

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 09-FEB-2015		TIME 03:30:00		2. ADDRESS OF OCCURRENCE 2829 W 167TH MARKHAM, IL			3. LOCATION CODE 277		4. BEAT/OCCUR 3100			
	5. POSITION 9161		6. LAST NAME WADE		7. FIRST NAME MARCUS G		8. STAR NO. 6360	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE BLK	11. AGE [REDACTED]	12. HT. 603	13. WT. 225
SUBJECT INFORMATION	14. DATE OF APPT. 29-SEP-2003		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 006		17. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	20. LAST NAME			21. FIRST NAME			22. M.I.	23. SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE		25. D.O.B.	26. HT.	27. WT.
	28. ADDRESS			29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						
36. CHARGES PLACED <input checked="" type="checkbox"/> DNA								37. CB NO.		IR NO. <input checked="" type="checkbox"/> DNA			

REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA					
	PASSIVE RESISTER		ACTIVE RESISTER	ASSAILANT:ASSAULT	ASSAILANT:BATTERY	ASSAILANT:DEADLY FORCE
SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input checked="" type="checkbox"/>
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input checked="" type="checkbox"/>
	VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>	CANINE <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	
WRISTLOCK <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>	OTHER _____	
ARMBAR <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>	OTHER _____			
PRESSURE SENSITIVE AREAS <input type="checkbox"/>						
CONTROL INSTRUMENT <input type="checkbox"/>						
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>						
OTHER _____						

WEAPON DISCHARGE INCIDENT	39. <input type="checkbox"/> DNA			40. ADDITIONAL INFORMATION WEAPON-HANDGUN			
	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		POSITION	STAR NO.	UNIT		
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR
	45. MAKE/MANUFACTURER SPRINGFIELD ARMOY M1A		46. MODEL XDM	47. BARREL LENGTH 4.0	48. CALIBER/GAUGE OTHER		
49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters) MG154372	51. CHICAGO GUN REG. NO. R012183S	52. IL FIREARM OWNER ID. NO. 87020022	53. HANDGUN CERTIFICATE NO.		
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED 40 CAL	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1	58. TOTAL NO. OF SHOTS MEMBER FIRED 12		
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		150400000	
63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD			65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) VEHICLE			67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.				
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN			69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)				

CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC						HH000000
	NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.						
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.							

SIGNATURES	73. REPORTING MEMBER (Print Name) WADE, MARCUS G		STAR/EMPLOYEE NO. 6360	SIGNATURE [REDACTED]		
	09-FEB-2015 12:55:01		[REDACTED]	[REDACTED]		
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.						
74. REVIEWING SUPERVISOR (Print Name) BOFFO, ROY A		STAR NO. 1622	SIGNATURE [REDACTED]		DATE REVIEWED 09-FEB-2015 12:57:36	TIME

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Member fired his weapon while off duty, no hits reported.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Member reported the incident to the 006th District DSS. Log Number #1073710 obtained, IAD performed mandatory testing and notifications made.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1073710 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

DEVEREUX, GEORGE J

SIGNATURE



DATE COMPLETED

TIME

20-FEB-2015 16:43:35

79. TOTAL TRR's THIS EVENT No.

1