

TACTICAL RESPONSE REPORT/Chicago Police Department



1. DATE OF INCIDENT 15-JAN-2017		TIME 00:24:00		2. ADDRESS OF OCCURRENCE 3348 W MONROE ST CHICAGO, IL 60624		3. LOCATION CODE 200		4. BEAT/OCCUR 1124		5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input checked="" type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO											
MEMBER INVOLVED	6. POSITION 9161		7. LAST NAME COLLAZO		8. FIRST NAME ANGEL O		9. STAR NO. 4679		10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		11. RACE CODE S		12. AGE [REDACTED]		13. HT. 509		14. WT. 160				
	15. DATE OF APPT. 28-JUL-2008		16. EMPLOYEE NO. [REDACTED]		17. UNIT & BEAT OF ASSIGNMENT 015 4316C		18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		19. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No										
SUBJECT INFORMATION	21. LAST NAME JOHNSON				22. FIRST NAME HERBERT				23. M.I.		24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		25. RACE BLK		26. D.O.B. 23-MAR-1982		27. HT. 602		28. WT. 140		
	29. ADDRESS 10 S KEDZIE AVE CHICAGO, IL 60624				30. TELEPHONE NO.		31. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC, OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. SUBJECT ALLEGED INJURY BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No										
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input checked="" 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? MOUNT SINAI HOSPITAL																
	36. BY WHOM? ER PHYSICIAN				37. 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																
38. CHARGES PLACED										<input type="checkbox"/> DNA		39. CB NO. 19423018		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 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 type="checkbox"/>		WEAPON <input type="checkbox"/>													
OTHER _____		OTHER _____		PERCEIVED AS _____		OTHER _____		OTHER <u>OFDR. POINTED FIREARM AT PO</u>													
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"/>		OTHER _____																	
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>																			
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>																			
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>																			
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>																			
LRAD WITH AUTHORIZATION <input type="checkbox"/>		TASER (ARC Cycle) <input type="checkbox"/>																			
OTHER _____		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 _____																			
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 checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				45. 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													
46. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL		<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON		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 type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		49. WEATHER CONDITIONS CLEAR													
<input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge)		<input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER		50. MAKE/MANUFACTURER GLOCK, INC.-AU--		51. MODEL 19		52. BARREL LENGTH 4.01		53. CALIBER/GAUGE 9 MM											
54. TASER DART ID NO.		55. WEAPON SERIAL NO. (Include Letters) TCK602		56. CHICAGO GUN REG. NO. R027783S		57. IL FIREARM OWNER ID. NO. 1610388937		58. HANDGUN CERTIFICATE NO.													
59. SPECIAL WEAPON CERTIFICATE NO.		60. PROPERTY INVENTORY NO.		61. TYPE OF AMMUNITION USED Department Issued		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"/> 03 OTHER (SPECIFY)		<input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		66. NO OF CARTRIDGES/ SHOT SHELLS RELOADED 0		67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)													
68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify)		<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				70. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input 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 type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.															
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input checked="" type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION						74. 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)															

75. EVENT NO.
1701500273

76. R.D. NO.
JA116493

1001 108368

7

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.			1701500273	75. EVENT NO.		
	78. ADDITIONAL INFORMATION OFDR. JOHNSON DURING A FOOT PURSUIT RETRIEVED A FIREARM FROM HIS WAISTBAND AREA AND POINTED IT AT PO COLLAZO. PO COLLAZO IN FEAR OF HIS LIFE DISCHARGED HIS FIREARM STRIKING OFDR. JOHNSON.						
SIGNATURES	79. REPORTING MEMBER (Print Name) COLLAZO, ANGEL O 15-JAN-2017 06:32:30		STAR/EMPLOYEE NO. 4679	SIGNATURE 	JA116493	76. R.D. NO.	
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.						
	80. REVIEWING SUPERVISOR (Print Name) ESCALANTE, EDUARDO		STAR NO. 2295	SIGNATURE 			DATE REVIEWED TIME 15-JAN-2017 06:37:21

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)

Subject in surgery at time of report.

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

U 17 – 03. While on patrol, Officer Collazo and his partner hear loud reports and are directed by a witness to a subject fleeing from the scene where (3) individuals were just shot. The officers pursue the subject. Officer Collazo was confronted by the armed assailant who pointed a handgun in his direction in a vacant lot area. Officer Collazo fired his weapon in response striking the offender. A Magnum Research Corp. .40 Caliber Semi Auto was recovered from the scene. IPRA investigators were on the scene of the investigation. The information available at the time of this report indicates that the officer's actions were in compliance with Department directives relative to use of force.

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. 1083687 OBTAINED

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

NAGODE, ALFRED J

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

15-JAN-2017 06:42:33