

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 29-AUG-2015		TIME 01:33:00		2. ADDRESS OF OCCURRENCE 1910 S ASHLAND AVE CHICAGO, IL 60608			3. LOCATION CODE 277		4. BEAT/OCCUR 1234						
5. POSITION 9161		8. LAST NAME REYES		7. FIRST NAME MONICA		8. STAR NO. 19210		9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		10. RACE CODE S		11. AGE [REDACTED]	12. HT. 504	13. WT. 125	
14. DATE OF APPT. 25-OCT-2004			15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 014 1000A		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				
20. LAST NAME CABELLO				21. FIRST NAME JOSE				22. M.I. O		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B [REDACTED]	
26. ADDRESS [REDACTED]				29. TELEPHONE NO [REDACTED]		30. WAS SUBJECT ARMED*OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" 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? [REDACTED]				34. BY WHOM? ER STAFF		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical A/R									
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****								37. CB NO. 19178246		IR NO. [REDACTED]			DNA <input type="checkbox"/>		

38. DNA <input type="checkbox"/>	REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE	
		SUBJECT'S ACTIONS		SUBJECT'S ACTIONS		SUBJECT'S ACTIONS		SUBJECT'S ACTIONS		SUBJECT'S ACTIONS	
		<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION		<input checked="" type="checkbox"/> FLED		<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY		<input type="checkbox"/> ATTACK WITH WEAPON		<input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	
		<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> PULLED AWAY		OTHER _____		<input type="checkbox"/> ATTACK WITHOUT WEAPON		<input type="checkbox"/> WEAPON	
		OTHER _____		OTHER _____		OTHER _____		OTHER _____		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 checked="" 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 type="checkbox"/>		CANINE <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	
		WRISTLOCK <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>		OTHER _____	
		ARMBAR <input type="checkbox"/>		TASER (Other) <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____	
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		OTHER _____	
		CONTROL INSTRUMENT <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		OTHER _____	
		OC/CHEMICAL WEAPON AUTHORIZATION <input type="checkbox"/>		OTHER _____		OTHER _____		OTHER _____		OTHER _____	
		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____	

39. DNA <input type="checkbox"/>				40. ADDITIONAL INFORMATION			
POSITION		STAR NO.		UNIT			
41. WEAPON TYPE		44. WEATHER CONDITIONS		45. MAKE/MANUFACTURER		46. MODEL	
<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL		CLEAR		SIG-SAUER/COLT SAUER --GE--(BEHORDEN)		P229	
<input type="checkbox"/> 01 REVOLVER		<input type="checkbox"/> 02 NIGHT		47. BARREL LENGTH		48. CALIBER/GAUGE	
<input type="checkbox"/> 02 RIFLE		<input type="checkbox"/> 03 DAWN		4		9 MM	
<input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 04 DUSK		49. TASER DART ID NO		50. WEAPON SERIAL No. (Include Letters)	
<input type="checkbox"/> 06 TASER (Probe Discharge)		<input checked="" type="checkbox"/> 06 GOOD ARTIFICIAL		AAU00742		51. CHICAGO GUN REG. NO	
<input type="checkbox"/> 07 OTHER		<input type="checkbox"/> 05 POOR ARTIFICIAL		[REDACTED]		634203	
				52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.	
				[REDACTED]		[REDACTED]	
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	
[REDACTED]		[REDACTED]		Department Issued		1	
58. WHO FIRED FIRST SHOT		80. WAS FIREARM RELOADED DURING INCIDENT		61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED		82. HOW WAS MEMBER'S HANDGUN WORN	
<input checked="" type="checkbox"/> 03 OTHER (SPECIFY) OTHER DEPARTMENT		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		[REDACTED]		<input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	
<input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER MEMBER		<input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN		85. DID MEMBER USE SIGHTS	
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		[REDACTED]		<input type="checkbox"/> 01 YES <input checked="" 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		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON		88. POSITION OF MEMBER DISCHARGING WEAPON	
PARKED VEHICLE		<input checked="" type="checkbox"/> 02 05 - 10 FT		<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		<input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN	
		<input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.				<input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	

72. CASE INFO.	71. A.D. NO. HY401546						
	70. EVENT NO. 1524101340						
72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC							
NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <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.							
SIGNATURES	73. REPORTING MEMBER (Print Name) REYES, MONICA		STAR/EMPLOYEE NO. 19210		SIGNATURE [REDACTED]		
	29-AUG-2015 11:59:59		[REDACTED]		[REDACTED]		
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.							
74. REVIEWING SUPERVISOR (Print Name) MEALER, MICHAEL J		STAR NO. 95		SIGNATURE [REDACTED]		DATE REVIEWED TIME 29-AUG-2015 12:03:08	

LOG # 1076922
Attachment # 14

SUBJECT
INFORMATION

36. CHARGES PLACED

720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS
5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1, 720 ILCS 5.0/9-1-A-1

DNA

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

After a review of the facts that are known at this time it is the preliminary determination of the undersigned that Officer Reyes discharged her weapon within the department's use of force guidelines. Commander Valadez and Officer Monica Reyes were on patrol in the area of 23rd and Wood when they observed the occupants of the offender's vehicle fire into a vehicle occupied by four subjects. Commander Valadez gave chase to the offender's vehicle which crashed into several parked cars in the 1600 block of West 19th Street. The offender continued his effort to make his good escape, and refused all verbal commands to stop his vehicle, and purposely struck the vehicle occupied by Commander Valadez and Officer Reyes with Commander Valadez suffering an injury to his left shoulder. Commander Valadez and Officer Reyes exited their vehicle and ordered the occupants of the offender's vehicle to exit their vehicle. The armed offenders disregarded verbal commands and put the vehicle into drive and continued their efforts to escape. The driver of the vehicle then started to open his driver side deep tinted window, at which time Commander Valadez fired three rounds at the offender, and Officer Reyes fired five rounds at the subject. The offender suffered a fatal gunshot wound and his vehicle crashed in the 1600 block of W. 19th Street.

77. LIEUTENANT OR ABOVE/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. 1076922 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name) MC NAUGHTON, DAVID R	SIGNATURE 	DATE COMPLETED TIME 29-AUG-2015 12:08:29
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79. TOTAL TRR's THIS EVENT No.

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