

# TACTICAL RESPONSE REPORT / Chicago Police Department

<b>INCIDENT</b>	DATE OF INCIDENT 26-MAY-2018	TIME 0246	ADDRESS OF OCCURRENCE 5243 W OHIO ST CHICAGO, IL 60644	LOCATION CODE 092	BEAT/OCCUR. 1523	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) ALLEY	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. 02376	RD NO. JB279100	IR NO. [REDACTED]	CB NO. 19649824	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 type="checkbox"/> DUSK <input type="checkbox"/> WEATHER <input type="checkbox"/> RAIN <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> DARKNESS <input checked="" type="checkbox"/> ARTIFICIAL <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG		PATROL TYPE? <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> BICYCLE <input type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER: <input type="checkbox"/> FOOT <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> VAN/BUS		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 type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR					
<b>INVOLVED MEMBER</b>	RANK 9161	LAST NAME COOK	FIRST NAME DAVID	EMPLOYEE NO. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 2	AGE 31	HT. 507	WT. 190		
	DATE OF APPT. 02-JUL-2012	UNIT & BEAT OF ASSIGN. 015 1561B	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 MENDEZ		FIRST NAME JUAN	M.I. M	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WHITE HISPANIC	D.O.B. [REDACTED]-1984	HT. 510	WT. 155		
	ADDRESS [REDACTED]		TELEPHONE NO.	CONDITION <input type="checkbox"/> Injured by Member <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force		<input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Mental Illness / Emotional Disorder		<input checked="" type="checkbox"/> OTHER (Specify) PARTNERS TRR			
	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) <u>MT. SINAI</u> <input checked="" type="checkbox"/> Performed by CFD EMS		SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input checked="" type="checkbox"/> None/None Apparent <input 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 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"/> CAL WEAPON		<input type="checkbox"/> REVOLVER		<input type="checkbox"/> OTHER (DESCRIBE)
	<input checked="" type="checkbox"/> FLED		<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"/> VEHICLE
<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input checked="" type="checkbox"/> SEMI-AUTO PISTOL		<input type="checkbox"/> SHOTGUN			
<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"/> WEAPON/OBJECT PERCEIVED AS:		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 type="checkbox"/> Stabbed/Cut (Including Attempt) <input checked="" 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"/> Disturbance - Domestic <input type="checkbox"/> Traffic Stop <input checked="" type="checkbox"/> Man with a Gun <input checked="" type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disturbance - Mental Health <input type="checkbox"/> Other - Describe in Narrative		<input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input type="checkbox"/> Disturbance - Other		<input checked="" type="checkbox"/> Pursuing/Arresting Subject		<input type="checkbox"/> Processing/Transporting/Guarding Arrestee		Charge: 720 ILCS 5.0/12-2-B-4 - AGG ASSAULT/PEACE OFF Charge: _____ IUCR CODE: 0550 IUCR CODE: _____			
<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 type="checkbox"/> Defense of Department Member <input type="checkbox"/> Overcome Resistance or Aggression		<input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Subject Armed with Weapon		<input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional						
	<b>FORCE MITIGATION EFFORTS</b>					<b>CONTROL TACTICS</b>					
	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> MOVEMENT TO AVOID ATTACK		<input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE		<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OTHER		<input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS		<input type="checkbox"/> ARMBAR <input type="checkbox"/> EMERGENCY HANDCUFFING		
<b>RESPONSE WITHOUT WEAPONS</b>					<b>RESPONSE WITH WEAPONS</b>						
<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS		<input type="checkbox"/> TAKE DOWN <input type="checkbox"/> OTHER		<input type="checkbox"/> ELBOW STRIKE		<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH		<input type="checkbox"/> KNEE STRIKE		<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL	
<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION*		<input type="checkbox"/> LRAD W/ AUTHORIZATION*		<input type="checkbox"/> CANINE <input type="checkbox"/> BATON/EXPANDABLE BATON		<input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN		<input type="checkbox"/> OTHER			
*AUTHORIZED BY (NAME)		RANK		STAR NO.		UNIT NO.					
<b>WEAPON DISCHARGE</b>	NO. OF WEAPONS DISCHARGED BY THIS MEMBER		WEAPON TYPE: <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER		<input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER		WEAPON SERIAL NO.		WEAPON CERT. NO.		
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USE AS A WEAPON? <input 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 type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <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						
	<b>TASER DISCHARGE ONLY</b>		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		ARC CYCLE <input 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 MEMBER 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.)  
 EVENT #02376 IN SUMMARY, R/OS WERE RESPONDING TO A SHOT SPOTTER ALERT. UPON ARRIVAL TO THE ADDRESS GIVEN, R/OS CANVASSED THE AREA AND OBSERVED TWO MALE SUBJECTS ON THE PORCH. R/OS APPROACHED FOR AN INVESTIGATORY STOP, AT WHICH TIME THE OFFENDER FLE [REDACTED] THROUGH THE FRONT YARD INTO THE ALLEY. R/OS GAVE CHASE AND GAVE VERBAL DIRECTIONS TO THE OFFENDER. WHILE THE OFFENDER WAS FLEEING, HE FELL TO THE GROUND AND PRODUCED A HANDGUN. WHILE CONTINUING TO FLEE, THE OFFENDER POINTED HIS WEAPON IN THE R/OS DIRECTION, PLACING THEM IN REASONABLE FEAR OF DEATH OR GREAT BODILY HARM, CAUSING R/O SZCZUR TO DISCHARGE HIS WEAPON.

REPORTING MEMBER (Print Name) COOK, DAVID STAR/EMPLOYEE NO. 10288 SIGNATURE [REDACTED]

**REVIEWING SUPERVISOR**

TYPE OF SUBJECT INJURY  Minor Contusion  Significant Contusion  Gun Shot  None / None Apparent  Minor Laceration/Abrasion  Laceration Requiring Sutures  Fatal  Intentional Act by Member  Intentional Act by Self  Intentional Act by Other  Minor Swelling  Complaint of Substantial Pain  Broken/Fractured Bone(s)  Other (Explain)  Unintentional Act by Member  Unintentional Act by Self  Unintentional Act by Other

<b>WITNESSES</b>	<input checked="" type="checkbox"/> UNK	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**  
 AREA NORTH DETECTIVES ARRIVED ON SCENE AND CANVASSED THE AREA. SUPPLEMENTARY REPORTS INCLUDING WITNESS STATEMENTS WERE SUBSEQUENTLY PREPARED

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. 1089608

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

REVIEWING SUPERVISOR NAME (Print) RIVERA, RICKY STAR NO. 2101 SIGNATURE [REDACTED] DATE/TIME COMPLETED 26-MAY-2018 0952

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)

