

# TACTICAL RESPONSE REPORT/Chicago Police Department

|                              |   |                               |  |                                 |  |   |  |   |                       |  |  |
|------------------------------|---|-------------------------------|--|---------------------------------|--|---|--|---|-----------------------|--|--|
| MEMBER INVOLVED              | 1. DATE OF INCIDENT<br><b>12-MAY-2016</b>                 | TIME<br><b>04:13:00</b>       | 2. ADDRESS OF OCCURRENCE<br><b>10341 S UNION AVE CHICAGO, IL 60628</b> |                                 | 3. LOCATION CODE<br><b>290</b>   | 4. BEAT/OCCUR<br><b>2232</b>  |  |   |                       |  |  |
|                              | 5. POSITION<br><b>9165</b>                                | 6. LAST NAME<br><b>MATIAS</b> | 7. FIRST NAME<br><b>HECTOR L</b>                                       | 8. STAR NO.<br><b>20897</b>     | 9. SEX<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F   | 10. RACE CODE<br><b>S</b>   | 11. AGE<br>[REDACTED]  | 12. HT.<br><b>511</b>   | 13. WT.<br><b>139</b> |  |  |
| SUBJECT INFORMATION          | 14. DATE OF APPT.<br><b>18-NOV-1991</b>                   |                               | 15. EMPLOYEE NO.<br>[REDACTED]   |                                 | 16. UNIT & BEAT OF ASSIGNMENT<br><b>630 5379</b>   |   | 17. DUTY STATUS<br><input checked="" type="checkbox"/> On <input type="checkbox"/> Off | 18. MEMBER INJURED?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                       | 19. MEMBER IN UNIFORM?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      |  |
|                              | 20. LAST NAME<br><b>ROBINSON</b>                          |                               | 21. FIRST NAME<br><b>KEVIN</b>   |                                 | 22. M.I.<br>[REDACTED]   | 23. SEX<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F | 24. RACE<br><b>BLK</b>   | 25. D.O.B.<br><b>21-JAN-1985</b>  | 26. HT.<br><b>600</b> | 27. WT.<br><b>150</b>  |  |
|                              | 28. ADDRESS<br><b>10341 S UNION AVE CHICAGO, IL 60628</b> |                               |  | 29. TELEPHONE NO.<br>[REDACTED] | 30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |   |  | 31. SUBJECT INJURED?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                       | 32. SUBJECT ALLEGED INJURY?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
|                              | 33. WHERE WAS MEDICAL TREATMENT OBTAINED?                 |                               |  | 34. BY WHOM?                    | 35. CONDITION<br><input type="checkbox"/> 01 Apparently Normal<br><input type="checkbox"/> 02 Under influence<br><input type="checkbox"/> 03 Hospitalized<br><input type="checkbox"/> 04 Not Hospitalized<br><input type="checkbox"/> 05 Refused Medical Aid |   |  |   |                       |  |  |
| 36. CHARGES PLACED           |   |                               |  |                                 |  |   |  |   |                       |  |  |
| 37. CB NO. IR NO. [REDACTED] |   |                               |  |                                 |  |   |  |   |                       |  |  |

|   |                   |   |  |  |   |   |
|---|-------------------|---|--|--|---|---|
| REASON FOR USE OF FORCE<br>(Check all that apply) | SUBJECT'S ACTIONS | <input type="checkbox"/> PASSIVE RESISTER                           | <input type="checkbox"/> ACTIVE RESISTER                   | <input type="checkbox"/> ASSAILANT: ASSAULT                    | <input type="checkbox"/> ASSAILANT: BATTERY                   | <input type="checkbox"/> ASSAILANT: DEADLY FORCE  |
|   |                   | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | FLED <input 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 checked="" type="checkbox"/> |
| MEMBER'S RESPONSE                                 |                   | STIFFENED (DEAD WEIGHT) <input type="checkbox"/>                    | PULLED AWAY <input type="checkbox"/>                       | OTHER _____  | ATTACK WITHOUT WEAPON <input type="checkbox"/>                | WEAPON <input checked="" type="checkbox"/>  |
|   |                   | 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 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"/>                            | OTHER _____  | OTHER _____   |   |
|   |                   | 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 _____   |  |  |   |   |
|   |                   |   |  |  |   |   |

|  |  |  |   |  |  |   |
|--|--|--|---|--|--|---|
| WEAPON DISCHARGE INCIDENT  | 39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)<br><input checked="" type="checkbox"/> DNA |  |   | 40. ADDITIONAL INFORMATION<br><b>GLOCK 45 CAL.</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"/> 04 SEMI-AUTO PISTOL   | <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors                           | <input checked="" type="checkbox"/> 01 Daylight    | <b>CLEAR</b>   |   |
|  | <input type="checkbox"/> 02 RIFLE  | <input type="checkbox"/> 05 CHEMICAL WEAPON  | <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk     | <input type="checkbox"/> 06 Good Artificial        |  |   |
|  | <input type="checkbox"/> 03 SHOTGUN  | <input type="checkbox"/> 06 TASER (Probe Discharge)  | 45. MAKE/MANUFACTURER   |  | 46. MODEL  | 47. BARREL LENGTH   |
|  | 48. TASER DART ID NO.  |  | 49. WEAPON SERIAL No. (Include Letters)   | 50. CHICAGO GUN REG. NO.                           | 51. IL FIREARM OWNER ID. NO.   | 52. HANDGUN CERTIFICATE NO.   |
|  | 53. SPECIAL WEAPON CERTIFICATE NO.   |  | 54. PROPERTY INVENTORY NO.  | 55. TYPE OF AMMUNITION USED                        | 56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER   | 57. TOTAL NO. OF SHOTS MEMBER FIRED   |
|  | 58. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY)                   |  | 59. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | 60. NO OF CARTRIDGES/ SHOT SHELLS RELOADED         |  | 61. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) |
|  | <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER                |  | <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)               |  |  |   |
| 62. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify)   |  | 63. SPECIFY METHOD/EQUIPMENT USED TO RELOAD  |   |  | 64. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO |   |
| <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW  |  |  |   |  |  |   |
| 65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)  |  | 66. 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. |   |  |  |   |
| 67. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON  |  | 68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN  |   |  |  |   |
| <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN |  | <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)   |   |  |  |   |

|   |   |  |  |
|---|---|--|--|
| CASE INFO.  | 70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC                                |  |  |
|   | 71. 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. |   |  |  |

|  |   |                                   |                         |
|--|---|-----------------------------------|-------------------------|
| SIGNATURES                                       | 73. REPORTING MEMBER (Print Name)<br><b>MATIAS, HECTOR L</b>      | STAR/EMPLOYEE NO.<br><b>20897</b> | SIGNATURE<br>[REDACTED] |
|  | 74. REVIEWING SUPERVISOR (Print Name)<br><b>LAMB JR, THOMAS R</b> |                                   |                         |
| 75. DATE AND TIME<br><b>12-MAY-2016 20:40:35</b> |   | STAR NO.<br><b>1925</b>           | SIGNATURE<br>[REDACTED] |
| 76. DATE AND TIME<br><b>12-MAY-2016 20:41:10</b> |   | DATE REVIEWED TIME                |                         |

70. EVENT NO. **1613301597**  
71. R.D. NO. **HZ261658**

### 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)

DOA

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

After reviewing the known facts, the Reporting Deputy Chief finds that the officer acted well within department policies and guidelines.

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: 1080505 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name):

NAVARRO, KEVIN B

SIGNATURE:

[REDACTED SIGNATURE]

DATE COMPLETED

TIME

12-MAY-2016 20:43:14

79. TOTAL TRR's THIS EVENT No.

9