

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>14-MAR-2012</b>		TIME <b>20:32:00</b>		2. ADDRESS OF OCCURRENCE <b>5155 W LAKE ST CHICAGO, IL 60644</b>			3. LOCATION CODE <b>277</b>		4. BEAT/OCCUR <b>1532</b>		
MEMBER INVOLVED	5. POSITION <b>9161</b>	8. LAST NAME <b>RUIZ</b>		7. FIRST NAME <b>ROLANDO</b>		6. STAR NO. <b>14837</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>S</b>	11. AGE <b>[REDACTED]</b>	12. HT. <b>511</b>	13. WT. <b>171</b>
	14. DATE OF APPT. <b>31-JUL-2006</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>015 1563A</b>		17. DUTY STATUS <input type="checkbox"/> 01 On <input 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
SUBJECT INFORMATION	20. LAST NAME <b>[REDACTED]</b>		21. FIRST NAME <b>[REDACTED]</b>		22. M.I. <b>[REDACTED]</b>	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>U</b>	25. D.O.B. <b>[REDACTED]</b>	26. HT. <b>511</b>	27. WT. <b>200</b>	
	28. ADDRESS <b>[REDACTED]</b>			29. TELEPHONE NO. <b>[REDACTED]</b>		30. WAS SUBJECT ARMED? FIREARM - REVOLVER, 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? <b>MOUNT SINAI HOSPITAL</b>				34. BY WHOM? <b>DR. [REDACTED]</b>		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid					
36. CHARGES PLACED <b>[REDACTED]</b>							<input type="checkbox"/> DNA	37. CB NO.		<input type="checkbox"/> DNA	

REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		FABRICE REGISTER		ACTIVE REGISTER		ASSAULT-ASSAULT		ASSAULT-BATTERY		ASSAULT-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 checked="" type="checkbox"/> OTHER POINTED FIREARM AT R/O <input type="checkbox"/>		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 type="checkbox"/> OTHER POINTED FIREARM AT R/O <input type="checkbox"/>		
MEMBER'S RESPONSE	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 W/ AUTHORIZATION <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 Deployed) <input type="checkbox"/>		OTHER _____		ELBOW STRIKE <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		KICKS <input type="checkbox"/>	
IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____		FIREARM <input checked="" type="checkbox"/>		OTHER _____	

WEAPON DISCHARGE INCIDENT	39. <input type="checkbox"/> DNA			40. ADDITIONAL INFORMATION <b>OFFENDER POINTED FIREARM AT R/O</b>							
	POSITION		STAR NO.		UNIT						
41. WEAPON TYPE		<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS			
<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 type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		<input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		<b>CLEAR</b>			
45. MAKE/MANUFACTURER <b>SIGS. I. G./SWISS INDUSTRIAL GESELLSCHAFT - SZ-</b>		46. MODEL <b>P229</b>		47. BARREL LENGTH <b>3.9</b>		48. CALIBER/GAUGE <b>9 MM</b>					
49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters) <b>AAU05942</b>		51. CHICAGO GUN REG. NO. <b>R001314S</b>		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.			
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED <b>Department Issued</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>4</b>			
59. WHO FIRED FIRST SHOT. <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input checked="" type="checkbox"/> 03 OTHER (Specify) <b>LINK</b>		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)		70. EVENT NO. <b>1207418736</b>			
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) <b>LEVEL 2 HOLSTER</b>		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 checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input 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)		71. R.D. NO. <b>HV197819</b>			
72. NOTIFICATIONS (OC OR TASER INCIDENT): NOTIFICATIONS (FIREARM INCIDENT): Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		<input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		<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.							

CASE INFO.	73. REPORTING MEMBER (Print Name) <b>RUIZ, ROLANDO</b>		STAR/EMPLOYEE NO. <b>14837</b>		SIGNATURE <b>[REDACTED]</b>	
	15-MAR-2012 07:23:16					
SIGNATURES	74. REVIEWING SUPERVISOR (Print Name) <b>ROMAN JR, WILFREDO</b>					
	STAR NO. <b>2594</b>		SIGNATURE <b>[REDACTED]</b>		DATE REVIEWED TIME <b>15-MAR-2012 07:25:40</b>	

LOG # **1052578**

Attachment # **121**

### 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 AOS 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 at this time the officer complied with 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 07:55:47

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.D. 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.

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