




# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>21-JUL-2016</b>		TIME <b>20:13:00</b>		2. ADDRESS OF OCCURRENCE <b>1801 S CALUMET AVE CHICAGO, IL 60616</b>			3. LOCATION CODE <b>269</b>		4. BEAT/OCCUR <b>0132</b>		4a. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT VIDEO							
MEMBER INVOLVED	5. POSITION <b>9161</b>		6. LAST NAME <b>BENITEZ</b>		7. FIRST NAME <b>DAVID</b>		8. STAR NO. <b>12678</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>S</b>		11. AGE <b>[REDACTED]</b>		12. HT. <b>507</b>		13. WT. <b>140</b>	
	14. DATE OF APPT. <b>15-NOV-1999</b>			15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>001 0186C</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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
SUBJECT INFORMATION	20. LAST NAME <b>LOVE</b>		21. FIRST NAME <b>DEREK</b>		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>26-AUG-1965</b>		26. HT. <b>510</b>		27. WT. <b>185</b>			
	28. ADDRESS <b>3331 S GILES AVE CHICAGO, IL 60616</b>				29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		FIREARM - SEMI-AUTOMATIC		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					
	32a. IF SUBJECT INJURED, DESCRIBE INJURY <input checked="" type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>NORTHWESTERN MEMORIAL HOSPITAL</b>													
	34. BY WHOM? <b>DR. SWAROOP</b>				35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid													
36. CHARGES PLACED <input type="checkbox"/> DNA								37. CB NO. <b>00000000</b>		IR NO. <input type="checkbox"/> DNA								
REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE									
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" 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 <input type="checkbox"/> LRAD WITH AUTHORIZATION <input type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____ PERCEIVED AS _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON <input checked="" type="checkbox"/> OTHER _____ PERCEIVED AS _____							
OPEN HAND STRIKE <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"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input checked="" type="checkbox"/> OTHER _____												
WEAPON DISCHARGE INCIDENT	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			RANK		STAR NO.		UNIT NO.		40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No								
	40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		40c. DID THE DISCHARGE RESULT IN A SELF -INFLECTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member												
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <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 checked="" 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		44. WEATHER CONDITIONS <b>CLEAR</b>										
	45. MAKE/MANUFACTURER <b>GLOCK, INC.--AU--</b>			46. MODEL <b>22</b>		47. BARREL LENGTH <b>4.48</b>		48. CALIBER/GAUGE <b>40 S&amp;W</b>										
	49. TASER DART ID NO.			50. WEAPON SERIAL No. (Include Letters) <b>YDS524</b>		51. CHICAGO GUN REG. NO. <b>R037049S</b>		52. IL FIREARM OWNER ID. NO. <b>14390471</b>		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>9</b>		70. EVENT NO. <b>1620315048</b>						
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" 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 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				71. R.D. NO. <b>HZ358856</b>							
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 MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE <input type="checkbox"/> 08 ANY OTHER COMBINATION						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)												
70. ADDITIONAL INFORMATION																		

<b>CASE INFORMATION</b>	NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			<b>1620315048</b>	<small>70. EVENT NO.</small>		
	40. ADDITIONAL INFORMATION						
<b>SIGNATURES</b>	73. REPORTING MEMBER (Print Name) <b>BENITEZ, DAVID</b> <b>22-JUL-2016 02:09:40</b>		STAR/EMPLOYEE NO. <b>12678</b> 	SIGNATURE 	<b>HZ358856</b>	<small>71. R.D. NO.</small>	
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.						
	74. REVIEWING SUPERVISOR (Print Name) <b>BRESNAHAN, LAUREL A</b>		STAR NO. <b>46</b>	SIGNATURE 			DATE REVIEWED    TIME <b>22-JUL-2016 02:23:37</b>

**Additional discharged weapons:**

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE OF DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  INTERVIEW NOT CONDUCTED (Specify Reason)

Unable to interview Subject/Offender is deceased.

76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Based upon the facts available at this time, it is the preliminary determination of the undersign that P.O. Benitez, David #12678 acted in compliance with department policy in that P.O. Benitez fired his weapon in fear of his life. This action was taken after offender Love, Derek IR#785158 pointed a weapon and fired same striking Officer Benitez, and thus placing Officer Benitez in fear of his life and fearing for the lives of Officers Rivera, Juan #17308 and Officer Herrera, Alfonso #14777.

Log#1081543      U#16-012

<p>77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY</p> <p><input checked="" type="checkbox"/> I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.</p>	<p>78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION</p> <p><input type="checkbox"/> I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).</p> <p><input type="checkbox"/> LOG NO. <u>1081543</u> OBTAINED</p>	<p>BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE:</p> <p><input type="checkbox"/> IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.</p> <p><input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.</p>
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<p>79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)</p> <p><b>ALEXANDER, DANA</b></p>	<p>80.</p> <p>TRR _____ OF _____ TRR(S)</p>
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81. TOTAL TRR'S THIS EVENT No.

**3**

<p>SIGNATURE</p> <p></p>	<p>DATE COMPLETED      TIME</p> <p><b>22-JUL-2016 03:19:02</b></p>
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