

**TACTICAL RESPONSE REPORT/Chicago Police Department**

1. DATE OF INCIDENT <b>29-AUG-2015</b>		TIME <b>01:33:00</b>		2. ADDRESS OF OCCURRENCE <b>1910 S ASHLAND AVE CHICAGO, IL 60608</b>			3. LOCATION CODE <b>277</b>		4. BEAT/OCCUR <b>1234</b>			
MEMBER INVOLVED	5. POSITION <b>9752</b>	6. LAST NAME <b>VALADEZ</b>		7. FIRST NAME <b>FRANCIS A</b>		8. STAR NO <b>484</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>S</b>	11. AGE [REDACTED]	12. HT. <b>509</b>	13. WT. <b>160</b>	
	14. DATE OF APPT <b>22-DEC-1986</b>		15. EMPLOYEE NO [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>010 1000</b>		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	
SUBJECT INFORMATION	20. LAST NAME <b>CABELLO</b>		21. FIRST NAME <b>JOSE</b>		22. M.I. <b>O</b>	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>WWH</b>	25. D.O.B [REDACTED]	26. HT. [REDACTED]	27. WT. [REDACTED]		
	28. 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? <b>ER STAFF</b>		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 Aid						
	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****							37. CB NO <b>19178246</b>	IR NO. [REDACTED]		DNA <input type="checkbox"/>	

REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT-ASSAULT		ASSAILANT-BATTERY		ASSAILANT-DEADLY FORCE	
		<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) OTHER _____		<input checked="" type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY OTHER _____		<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		<input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON OTHER _____		<input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON OTHER _____	
MEMBER'S RESPONSE	MEMBER PRESENCE		OPEN HAND STRIKE		ELBOW STRIKE		KNEE STRIKE		FIREARM		
	<input checked="" type="checkbox"/> VERBAL COMMANDS <input 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 OTHER _____		<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 (Spark Displayed) OTHER _____		<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) OTHER _____		<input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40)		<input checked="" type="checkbox"/>		<input type="checkbox"/> OTHER _____

WEAPON DISCHARGE INCIDENT	39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			40. ADDITIONAL INFORMATION <b>SUBJECT WAS A PASSENGER IN THE VEHICLE THAT WAS INVOLVED IN A SHOOTING INCIDENT WHERE THE DRIVER THREATENED DEADLY FORCE TOWARD REPORTING OFFICER.</b>								
	POSITION	STAR NO	UNIT	41. WEAPON TYPE <input checked="" type="checkbox"/> 01 SEMI-AUTO PISTOL <input type="checkbox"/> 02 REVOLVER <input type="checkbox"/> 03 RIFLE <input type="checkbox"/> 04 SHOTGUN <input 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 type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>		
	45. MAKE/MANUFACTURER <b>SMITH &amp; WESSON -US- (BODYGUARD, CHIEF SPECIAL)</b>		46. MODEL <b>6904</b>		47. BARREL LENGTH <b>035</b>		48. CALIBER/GAUGE <b>9 MM</b>		49. TASER DART ID NO		50. WEAPON SERIAL No. (Include Letters) <b>TVB7110</b>	
	51. CHICAGO GUN REG. NO. <b>597130</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>3</b>		59. WHO FIRED FIRST SHOT <input checked="" 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 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)		
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>NONE</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 type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" 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)								

CASE INFO.	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.											
	73. REPORTING MEMBER (Print Name) <b>VALADEZ, FRANCIS A</b>			STAR/EMPLOYEE NO. <b>484</b>		SIGNATURE [REDACTED]						DATE REVIEWED <b>29-AUG-2015 10:43:37</b>
SIGNATURES	74. REVIEWING SUPERVISOR (Print Name) <b>MEALER, MICHAEL J</b>											
	STAR NO. <b>95</b>			SIGNATURE [REDACTED]						DATE REVIEWED <b>29-AUG-2015 10:43:37</b>		

70. EVENT NO  
**1524101340**  
  
 71. R.D. NO  
**HY401546**

1076922  
 Attachment # 12

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)

Subject has refused to be questioned without the presence of an attorney

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 Commander Valadez discharged his 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 11:04:51**

79. TOTAL TRR's THIS EVENT No.

**4**