

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 12-DEC-2015		TIME 05:55:00		2. ADDRESS OF OCCURRENCE 5015 W WRIGHTWOOD AVE CHICAGO, IL 60639			3. LOCATION CODE 092		4. BEAT/OCCUR 2521								
5. POSITION 9161		6. LAST NAME LOPEZ		7. FIRST NAME EDUARDO		8. STAR NO. 6711		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE S		11. AGE 508		12. HT. 180		13. WT. 180	
14. DATE OF APPT 01-SEP-2010		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 008		17. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" 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							
20. LAST NAME UNKNOWN		21. FIRST NAME		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B.		26. HT. 508		27. WT. 150			
28. ADDRESS CHICAGO, IL				29. TELEPHONE NO.		30. WAS SUBJECT ARMED/OTHER (SPECIFY), HANDS/FISTS <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 checked="" type="checkbox"/> 02 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				37. CB NO.		IR NO.											

38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
SUBJECT'S ACTIONS		DID NOT FOLLOW VERBAL DIRECTION <input checked="" 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 checked="" type="checkbox"/>		WEAPON <input type="checkbox"/>	
		OTHER _____		OTHER _____				OTHER _____		OTHER ATTEMPT TO DISARM THE R/O _____	
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 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"/>		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"/>							
		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. <input type="checkbox"/> DNA				40. ADDITIONAL INFORMATION			
POSITION		STAR NO.		UNIT			
41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS	
<input checked="" type="checkbox"/> 01 SEMI-AUTO PISTOL		<input type="checkbox"/> indoors <input checked="" type="checkbox"/> Outdoors		<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 type="checkbox"/> 06 Good Artificial		FOG/SMOKE/HAZE	
<input type="checkbox"/> 02 RIFLE		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH	
<input type="checkbox"/> 03 SHOTGUN		GLOCK, INC.-AU-		42		3.25	
<input type="checkbox"/> 04 TASER (Probe Discharge)		48. CALIBER/GAUGE		49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)	
<input type="checkbox"/> 07 OTHER		380 ACP				AATP998	
		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.	
		R036883S		14480483		257494	
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	
				Department Issued		1	
58. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY)		59. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		60. NO OF CARTRIDGES/ SHOT SHELLS RELOADED		61. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 03 OTHER (Specify) NOT HOLSTERED	
<input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER				0		<input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	
62. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		63. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		64. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO			
<input checked="" type="checkbox"/> 03 OTHER (Specify) NOT HOLSTERED		0					
65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE				66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" 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.			
67. 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 checked="" type="checkbox"/> 04 UNKNOWN				68. 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)			

72. CASE INFO.		73. REPORTING MEMBER (Print Name) LOPEZ, EDUARDO		STAR/EMPLOYEE NO. 6711		SIGNATURE [Signature]	
		12-DEC-2015 14:10:59					
		Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.					
74. REVIEWING SUPERVISOR (Print Name) YOUNG, ARTHUR M		STAR NO. 1289		SIGNATURE [Signature]		DATE REVIEWED TIME 12-DEC-2015 14:11:47	

70. EVENT NO.
1534603327

71. R.O. NO.
HY534063

LOG # 1078413

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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 the facts available at this time, it is the preliminary finding that Officer Eduardo Lopez acted in compliance with department policy.

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. 1078413 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

PENA, MARIA C

SIGNATURE

[Redacted Signature]

DATE COMPLETED TIME

12-DEC-2015 14:46:00

79. TOTAL TRR's THIS EVENT No.

1

LOG # 1078413

Attachment # 7