

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 20-APR-2018	TIME 0855	ADDRESS OF OCCURRENCE 3796 W 79TH ST CHICAGO, IL 60652	LOCATION CODE 304	BEAT/OCCUR. 0833	VIDEO RECORDED INCIDENT <input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input checked="" type="checkbox"/> OTHER VIDEO			
	BUSINESS NAME	<input checked="" type="checkbox"/> DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM) STREET, SIDEWALK	ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input checked="" type="checkbox"/> OTHER RDO <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE					
	EVENT NO.	RD NO. JB230812	IR NO.	CB NO.	CHARGE	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 type="checkbox"/> POLICE CAR <input type="checkbox"/> FOOT	<input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> SQUADROL <input type="checkbox"/> VAN/BUS	<input checked="" type="checkbox"/> OTHER: RDO	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		
INVOLVED MEMBER	RANK 9161	LAST NAME JAUDON	FIRST NAME SHAUN	EMPLOYEE NO.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 1			
	DATE OF APPT. 01-AUG-2012	UNIT & BEAT OF ASSIGN. 003	DUTY STATUS <input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF	IN UNIFORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE OF MEMBER INJURY <input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling				
SUBJECT INFORMATION	LAST NAME		FIRST NAME	M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE			
	ADDRESS		TELEPHONE NO.	CONDITION <input type="checkbox"/> Injured by Member <input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Mental Illness / Emotional Disorder <input type="checkbox"/> Injured Unrelated to Force <input type="checkbox"/> Under Influence of Alcohol					
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested <input type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)			SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> Gun Shot <input type="checkbox"/> Fatal <input type="checkbox"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Other (Explain)					
	DID NOT FOLLOW VERBAL DIRECTION			PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY)			THROWN OBJECT (DESCRIBE)		
SUBJECT'S ACTIONS (Check all that apply)	<input type="checkbox"/> VERBAL THREATS			<input type="checkbox"/> HAND/ARM/ELBOW STRIKE			<input type="checkbox"/> KNEE/LEG STRIKE		
	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)			<input type="checkbox"/> MOUTH/TEETH/SPIT			<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON		
	<input checked="" type="checkbox"/> FLED			<input type="checkbox"/> PUSH/SHOVE/PULL			<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		
	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON			<input type="checkbox"/> GRAB/HOLD/RESTRAIN			<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		
<input type="checkbox"/> OTHER (DESCRIBE)			<input type="checkbox"/> WRESTLE/GRAPPLE			<input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM			
<input type="checkbox"/> OTHER (DESCRIBE)			<input type="checkbox"/> OTHER (DESCRIBE)			WEAPON USE: <input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member at Gunpoint <input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon <input type="checkbox"/> Possessed <input checked="" type="checkbox"/> Used - Attacked Member			
SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" 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? <input checked="" type="checkbox"/> Shot/Shot At <input type="checkbox"/> Struck/Blunt Force (Including Attempt) <input type="checkbox"/> Stabbed/Cut (Including Attempt) <input type="checkbox"/> Other (Including Verbal Threats)			
TYPE OF ACTIVITY? <input checked="" 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"/> Processing/Transporting/Guarding Arrestee			Traffic Stop <input type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Other			Charge: _____ Charge: _____			
<input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disturbance - Mental Health <input type="checkbox"/> Other - Describe in Narrative			IUCR CODE: _____			IUCR CODE: _____			
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 type="checkbox"/> Stop Self-Inflicted Harm <input checked="" type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Defense of Department Member <input type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional			FORCE MITIGATION EFFORTS <input 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"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> ADDITIONAL UNIT MEMBERS			CONTROL TACTICS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input checked="" type="checkbox"/> OTHER DNA <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> ARMBAR <input type="checkbox"/> EMERGENCY HANDCUFFING		
	RESPONSE WITHOUT WEAPONS <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input checked="" type="checkbox"/> OTHER DNA <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE			RESPONSE WITH WEAPONS <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> OTHER			*AUTHORIZED BY (NAME) _____ RANK _____ STAR NO. _____ UNIT NO. _____		
	NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1			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 type="checkbox"/> TASER <input type="checkbox"/> RIFLE			WEAPON SERIAL NO. BFHB338		
	WEAPON CERT. NO.			DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> YES <input checked="" 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		
WEAPON DISCHARGE	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 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 checked="" type="checkbox"/> UNKNOWN		
	TASER DISCHARGE ONLY TASER DART ID NO. _____ PROPERTY INVENTORY NO. _____			PROBE DISCHARGE <input 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 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 FIRED 5			WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	GLOCK GMBH			MODEL 1089158			DID MEMBER FIRE AT A VEHICLE? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		

8

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) JAUDON, SHAUN	STAR/EMPLOYEE NO. 12119	SIGNATURE [REDACTED]
--	----------------------------	-------------------------

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY	<input type="checkbox"/> Minor Contusion	<input type="checkbox"/> Significant Contusion	<input type="checkbox"/> Gun Shot	HOW WAS INJURY SUSTAINED?
<input checked="" type="checkbox"/> None / None Apparent	<input type="checkbox"/> Minor Laceration/Abrasion	<input type="checkbox"/> Laceration Requiring Sutures	<input type="checkbox"/> Fatal	<input type="checkbox"/> Intentional Act by Member
<input type="checkbox"/> Minor Swelling	<input type="checkbox"/> Complaint of Substantial Pain	<input type="checkbox"/> Broken/Fractured Bone(s)	<input type="checkbox"/> Other (Explain)	<input 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

WITNESSES	LAST NAME	FIRST NAME	M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	DATE OF BIRTH
	ADDRESS CHICAGO, IL	TELEPHONE NO.		WITNESS INTERVIEW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REFUSED <input type="checkbox"/> OTHER (Specify)		
	WITNESS STATEMENT					

REVIEWING SUPERVISOR: COMMENTS
R/LT RESPONDED TO SCENE AFTER BEING NOTIFIED BY MEMBER WHO IS UNDER R/LT COMMAND. REFER TO ISRT REPORT.

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. _____

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

REVIEWING SUPERVISOR NAME (Print) HILL, RODNEY	STAR NO. 225	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 20-APR-2018 1551
---	-----------------	-------------------------	---

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 20-APR-2018		TIME 0855	ADDRESS OF OCCURRENCE 3796 W 79TH ST CHICAGO, IL 60652		EVENT NO.	RD NO. JB230812		
	RANK 9161	MEMBER LAST NAME JAUDON		MEMBER FIRST NAME SHAUN		EMPLOYEE NO. [REDACTED]	CB NO.	CHARGE	
	SUBJECT LAST NAME			SUBJECT FIRST NAME			M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

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

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

Subjects not in custody / not yet located. R/Dep. Chf. reviewed video from business at 3796 W. 79th St. This video recorded the use of force incident. R/Dep. Chf. reviewed video of in-car camera of Beat 834 (vehicle #9548). This video recorded the first responding officer's conversation with the involved member. R/Dep. Chf. reviewed body-worn camera of P.O. M. GODINEZ #4808. This video recorded telephone notifications relevant to this investigation. The investigation into the member's use of force is ongoing by COPA. The investigation into the identity of the assailants is ongoing by the Detective Division.

LT OR ABOVE/INCIDENT COMMANDER:

I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.
 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:
 1089158

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:

- IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
 NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
 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

LOG # 1089158
 [Signature] 8

LT OR ABOVE/INCIDENT COMMANDER NAME (Print) BAY, ROGER J	STAR NO. 35	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 20-Apr-2018
---	----------------	-------------------------	------------------------------------

