

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>01-OCT-2015</b>		TIME <b>18:22:00</b>		2. ADDRESS OF OCCURRENCE <b>633 W 87TH ST CHICAGO, IL 60620</b>			3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>2223</b>				
MEMBER INVOLVED	5. POSITION <b>9161</b>	6. LAST NAME <b>GARZA JR</b>		7. FIRST NAME <b>ARMANDO</b>		8. STAR NO. <b>10124</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>511</b>	13. WT. <b>200</b>		
	14. DATE OF APPT. <b>27-OCT-2003</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>006 0606I</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>ATWOOD</b>			21. FIRST NAME <b>VINCENTE</b>			22. M.I. <b>L</b>	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. <b>19-OCT-1988</b>		26. HT. <b>510</b>	27. WT. <b>175</b>
	28. ADDRESS <b>8726 S UNION CHICAGO, IL 60620</b>				29. TELEPHONE NO.		30. WAS SUBJECT ARMED? OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input 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 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 ***** PLEASE SEE NEXT PAGE *****			
37. CB NO. <b>19197670</b>							IR NO.		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				
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" 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 <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>					
OTHER _____		OTHER _____		OTHER _____		OTHER <u>USED VEHICLE</u>		OTHER _____					
MEMBER PRESENCE <input 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 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"/>		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"/>		OTHER <u>PURSUIT</u>		OTHER <u>PURSUIT</u>							
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 (Spark Displayed) <input type="checkbox"/>											
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER _____											
OTHER _____													
39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40. ADDITIONAL INFORMATION <b>OFFENDER, WHILE OPERATING A VEHICLE, INTENTIONALLY STRUCK A/OS VEHICLE WHILE A/O WAS INSIDE THE VEHICLE.</b>									
POSITION		STAR NO.		UNIT									
41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER 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 type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		<input checked="" 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 type="checkbox"/> 06 Good Artificial		<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.		58. TOTAL NO. OF SHOTS MEMBER FIRED					
59. WHO FIRED FIRST SHOT		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN		63. HOW WAS MEMBER'S HANDGUN DRAWN		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD			
<input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				<input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		<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				68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON					
				<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.				<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)					
72. CASE INFO.													
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.													
73. REPORTING MEMBER (Print Name) <b>GARZA JR, ARMANDO</b> STAR/EMPLOYEE NO. <b>10124</b> SIGNATURE [REDACTED] <b>02-OCT-2015 01:56:33</b>													
74. REVIEWING SUPERVISOR (Print Name) <b>GILLILAND, TIMOTHY D</b> STAR NO. <b>1895</b> SIGNATURE [REDACTED] DATE REVIEWED <b>02-OCT-2015 01:59:11</b> TIME													
75. SIGNATURES Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.													

70. EVENT NO. **1527413221**  
71. R.D. NO. **HY446000**

**SUBJECT  
INFORMATION**

36. CHARGES PLACED

DNA

**625 ILCS 5.0/11-305-A, 9-20-020(B), 9-24-010(B), 720 ILCS 5.0/12-2-C-8, 625  
ILCS 5.0/6-303-A, 720 ILCS 5.0/12-2-C-8, 625 ILCS 5.0/11-204.1-A-4**

## 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

Based on what is known at this stage of the investigation, a preliminary determination has been made that Officer Garza's #10124, actions were within department guidelines. Officer Garza was the passenger along with his partner when the offender struck the department vehicle with his vehicle. Officer Garza drew his weapon as a co-offender fled holding his side as if he possessed a weapon. The co-offender made good his escape but the driver of the vehicle was apprehended and charged accordingly.

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 1077396 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**WALLER, FRED L**

SIGNATURE



DATE COMPLETED TIME

**02-OCT-2015 02:17:10**

79. TOTAL TRR's THIS EVENT No.

**1**