

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 14-MAR-2012		TIME 20:32:00		2. ADDRESS OF OCCURRENCE 5155 W LAKE ST CHICAGO, IL 60644			3. LOCATION CODE 277		4. BEAT/OCCUR 1532			
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME CIFUENTES		7. FIRST NAME JUAN D		8. STAR NO. 13089	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE 601	12. HT. 195	13. WT.	
	14. DATE OF APPT. 09-JUL-2007		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 015 1563A		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	
SUBJECT INFORMATION	20. LAST NAME UNKNOWN		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 CHICAGO, IL			29. TELEPHONE NO.		30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC, OTHER (SPECIFY) <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? MOUNT SINAI HOSPITAL				34. BY WHOM? DR. [REDACTED]		35. CONDITION <input checked="" 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 ***** PLEASE SEE NEXT PAGE *****						37. CB NO. 18362898		IR NO.		DNA	

REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE	
		<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> FLED	<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY	<input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> ATTACK WITH WEAPON	<input type="checkbox"/> ATTACK WITHOUT WEAPON
MEMBER'S RESPONSE	MEMBER PRESENCE		OPEN HAND STRIKE		ELBOW STRIKE		KNEE STRIKE		FIREARM		
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

WEAPON DISCHARGE INCIDENT	39. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			40. ADDITIONAL INFORMATION ABOVE SUBJECT, FAILING ALL LAWFUL ORDERS, POINTED A BLUE STEEL SEMI-AUTOMATIC HANDGUN IN THE DIRECTION OF R/O. R/O FEARING FOR HIS SAFETY, UNHOLSTERED HIS DUTY WEAPON AND DISCHARGED HIS WEAPON STRIKING THE OFFENDER.							
	41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS				
	<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL	<input type="checkbox"/> 05 CHEMICAL WEAPON	<input type="checkbox"/> Indoors	<input checked="" type="checkbox"/> Outdoors	<input checked="" type="checkbox"/> 02 Night	<input type="checkbox"/> 03 Dawn	<input type="checkbox"/> 04 Dusk	<input type="checkbox"/> 06 Good Artificial	CLEAR		
	<input type="checkbox"/> 01 REVOLVER	<input type="checkbox"/> 06 TASER (Probe Discharge)	45. MAKE/MANUFACTURER SPRINGFIELD ARMOY M1A		46. MODEL XD		47. BARREL LENGTH 4		48. CALIBER/GAUGE 45 CAL		

CASE INFO.	69. WHO FIRED FIRST SHOT		80. WAS FIREARM RELOADED DURING INCIDENT		81. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		82. HOW WAS MEMBER'S HANDGUN WORN		83. DID MEMBER USE SIGHTS		
	<input checked="" type="checkbox"/> 01 MEMBER	<input type="checkbox"/> 02 OFFENDER	<input type="checkbox"/> 01 YES	<input checked="" type="checkbox"/> 02 NO	<input checked="" type="checkbox"/> 01 RT. SIDE (WAIST)	<input type="checkbox"/> 02 LT. SIDE (WAIST)	<input checked="" type="checkbox"/> 01 YES	<input type="checkbox"/> 02 NO			
SIGNATURES	73. REPORTING MEMBER (Print Name) CIFUENTES, JUAN D				STAR/EMPLOYEE NO. 13089		SIGNATURE				
	74. REVIEWING SUPERVISOR (Print Name) ROMAN JR, WILFREDO				STAR NO. 2594		DATE REVIEWED 15-MAR-2012 07:08:48		TIME		

LOG # 1052578
Attachment # 122

70. EVENT NO. **1207418736**
71. R.D. NO. **HV197819**

SUBJECT
INFORMATION

36. CHARGES PLACED

DNA

730 ILCS 5.0/3-3-9, 720 ILCS 5.0/12-2(A-10), 720 ILCS 5.0/18-2-A-2, 720 ILCS
5.0/18-2-A-2, 720 ILCS 5.0/24-1.2-A-3, 720 ILCS 5.0/24-1.2-A-3, 720 ILCS 5.0/9-
1-A-1, 720 ILCS 5.0/9-1-A-1

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)

Hospitalized

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

based on all known facts the officer was in compliance with our policy.

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. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ESCALANTE, JOHN J

SIGNATURE



DATE COMPLETED

TIME

15-MAR-2012 07:57:08

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:

CASE REPORT

ARREST REPORT

SUPPLEMENTARY REPORT

OFFICER BATTERY REPORT

TD-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.O. REPORT

CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

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