

TACTICAL RESPONSE REPORT/Chicago Police Department

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|--|---|-----------------------------|----------------------------------|---|---|---|--|---------------------------------------|---|-----------------------|---|--|
| 1. DATE OF INCIDENT 21-NOV-2015 | | TIME 22:00:00 | | 2. ADDRESS OF OCCURRENCE 3151 W HARRISON ST CHICAGO, IL 60612 | | | 3. LOCATION CODE 280 | | 4. BEAT/OCCUR 1134 | | | |
| MEMBER INVOLVED | 5. POSITION 9161 | 6. LAST NAME CRUZ | | 7. FIRST NAME GABRIEL L | | 8. STAR NO. 2844 | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 10. RACE CODE WWH | 11. AGE [REDACTED] | 12. HT. 602 | 13. WT. 200 | |
| | 14. DATE OF APPT. 15-JUL-2013 | | 15. EMPLOYEE NO. [REDACTED] | | 16. UNIT & BEAT OF ASSIGNMENT 011 4557B | | 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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | |
| SUBJECT INFORMATION | 20. LAST NAME MOORE | | 21. FIRST NAME MICHAEL | | 22. M.I. A | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 24. RACE BLK | 25. D.O.B. 21-JAN-1997 | 26. HT. 506 | 27. WT. 140 | | |
| | 28. ADDRESS 620 WILLARD CT ROCKFORD, IL | | | 29. TELEPHONE NO. | | 30. WAS SUBJECT ARMED? <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 type="checkbox"/> 02 No <input checked="" type="checkbox"/> 03 No | |
| | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? | | | 34. BY WHOM? | | 35. CONDITION <input 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 720 ILCS 5.0/31-1-A, 725 ILCS 5.0/110-3 | | | | | | 37. CB NO 19226216 | | IR NO <input type="checkbox"/> DNA | | | | |

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| REASON FOR USE OF FORCE (Check all that apply) | 38. <input type="checkbox"/> DNA | | SUBJECTS ACTIONS | | ASSAILANT: ASSAULT | | ASSAILANT: BATTERY | | ASSAILANT: DEADLY FORCE | | |
| | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | | FLED <input 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 checked="" type="checkbox"/> | | PULLED AWAY <input type="checkbox"/> | | OTHER _____ | | ATTACK WITHOUT WEAPON <input type="checkbox"/> | | WEAPON <input type="checkbox"/> | | | |
| OTHER _____ | | OTHER _____ | | OTHER _____ | | OTHER _____ | | OTHER _____ | | | |
| MEMBER'S RESPONSE | | 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 checked="" type="checkbox"/> | | OC CHEMICAL WEAPON <input type="checkbox"/> | | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | | | | |
| WRISTLOCK <input checked="" type="checkbox"/> | | CANINE <input type="checkbox"/> | | OTHER _____ | | OTHER _____ | | | | | |
| ARMBAR <input checked="" 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 (Spark Displayed) <input type="checkbox"/> | | | | | | | | | |
| OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> | | OTHER _____ | | | | | | | | | |
| OTHER _____ | | | | | | | | | | | |

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| WEAPON DISCHARGE INCIDENT | 39. <input checked="" type="checkbox"/> DNA | | | 40. ADDITIONAL INFORMATION | | |
| | * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) | | | | | |
| | POSITION | | STAR NO. | UNIT | | |
| | 41. WEAPON TYPE | | 42. INCIDENT OCCURRED | | 43. LIGHTING CONDITIONS | |
| | <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN | | <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER | | <input checked="" 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 checked="" type="checkbox"/> 06 Good Artificial | |
| | 44. WEATHER CONDITIONS | | 45. MAKE/MANUFACTURER | | 46. MODEL | 47. BARREL LENGTH |
| | OTHER | | | | | |
| | 49. TASER DART ID NO | | 50. WEAPON SERIAL No (Include Letters) | | 51. CHICAGO GUN REG. NO. | 52. IL FIREARM OWNER ID. 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"/> 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. DID 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) | | | | |

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| 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 type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input type="checkbox"/> CPIC <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. | | |

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| SIGNATURES | 73. REPORTING MEMBER (Print Name) CRUZ, GABRIEL L | | STAR/EMPLOYEE NO. 2844 | SIGNATURE [REDACTED] |
| | 21-NOV-2015 23:16:50 | | | |
| Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | | | |
| 74. REVIEWING SUPERVISOR (Print Name) XIQUES, JOHN C | | STAR NO. 1996 | SIGNATURE [REDACTED] | DATE REVIEWED TIME 21-NOV-2015 23:26:52 |

70. EVENT NO. **1532513044**
71. RD. NO. **HY510531**

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

R/Lt believes with the information provided at this time that the officer's actions were in compliance with Department procedures and directives.

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. _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

HARRIS, DAVID G

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

21-NOV-2015 23:43:52

79. TOTAL TRR's THIS EVENT No.

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