

**TACTICAL RESPONSE REPORT/Chicago Police Department**

|  |  |  |   |  |   |  |   |   |   |  |  |   |  |   |  |  |
|--|--|--|---|--|---|--|---|---|---|--|--|---|--|---|--|--|
| 1. DATE OF INCIDENT<br><b>14-MAR-2012</b>  |  | TIME<br><b>20:32:00</b>  |   | 2. ADDRESS OF OCCURRENCE<br><b>5155 W LAKE ST CHICAGO, IL 60644</b>  |   |  | 3. LOCATION CODE<br><b>277</b>  |   | 4. BEAT/OCCUR<br><b>1532</b>  |  |  |   |  |   |  |  |
| MEMBER INVOLVED  | 5. POSITION<br><b>9164</b>   | 6. LAST NAME<br><b>TORRES</b>  |   | 7. FIRST NAME<br><b>MIGUEL A</b>   |   | 8. STAR NO.<br><b>2995</b>   | 9. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F  | 10. RACE CODE<br><b>S</b>   | 11. AGE<br><b>[REDACTED]</b>  | 12. HT.<br><b>510</b>  | 13. WT.<br><b>193</b>  |   |  |   |  |  |
|  | 14. DATE OF APPT<br><b>28-APR-2003</b>   |  | 15. EMPLOYEE NO<br><b>[REDACTED]</b>  |  | 16. UNIT & BEAT OF ASSIGNMENT<br><b>015 1556</b>  |  | 17. DUTY STATUS<br><input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off  |   | 18. MEMBER INJURED?<br><input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No  |  | 19. MEMBER IN UNIFORM?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No      |   |  |   |  |  |
| SUBJECT INFORMATION  | 20. LAST NAME<br><b>[REDACTED]</b>   |  | 21. FIRST NAME<br><b>[REDACTED]</b>   |  | 22. M.I.<br><b>[REDACTED]</b>   | 23. SEX<br><input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F  | 24. RACE<br><b>U</b>  | 25. D.O.B.<br><b>[REDACTED]</b>   |   | 26. HT.<br><b>800</b>  | 27. WT.<br><b>250</b>  |   |  |   |  |  |
|  | 28. ADDRESS<br><b>[REDACTED]</b>   |  |   | 29. TELEPHONE NO.<br><b>[REDACTED]</b>   |   | 30. WAS SUBJECT ARMED? FIREARM - REVOLVER<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No   |   |   | 31. SUBJECT INJURED?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No |  | 32. SUBJECT ALLEGED INJURY?<br><input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No |   |  |   |  |  |
|  | 33. WHERE WAS MEDICAL TREATMENT OBTAINED?<br><b>MOUNT SINAI HOSPITAL</b>                     |  |   |  | 34. BY WHOM?<br><b>DR. [REDACTED]</b>   |  | 35. CONDITION<br><input checked="" type="checkbox"/> 01 Apparently Normal<br><input type="checkbox"/> 02 Under influence<br><input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not hospitalized <input type="checkbox"/> 05 Refused Medical Aid |   |   |  |  |   |  |   |  |  |
|  | 36. CHARGES PLACED<br><input type="checkbox"/> DNA   |  |   |  |   |  | 37. CB NO.<br><input type="checkbox"/> DNA  |   |   | 38. IR NO.<br><input type="checkbox"/> DNA                     |  |   |  |   |  |  |
| REASON FOR USE OF FORCE<br>(Check all that apply)  | 35. <input type="checkbox"/> DNA   |  |   |  |   | PASSIVE RESISTER   |   | ACTIVE RESISTER   |   | ASSAULT-ASSAULT  |  | ASSAULT-BATTERY   |  | ASSAULT-DEADLY FORCE  |  |  |
|  | SUBJECT'S ACTIONS  |  | MEMBER'S RESPONSE   |  |   |  |   |   |   |  |  |   |  |   |  |  |
|  |  | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>  |   | OPEN HAND STRIKE <input type="checkbox"/>  |   | ELBOW STRIKE <input type="checkbox"/>  |   | KNEE STRIKE <input type="checkbox"/>  |   | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> |  | ATTACK WITH WEAPON <input checked="" type="checkbox"/>  |  | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> |  |  |
|  |  | STIFFENED (DEAD WEIGHT) <input type="checkbox"/>   |   | TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>   |   | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>  |   | KICKS <input type="checkbox"/>  |   | OTHER _____  |  | ATTACK WITHOUT WEAPON <input type="checkbox"/>  |  | WEAPON <input type="checkbox"/>   |  |  |
|  |  | OTHER _____  |   | OTHER _____  |   | OTHER _____  |   | OTHER _____   |   |  |  | OTHER WITH A HANDGUN <input type="checkbox"/>   |  |   |  |  |
|  |  | MEMBER PRESENCE <input checked="" type="checkbox"/>  |   | CANINE <input type="checkbox"/>  |   | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>  |   | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>   |   |  |  |   |  |   |  |  |
|  |  | VERBAL COMMANDS <input checked="" type="checkbox"/>  |   | TASER (Probe Discharge) <input type="checkbox"/>   |   | OTHER _____  |   |   |   |  |  |   |  |   |  |  |
|  |  | ESCORT HOLDS <input checked="" type="checkbox"/>   |   | TASER (Contact Stun) <input type="checkbox"/>  |   |  |   |   |   |  |  |   |  |   |  |  |
|  |  | WRISTLOCK <input type="checkbox"/>   |   | TASER (Laser Targeted) <input type="checkbox"/>  |   |  |   |   |   |  |  |   |  |   |  |  |
|  |  | ARMBAR <input type="checkbox"/>  |   | TASER (Spark Displayed) <input type="checkbox"/>   |   |  |   |   |   |  |  |   |  |   |  |  |
|  |  | PREBBURE SENSITIVE AREAS <input type="checkbox"/>  |   | OTHER _____  |   |  |   |   |   |  |  |   |  |   |  |  |
|  |  | CONTROL INSTRUMENT <input type="checkbox"/>  |   |  |   |  |   |   |   |  |  |   |  |   |  |  |
|  |  | OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>   |   |  |   |  |   |   |   |  |  |   |  |   |  |  |
|  |  | OTHER _____  |   |  |   |  |   |   |   |  |  |   |  |   |  |  |
| WEAPON DISCHARGE INCIDENT  | 39. <input type="checkbox"/> DNA   |  |   |  |   | 40. ADDITIONAL INFORMATION   |   |   |   |  |  |   |  |   |  |  |
|  | POSITION   |  | STAR NO.  |  | UNIT  |  |   |   |   |  |  |   |  |   |  |  |
|  | 41. WEAPON TYPE  |  | 42. INCIDENT OCCURRED   |  | 43. LIGHTING CONDITIONS   |  | 44. WEATHER CONDITIONS  |   |   |  |  |   |  |   |  |  |
|  | <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL |  | <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors |  | <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input checked="" type="checkbox"/> 06 Good Artificial |  | <b>CLEAR</b>  |   |   |  |  |   |  |   |  |  |
| <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON                  |  | <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER  |   | 45. MAKE/MANUFACTURER<br><b>SMITH &amp; WESSON -US- (BODYGUARD/CHIEF SPECIAL)</b>  |   | 46. MODEL<br><b>M&amp;P</b>  |   | 47. BARREL LENGTH<br><b>4</b>   |   | 48. CALIBER/GAUGE<br><b>9 MM</b>                               |  |   |  |   |  |  |
| 49. TASER DART ID NO.  |  | 50. WEAPON SERIAL NO. (Include Letters)<br><b>DWB3687</b>  |   | 51. CHICAGO GUN REG. NO.<br><b>R023111S</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<br><b>Department Issued</b>  |   | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.<br><b>1</b>  |   | 58. TOTAL NO. OF SHOTS MEMBER FIRED<br><b>6</b>   |   |  |  |   |  |   |  |  |
| 59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 03 OTHER (SPECIFY) UNK            |  | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO   |   | 61. NO OF CARTRIDGES/SHOT SHELLS RELOADED<br><b>0</b>  |   | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)  |   | 63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW |   | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD<br><b>NONE</b>     |  | 65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO |  | 70. EVENT NO.<br><b>1207418736</b>  |  |  |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)<br><b>VEST</b> |  | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED<br><input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input checked="" 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<br><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<br><input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) |   |   |   |  |  |   |  | 71. R.D. NO.<br><b>HV197819</b>   |  |  |
| 72. CASE INFO.   |  | 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.  |   |   |   |  |  |   |  |   |  |  |
| 73. REPORTING MEMBER (Print Name)<br><b>TORRES, MIGUEL A</b>                                   |  | STAR/EMPLOYEE NO.<br><b>2995</b>   |   | SIGNATURE<br><b>[REDACTED]</b>   |   |  |   |   |   |  |  |   |  |   |  |  |
| 74. REVIEWING SUPERVISOR (Print Name)<br><b>ROMAN JR, WILFREDO</b>                             |  | STAR NO.<br><b>2594</b>  |   | SIGNATURE<br><b>[REDACTED]</b>   |   | DATE REVIEWED<br><b>15-MAR-2012 07:55:46</b>   |   | TIME<br><b>15-MAR-2012 07:55:46</b>   |   |  |  |   |  |   |  |  |

**LOG # 1052578**

**Attachment # 120**

### 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 at this time 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

[Redacted Signature]

DATE COMPLETED

TIME

15-MAR-2012 08:01:39

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) |   |

80. TOTAL TRR's THIS EVENT No.

5