

TACTICAL RESPONSE REPORT / Chicago Police Department

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|---|--|---|--|--|--|--|--------------------------------|---|------------------------------|---|--|---|--|--|--|---|--|---|--|--|--|--|--|---|--|--|--|---|--|---|--|---------------------------|--|
| 1. DATE OF INCIDENT 28-DEC-2011 | | TIME 01:46:00 | | 2. ADDRESS OF OCCURRENCE 9544 S AVENUE L, Apt 3 CHICAGO, IL 60617 | | | 3. LOCATION CODE 090 | | 4. BEAT/OCCUR 0432 | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. POSITION 9161 | | 6. LAST NAME CABRAL | | 7. FIRST NAME ALEJANDRO | | 8. STAR NO. 4855 | | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10. RACE CODE S | | 11. AGE [REDACTED] | | 12. HT. 508 | | 13. WT. 197 | | | | | | | | | | | | | | | | | |
| 14. DATE OF APPT. 25-SEP-2006 | | 15. EMPLOYEE NO. [REDACTED] | | 16. UNIT & BEAT OF ASSIGNMENT 004 0406E | | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | | | | | | | | | | | | | | | | | |
| 20. LAST NAME WALLS | | 21. FIRST NAME KARAKA | | 22. M.I. M | | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 24. RACE BLK | | 25. D.O.B. [REDACTED] | | 26. HT. 510 | | 27. WT. 155 | | | | | | | | | | | | | | | | | | | |
| 28. ADDRESS [REDACTED] | | 29. TELEPHONE NO. [REDACTED] | | 30. WAS SUBJECT ARMED? KNIFE/OTHER CUTTING INSTRUMENT <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED] | | 34. BY WHOM? CFD #50 | | 35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" 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 type="checkbox"/> DNA | | 37. CB NO. [REDACTED] | | IR NO. <input type="checkbox"/> DNA | | | | | | | | | | | | | | | | | | | | | | | |
| 38. REASON FOR USE OF FORCE (Check all that apply) | | 39. SUBJECT'S ACTIONS | | 40. MEMBER'S RESPONSE | | 41. WEAPON TYPE | | 42. INCIDENT OCCURRED | | 43. LIGHTING CONDITIONS | | 44. WEATHER CONDITIONS | | 45. MAKE/MANUFACTURER | | 46. MODEL | | 47. BARREL LENGTH | | 48. CALIBER/GAUGE | | | | | | | | | | | | | |
| <input type="checkbox"/> PASSIVE RESISTER <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) OTHER _____ | | <input type="checkbox"/> ACTIVE RESISTER FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____ | | <input type="checkbox"/> ASSAULTANT: ASSAULT IMMEDIATE THREAT OF BATTERY <input type="checkbox"/> OTHER _____ | | <input type="checkbox"/> ASSAULTANT: BATTERY ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____ | | <input type="checkbox"/> ASSAULTANT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____ | | <input type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION OTHER _____ | | <input type="checkbox"/> OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) OTHER _____ | | <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) OTHER _____ | | <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) | | <input type="checkbox"/> FIREARM OTHER _____ | | <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER | | <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <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 | | CLEAR | | <input checked="" type="checkbox"/> SIGS I G-SWISS INDUSTRIAL GESELLSCHAFT <input type="checkbox"/> 02- | | P220 | | 4.4 | | 45 CAL | |
| 49. TASER DART ID NO. | | 50. WEAPON SERIAL NO. (Include Letters) | | 51. CHICAGO GUN REG. NO. | | 52. IL FIREARM OWNER ID. NO. | | 53. HANDGUN CERTIFICATE NO. | | 54. SPECIAL WEAPON CERTIFICATE NO. | | 55. PROPERTY INVENTORY NO. | | 56. TYPE OF AMMUNITION USED | | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER | | 58. TOTAL NO. OF SHOTS MEMBER FIRED | | 59. WHO FIRED FIRST SHOT | | 60. WAS FIREARM RELOADED DURING INCIDENT | | 61. NO. OF CATRIDGES/SHOT SHELLS RELOADED | | 62. HOW WAS MEMBER'S HANDGUN WORN | | 63. HOW WAS MEMBER'S HANDGUN DRAWN | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | 65. DID MEMBER USE SIGHTS | |
| [REDACTED] | | [REDACTED] | | [REDACTED] | | [REDACTED] | | [REDACTED] | | [REDACTED] | | [REDACTED] | | Department Issued | | 1 | | 7 | | <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) | | <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) | | <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | | | | |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED | | 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON | | 69. POSITION OF MEMBER DISCHARGING WEAPON | | 70. EVENT NO. | | 71. R.D. NO. | | | | | | | | | | | | | | | | | | | | | | | |
| NONE | | <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN | | <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) | | 1136200830 | | HT649832 | | | | | | | | | | | | | | | | | | | | | | | |
| 72. CASE INFO. | | 73. REPORTING MEMBER (Print Name) | | STAR/EMPLOYEE NO. | | SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <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. | | CABRAL, ALEJANDRO 28-DEC-2011 08:21:19 | | 4855 | | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 74. REVIEWING SUPERVISOR (Print Name) | | STAR NO. | | SIGNATURE | | DATE REVIEWED | | TIME | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | LAVOY, JAMES A | | 524 | | [REDACTED] | | 28-DEC-2011 08:21:50 | | | | | | | | | | | | | | | | | | | | | | | | | |

Log # 1050919
ATT # 6

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

The subject expired as a result of his injuries.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

It is the preliminary determination of the undersigned based on the facts available at this time, that Officer Cabral acted in compliance with department policy in that Officer Cabral fired his weapon at the offender after the offender lunged at the officers while holding a butcher knife.

77. WATCH COMMANDER/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. 1050919 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

JOHNSON, EDDIE T

SIGNATURE



DATE COMPLETED TIME

28-DEC-2011 08:42:04

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF: SUPPLEMENTARY REPORT I.O.B. REPORT
 CASE REPORT OFFICER BATTERY REPORT CR INITIATION REPORT
 ARREST REPORT TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR'S THIS EVENT No.

3

Log # 1050919
Att # 6