

# TACTICAL RESPONSE REPORT / Chicago Police Department

<b>INCIDENT</b>	DATE OF INCIDENT 13-MAR-2018	TIME 1201	ADDRESS OF OCCURRENCE CHICAGO, IL	LOCATION CODE 090	BEAT/OCCUR. 0913	VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input 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) LIVINGROOM	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. 1807205997	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"/> FOG <input type="checkbox"/> CLOUDY	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"/> FOOT	MEMBER WAS? <input checked="" type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER	ASSIST UNITS ON SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INCIDENT <input checked="" type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR						
<b>INVOLVED MEMBER</b>	RANK 9171	LAST NAME MOSQUERA	FIRST NAME JOHN	EMPLOYEE NO.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE ASIAN/PACIFIC ISLANDER	AGE 53	HT. 601	WT. 185		
	DATE OF APPT. 30-JUL-1990	UNIT & BEAT OF ASSIGN. 009 930	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	Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion	Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	Gun Shot <input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain)			
<b>SUBJECT INFORMATION</b>	LAST NAME CHEN		FIRST NAME WENMIN	M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE ASIAN/PACIFIC ISLANDER	D.O.B. 1987	HT. 508	WT. 185		
	ADDRESS CHICAGO, IL		TELEPHONE NO.	CONDITION <input checked="" type="checkbox"/> Injured by Member <input type="checkbox"/> Apparently Normal <input checked="" type="checkbox"/> Injured Unrelated to Force	<input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol		<input type="checkbox"/> OTHER (Specify) Mental Illness / Emotional Disorder				
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input checked="" type="checkbox"/> Offered/EMS Requested		<input type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)		STROGER		SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input checked="" type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK <input type="checkbox"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal				
<b>SUBJECT'S ACTIONS</b> (Check all that apply)	<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)				
<b>MEMBER'S RESPONSE</b> (Check all that apply)	<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> PUSH/SHOVE/PULL		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> RIFLE				
	<input type="checkbox"/> FLED		<input type="checkbox"/> WRESTLE/GRAPPLE		<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"/> OTHER (DESCRIBE)		<input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:				
<b>WEAPON DISCHARGE</b>	SUBJECT ACTIVITY Drug-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		MANNER OF ATTACK? <input type="checkbox"/> Shot/Shot At <input type="checkbox"/> Struck/Blunt Force (Including Attempt)		<input type="checkbox"/> Stabbed/Cut (Including Attempt) <input checked="" type="checkbox"/> Other (Including Verbal Threats)				
	TYPE OF ACTIVITY? <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input type="checkbox"/> Pursuing/Arresting Subject		<input type="checkbox"/> Man with a Gun <input checked="" type="checkbox"/> Disturbance - Other		Charge:		IUCR CODE: _____ IUCR CODE: _____				
	<input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disturbance - Mental Health		<input checked="" type="checkbox"/> Other - Describe in Narrative								
<b>MEMBER'S RESPONSE</b> (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"/> Stop Self-Inflicted Harm <input checked="" type="checkbox"/> Subject Armed with Weapon		<input checked="" type="checkbox"/> Defense of Department Member <input checked="" type="checkbox"/> Overcome Resistance or Aggression		<input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional						
	<b>FORCE MITIGATION EFFORTS</b>				<b>CONTROL TACTICS</b>						
	<input checked="" type="checkbox"/> MEMBER PRESENCE <input 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"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input checked="" type="checkbox"/> OTHER PLACED HAND ON BACK				
<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES		<input type="checkbox"/> SPECIALIZED UNITS		<input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER		<input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS					
<input type="checkbox"/> ELBOW STRIKE		<input type="checkbox"/> KICKS		<input type="checkbox"/> OC/CHEMICAL WEAPON		<input checked="" type="checkbox"/> TASER		<input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW)		<input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL	
<input type="checkbox"/> TAKE DOWN		<input checked="" type="checkbox"/> OTHER HOLD DOWN		<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION*		<input type="checkbox"/> CANINE		<input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN		<input type="checkbox"/> OTHER	
<input type="checkbox"/> CLOSED HAND STRIKE/ PUNCH		<input type="checkbox"/> KNEE STRIKE		<input type="checkbox"/> LRAD W/ AUTHORIZATION*		<input type="checkbox"/> BATON/EXPANDABLE BATON					
				*AUTHORIZED BY (NAME)		RANK		STAR NO.		UNIT NO.	
<b>WEAPON DISCHARGE</b>	NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		WEAPON TYPE: <input checked="" type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER		WEAPON SERIAL NO. X30002W4E		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-INFLICTED 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"/> VEHICLE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> UNKNOWN						
<b>TASER DISCHARGE ONLY</b>		TASER DART ID NO. C6200AHF8		PROPERTY INVENTORY NO. 14124913		PROBE DISCHARGE <input checked="" type="checkbox"/> 1 <input 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 checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	
<b>FIREARM DISCHARGE ONLY</b>		WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> OFFENDER		TOTAL NO. OF SHOTS FIRED		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAKE/ MANUFACTURER		MODEL	
										DID MEMBER FIRE AT A VEHICLE? <input 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.)

R/SGT RESPONDED TO A CALL OF A PERSON WITH A KNIFE THREATENING HIS WIFE. UPON ARRIVAL R/SGT ENTERED THE APARTMENT WITH OTHER OFFICERS. THE COMPLAINANT DIRECTED OFFICERS TO A BEDROOM WHERE THE SUBJECT WAS LOCATED. R/SGT PLACED HIMSELF IN A TACTICAL POSITION TO THE LEFT OF DOORWAY BEFORE THE DOOR WAS OPENED. UPON OPENING THE DOOR THE SUBJECT WAS OBSERVED TO BE ARMED WITH A KNIFE. OFFICER PEREZ BEGAN TO GIVE THE SUBJECT NUMEROUS COMMANDS TO DROP THE KNIFE. OFFICER SZETO ALSO GAVE VERBAL DIRECTION IN CHINESE (CANTONESE DIALECT) TO GIVE HER THE KNIFE. AFTER SUBJECT REFUSED TO FOLLOW VERBAL DIRECTION, OFFICER PEREZ DEPLOYED HIS TASER. OFFICER PEREZ RELATED THAT IT DID NOT HIT, AT WHICH TIME R/SGT DEPLOYED HIS TASER, STRIKING THE SUBJECT. OFFICER PEREZ CONTINUED TO GIVE THE SUBJECT VERBAL DIRECTION TO DROP THE KNIFE. THE SUBJECT REFUSED MAINTAINING THE KNIFE IN HIS RIGHT HAND. R/SGT UTILIZED THE ARC SWITCH TO RE-ENERGIZE THE OFFENDER IN AN ATTEMPT TO GAIN COMPLIANCE. OFFICER PEREZ AGAIN GAVE VERBAL DIRECTION TO THE ARMED SUBJECT. THE SUBJECT REFUSED TO DROP THE KNIFE AND MOVED IN R/SGT'S DIRECTION. R/SGT PLACED HIS HAND AGAINST THE SUBJECT'S BACK TO CREATE DISTANCE AS R/SGT WAS PINNED BETWEEN THE FURNITURE, A WALL AND THE ARMED SUBJECT. MULTIPLE TASER DEPLOYMENTS WERE INEFFECTIVE IN GAINING THE ARMED SUBJECTS COMPLIANCE.

REPORTING MEMBER (Print Name) MOSQUERA, JOHN	STAR/EMPLOYEE NO. 1959	SIGNATURE PC0E914
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### REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY <input type="checkbox"/> None / None Apparent <input checked="" type="checkbox"/> Minor Laceration/Abrasion <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Fatal <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Other (Explain)	HOW WAS INJURY SUSTAINED? <input checked="" type="checkbox"/> Intentional Act by Member <input checked="" type="checkbox"/> Intentional Act by Self <input type="checkbox"/> Intentional Act by Other <input type="checkbox"/> Unintentional Act by Member <input type="checkbox"/> Unintentional Act by Self <input type="checkbox"/> Unintentional Act by Other
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<b>WITNESSES</b>	<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 1987
	ADDRESS 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**  
 THIS INCIDENT INVOLVES A POLICE INVOLVED SHOOTING, I HAVE REVIEWED THIS REPORT FOR COMPLETENESS.

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) DARLIN, RANDALL	STAR NO. 93	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 13-MAR-2018 1945
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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

<b>INCIDENT INFORMATION</b>	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.	
	13-MAR-2018	1201	████████████████████ CHICAGO, IL ██████	1807205997	JB184157	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9171	MOSQUERA	JOHN	██████	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	WENMIN			<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 investigation is being conducted by Deputy Chief James ODonnell # 13. Due to technical difficulties this investigation is in Commander Darlin's Cue. 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 the offender who, while still armed with the knife, then exited the bedroom and closed the distance between the member and other police officers in the room. The member also utilized an arc to control the offender without success. Subsequently, the offender was shot by another officer. Offender was taken to the hospital for treatment. Appropriate BWC's were viewed by the reporting Deputy Chief and the involved 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. 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.
		<input checked="" type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

ACTIONS RECOMMENDED?  NO  YES, DESCRIBE BELOW:  OTHER:

- INDIVIDUAL DEBRIEFING WITH SUPERVISOR
- REVIEW LEGAL/TRAINING BULLETIN
- REVIEW STREAMING VIDEO
- STRESS REDUCTION SEMINAR
- REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
DARLIN, RANDALL L	93	██████████	13-Mar-2018