



**TACTICAL RESPONSE REPORT/Chicago Police Department**

1. DATE OF INCIDENT <b>28-JUL-2016</b>		TIME <b>19:35:00</b>		2. ADDRESS OF OCCURRENCE <b>7407 S MERRILL AVE CHICAGO, IL 60649</b>		3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>0333</b>		4a. VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT VIDEO					
<b>MEMBER INVOLVED</b>	5. POSITION <b>9161</b>		6. LAST NAME <b>TORRES</b>		7. FIRST NAME <b>JOSE O</b>		8. STAR NO. <b>3783</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WWH</b>		12. HT. <b>600</b>	13. WT. <b>175</b>	
	14. DATE OF APPT. <b>15-MAR-2013</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>004 0406C</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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
<b>SUBJECT INFORMATION</b>	20. LAST NAME <b>O'NEAL</b>		21. FIRST NAME <b>PAUL</b>		22. M.I. <b>A</b>	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. <b>04-JUL-1998</b>		26. HT. <b>508</b>	27. WT. <b>153</b>				
	28. ADDRESS <b>1722 E 70TH ST CHICAGO, IL 60649</b>				29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		OTHER (SPECIFY), VEHICLE - ATTEMPTED TO STRIKE OFFICER WITH VEHICLE		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" 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 DECEASED</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.		IR NO.		<input type="checkbox"/> DNA	
<b>REASON FOR USE OF FORCE (Check all that apply)</b>	<input type="checkbox"/> DNA	<b>PASSIVE RESISTER</b>		<b>ACTIVE RESISTER</b>		<b>ASSAILANT: ASSAULT</b>		<b>ASSAILANT: BATTERY</b>		<b>ASSAILANT: DEADLY FORCE</b>					
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON <input type="checkbox"/>				
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		OTHER _____		PERCEIVED AS _____		PERCEIVED AS _____					
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 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 ATTEMPTED EVASIVE MOVEMENT _____											
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 (ARC Cycle) <input type="checkbox"/>													
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>													
LRAD WITH AUTHORIZATION <input type="checkbox"/>		OTHER _____													
OTHER _____															
<b>WEAPON DISCHARGE INCIDENT</b>	<input type="checkbox"/> DNA	* 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 type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			40c. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input 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 type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 01 Daylight <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>17</b>		47. BARREL LENGTH <b>4.5</b>		48. CALIBER/GAUGE <b>9 MM</b>							
	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters) <b>PMR357</b>			51. CHICAGO GUN REG. NO. <b>R020880S</b>		52. IL FIREARM OWNER ID. NO. <b>16991469</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>1</b>			<b>1621013742</b>	<b>HZ368777</b>		
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input checked="" type="checkbox"/> 03 OTHER (SPECIFY) OFC. COUGHLIN		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED <b>0</b>		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" 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 <b>NONE</b>					65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
	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 type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT.								
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input 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>RO. TORRES #3783 VIEWED VIDEO FOOTAGE CAPTURED ON LOG# 1061242</b>															

PERSONAL BODY WORN CAMERA.

<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>1621013742</b> <small>70. EVENT NO.</small>
	40. ADDITIONAL INFORMATION <b>RO. TORRES #3783 VIEWED VIDEO FOOTAGE CAPTURED ON PERSONAL BODY WORN CAMERA.</b>			
<b>SIGNATURES</b>	73. REPORTING MEMBER (Print Name) <b>TORRES, JOSE O</b> <b>29-JUL-2016 05:12:03</b>		STAR/EMPLOYEE NO. <b>3783</b> 	<b>HZ368777</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>VACEK, CHRISTOPH R</b>		STAR NO. <b>2402</b> 	DATE REVIEWED    TIME <b>29-JUL-2016 05:17:07</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)

Deceased

76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

U#015

Investigation into this incident is ongoing by Area Central Detectives.

77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

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

78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

LOG NO. 1081642 OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE:

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

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

**PENA, MARIA C**

80.

TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

81. TOTAL TRR'S THIS EVENT No.

4

SIGNATURE

DATE COMPLETED TIME

**29-JUL-2016 06:43:26**