

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>30-APR-2013</b>		TIME <b>21:23:00</b>		2. ADDRESS OF OCCURRENCE <b>8850 1/2 S BURLEY AVE CHICAGO, IL 60617</b>				3. LOCATION CODE <b>303</b>		4. BEAT/OCCUR <b>0424</b>	
MEMBER INVOLVED	5. POSITION <b>9171</b>	8. LAST NAME <b>MATA</b>	7. FIRST NAME <b>RICARDO</b>		9. STAR NO. <b>1903</b>	6. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>S</b>	11. AGE [REDACTED]	12. HT. <b>511</b>	13. WT. <b>170</b>	
	14. DATE OF APPT. <b>05-JUN-1995</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>004 0404</b>		17. DUTY STATUS <input checked="" 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>BOOTH</b>		21. FIRST NAME <b>WILLIE</b>		22. M.I. <b>D</b>	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. [REDACTED]	26. HT. <b>602</b>	27. WT. <b>270</b>	
	28. ADDRESS [REDACTED]			29. TELEPHONE NO.		30. WAS SUBJECT ARMED/HANDS/PISTOLS, OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" 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?				34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Hospitalized <input type="checkbox"/> 03 Not Hospitalized			36. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Under Influence <input type="checkbox"/> 02 Refused Medical Aid		
36. CHARGES PLACED <b>515 ILCS 5.0/1-200, 720 ILCS 5.0/12-5-A, 720 ILCS 5.0/12-2-A-16</b>											
37. CB NO. <b>18648535</b>											
REASON FOR USE OF FORCE (Check all that apply)	38. PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE		
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____		
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>			
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____			
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input checked="" type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>					
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>									
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>									
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>									
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>									
OC CHEMICAL WEAPON AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>									
OTHER _____		OTHER _____		OTHER _____							
39. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)											
40. ADDITIONAL INFORMATION											
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTD PISTOL <input checked="" type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <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 checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial											
44. WEATHER CONDITIONS <b>CLEAR</b>											
45. MAKE/MANUFACTURER											
46. MODEL											
47. BARREL LENGTH											
48. CALIBER/GAUGE											
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 <b>1</b>											
58. TOTAL NO. OF SHOTS MEMBER FIRED											
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)											
60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO											
61. NO OF CARTRIDGES/SHOT SHELLS RELOADED											
62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)											
63. HOW WAS MEMBER'S HANDGUN DRAWN <input 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. D'D MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input 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 <input type="checkbox"/> 01 0 - 05 FT. <input 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 type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN											
69. POSITION OF MEMBER DISCHARGING WEAPON <input 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)											
CASE INFO.	70. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.										
	71. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input 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) <b>MATA, RICARDO</b>				STAR/EMPLOYEE NO. <b>1903</b>		SIGNATURE [REDACTED]				
	74. REVIEWING SUPERVISOR (Print Name) <b>RICHARDS, MAURICE V</b>				STAR NO. <b>612</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>01-MAY-2013 01:59:47</b>		

70. EVENT NO. **1312017321**  
 71. R.D. NO. **HW254795**

LOG# 1001 883

Attachment 45

### 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 was interviewed in the 004th District and stated: "Man, I so sorry, I so sorry...I apologize. I know I acked the fool, but it was all about my play-cuzin, ya underan...I didn't mean nothin by it."

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Sergeant's response to the Assailant was in compliance with Department Use of Force Policy and Directives.

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)

RICHARDS, MAURICE V

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

01-MAY-2013 02:09:09

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

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

I.O.B. REPORT

CR/INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

3