup>th</sup> and Cottage Grove.<sup>4</sup> Officer Braxton recalled that two motorists may have been involved in a verbal altercation following the accident, and subsequently drove to the 5<sup>th</sup> District Station. Officers Braxton and Traylor arrived at the station and drove to the rear parking lot, where they observed [REDACTED] inside a vehicle, and two additional citizens.<sup>5</sup> inside a separate vehicle. Officer Braxton spoke with the driver of the second vehicle, [REDACTED]. Officer Braxton observed rear-end damage to Mr. [REDACTED] vehicle and front-end damage to Mr. [REDACTED] vehicle and determined that Mr. [REDACTED] was the at-fault driver. Officer Braxton also spoke with Mr. [REDACTED] and performed a record's inquiry which found Mr. [REDACTED] driver's license had been revoked. Additionally, Mr. [REDACTED] failed to produce an insurance card and did not have a license plate on his vehicle.<sup>6</sup>

During the investigation, Officer Braxton noticed Mr. [REDACTED] needed medical attention. Mr. [REDACTED] informed Officer Braxton he was short of breath and having problems breathing. Officer Braxton believed Sergeant Hani Mohamed, #1735, requested Emergency Medical Services (EMS) before the officers arrived. When EMS (Chicago Fire Department personnel) arrived, Mr. [REDACTED] declined medical attention and signed an electronic refusal. EMS then left the scene.<sup>7</sup>

Officer Braxton informed Mr. [REDACTED] of the traffic violations and asked Mr. [REDACTED] to step out of the vehicle and turn around. Mr. [REDACTED] complied. Due to Mr. [REDACTED] age and obesity, Officer Braxton placed two sets of handcuffs on Mr. [REDACTED] to avoid placing more pressure on Mr. [REDACTED] than was required. As Officer Braxton walked escorted Mr. [REDACTED] into the station, Mr. [REDACTED] said he was out of breath and wanted to sit down. Officer Braxton informed Mr. [REDACTED] they were only a few feet away and Mr. [REDACTED] could rest once inside. Mr. [REDACTED] walked into the station and Officer Braxton walked Mr. [REDACTED] to a holding room where Mr. [REDACTED] sat down. Officer Braxton asked Mr. [REDACTED] if he wanted to use the bathroom. Mr. [REDACTED] replied that he did. Mr. [REDACTED] stood as Officer Braxton prepared to remove the handcuffs. Officer Braxton thought Mr. [REDACTED] said he defecated on himself. Mr. [REDACTED] sat back down and said he wanted to catch his breath. Officer Braxton asked him several times if he wanted to go to the hospital. Mr. [REDACTED] repeatedly declined and said he was, calming down.<sup>8</sup> Officer Braxton thought when he said he was calming down, Mr. [REDACTED] was feeling better and catching his breath. Officer Braxton told Mr. [REDACTED] to stand so he could remove the handcuffs. Officer Braxton noticed that Mr. [REDACTED] urinated on himself.

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<sup>2</sup> COPA conducted a thorough and complete investigation. The following is a summary of the material evidence gathered and relied upon in our analysis.

<sup>3</sup> Attachments 61, 65.

<sup>4</sup> Per a Chicago Police Department Event Query, the officers were dispatched at 11:12 p.m. and on scene at 11:13 p.m. Attachment 9.

<sup>5</sup> Officer Braxton did not recall the other driver's name at the time of the interview but referred to him as Unit 2.

<sup>6</sup> Transcript of Officer Braxton, page 9, lines 8-17, attachment 65.

<sup>7</sup> Transcript of Officer Braxton, page 18, lines 15-22, attachment 65.

<sup>8</sup> Transcript of Officer Braxton, page 11, lines 6-9, attachment 65.

Officer Braxton briefly stepped out of the holding room to look for a sergeant or supervisor to assist him. Officer Braxton did not want to leave Mr. ██████ alone, so he immediately reentered the holding room. He observed Mr. ██████ gasping very deeply and thought he needed medical attention. Mr. ██████ also began sliding off the bench. Officer Braxton notified dispatch that Mr. ██████ was unresponsive, needed medical attention and requested that EMS return to the station. Mr. ██████ slid off the bench, hitting his head on the floor and there was a pool of blood around his face. Officer Braxton removed the handcuffs and immediately notified Sergeant Mohamed. Officer Braxton explained to Sergeant Mohamed what happened with Mr. ██████ and what Officer Braxton had done. He looked for EMS but did not see anyone. Officer Braxton decided to retrieve a defibrillator from the front desk as he waited for EMS. Officer Braxton applied the defibrillator as he was trained in the Police Academy. The defibrillator indicated there was “no shock advised” and to “perform CPR”.<sup>9</sup> Officer Braxton initiated CPR. EMS arrived fifteen to twenty seconds later and took over CPR, to no avail.

In a statement to COPA<sup>10</sup> on June 20, 2019, **Officer Bennie Traylor Jr.** stated that he and Officer Braxton received a call concerning a hit-and-run at 103<sup>rd</sup> and Cottage Grove. As the officers drove toward the location, the dispatcher related that two vehicles possibly involved in the hit-and-run just arrived at the back of the 5<sup>th</sup> District Station. The officers arrived at the station’s rear parking lot and learned that the car directly in front of them, a black Lexus driven by ██████ was struck in the rear by the vehicle in front of the Lexus,<sup>11</sup> a tan Buick driven by ██████. Other officers were on the scene also. Mr. ██████ was standing outside his vehicle and Mr. ██████ was seated inside his vehicle. Officer Traylor learned that Mr. ██████ struck the rear of Mr. ██████ vehicle and kept going. Mr. ██████ followed Mr. ██████ allegedly trying to get Mr. ██████ to pull over. Mr. ██████ acknowledged that he struck Mr. ██████ vehicle. Officer Traylor ran both parties’ information. Mr. ██████ had a valid driver’s license and insurance. The officers provided Mr. ██████ with an information card that included the case report number.

Prior to his arrival on scene, Officer Traylor recalled having heard a radio call for an ambulance because Mr. ██████ was reportedly short of breath.<sup>12</sup> Chicago Fire Department (CFD) personnel arrived and spoke with Mr. ██████ while he was remained seated in the driver’s seat of his vehicle. Mr. ██████ told CFD he was okay and signed a refusal for medical treatment. Once CFD left, Officers Traylor and Braxton informed Mr. ██████ they would bring him into the station to issue him citations for striking a vehicle and failure to have a valid driver’s license or insurance. Officer Traylor said Mr. ██████ asked for the officers to “give him a minute.” He also remembered Mr. ██████ expressing concern about the location of his debit card and car. The officers handcuffed Mr. ██████ with two sets of handcuffs for comfort. Officer Braxton escorted Mr. ██████ into the station while Officer Traylor parked Mr. ██████ vehicle for impound.

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<sup>9</sup> In the BWC the defibrillator appeared to indicate that CPR *may* be performed.

<sup>10</sup> Attachments 62, 63, 82.

<sup>11</sup> The squad car and two civilian vehicles were parked in a vertical line.

<sup>12</sup> Officer Traylor did not know who made the request and did not recall whether he heard ██████ complain of shortness of breath.

Officer Traylor walked into the station after parking Mr. [REDACTED] vehicle and observed Mr. [REDACTED] laying on the floor, in the processing room, with blood near his face area.<sup>13</sup> No one else was in the room at that point and Officer Braxton went to find a defibrillator. Officer Braxton applied a defibrillator and EMS arrived shortly thereafter. He learned, when Officer Braxton debriefed EMS, that Mr. [REDACTED] passed out, fell off the bench and hit his head. EMS used a defibrillator and applied CPR, to no avail.

In a statement to COPA on June 17, 2019,<sup>14</sup> **Sergeant Hani Mohamed** stated that he was the District Station Manager doing a building check in the 5<sup>th</sup> District Station's parking lot when he heard honking and observed two cars driving into the lot. Sergeant Mohamed learned that Mr. [REDACTED] and the other motorist, Mr. [REDACTED] were involved in a traffic accident. Mr. [REDACTED] related that Mr. [REDACTED] struck his vehicle and failed to stop. Mr. [REDACTED] followed Mr. [REDACTED] to the station. Sergeant Mohamed went on the radio and asked the dispatcher to send a patrol car to do the paperwork. Sergeant Mohamed also requested EMS for Mr. [REDACTED]. Sergeant Mohamed could not remember specifically what Mr. [REDACTED] said that led him to request EMS, but he recalled that Mr. [REDACTED] made reference to "a medical issue."<sup>15</sup> Sergeant Mohamed said there were other officers on scene, and Mr. [REDACTED] was possibly speaking to them when Sergeant Mohamed heard something that triggered him to call EMS. Officers Braxton and Traylor arrived on scene to complete the paperwork, and Sergeant Mohamed returned to his duties in the station. Sergeant Mohamed stated he was not on scene the first time CFD arrived.

Sergeant Mohamed was working at the district desk when he heard Officer Braxton yell for a sergeant. Sergeant Mohamed went to the processing room and observed Mr. [REDACTED] unresponsive on the floor. Officer Braxton informed Sergeant Mohamed that Mr. [REDACTED] was in custody for a traffic violation bond, and that Mr. [REDACTED] fell over and became unresponsive. Sergeant Mohamed observed blood near Mr. [REDACTED] head. Sergeant Mohamed believed he also called for EMS. Sergeant Mohamed said he believed an officer used a defibrillator on Mr. [REDACTED] as they awaited EMS.<sup>16</sup> EMS arrived and rendered aid to Mr. [REDACTED]. Once Mr. [REDACTED] was pronounced dead, Sergeant Mohamed made the appropriate notifications.

In a statement to COPA<sup>17</sup> on May 29, 2019, **CFD Firefighter (FF) Patrick Turlan** stated that he and members of his team responded to an accident at the 5<sup>th</sup> District Station. FF Turlan took Mr. [REDACTED] blood pressure, which was normal. FF Turlan noticed Mr. [REDACTED] had urinated on himself. CFD Firefighter-Paramedic Brendan Fitzsimmons told Mr. [REDACTED] an ambulance was on the way. Mr. [REDACTED] said he did not want to go to the hospital. FF-Paramedic Fitzsimmons tried convincing Mr. [REDACTED] to go to the hospital, but Mr. [REDACTED] said he wanted to go home. Mr. [REDACTED] signed a refusal form with FF-Paramedic Fitzsimmons. The ambulance arrived and one

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<sup>13</sup> Officer Traylor did not recall how much time elapsed from him going to park [REDACTED] vehicle to then seeing [REDACTED] on the floor.

<sup>14</sup> Attachments 68, 86.

<sup>15</sup> Transcript of Sgt. Hani Mohamed, page 12, lines 18-19, attachment 68.

<sup>16</sup> According to Sgt. Mohamed, he could not remember which officer used a defibrillator, if he was present during said officer's use of the defibrillator, how he learned that an officer used a defibrillator, or whether he (Sgt. Mohamed) directed an officer to retrieve a defibrillator.

<sup>17</sup> Attachment 46.

of the paramedics<sup>18</sup> also tried to convince Mr. ██████ to go to the hospital. Mr. ██████ again refused. Mr. ██████ never made any complaints of injury or illness to FF Turlan.

In a statement to COPA<sup>19</sup> on June 4, 2019, **Firefighter-Paramedic Brendan Fitzsimmons** stated he and his crew members arrived on scene and were directed to Mr. ██████ who was seated in his vehicle. Mr. ██████ made no complaints. Mr. ██████ denied loss of consciousness, denied head, neck or back pain, denied shortness of breath, and denied drug or alcohol use. FF-Paramedic Fitzsimmons noted that Mr. ██████ had urinated on himself. Mr. ██████ stated he had a bladder disorder and urinates on himself when nervous. FF-Paramedic Fitzsimmons assessed Mr. ██████ mental status and FF Turlan took Mr. ██████ vitals. They had Mr. ██████ stand up and Mr. ██████ was able to move around on his own. Multiple people on scene repeatedly advised Mr. ██████ to seek hospital treatment but Mr. ██████ refused. The CFD crew advised Mr. ██████ to contact 911 again as needed and returned to service.

In a statement to COPA<sup>20</sup> on May 29, 2019, **CFD Firefighter Christopher Hansen** stated that he and his crew members responded to the police station for an accident. Upon arrival to the station, crew members interviewed Mr. ██████ and obtained his medical history. Mr. ██████ was alert, oriented, and not confused in any capacity. On multiple occasions the crew suggested that Mr. ██████ go to the hospital for examination. Mr. ██████ adamantly refused transport to the hospital. Paramedic Fitzsimmons obtained a refusal from Mr. ██████ and explained the possible risks and complications associated with not seeking medical attention. Mr. ██████ said he understood the risks. The crew accepted Mr. ██████ refusal, documented it with the hospital, and returned to the firehouse.

In a statement to COPA<sup>21</sup> on June 19, 2019, **CFD Lieutenant Joseph Stanislawski** stated that he and his crew members responded to an incident at the 5<sup>th</sup> District Station. They arrived on scene and Police Officers directed them to Mr. ██████. A CFD member took Mr. ██████ vitals and asked Mr. ██████ a series of questions. Mr. ██████ denied having any complaints, declined medical attention and signed a refusal form. The CFD crew then left the scene.

In a statement to COPA<sup>22</sup> on June 19, 2019, **CFD Engineer Anton Muth** stated that he and his team responded to the call at the police station; however, Engineer Muth stayed with the engine, inside the cab, and has no recollection of Mr. ██████.

In a statement to COPA<sup>23</sup> on June 10, 2019, **CFD Paramedic Arthur Mallo** stated that when he and his partner, Paramedic “Danny” Aguilar,<sup>24</sup> arrived at the police station for the initial call, other CFD members on scene related that Mr. ██████ refused medical attention. Paramedics Mallo and Aguilar were returned to their firehouse and did not have contact with Mr. ██████. Paramedics Mallo and Aguilar responded to a second call at the police station. Upon arrival, they

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<sup>18</sup> FF Turlan did not know the paramedic’s name.

<sup>19</sup> Attachments 48, 67.

<sup>20</sup> Attachments 45, 66.

<sup>21</sup> Attachment 59.

<sup>22</sup> Attachments 57, 69.

<sup>23</sup> Attachment 54.

<sup>24</sup> Paramedic Jesus Aguilar.

observed CPD performing CPR on Mr. [REDACTED] with a defibrillator. Paramedics Mallo and Aguilar took over performing CPR.

In a statement to COPA<sup>25</sup> on June 4, 2019, **CFD Paramedic-in-Charge Jesus Aguilar** provided an account of the incident consistent with that of his partner, Paramedic Mallo. Paramedic Aguilar stated that he and Paramedic Mallo had just finished getting fuel for their vehicle when dispatch assigned them to respond back to the police station. Upon arrival, an officer told the paramedics that Mr. [REDACTED] was on the floor and bleeding from the mouth. Paramedic Aguilar added that Mr. [REDACTED] was unresponsive and had no pulse. Paramedics Aguilar and Mallo took over resuscitation efforts.

### b. Digital Evidence

**Officer Braxton's Body Worn Camera**<sup>26</sup> depicts the officers on scene with Mr. [REDACTED] his female passenger, and Mr. [REDACTED]. Officer Braxton asked if Mr. [REDACTED] had any medical problems. Mr. [REDACTED] said he has heart trouble and high blood pressure. Officer Braxton asked Mr. [REDACTED] if he was presently experiencing any pain. Mr. [REDACTED] replied that he was calming down. Mr. [REDACTED] related that he came to the police station because "they" were chasing him. Mr. [REDACTED] added that "he," presumably Mr. [REDACTED] had an object in his hand and threatened to beat [REDACTED] and [REDACTED] was scared.<sup>27</sup> The officers discussed how Mr. [REDACTED] might be taken to the hospital. CFD was on scene with Mr. [REDACTED]<sup>28</sup>

After a break in the BWC footage, the officers searched and handcuffed Mr. [REDACTED]. The three were discussing where his debit card was located; Mr. [REDACTED] responded to Officer Braxton's question about his side of the story explaining he was asleep in the car because he lives in the car, and he was threatened. Mr. [REDACTED] said he "can't breathe" and needed to sit down. Officer [REDACTED] said, "okay, let's go sit down", leading him towards the door to the station. He asked if Mr. [REDACTED] needed to go to the bathroom and he replied, no. Mr. [REDACTED] tried to sit down on a picnic table outside the station, but Officer Braxton told him he could sit down inside. Mr. [REDACTED] continued to say "okay" and breathe heavily as he slowly walked with Officer Braxton into a processing room across from the entrance. Once in the processing room, when Officer Braxton had Mr. [REDACTED] stand up to remove his cuffs to go to the bathroom, Mr. [REDACTED] stated that he defecated on himself and needed a moment to calm down. Officer Braxton asked Mr. [REDACTED] to stand up, Mr. [REDACTED] said "okay", but appeared unable to stand up. Officer Braxton asked "so you refused medical attention" to which Mr. [REDACTED] agreed. Mr. [REDACTED] continued to breathe heavily and talk to himself "why did they do this to me" and "oh Lord." Officer Braxton asked Mr. [REDACTED] three times if he needed to go to the hospital. Mr. [REDACTED] replied to the first two requests saying

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<sup>25</sup> Attachments 51, 81.

<sup>26</sup> Attachments 36-37.

<sup>27</sup> When Officer Braxton initially approached, Mr. [REDACTED] is on the phone saying he hit his car because he kept stopping in front of him, thought he was going to kill him and he kept making circles to get away. He says he gave his partner his license and had insurance, but later said he did not have insurance. The vehicle does not have a license plate but has some sort of paper affixed to the interior of the back window. The officers confirm he is revoked.

<sup>28</sup> Officer Braxton deactivated his camera after giving Mr. [REDACTED] information about the next steps after the traffic accident and reactivated it once he and Officer Traylor searched and placed [REDACTED] into custody.

that he was “calming down” and explicitly declined the third request but said he felt “bad.”<sup>29</sup> Mr. ██████ started groaning. Officer Braxton stepped out of the room, looking towards the desk area but returned quickly to the room. Mr. ██████ started breathing more loudly and leaned on his side, continuing to show signs of distress.<sup>30</sup> Officer Braxton asked him what’s going on and if he needs help. When he does not get a verbal response, Officer Braxton requested EMS and notified them that Mr. ██████ was no longer responsive.<sup>31</sup> While on the radio with EMS, Mr. ██████ fell from the bench to the floor.<sup>32</sup>

Officer Braxton notified supervisory staff<sup>33</sup> and removed the handcuffs. Officer Braxton informed supervisors that Mr. ██████ urinated on himself, fell on his face, was bleeding from his mouth and was not breathing. The sergeant asked about why EMS did not take Mr. ██████. Officer Braxton explained he refused medical attention. Another call was made apparently asking for EMS to step it up because Mr. ██████ was unresponsive. Supervisory staff asked again about Mr. ██████ prior complaints and again if he was not breathing. Officer Braxton said he did not think Mr. ██████ was breathing. The sergeant confirmed again that he refused EMS. After going outside to look for EMS, Officer Braxton asked the sergeant where a defibrillator was located. The sergeant said he did not know but asked if he knew CPR. Officer Braxton asked multiple others the location of a defibrillator and located a defibrillator.<sup>34</sup> After the defibrillator read for no shocks to be given, Officer Braxton began chest compressions. CFD arrived on scene and took over Mr. ██████ care.<sup>35</sup>

**Officer Traylor’s Body Worn Camera**<sup>36</sup> depicts Mr. ██████ unresponsive on the floor in the processing room.<sup>37</sup> It also depicts Officer Braxton’s and CFD’s resuscitation efforts of Mr. ██████

**Evidence Technician photographs**<sup>38</sup> depict Mr. ██████ on the floor in the processing room, wearing a soiled shirt and pants, with what appears to be blood on and near his head. The photographs also depict the scene from various angles, and photographs of Mr. ██████ car.

The **Medical Examiner’s photographs**<sup>39</sup> depict pictures of Mr. ██████ at the scene and morgue, and photographs of Mr. ██████ car.

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<sup>29</sup> ██████ last refusal for medical attention was at approximately 11:55:49.

<sup>30</sup> ██████ condition noticeably worsens at approximately 11:56:35.

<sup>31</sup> Officer Braxton requested EMS at approximately 11:56:45.

<sup>32</sup> ██████ fell to the floor at approximately 11:56:53.

<sup>33</sup> Officer Braxton looked around the hallway, and audibly yelled out for a sergeant at approximately 11:57:02. At approximately 12:00:43, Officer Braxton went outside to look for CFD. They were not yet on scene.

<sup>34</sup> Officer Braxton asked around for a defibrillator at approximately 12:01:53. He located the defibrillator at 12:02:30.

<sup>35</sup> CFD arrived at ██████ at approximately 12:04:39.

<sup>36</sup> Attachment 38.

<sup>37</sup> Officer Traylor activates his camera at 11:59:54 when Mr. ██████ is already on the floor and is unresponsive. Officer Traylor said he started his BWC after he returned from parking Mr. ██████ vehicle. Officer Braxton, Sergeant Mohamed discuss Mr. ██████ condition, asking if he is breathing. Different officers peer into the processing room. One says Mr. ██████ is moving.

<sup>38</sup> Attachment 70

<sup>39</sup> Attachment 41



The **Office of Emergency Management and Communications (OEMC) transmissions**<sup>40</sup> documents that on April 23, 2019, at 23:06:56 hours, ██████ dialed 911 and reported that an “old” man just struck his car and kept going.<sup>41</sup> ██████ related that he was following the man, and provided the direction of flight. ██████ added that the man struck additional vehicles while fleeing. At 23:20:00 hours, a woman who identified herself as ██████ girlfriend reported that they were at the police station with the man who struck their car.<sup>42</sup> The dispatcher assigned Beat 532, Officers Braxton and Traylor, to respond to the incident.<sup>43</sup>

Beat 501, Sergeant Hani Mohamed, asked the dispatcher to send a beat car to the station for a disturbance/ auto accident, and to send an ambulance for one of the drivers.<sup>44</sup> The dispatcher told Beat 532 to head to the station for the reckless investigation.<sup>45</sup> Beat 501 indicated that the involved parties were in the rear parking lot, and that one of the drivers was complaining of a medical condition. The dispatcher related that the ambulance was on the way. Beat 532 asked for a case report (RD) number.<sup>46</sup>

Beat 532, Officer Braxton, requested EMS at the 5<sup>th</sup> District station for a nonresponsive person.<sup>47</sup> An unknown unit, presumably Beat 501, added that they need an ambulance for the traffic accident victim. Beat 501 added that the Fire Department was on scene before, and the victim is having issues now. Beat 501 reiterated that the victim is unresponsive, and to have the Fire Department “step it up.”<sup>48</sup>

### c. Physical Evidence

The **Postmortem Examination Report**<sup>49</sup> documents the postmortem examination of ██████ was conducted on April 24, 2019, at 9:00 a.m. by Doctor ██████. The report states that Mr. ██████ cause of death was due to Hypertensive and Atherosclerotic Cardiovascular Disease, and the manner of death was natural.

### d. Documentary Evidence

Lt. Robert Arteaga Jr.’s **Initiation Report**<sup>50</sup> dated April 24, 2019, documents that during a traffic crash investigation conducted in the rear lot of the 5<sup>th</sup> District Station, officers discovered that Mr. ██████ driver’s license was revoked and subsequently placed him into custody. During the investigation, Mr. ██████ complained of feeling ill and CFD was summoned. Mr. ██████ signed a medical treatment refusal form and was subsequently brought into the station and placed

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<sup>40</sup> Attachments 71-76

<sup>41</sup> Attachment 71.

<sup>42</sup> Attachment 72.

<sup>43</sup> Attachment 76, minute 01:01.

<sup>44</sup> *Ibid*, minute 04:46.

<sup>45</sup> *Ibid*, minute 08:05.

<sup>46</sup> *Ibid*, minute 16:40.

<sup>47</sup> *Ibid*, minute 37:52. This is Officer Braxton per the BWC.

<sup>48</sup> *Ibid*, minute 39:09.

<sup>49</sup> Attachment 85; At the April 24, 2019 autopsy, Dr. ██████ noted there were not any signs of trauma to Mr. ██████ except broken ribs believed to be consistent with injuries from CPR compressions. Of note four bullets were recovered from Mr. ██████ body, but they were old and unrelated to his death. Attachment 28.

<sup>50</sup> Attachment 2.

in Processing Room #3. Shortly afterward, Mr. ██████ became ill and collapsed. Resuscitation efforts by CPD and CFD were unsuccessful, and Mr. ██████ was pronounced dead at 12:24 a.m.

The **Illinois Department of Corrections Report of Extraordinary or Unusual Occurrences**<sup>51</sup> documents that while in police custody, ██████ showed shortness of breath as a sign of illness and became unresponsive in a district station processing room.

**Case Report JC235960**<sup>52</sup> documents that Officer Braxton and his partner were dispatched to 10500 S. Cottage Grove regarding an auto accident. Dispatch related that ██████ struck the rear of ██████ vehicle at approximately 8800 S. Cottage Grove Avenue. Mr. ██████ fled the scene and ██████ followed Mr. ██████ to the 5<sup>th</sup> District's south parking lot. The report noted that Mr. ██████ driver's license was revoked, and his vehicle did not have insurance or a license plate.

A **Chicago Fire Department Report**<sup>53</sup> documents that on April 23, 2019, at 11:39 p.m., CFD personnel responded to 727 E. 111<sup>th</sup> Street. Upon arrival, they encountered ██████ a 68-year-old male with a history of Bladder Disorder, Hypertension, and Cardiac History. Mr. ██████ was a restrained driver that rear-ended another vehicle. There was minor damage to the front bumper but no airbag deployment. Mr. ██████ had no complaints. He refused evaluation and transport, and signed a refusal form.

A **Chicago Fire Department Report**<sup>54</sup> documents that on April 23, 2019, at 11:58 p.m., CFD personnel were dispatched to return to 727 E. 111<sup>th</sup> Street for a patient who had previously signed a refusal. CFD arrived at 12:02 a.m. and found Mr. ██████ in Cardiac Arrest. CPD had initiated CPR and CFD took over. After resuscitative efforts were unsuccessful, CFD contacted Trinity Hospital and Mr. ██████ was pronounced dead at 12:24 a.m.

## VI. STANDARD OF PROOF

COPA applies a preponderance of the evidence standard to determine whether allegations are warranted.<sup>55</sup> A **preponderance of evidence** is evidence indicating that it is more likely than not that the alleged conduct occurred.<sup>56</sup> If the evidence COPA gathers in an investigation establishes that it is more likely than not that misconduct occurred, even if by a narrow margin, then the preponderance of the evidence standard is met.

## VII. LEGAL STANDARD

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<sup>51</sup> Attachment 3

<sup>52</sup> Attachment 12

<sup>53</sup> Attachments 14-15

<sup>54</sup> Attachment 17

<sup>55</sup> See Municipal Code of Chicago, Ch. 2-78-110

<sup>56</sup> *Avery v. State Farm Mutual Automobile Insurance Co.*, 216 Ill. 2d 100, 191 (2005), (“A proposition is proved by a preponderance of the evidence when it has been found to be more probably true than not.”).

Mr. ██████ suffered a medical emergency and died while awaiting processing after being arrested for traffic offenses.<sup>57</sup> After Mr. ██████ condition worsened and he became unresponsive, Officer Braxton requested for medical assistance, notified the sergeant and within minutes located and used a defibrillator. The preponderance of the evidence supports the members involved acted within policy and the law regarding Mr. ██████ medical emergency resulting in his death in custody.

For persons awaiting arrest processing, Department policy requires members to provide a “secure detention” including being “alert to any problems or conditions that may compromise” the safety of the person.<sup>58</sup> “Members will be responsible for the safety and security of the arrestee.”<sup>59</sup> An arrestee that requires immediate medical care shall be transported to the emergency room.<sup>60</sup>

Department policy designates responsibility for addressing an arrestee’s medical issues. Station supervisors are ultimately responsible for the safety of arrestees within police facilities.<sup>61</sup> Department members processing arrestees and lockup personnel have general responsibilities

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<sup>57</sup> An automated arrest application or an arrest report was not completed, presumably due to Mr. ██████ death prior to completing processing. *See* Field Arrest Procedures General Order G06-01-01 II.F. (Effective Dec. 8, 2017) (requiring an arresting officer to “immediately notify the watch operations lieutenant, or HSF designated supervisor that an arrestee has been brought into the facility and report the name of the arrestee, the circumstances of the arrest, and the probable charges” and “secure the arrestee at the facility and without unnecessary delay, complete the first screen of the Automated Arrest Report...”). *See also* Field Arrest Procedures General Order G06-01-01 VIII. (“A. Detention for a traffic violation ... will not require the completion of an Arrest Report when the violator is promptly let to bail or is temporarily detained at the district waiting to post bond. B. Arresting officers will follow the procedures in the Department directive entitled “Traffic Violators, Name-Checks, and Bonding.”). But the officers cited driving on a revoked license and driving without insurance as reasons to arrest. A reference to a hit and run is also made on the BWC. Officer Braxton said in his COPA interview that he told Mr. ██████ he was arresting him because his license was revoked, he did not have insurance and he did not have a license plate. Officer Traylor said in his COPA interview that they told Mr. ██████ they were going to have to take him inside to write him tickets for not having a valid license or insurance and striking a vehicle. Attachment 62 @ 8:55. Also the Original Case Incident Report indicates Mr. ██████ was driving on a revoked license, did not have insurance and did not have a license plate. Attachment 10. Members may arrest a person when there is “reasonable grounds to believe that the person is committing or has committed an offense.” 725 ILCS 5/107-2. This includes authority to arrest for traffic citations. *People v. Taylor*, 902 N.E.2d 751 (Ill. App. Ct. 2d Dist. 2009). In addition, driving while a license is suspended or revoked is a Class A misdemeanor. 625 ILCS 5/6-303(a).

<sup>58</sup> *See* Processing Persons Under Department Control General Order G06-01 II.4 (effective June 7, 2002 to February 28, 2020) “It is the policy of the Department to provide secure detention for prisoners awaiting interrogation, arrest processing, or transfer to some other jurisdiction or entity and to maintain lockups in a sanitary and safe manner. As such, Department personnel assigned to a lockup will adhere to Department procedures and will be alert to any problems or conditions that may compromise the security or safety of detained prisoners.”

<sup>59</sup> Field Arrest Procedures General Order G06-01-01 II.A. (Effective Dec. 8, 2017) & Restraining Arrestees General Order G06-01-02 II. (Effective Dec. 8, 2017); *see also* Field Arrest Procedures General Order G06-01-01 II.G.3.a. “the station supervisor of the facility will: a. be responsible for the safety and security of arrestees brought to their facility. During their tour of duty, station supervisors will verify the arrestee’s well-being by independently conducting thorough inspections to visually observe arrestees and the conditions of the processing and detention locations.”

<sup>60</sup> Field Arrest Procedures General Order G06-01-01 IX.A. Sick and Injured Arrestees.

<sup>61</sup> Processing Persons Under Department Control Special Order S06-01 II.B.1. “Station supervisors in charge of detention facilities will: 1.be held accountable for ensuring the safety and care of all arrestees within police facilities and lockups.” & S06-01 II.B.13 “ensure that any medical information received regarding a person in Department custody ... is appropriately acted upon, communicated to lockup personnel, and documented in the Automated Arrest Report as delineated in Department directive entitled” & S06-01 II.B.17 “NOTE: Arrestees requiring emergency medical care will be transported by a fire department ambulance, if available.”

assigned to them regarding the safety and care of a person in custody. Arresting officers must notify the station supervisors of certain medical issues.<sup>62</sup> Lockup personnel must perform an initial inspection of an arrestee, which starts with a screening for serious medical and mental health issues, pregnancy or intoxication.<sup>63</sup> Station supervisors shall ensure paramedics are called if an arrestee shows signs of medical distress.<sup>64</sup> Specifically regarding serious medical issues, such as difficulty breathing, Department guidelines require notifying the District Station Supervisor and sending the arrestee to the hospital.<sup>65</sup> Additionally, Department policy addresses procedures for situations involving the death of an arrestee while in custody.<sup>66</sup>

Department policy also addresses requirements for members regarding Automated External Defibrillators.<sup>67</sup> The Department is required to have clearly marked and available defibrillators in each facility and have an adequate number of members trained to administer it. Members are required to be familiar with the location of the defibrillator. The District Station Supervisor must visually inspect the defibrillator within their facility.<sup>68</sup> Department policy also outlines procedures for members and the District Station Supervisors if they use a defibrillator.<sup>69</sup>

## VIII. LEGAL ANALYSIS

### A. The involved members followed policy regarding Mr. [REDACTED] medical distress.

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<sup>62</sup> Processing Persons Under Department Control Special Order S06-01 II.A.10. (Effective January 29, 2015) Arresting officers will be responsible for “notifying the station supervisor if the arrestee: a. made any suicidal comments/remarks. b. is under the influence of alcohol/drugs. c. has any visible injuries.”

<sup>63</sup> Detention Facilities General Procedures and Responsibilities Special Order S06-01-02 III.B.12. Lockup personnel shall prior to accepting any arrestee, conduct an initial inspection of the subject following the Guidelines for Arrestee Screening and Monitoring chart (CPD-11.523).

<sup>64</sup> Detention Facilities General Procedures and Responsibilities Special Order S06-01-02 III.C.11. District station supervisors shall ensure that the Chicago Fire Department paramedics are called should an arrestee be exhibiting signs of medical distress.

<sup>65</sup> Guidelines for Arrestee Screening and Monitoring, Chicago Police Department. <http://directives.chicagopolice.org/forms/CPD-11.523.pdf> & Detention Facilities General Procedures and Responsibilities Special Order S06-01-02 III.B.14. Lockup personnel will “not accept any arrestee into the lockup who has injuries or illnesses that may require hospitalization or the immediate attention of a healthcare professional.”

<sup>66</sup> Miscellaneous Detention Facility Topics Special Order S06-01-05 III. & Required Lockup Standards and Reporting Special Order S06-01-07 III.A.1.a.

<sup>67</sup> Automated External Defibrillator Program Special Order S05-15 II. (effective December 14, 2015 to present) “A. In accordance with 65 ILCS 5/11-1-13 the corporate authorities of each municipality shall, in accordance with the requirement of the Automated External Defibrillator Act, ensure that: 1. each police department that employs 100 or more police officers is equipped with an operational and accessible automated external defibrillator; and 2. an adequate number of personnel in each police department is trained to administer the automated external defibrillator. B. AED locations will be clearly marked and available in Department facilities. C. Members will familiarize themselves with the location of the AED device(s) installed within the facility.”

<sup>68</sup> Automated External Defibrillator Program Special Order S05-15. II.G. “The Unit Commanding Officer/District Station Supervisor will: 1. ensure that each of the AED cabinets is secure...3. visually inspect the AED cabinets and AEDs located within their facility to ensure that they are in proper working order and are functional.”

<sup>69</sup> Automated External Defibrillator Program Special Order S05-15. IV.

COPA finds that the preponderance of the evidence establishes that the members involved acted within policy and the law regarding Mr. [REDACTED] medical emergency resulting in his death in custody.

Officer Braxton diligently watched Mr. [REDACTED] and communicated about his health after he arrested him. Shortly after escorting him into the building and into the processing room, Officer Braxton tries to remove the handcuffs so Mr. [REDACTED] can go to the bathroom. When Mr. [REDACTED] cannot remain standing, Officer Braxton asks him multiple times if he needs medical assistance. He briefly steps out of the room to look for help. When Mr. [REDACTED] condition worsens as he seems to have difficulty breathing and stops answering Officer Braxton's questions, Officer Braxton radios for help. When Mr. [REDACTED] falls off the bench and is on the ground unresponsive, he yells for his sergeant. They, presumably Sergeant Mohamed, call again for EMS to step it up. Several members discuss Mr. [REDACTED] condition and how he refused medical care. Officer Braxton goes outside to look for EMS and upon seeing they are not nearby, decides to get a defibrillator; he asks several members for its location. Upon locating the defibrillator, Officer Braxton uses it on Mr. [REDACTED]. Officer Traylor stands by to assist upon his return from moving Mr. [REDACTED] vehicle.

Officer Braxton followed policy by notifying the station supervisor and EMS of Mr. [REDACTED] medical distress. He was "alert to any problems or conditions" that compromised Mr. [REDACTED] safety. Sergeant Mohamed followed policy when he verified paramedics were called after he learned from Officer Braxton that Mr. [REDACTED] was unresponsive.

Additionally, prior to the medical emergency Sergeant Mohamed followed policy by calling EMS when Mr. [REDACTED] was outside of the station. Sergeant Mohamed heard Mr. [REDACTED] say something that triggered Sergeant Mohamed to call medical assistance initially.<sup>70</sup> He remembered Mr. [REDACTED] was coherent, talking, standing and breathing, but he did not appear healthy, was moving very slowly, and did not seem like he was "in a good condition."<sup>71</sup>

Department policy does not address what members should do when an arrestee has refused medical care. Nor does it address what members should do in the meantime after the decision to hospitalize an arrestee, or at least to call paramedics, has been made. Here, Mr. [REDACTED] seemed to be indicating he does not want to go to the hospital because he does not want the process to take too long.<sup>72</sup> Unfortunately, it appears Mr. [REDACTED] did not realize nor did paramedics predict that Mr. [REDACTED] was suffering such a serious medical issue that he required hospitalization.<sup>73</sup> Mr. [REDACTED] was asking the officers for more time before standing up and said he needed to catch his

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<sup>70</sup> Attachment 86. Sergeant Mohamed did not recall several details surrounding Mr. [REDACTED] death or the physical characteristics of the District Station *e.g.*, camera locations and cited his recent promotion in October 2018 to sergeant to explain this. But he did contemporaneously author a daily DSS form and a Report of Extraordinary and Unusually Occurrences. Attachment 3

<sup>71</sup> Attachment 86.

<sup>72</sup> Paramedics said Mr. [REDACTED] said he just wanted to go home.

<sup>73</sup> The paramedics said Mr. [REDACTED] denied having any health issues, including shortness of breath, and that his vitals were normal.

breath.<sup>74</sup> But his only voiced concerns after standing up before starting to go into the station were about finding a debit card. When Mr. █████ asks to sit on a bench on the way inside the station, Officer Braxton reasonably said they only had a few more feet to go before he could sit inside. Further, after Mr. █████ is seated on a bench in the processing room, his condition seemed to rapidly deteriorate. After Mr. █████ passed out, fell off the bench and began bleeding on the floor unresponsive, Officer Braxton called paramedics and they are called again to “step it up.” The supervisors at the district station spend several minutes discussing the situation and repeatedly say he refused medical care.<sup>75</sup> Instead of waiting any more time for paramedics to arrive, Officer Braxton asked about a defibrillator and starts the process to use the defibrillator and perform CPR on Mr. █████ COPA finds the members’ response in this situation where Mr. █████ had previously refused medical care to be reasonable.<sup>76</sup>

**B. The involved members followed procedures regarding use of handcuffs and a defibrillator.**

Officers Braxton and Traylor followed policy and were reasonable regarding handcuffing Mr. █████ While an arrestee generally should be handcuffed, there are exceptions. One consideration is a person’s physical health.<sup>77</sup> Due to Mr. █████ age and obesity, Officer Braxton placed two sets of handcuffs on Mr. █████ to avoid placing more pressure on Mr. █████ than was required. When Mr. █████ is seated on the bench in lockup, he is handcuffed. Whenever a person is handcuffed, they are at risk of injury if they fall because they cannot catch themselves. But Officer Braxton had offered multiple times to remove the handcuffs. Officer Braxton attempted to remove the handcuffs so Mr. █████ could go to the bathroom but is not successful. Officer Braxton does not remove the handcuffs when Mr. █████ is seated and says he is calming down.<sup>78</sup> Shortly thereafter, Mr. █████ leans on his side<sup>79</sup> and falls off the bench at the same time

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<sup>74</sup> Officer Traylor recalls Mr. █████ saying “Give me a minute” while seated in his vehicle when the officers said they needed to take him in the station. Officer Braxton recalls Mr. █████ saying he was short of breath and needed to sit down when they were walking into the station and that he needed a minute and was calming down while on the bench in lockup.

<sup>75</sup> When Officer Traylor returned to find Mr. █████ on the floor, a supervisor is outside of the processing room. There were multiple supervisors including Sergeant Mohamed and a visiting lieutenant.

<sup>76</sup> Additionally, members followed policy regarding procedures after a death in custody under Miscellaneous Detention Facility Topics Special Order S06-01-05 III. & Required Lockup Standards and Reporting Special Order S06-01-07 III.A.1.a.

<sup>77</sup> Restraining Arrestees General Order G06-01-02 IV.B. “Department members taking persons into custody... will be responsible for ... ensuring that the persons are appropriately restrained to prevent escape or injury.” & Restraining Arrestees General Order G06-01-02 V.A.2. “An arrestee taken into custody will be handcuffed unless: a. the arrestee is injured to the extent that he or she is incapable of offering resistance or the process of handcuffing could inflict additional physical trauma to the arrestee. b. physical characteristics (e.g., size, missing limbs) of the arrestee hamper the use of handcuffs. NOTE: The fact that an arrestee is physically disabled does not preclude the use of restraining devices (handcuffs, stretcher restraining straps, flexible restraining devices, leg irons). c. handcuffing the arrestee would be an excessive measure of restraint (e.g., the arrestee's age, physical health, or condition).”

<sup>78</sup> Officer Braxton also believed Mr. █████ said he defecated on himself. He thought when Mr. █████ said he was calming down that he was feeling better.

<sup>79</sup> Consistent with BWC, Officer Braxton says he stepped out of the room briefly to look for a sergeant or supervisor for assistance. Statement: While he notices Mr. █████ is sliding off the bench, he says it is at the same time he was notifying dispatch he has an unresponsive person that needs EMS. Later, Officer Braxton says as soon as he noticed

Officer Braxton is calling for medical assistance. While Mr. ██████ does appear to hit his face on the concrete ground when he falls, the evidence is insufficient to determine if he passed out first or would have been able to catch himself with his hands if he was not handcuffed. Based upon a preponderance of the evidence, Officer Braxton acted reasonably initially handcuffing Mr. ██████ and keeping him handcuffed while Mr. ██████ was seated on the processing room bench. Under a preponderance of evidence, a reasonable member would not feel the need to remove the handcuffs while Mr. ██████ is seated in anticipation of preventing an injury or excessive force. While Mr. ██████ repeatedly wanted to sit down or remain seated, he was able to walk to the station from his vehicle and did not express any indication that he fears he would fall, such as being dizzy.<sup>80</sup>

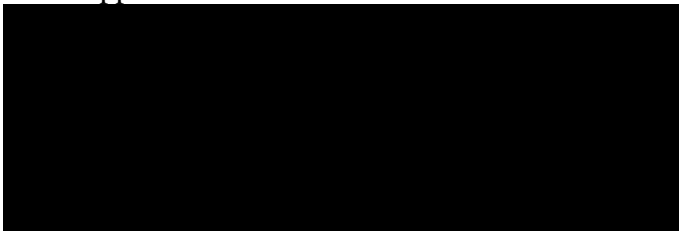
Lastly, the members followed Department policy regarding the procedures outlined for when a defibrillator is used.<sup>81</sup> Officer Braxton was trained on how to use a defibrillator and the facility had a functioning one in a marked location.

## IX. CONCLUSION

Based on the analysis set forth above, COPA makes the following findings:

COPA has determined by a preponderance of the evidence that the officers' ... was objectively reasonable and in compliance with the law and Department's orders.

Approved:



Angela Hearts-Glass  
*Deputy Chief Investigator*

1-9-2023

\_\_\_\_\_  
Date

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he was being unresponsive and sliding off the bench, he immediately called EMS. BWC: Calls EMS when Mr. ██████ on side, during call, Mr. ██████ slides/falls off bench.

<sup>80</sup> Officer Braxton recalled that Mr. ██████ said he wanted to sit down because he was out of breath. He believed he walked into the station on his own.

<sup>81</sup> Presumably, Officer Braxton was not required to know the location as his shift assignment was not physically in that facility but under S05-15. II.G Sergeant Mohamed as the District Station Supervisor should have known the defibrillator's location, inspected it and ensured members assigned to that facility knew its location. Recognizing Sergeant Mohammed was newer to the position and acknowledging Officer Braxton was able to administer a functioning defibrillator, the Department met the objective of the defibrillator policy overall.

