

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>30-JUN-2017</b>		TIME <b>09:37:00</b>		2. ADDRESS OF OCCURRENCE <b>354 N CICERO AVE CHICAGO, IL 60644</b>			3. LOCATION CODE <b>304</b>	4. BEAT/OCCUR <b>1532</b>	5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input checked="" type="checkbox"/> 03 OTHER REPT VIDEO																																																								
MEMBER INVOLVED	6. POSITION <b>9161</b>		7. LAST NAME <b>MAXWELL</b>		8. FIRST NAME <b>LLOYD</b>		9. STAR NO. <b>19422</b>	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE <b>BLK</b>	12. AGE <b>[REDACTED]</b>	13. HT. <b>601</b>	14. WT. <b>216</b>																																																					
	15. DATE OF APPT. <b>18-MAR-1996</b>		16. EMPLOYEE NO. <b>[REDACTED]</b>		17. UNIT & BEAT OF ASSIGNMENT <b>011 1172</b>		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 <b>MATTOX</b>		22. FIRST NAME <b>DELBERT</b>		23. M.I.	24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE <b>BLK</b>	26. D.O.B. <b>08-MAY-1963</b>	27. HT. <b>509</b>	28. WT. <b>170</b>																																																							
	29. ADDRESS <b>4735 W OHIO ST CHICAGO, IL 60644</b>				30. TELEPHONE NO.		31. WAS SUBJECT ARMED? OTHER (SPECIFY): LARGE GLASS BOTTLE. <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? <b>LORETTO HOSPITAL</b>																																																												
	36. BY WHOM? <b>DR. LOIS CLARK</b>				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. <b>19501554</b>		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																				
	SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____											FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____											IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____ PERCEIVED AS _____											ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____											USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____ PERCEIVED AS _____																				
MEMBER'S RESPONSE 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 _____											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 checked="" type="checkbox"/> 01 <input checked="" 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 type="checkbox"/> 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 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 type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" 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 checked="" 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 type="checkbox"/> 06 Good Artificial											49. WEATHER CONDITIONS <b>CLEAR</b>																															
	50. MAKE/MANUFACTURER											51. MODEL											52. BARREL LENGTH											53. CALIBER/GAUGE																															
	54. TASER DART ID NO. <b>C6202MTK6</b>											55. WEAPON SERIAL NO. (Include Letters) <b>X30001TON</b>											56. CHICAGO GUN REG. NO.											57. IL FIREARM OWNER ID. NO.											58. HANDGUN CERTIFICATE NO.																				
	59. SPECIAL WEAPON CERTIFICATE NO.											60. PROPERTY INVENTORY NO.											61. TYPE OF AMMUNITION USED											62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>											63. TOTAL NO. OF SHOTS MEMBER FIRED																				
	64. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)											65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input 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 type="checkbox"/> 03 OTHER (Specify)																															
	68. HOW WAS MEMBER'S HANDGUN DRAWN <input 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 type="checkbox"/> 02 NO																																										
	71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)											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 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 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											74. POSITION OF MEMBER DISCHARGING WEAPON <input 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. <b>1718104478</b>											76. R.D. NO. <b>JAC328606</b>									

## 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)

Hospitalized.

**82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS**

Sgts BC was not able to be viewed because he docked the BC, PO Wolbers BC was viewed and PO Maxwell's BC was not activated properly. Based upon the preliminary information at his time, further investigation is needed.

**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. 1085761 OBTAINED

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

**WILLIAMS, TERENCE V**

**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

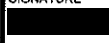



B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

[Redacted Signature]

DATE COMPLETED TIME

**30-JUN-2017 19:33:04**

<b>CASE INFORMATION</b>	77. NOTIFICATIONS (ALL INCIDENTS): <input checked="" type="checkbox"/> IMMEDIATE SUPERVISOR <input checked="" type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input 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>1718104478</b>	<b>75 EVENT NO.</b>
	78. ADDITIONAL INFORMATION <b>DELBERT MATTOX RAISED A LARGE GLASS BOTTLE OVER HIS HEAD IN A THREATENING MANNER AT BEAT 1150 SGT. R. ROLON #1014.</b>				
<b>SIGNATURES</b>	79. REPORTING MEMBER (Print Name) <b>MAXWELL, LLOYD</b>	STAR/EMPLOYEE NO. <b>19422</b>	SIGNATURE 	<b>JA328606</b>	<b>75 R.D. NO.</b>
	<b>30-JUN-2017 17:43:34</b>				
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.				
80. REVIEWING SUPERVISOR (Print Name) <b>ROLON, RICHARD A</b>	STAR NO. <b>1014</b>	SIGNATURE 	DATE REVIEWED      TIME <b>30-JUN-2017 18:43:55</b>		