

# TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT				
	27-MAY-2018	0309	2731 W 52ND ST CHICAGO, IL 60632	304	0923	<input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO				
	BUSINESS NAME	<input type="checkbox"/> DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)	ASSIGNMENT TYPE	<input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE					
INVOLVED MEMBER	EVENT NO.	RD NO.	IR NO.	CB NO.	CHARGE	INVOLVED A MOTOR VEHICLE PURSUIT?				
	02766	JB280487				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
SUBJECT INFORMATION	LIGHTING	WEATHER	RAIN	PATROL TYPE?	BICYCLE	SQUADROL	OTHER:	MEMBER WAS?	ASSIST UNITS ON SCENE?	INCIDENT
	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input checked="" type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	<input type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> VAN/BUS <input type="checkbox"/> FOOT	<input type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> VAN/BUS <input type="checkbox"/> FOOT	<input type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> VAN/BUS <input type="checkbox"/> FOOT	<input type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> VAN/BUS <input type="checkbox"/> FOOT	<input type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> VAN/BUS <input type="checkbox"/> FOOT	<input type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> VAN/BUS <input type="checkbox"/> FOOT	<input checked="" type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SUBJECT INFORMATION	RANK	LAST NAME	FIRST NAME	EMPLOYEE NO.	SEX	RACE	AGE	HT.	WT.	
	9161	GARCIA	DAVID		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	4	34	506	160	
SUBJECT INFORMATION	DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?	TYPE OF MEMBER INJURY	Minor Contusion/Laceration	Laceration Requiring Sutures	Gun Shot		
	04-NOV-2013	007	<input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling	<input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion	<input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	<input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain)		
SUBJECT INFORMATION	LAST NAME	FIRST NAME	M.I.	SEX	RACE	D.O.B.	HT.	WT.		
	UNKNOWN			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WHITE HISPANIC					
SUBJECT INFORMATION	ADDRESS	TELEPHONE NO.	CONDITION	Injured by Member	Under Influence of Drugs	OTHER (Specify)				
			<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 Alcohol	<input type="checkbox"/> Mental Illness / Emotional Disorder	UNKNOWN				
SUBJECT INFORMATION	MEDICAL TREATMENT?	Performed by Member	Taken to Hospital (Specify)	OTHER (Specify)	SUBJECT INJURY BY MEMBER'S USE OF FORCE?					
	<input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested <input type="checkbox"/> Performed by CFD EMS				<input type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input checked="" type="checkbox"/> UNK <input type="checkbox"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal					
SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION	PHYSICAL ATTACK WITHOUT WEAPON, (SPECIFY)	THROWN OBJECT (DESCRIBE)	WAS SUBJECT ARMED WITH WEAPON?	NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW:					
	<input checked="" type="checkbox"/> VERBAL THREATS <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> FLED <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> OTHER (DESCRIBE)	<input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> GRAB/HOLD/RESTRAIN <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> OTHER (DESCRIBE)	<input type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	<input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> EXPLOSIVE DEVICE <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> OTHER (DESCRIBE) UNKNOWN FIREARM <input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> RIFLE <input type="checkbox"/> VEHICLE <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN	<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:	<input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member at Gunpoint <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'S ACTIONS	SUBJECT ACTIVITY Drug-Related?	Gang-Related?	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION?	NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> IF YES, IDENTIFY MANNER OF ATTACK	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 <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Other <input type="checkbox"/> Charge: _____ <input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disturbance - Mental Health <input type="checkbox"/> Other - Describe in Narrative					UCR CODE: _____ IUCR CODE: _____				
MEMBER'S RESPONSE	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 checked="" type="checkbox"/> Overcome Resistance or Aggression	<input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Fleeing Subject	<input checked="" type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional						
	FORCE MITIGATION EFFORTS	CONTROL TACTICS								
MEMBER'S RESPONSE	MEMBER PRESENCE	ZONE OF SAFETY	<input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK	TACTICAL POSITIONING	NONE	ESCORT HOLDS	CONTROL INSTRUMENT	<input checked="" type="checkbox"/> OTHER NO CONTACT WITH OFFENDER		
	VERBAL DIRECTION/CONTROL TECHNIQUES	SPECIALIZED UNITS	ADDITIONAL UNIT MEMBERS			WRISTLOCK	PRESSURE SENSITIVE AREAS			
MEMBER'S RESPONSE	RESPONSE WITHOUT WEAPONS	RESPONSE WITH WEAPONS								
	<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> OTHER	<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER								
WEAPON DISCHARGE	NO. OF WEAPONS DISCHARGED BY THIS MEMBER	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.	WEAPON CERT. NO.					
	1			VUM744						
WEAPON DISCHARGE	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY?	DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY?	WAS SUBJECT VEHICLE USE AS A WEAPON?							
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON							
WEAPON DISCHARGE	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL?	WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT?	PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY):							
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> VEHICLE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> OTHER OBJECT UNKNOWN							
WEAPON DISCHARGE	TASER DISCHARGE ONLY	TASER DART ID NO.	PROPERTY INVENTORY NO.	PROBE DISCHARGE	CONTACT STUN	ARC CYCLE	SPARK DISPLAY			
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER			
WEAPON DISCHARGE	FIREARM DISCHARGE ONLY	WHO FIRED FIRST SHOT?	TOTAL NO. OF SHOTS FIRED	WAS FIREARM RELOADED DURING INCIDENT?	MAKE/ MANUFACTURER	MODEL	DID MEMBER FIRE AT A VEHICLE?			
	<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)		10	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	GLOCK GMBH	17	<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)  
GARCIA, DAVID

STAR/EMPLOYEE NO.  
17287

SIGNATURE  
[REDACTED]

**REVIEWING SUPERVISOR**

TYPE OF SUBJECT INJURY     Minor Contusion     Significant Contusion     Gun Shot    **HOW WAS INJURY SUSTAINED?**  
 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 checked="" type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REFUSED <input type="checkbox"/> OTHER (Specify)		
		WITNESS STATEMENT					

**REVIEWING SUPERVISOR: COMMENTS**

REPORTING SERGEANT HAS REVIEWED THIS TACTICAL RESPONSE REPORT AND IS IN AGREEMENT WITH THE MEMBER'S FORCE RESPONSE. IN ACCORDANCE WITH GENERAL ORDER G03-02-03. THE ABOVE DEPARTMENT MEMBERS' USE OF A FIREARM WAS OBJECTIVELY REASONABLE, NECESSARY UNDER THE CIRCUMSTANCES, AND PROPORTIONAL TO THE THREAT, ACTIONS, AND LEVEL OF RESISTANCE OFFERED BY A SUBJECT.

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) THOMPSON, PARIS	STAR NO. 945	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 27-MAY-2018 0900
--	-----------------	-------------------------	---

**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.	
	27-MAY-2018	0309	2731 W 52ND ST CHICAGO, IL 60632	02766	JB280467	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9161	GARCIA	DAVID	[REDACTED]			
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
UNKNOWN				<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WWH	

## 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

This is an active investigation involving the "Use of Deadly Force" by a department member and is being investigated by COPA and department detectives for criminal charges against the offenders that attacked Officer Garcia. Due to the fact that this remains an active investigation by both agencies and the offenders have yet to be identified this investigation is continuing and ongoing. At the time of this report with all facts known and presented to R/DCIC Officer Garcia operated within department guidelines and was justified in the use of deadly force for the "Sanctity of Human Life".

## 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:  
 1089617

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

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)

CALURIS, STEVEN M

STAR NO.

520

SIGNATURE

[REDACTED]

DATE/TIME COMPLETED

27-May-2018

