

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 13-MAR-2018	TIME 1201	ADDRESS OF OCCURRENCE CHICAGO, IL [REDACTED]	LOCATION CODE 090	BEAT/OCCUR. 0913	VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input checked="" type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO							
	BUSINESS NAME <input checked="" type="checkbox"/> DNA EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY ,BEDROOM) LIVING ROOM & BEDROOM			ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input checked="" type="checkbox"/> CALL FOR SERVICE									
	EVENT NO. 05997	RD NO. JB184157	IR NO.	CB NO. 19614689	CHARGE 720 ILCS 5.0/12-2-B-4 - AGG ASSAULT/PEACE OFFICER/WEAPON	INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
LIGHTING <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN <input type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL		WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG		PATROL TYPE? <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> SQUADROL <input type="checkbox"/> VAN/BUS <input type="checkbox"/> OTHER:		MEMBER WAS? <input checked="" type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
RANK 9161		LAST NAME PEREZ		FIRST NAME DAVID		EMPLOYEE NO.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE	AGE 30	HT. 510	WT. 190		
DATE OF APPT. 01-APR-2013		UNIT & BEAT OF ASSIGN. 009 0934	DUTY STATUS <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	IN UNIFORM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF MEMBER INJURY <input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Gun Shot		Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Fatal		Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)				
INVOLVED MEMBER	LAST NAME CHEN			FIRST NAME WEN MIN		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE ASIAN/PACIFIC ISLANDER	D.O.B. [REDACTED] 1987	HT. 509	WT. 170		
	ADDRESS CHICAGO, IL [REDACTED]			TELEPHONE NO.		CONDITION <input checked="" type="checkbox"/> Injured by Member <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Mental Illness / Emotional Disorder			OTHER (Specify)				
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input checked="" type="checkbox"/> Offered/EMS Requested <input checked="" type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)			COOK COUNTY STROGER			SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK <input type="checkbox"/> Subject Alleged Injury <input checked="" type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal						
SUBJECT INFORMATION	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION			<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY)			<input type="checkbox"/> THROWN OBJECT (DESCRIBE)			WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW:			
	<input type="checkbox"/> VERBAL THREATS			<input type="checkbox"/> HAND/ARM/ELBOW STRIKE			<input type="checkbox"/> KNEE/LEG STRIKE			<input type="checkbox"/> BLUNT OBJECT <input checked="" type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> EXPLOSIVE DEVICE			
	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)			<input type="checkbox"/> MOUTH/TEETH/SPIT			<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON			<input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE)			
SUBJECT'S ACTIONS (Check all that apply)	<input type="checkbox"/> PULLED AWAY			<input type="checkbox"/> PUSH/SHOVE/PULL			<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON			<input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> RIFLE			
	<input type="checkbox"/> FLED			<input type="checkbox"/> GRAB/HOLD/RESTRAIN			<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON			<input type="checkbox"/> VEHICLE <input type="checkbox"/> SHOTGUN			
	<input type="checkbox"/> IMMEDIATE THREAT OF BATTERY - NO WEAPON			<input type="checkbox"/> WRESTLE/GRAPPLE			<input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM			<input checked="" type="checkbox"/> WEAPON/OBJECT BUTCHER KNIFE PERCEIVED AS:			
SUBJECT'S ACTIONS (Check all that apply)	<input type="checkbox"/> OTHER (DESCRIBE)			<input type="checkbox"/> OTHER (DESCRIBE)			<input type="checkbox"/> WEAPON USE: <input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member at Gunpoint			<input type="checkbox"/> DNA <input checked="" type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon			
	<input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member			SUBJECT ACTIVITY Drug-Related? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES IF YES, IDENTIFY MANNER OF ATTACK			MANNER OF ATTACK? <input type="checkbox"/> Shot/Shot At <input checked="" type="checkbox"/> Stabbed/Cut (Including Attempt) <input type="checkbox"/> Other (Including Verbal Threats) <input type="checkbox"/> Struck/Blunt Force (Including Attempt)			
	TYPE OF ACTIVITY? <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop			<input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Mental Health			<input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input checked="" type="checkbox"/> Disturbance - Other			Pursuing/Arresting Subject <input type="checkbox"/> Processing/Transporting/Guarding Arrestee			
MEMBER'S RESPONSE (Check all that apply)	REASON FOR RESPONSE? <input checked="" type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Member of Public <input checked="" type="checkbox"/> Defense of Department Member <input checked="" type="checkbox"/> Overcome Resistance or Aggression			<input type="checkbox"/> Defense of Member of Public <input checked="" type="checkbox"/> Stop Self-Inflicted Harm <input checked="" type="checkbox"/> Subject Armed with Weapon			<input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional			IUCR CODE: 0552			
	FORCE MITIGATION EFFORTS						CONTROL TACTICS						
	<input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> ZONE OF SAFETY <input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK			<input checked="" type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input type="checkbox"/> OTHER			<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input checked="" type="checkbox"/> OTHER			HELD HIM DOWN			
<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES			<input type="checkbox"/> SPECIALIZED UNITS <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS			<input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS			<input type="checkbox"/> ARMBAR <input type="checkbox"/> EMERGENCY HANDCUFFING				
RESPONSE WITHOUT WEAPONS						RESPONSE WITH WEAPONS							
<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS			<input type="checkbox"/> TAKE DOWN <input type="checkbox"/> OTHER			<input type="checkbox"/> OC/CHEMICAL WEAPON <input checked="" type="checkbox"/> TASER <input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW)			<input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> SEMI-AUTO PISTOL				
<input type="checkbox"/> ELBOW STRIKE			<input type="checkbox"/> CLOSED HAND STRIKE/ PUNCH			<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE			<input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN				
<input type="checkbox"/> KNEE STRIKE			<input type="checkbox"/> OTHER			<input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON			<input type="checkbox"/> OTHER				
*AUTHORIZED BY (NAME) _____ RANK _____ STAR NO. _____ UNIT NO. _____													
WEAPON DISCHARGE	NO. OF WEAPONS DISCHARGED BY THIS MEMBER 2		WEAPON TYPE: <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> TASER		WEAPON SERIAL NO. BERL959		WEAPON CERT. NO.						
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DID THE DISCHARGE RESULT IN A SELF-INFLECTED INJURY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USE AS A WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON								
	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input checked="" type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN								
TASER DISCHARGE ONLY		TASER DART ID NO. 0		PROPERTY INVENTORY NO. 0		PROBE DISCHARGE <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> DNA <input type="checkbox"/> OTHER		ARC CYCLE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> DNA <input type="checkbox"/> OTHER		SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> DNA <input type="checkbox"/> OTHER	
FIREARM DISCHARGE ONLY		WHO FIRED FIRST SHOT? <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) _____		TOTAL NO. OF SHOTS MEMBER FIRED 1		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MAKE/ MANUFACTURER GLOCK GMBH		MODEL 17		DID MEMBER FIRE AT A VEHICLE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	

NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): IMMEDIATE SUPERVISOR DISTRICT OF OCCURRENCE NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): OEMC CPIC

NARRATIVE (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER **WILL NOT COMPLETE THE NARRATIVE SECTION** FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)

REPORTING MEMBER (Print Name) PEREZ, DAVID	STAR/EMPLOYEE NO. 14864	SIGNATURE [REDACTED]
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REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY <input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Minor Contusion <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s)	HOW WAS INJURY SUSTAINED? <input checked="" type="checkbox"/> Gun Shot <input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain) <input checked="" type="checkbox"/> Intentional Act by Member <input type="checkbox"/> Unintentional Act by Member <input type="checkbox"/> Intentional Act by Self <input type="checkbox"/> Unintentional Act by Self <input type="checkbox"/> Intentional Act by Other <input type="checkbox"/> Unintentional Act by Other
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WITNESSES	<input type="checkbox"/> UNK LAST NAME WU	FIRST NAME XIAO ZHEN	M.I.	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	RACE 6	DATE OF BIRTH 07-MAR-1987
	ADDRESS [REDACTED] CHICAGO, IL		TELEPHONE NO.		WITNESS INTERVIEW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> OTHER (Specify) <input type="checkbox"/> REFUSED INTERVIEWED BY	
	WITNESS STATEMENT					

REVIEWING SUPERVISOR: COMMENTS
R/SGT DID NOT INTERVIEW WITNESS. THE WITNESS WAS INTERVIEWED BY IRT SUBJECT TO A CRIMINAL INVESTIGATION.

ATTACHMENTS: CASE REPORT ARREST REPORT SUPPLEMENTARY REPORT INVENTORY IOD REPORT TASER DOWNLOAD OTHER

REVIEWING SUPERVISOR:
 I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02. LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED. 1088756

I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print) MC CARTHY, JAMES	STAR NO. 1338	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 13-MAR-2018 1927
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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 AND THE ATTACHMENTS WILL BE FORWARDED TO:
 A. THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
 B. CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
 C. DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.	
	13-MAR-2018	1201	██████████ CHICAGO, IL ██████████	05997	JB184157	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9161	PEREZ	DAVID	██████████	19614689	720 ILCS 5.0/12-2-B-4 - AGG ASSAULT/PEACE OFFICER/WEAPON	
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
CHEN	WEN MIN			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	API	██████████ 1987

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

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

Offender immediately taken to hospital and underwent surgery.

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

U#18-04 This incident was captured on several BWC's, including the member's. The listed member, along with several other Department members, responded to an OEMC call of person with a knife at the listed location. The member encountered an offender armed with a large knife inside a bedroom. The offender refused numerous commands in both English and Cantonese to drop the weapon. The member deployed his Taser on two occasions to control the offender, to no avail. A supervisor also deployed a Taser on the offender who, while still armed with the knife, then exited the bedroom and closed the distance between the supervisor and the member. The member, in defense of his life, the sergeant's life and other officers discharged his weapon, striking the offender. The offender then dropped his knife to the floor. Offender was taken to the hospital for treatment. Appropriate BWC's were viewed by the reporting Deputy Chief and the involved member. A walk through was conducted with the member. The incident occurred indoors. No ICC systems were reviewed at this time. No private video was discovered at this time that captured the incident. The member's Taser data was downloaded and two cartridges inventoried under #14124955. The prongs were recovered and inventoried by Forensics officers. COPA personnel were on scene

LT OR ABOVE/INCIDENT COMMANDER:

<input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.	BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE MEMBER'S USE OF FORCE RESPONSE APPEARS TO BE:	<input type="checkbox"/> IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED: 1088756		<input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

ACTIONS RECOMMENDED? NO YES, DESCRIBE BELOW: OTHER:

- | | |
|--|---|
| <input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR | <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN |
| <input type="checkbox"/> REVIEW STREAMING VIDEO | <input type="checkbox"/> STRESS REDUCTION SEMINAR |
| <input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES | |

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
O DONNELL, JAMES C	13	██████████	13-Mar-2018