



TACTICAL RESPONSE REPORT/Chicago Police Department

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|--|---|--|---|---|--|---|---|---|--|---|--|--|---|------------------------------|-----------------------|--|-----------------------|--|---------|--|
| 1. DATE OF INCIDENT 04-SEP-2016 | | TIME 05:07:00 | | 2. ADDRESS OF OCCURRENCE 1114 W 31ST ST CHICAGO, IL 60608 | | | 3. LOCATION CODE 304 | | 4. BEAT/OCCUR 0913 | | 5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO | | | | | | | | | |
| MEMBER INVOLVED | 6. POSITION 9161 | | 7. LAST NAME CALDERON JR | | 8. FIRST NAME GERARDO | | 9. STAR NO. 17623 | | 10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 11. RACE CODE WWH | | 12. AGE [REDACTED] | | 13. HT. 601 | | 14. WT. 185 | | | |
| | 15. DATE OF APPT. 15-JUL-2013 | | | 16. EMPLOYEE NO. [REDACTED] | | 17. UNIT & BEAT OF ASSIGNMENT 009 | | | 18. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off | | 19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 20. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | |
| SUBJECT INFORMATION | 21. LAST NAME UNKNOWN | | | | 22. FIRST NAME | | | | 23. M.I. | | 24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 25. RACE WHI | | 26. D.O.B. | | 27. HT. | | 28. WT. | |
| | 29. ADDRESS CHICAGO, IL | | | | 30. TELEPHONE NO. | | 31. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | 32. SUBJECT INJURED BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | | |
| | 34. IF SUBJECT INJURED, DESCRIBE INJURY <input 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 | | | | 35. WHERE WAS MEDICAL TREATMENT OBTAINED? | | | | | | | | | | | | | | | |
| | 36. BY WHOM? | | | | 37. 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 | | | | | | | | | | | | | | | |
| 38. CHARGES PLACED <input type="checkbox"/> DNA | | | | | | | | | | 39. CB NO. | | IR NO. | | <input type="checkbox"/> DNA | | | | | | |
| REASON FOR USE OF FORCE (Check all that apply) | 40. PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAILANT: ASSAULT | | ASSAILANT: BATTERY | | ASSAILANT: DEADLY FORCE | | | | | | | | | | | |
| | DID NOT FOLLOW VERBAL DIRECTION <input 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 WEAPON <input checked="" type="checkbox"/> | | | | | | | | | | | |
| STIFFENED (DEAD WEIGHT) <input type="checkbox"/> | | PULLED AWAY <input type="checkbox"/> | | OTHER _____ | | ATTACK WITHOUT WEAPON <input type="checkbox"/> | | OTHER _____ | | | | | | | | | | | | |
| OTHER _____ | | OTHER _____ | | OTHER _____ | | OTHER _____ | | PERCEIVED AS _____ | | | | | | | | | | | | |
| MEMBER PRESENCE <input 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 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"/> | | OTHER _____ | | | | | | | | | | | | |
| WRISTLOCK <input type="checkbox"/> | | CANINE <input type="checkbox"/> | | OTHER _____ | | OTHER _____ | | OTHER _____ | | | | | | | | | | | | |
| ARMBAR <input type="checkbox"/> | | TASER (Probe Discharge) <input type="checkbox"/> | | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | | OTHER _____ | | | | | | | | | | | | |
| PRESSURE SENSITIVE AREAS <input type="checkbox"/> | | TASER (Contact Stun) <input type="checkbox"/> | | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | | OTHER _____ | | | | | | | | | | | | |
| CONTROL INSTRUMENT <input type="checkbox"/> | | TASER (ARC Cycle) <input type="checkbox"/> | | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | | OTHER _____ | | | | | | | | | | | | |
| OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> | | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | | 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | | OTHER _____ | | | | | | | | | | | | |
| LRAD WITH AUTHORIZATION <input type="checkbox"/> | | OTHER _____ | | OTHER _____ | | OTHER _____ | | OTHER _____ | | | | | | | | | | | | |
| OTHER _____ | | OTHER _____ | | OTHER _____ | | OTHER _____ | | OTHER _____ | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | 41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) | | | | RANK | | STAR NO. | | UNIT NO. | | 42. 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 | | | | | | | | | |
| | 43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | 44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | 45. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member | | | | | | | | | | | |
| | 46. 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 | | 47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | 48. LIGHTING CONDITIONS <input 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 type="checkbox"/> 06 Good Artificial | | 49. WEATHER CONDITIONS CLEAR | | | | | | | | | | | | | |
| | 50. MAKE/MANUFACTURER GLOCK, INC.--AU-- | | | | 51. MODEL 43 | | 52. BARREL LENGTH 3.39 | | 53. CALIBER/GAUGE 9 MM | | | | | | | | | | | |
| | 54. TASER DART ID NO. | | 55. WEAPON SERIAL No. (Include Letters) ZZX884 | | 56. CHICAGO GUN REG. NO. R038746S | | 57. IL FIREARM OWNER ID. NO. 95040954 | | 58. HANDGUN CERTIFICATE NO. | | | | | | | | | | | |
| | 59. SPECIAL WEAPON CERTIFICATE NO. | | 60. PROPERTY INVENTORY NO. | | 61. TYPE OF AMMUNITION USED FC 9MM LUGER | | 62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1 | | 63. TOTAL NO. OF SHOTS MEMBER FIRED 4 | | | | | | | | | | | |
| | 64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) | | 65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | 66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED | | 67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input checked="" type="checkbox"/> 03 OTHER (Specify) FRONT HOLSTER | | | | | | | | | | | | | |
| | 68. 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) | | 69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | | | 70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | | | | | | | | | | | | |
| | 71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE | | | | 72. 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. | | | | 75. EVENT NO. 1624803593 | | 76. R.D. NO. HZ419837 | | | | | | | | | |
| | 73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input checked="" 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 | | | | 74. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input checked="" type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | | | | | | | | | |

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|------------------|--|--|-----------------------------------|--|---------------------------------|--|
| CASE INFORMATION | 77. 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. | | | 75. EVENT NO. 1624803593 | | |
| | 78. ADDITIONAL INFORMATION R/O WAS FIRED UPON WHILE IN TRAFFIC. R/O RETURNED FIRE. | | | | | |
| SIGNATURES | 79. REPORTING MEMBER (Print Name) CALDERON JR, GERARDO 04-SEP-2016 10:06:59 | | STAR/EMPLOYEE NO. 17623 | SIGNATURE  | 76. R.D. NO. HZ419837 | |
| | Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | | | | |
| | 80. REVIEWING SUPERVISOR (Print Name) OSWALD, JENNIFER L. | | STAR NO. 2379 | SIGNATURE  | | DATE REVIEWED TIME 04-SEP-2016 10:08:54 |

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS 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 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 TRRS 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.

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

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

As of this report no further action by the undersigned is required. Investigation into this incident is ongoing by Area Central Detective Division.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1082113 OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

PENA, MARIA C

86.

TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE



DATE COMPLETED TIME

04-SEP-2016 10:19:09