

TACTICAL RESPONSE REPORT/Chicago Police Department

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|--|---|---|---|--|--------------------------------------|--|---|--|---|--|--|---|---|--|---|-------------|--|---|---|--|-------------------------|---|---|---------------------------------|--|--|---|---|--|---|--|--|--|-------------|--|
| 1. DATE OF INCIDENT 07-JAN-2011 | | TIME 01:34:00 | | 2. ADDRESS OF OCCURRENCE 1119 W MARQUETTE RD CHICAGO, IL 60621 | | | 3. LOCATION CODE 304 | | 4. BEAT/OCCUR 0724 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEMBER INVOLVED | 5. POSITION 9161 | | 6. LAST NAME MOSQUEDA | | 7. FIRST NAME RAOUL O | | 8. STAR NO. 13662 | | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 10. RACE CODE API | | 11. AGE 604 | | 12. HT. 215 | | 13. WT. | | | | | | | | | | | | | | | | | | |
| | 14. DATE OF APPT. 27-NOV-2006 | | | 15. EMPLOYEE NO. | | 16. UNIT & BEAT OF ASSIGNMENT 007 0713R | | 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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | | | | | | | | | | | | | | | | | | | |
| SUBJECT INFORMATION | 20. LAST NAME PINEX | | 21. FIRST NAME DARIUS | | 22. M.I. | | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 24. RACE BLK | | 25. DIO B. | | 26. HT. 600 | | 27. WT. 200 | | | | | | | | | | | | | | | | | | | | |
| | 28. ADDRESS | | | 29. TELEPHONE NO. | | 30. WAS SUBJECT ARMED/OTHER (SPECIFY) VEHICLE - OFFICER STRUCK WITH VEHICLE <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 type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | | | | | | | | | | | | | | | | | | |
| | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? CFD | | | | 34. BY WHOM? CFD | | 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 type="checkbox"/> DNA | | | | | | | | 37. CB NO 0000000 | | IR NO. | | <input 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 | | | | | | | | | | | | | | | | | | | | | | | | |
| | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | | STIFFENED (DEAD WEIGHT) <input type="checkbox"/> | | OTHER _____ | | FLED <input type="checkbox"/> | | PULLED AWAY <input type="checkbox"/> | | OTHER _____ | | IMMINENT THREAT OF BATTERY <input type="checkbox"/> | | OTHER _____ | | ATTACK WITH WEAPON <input checked="" type="checkbox"/> | | ATTACK WITHOUT WEAPON <input type="checkbox"/> | | OTHER _____ | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> | | WEAPON <input checked="" type="checkbox"/> | | OTHER DRAGGED OFFICER WITH VEHICLE | | | | | | | | |
| 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 <input type="checkbox"/> | | OTHER _____ | | OPEN HAND STRIKE <input type="checkbox"/> | | 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) <input type="checkbox"/> | | OTHER _____ | |
| | | | | | | | | ELBOW STRIKE <input type="checkbox"/> | | KNEE STRIKE <input type="checkbox"/> | | FIREARM <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | | KICKS <input type="checkbox"/> | | OTHER _____ | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | IMPACT WEAPON (Describe In Box 40) <input type="checkbox"/> | | IMPACT MUNITION (Describe In Box 40) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | OTHER _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | 39. <input type="checkbox"/> DNA | | | | | | | | | | | 40. ADDITIONAL INFORMATION USED VEHICLE TO DRAG OFFICER AS A WEAPON. | | | | | | | | | | | | | | | | | | | | | | | |
| | POSITION | | | STAR NO. | | | UNIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 41. WEAPON TYPE | | <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL | | <input type="checkbox"/> 01 REVOLVER | | <input type="checkbox"/> 05 CHEMICAL WEAPON | | <input type="checkbox"/> 02 RIFLE | | <input type="checkbox"/> 06 TASER (Probe Discharge) | | <input type="checkbox"/> 03 SHOTGUN | | <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 ARMOYRY MIA | | | 46. MODEL XD45 | | | 47. BARREL LENGTH 5 | | | 48. CALIBER/GAUGE 45 CAL | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48. TASER DART ID NO. | | | 50. WEAPON SERIAL No. (Include Letters) US594549 | | | 51. CHICAGO GUN REG. NO. R010663S | | | 52. IL FIREARM OWNER ID. NO. | | | 53. HANDGUN CERTIFICATE NO. | | | | | | | | | | | | | | | | | | | | | | | |
| 54. SPECIAL WEAPON CERTIFICATE NO. | | | 55. PROPERTY INVENTORY NO. | | | 56. TYPE OF AMMUNITION USED Department Issued | | | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1 | | | 58. TOTAL NO. OF SHOTS MEMBER FIRED 14 | | | | | | | | | | | | | | | | | | | | | | | |
| 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) | | | 60. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | 61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED 13 | | | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) | | | 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) | | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD EMERGENCY RELOAD | | | 65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | | | | | | | | | | | | |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE | | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <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. | | | 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input 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) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 72. CASE INFO. | | | | | | | | | | | 73. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | 74. 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. | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURES | 73. REPORTING MEMBER (Print Name) MOSQUEDA, RAOUL O | | | | STAR/EMPLOYEE NO. 13662 | | | | SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 07-JAN-2011 10:07:50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 74. REVIEWING SUPERVISOR (Print Name) AUGUSTYN, GEORGE E | | | | | | | | | | | STAR NO. 413 | | | SIGNATURE | | | DATE REVIEWED 07-JAN-2011 10:11:15 | | | TIME | | | | | | | | | | | | | | | |

70. EVENT NO. 1100700783
71. R.D. NO. HT108741

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)

DOA on scene.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

U # 11-04

Based upon the preliminary investigation and facts known at this time, the undersigned finds that Officer Mosqueda #13662 followed all procedures, policies, and Department Orders in the protection of himself and his partner. Officer Mosqueda was placed in fear that his partner's safety was threatened by the offender who was using the vehicle he was driving as a weapon to run Officer Sierra over. Officer Mosqueda used the necessary force to defeat an attack against his partner.

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.

LOS NO./CRNO. 1042532 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

KEATING, JAMES M

SIGNATURE



DATE COMPLETED

TIME

07-JAN-2011 10:21:25

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.

- | | | |
|--|--|---|
| <input type="checkbox"/> CASE REPORT | <input type="checkbox"/> SUPPLEMENTARY REPORT | <input type="checkbox"/> I.O.D. REPORT |
| <input type="checkbox"/> ARREST REPORT | <input checked="" type="checkbox"/> OFFICER BATTERY REPORT | <input type="checkbox"/> CR INITIATION REPORT |
| <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) | | |

20. TOTAL TRR'S THIS EVENT No.

2