



TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 19-AUG-2017		TIME 20:47:00		2. ADDRESS OF OCCURRENCE ██████████ CHICAGO, IL ██████████		3. LOCATION CODE 269		4. BEAT/OCCUR 0824		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 CABRALES		8. FIRST NAME JUAN M		9. STAR NO. 19023		10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		11. RACE CODE S		12. AGE ██████████-1981		13. HT. 508		14. WT. 164						
	15. DATE OF APPT. 01-MAY-2006		16. EMPLOYEE NO. ██████████		17. UNIT & BEAT OF ASSIGNMENT 008 0862B		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 type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No												
SUBJECT INFORMATION	21. LAST NAME ██████████				22. FIRST NAME ██████████				23. M.I. ██████████		24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		25. RACE WWH		26. D.O.B. ██████████-1985		27. HT. 509		28. WT. 145				
	29. ADDRESS ██████████, ██████████ CICERO, IL				30. TELEPHONE NO. ██████████				31. WAS SUBJECT ARMED? <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 type="checkbox"/> 02 Non-Fatal - Major Injury <input checked="" type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				35. WHERE WAS MEDICAL TREATMENT OBTAINED? ██████████																		
	36. BY WHOM? DR. POMA								37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input checked="" 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 720 ILCS 5.0/24-1.1-A, 720 ILCS 5.0/12-2-B-4												39. CB NO. 19525034		IR NO. ██████████		DNA <input type="checkbox"/>							
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 checked="" type="checkbox"/>														
STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input checked="" type="checkbox"/>															
OTHER _____		OTHER _____		PERCEIVED AS _____		OTHER _____		OTHER _____															
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"/>		TASER (Contact Stun) <input type="checkbox"/>																					
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (ARC Cycle) <input type="checkbox"/>																					
OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>																					
LRAD WITH AUTHORIZATION <input type="checkbox"/>		TASER (ARC Cycle) <input type="checkbox"/>																					
OTHER <u>HELD ONTO SHIRT</u>		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 checked="" 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 checked="" type="checkbox"/> 06 Good Artificial		49. WEATHER CONDITIONS CLEAR																
	50. MAKE/MANUFACTURER SPRINGFIELD ARMOY M1A		51. MODEL XD-45		52. BARREL LENGTH 3.1		53. CALIBER/GAUGE 45 ACP																
	54. TASER DART ID NO. ██████████		55. WEAPON SERIAL No. (Include Letters) US595922		56. CHICAGO GUN REG. NO. R018786S		57. IL FIREARM OWNER ID. NO. 86460329		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 1														
	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 checked="" type="checkbox"/> 02 NO		66. NO OF CARTRIDGES/SHOT SHELLS RELOADED 0		67. 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) _____																
	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 DNA				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.																		
	73. 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				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) _____																		

LOG # 1086383

Attachment # 10

75. EVENT NO.
1723115384
76. R.D. NO.
JA398280

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.			1723115384	75. EVENT NO.		
	78. ADDITIONAL INFORMATION ASSAILANT POINTED A FIREARM AT R/O AS HE WAS ATTEMPTING TO DEFEAT A LAWFUL ARREST.						
SIGNATURES	79. REPORTING MEMBER (Print Name) CABRALES, JUAN M 20-AUG-2017 01:54:55		STAR/EMPLOYEE NO. 19023	SIGNATURE 	JA398280	76. RD. 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) WILLINGHAM, RUSSELL L		STAR NO. 1377	SIGNATURE 			DATE REVIEWED TIME 20-AUG-2017 01:56:17

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)

The subject is at [REDACTED]. Felony charges are pending and the subject has not yet been interviewed by the Cook County State's Attorneys Office felony review.

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Based on the information available at this time it is the opinion of the undersigned that the officer's actions were in compliance with Department directives and training in that he discharged his firearm in self defense when confronted by an offender armed with a firearm attempting to defeat arrest. Investigation into the officer's use of force will be continued by IPRA.
U #17-019

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. 1086383 OBTAINED

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

BAY, ROGER 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

[REDACTED]

DATE COMPLETED TIME

20-AUG-2017 02:12:52

LOG # 1086383

Attachment # 10