

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 18-OCT-2013		TIME 01:24:00		2. ADDRESS OF OCCURRENCE 3255 S HALSTED ST , Apt 2R CHICAGO, IL 60608			3. LOCATION CODE 090		4. BEAT/OCCUR 0915					
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME DE LA HUERTA		7. FIRST NAME ROY		8. STAR NO. 10009	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE [REDACTED]	12. HT 601	13. WT. 182			
	14. DATE OF APPT 21-JUN-1999		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 009 0913R		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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
SUBJECT INFORMATION	20. LAST NAME VALDEZ		21. FIRST NAME FELIX			22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WWH	25. D.O.B. [REDACTED]	26. HT. 507	27. WT. 230			
	28. ADDRESS [REDACTED]			29. TELEPHONE NO.		30. WAS SUBJECT ARMED? KNIFE/OTHER CUTTING INSTRUMENT, KNIFE/OTHER CUTTING INSTRUMENT <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?				34. BY WHOM?		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 <input type="checkbox"/> DNA				
	37. CB NO.						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			
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		SUBJECT'S ACTIONS		MEMBER'S RESPONSE		SUBJECT'S ACTIONS		MEMBER'S RESPONSE			
39. <input checked="" type="checkbox"/> DNA			40. ADDITIONAL INFORMATION SUBJECT ARMED WITH TWO KNIVES			POSITION			STAR NO.			UNIT		
WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE		04 SEMI-AUTO PISTOL		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS					
	<input type="checkbox"/> 01 REVOLVER		<input type="checkbox"/> 05 CHEMICAL WEAPON		<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		<input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk		CLEAR					
	<input type="checkbox"/> 02 RIFLE		<input type="checkbox"/> 06 TASER (Probe Discharge)		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE			
	<input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 07 OTHER		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.		58. TOTAL NO. OF SHOTS MEMBER FIRED			
	59. WHO FIRED FIRST SHOT		<input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN					
<input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		63. HOW WAS MEMBER'S HANDGUN DRAWN		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS						
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		<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 MEMBER'S WEAPON		69. POSITION OF MEMBER DISCHARGING WEAPON										
<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		<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 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) DE LA HUERTA, ROY			STAR/EMPLOYEE NO 10009			SIGNATURE [REDACTED]							
	74. REVIEWING SUPERVISOR (Print Name) PTASZKOWSKI, TODD E													
STAR NO. 1348			SIGNATURE [REDACTED]			DATE REVIEWED 18-OCT-2013 05:41:14		TIME						

70. EVENT NO.
1329100658

71. R.D. NO.
HW497234

105 1006582
Att. 4

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)

Deceased

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

I have concluded that the members actions were in compliance with Department procedures 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. 1065582 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

FLETCHER, CHRISTOPH D

SIGNATURE

DATE COMPLETED

TIME

18-OCT-2013 05:50:56

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.D. REPORT

CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

1