

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT
	16-JUN-2018	0215	■■■■ S COMMERCIAL AVE CHICAGO, IL 60617	303	0424	<input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO
	BUSINESS NAME	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)		ASSIGNMENT TYPE		
18248	JB308950	■■■■		<input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER		<input type="checkbox"/> SUPERVISOR DIRECTED <input checked="" type="checkbox"/> CALL FOR SERVICE
INVOLVED MEMBER	EVENT NO.	RD NO.	IR NO.	CB NO.	CHARGE	INVOLVED A MOTOR VEHICLE PURSUIT?
	18248	JB308950	■■■■			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SUBJECT INFORMATION	LIGHTING	WEATHER	PATROL TYPE?	BICYCLE	SQUADROL	OTHER:
	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL	<input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	<input type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> FOOT	<input type="checkbox"/> BICYCLE	<input type="checkbox"/> SQUADROL	<input checked="" type="checkbox"/> OTHER: ARMORED
MEMBER'S RESPONSE	RANK	LAST NAME	FIRST NAME	EMPLOYEE NO.	SEX	RACE
	9161	MOLINA	LUIS	■■■■	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	51
MEMBER'S RESPONSE	DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?	TYPE OF MEMBER INJURY	Minor Contusion/Laceration
	13-DEC-1993	353 4662	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling	<input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Gun Shot <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Fatal <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)
MEMBER'S RESPONSE	LAST NAME	FIRST NAME	M.I.	SEX	RACE	D.O.B.
	LLAMAS	LUIS		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WHITE HISPANIC	■■■■ 1993
MEMBER'S RESPONSE	ADDRESS	TELEPHONE NO.	CONDITION	SUBJECT INJURY BY MEMBER'S USE OF FORCE?		
	■■■■	■■■■	<input checked="" 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) SLF INFLICTD		
MEMBER'S RESPONSE	MEDICAL TREATMENT?			SUBJECT INJURY BY MEMBER'S USE OF FORCE?		
	<input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested <input checked="" type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify) <input checked="" type="checkbox"/> OTHER (Specify) SWAT MEDIC			<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		
MEMBER'S RESPONSE	SUBJECT ACTIVITY			DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION?		
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		
MEMBER'S RESPONSE	TYPE OF ACTIVITY?			MANNER OF ATTACK?		
	<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"/> Processing/Transporting/Guarding Arrestee			<input type="checkbox"/> Shove/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)		
MEMBER'S RESPONSE	REASON FOR RESPONSE?			FORCE MITIGATION EFFORTS		
	<input checked="" type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Stop Self-Inflicted Harm <input checked="" type="checkbox"/> Subject Armed with Weapon <input checked="" type="checkbox"/> Defense of Department Member <input type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional			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 checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input checked="" type="checkbox"/> SPECIALIZED UNITS <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER		
MEMBER'S RESPONSE	RESPONSE WITHOUT WEAPONS			RESPONSE WITH WEAPONS		
	<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input checked="" type="checkbox"/> OTHER NOISE FLASH DIVERSIONARY DEVICE <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"/> CANINE <input checked="" type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input checked="" type="checkbox"/> OTHER LESS LETHAL SHOTGUN		
MEMBER'S RESPONSE	NO. OF WEAPONS DISCHARGED BY THIS MEMBER			WEAPON TYPE:		
	2			<input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input checked="" type="checkbox"/> OTHER LESS LETHAL SHOT <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> TASER		
MEMBER'S RESPONSE	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY?			DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY?		
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		
MEMBER'S RESPONSE	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL?			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 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		
MEMBER'S RESPONSE	TASER DISCHARGE ONLY			FIREARM 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 ARC CYCLE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER			WHO FIRED FIRST SHOT? <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> OFFENDER TOTAL NO. OF SHOTS MEMBER FIRED 1 WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO MAKE/MANUFACTURER REMINGTON ARMS CO. MODEL 870 DID MEMBER FIRE AT A VEHICLE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		

Log#1089886 Att 2

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) MOLINA, LUIS STAR/EMPLOYEE NO. 7996 SIGNATURE [REDACTED]

REVIEWING SUPERVISOR

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

WITNESSES UNK
 LAST NAME FIRST NAME M.I. SEX M F RACE DATE OF BIRTH
 ADDRESS TELEPHONE NO. WITNESS INTERVIEW INTERVIEWED NOT AVAILABLE OTHER (Specify)
 CHICAGO, IL REFUSED
 WITNESS STATEMENT

REVIEWING SUPERVISOR: COMMENTS
 IRT AND COPA ON SCENE, SUPPLEMENTAL REPORTS, INCLUDING WITNESS STATEMENTS WERE SUBSEQUENTLY PREPARED. THIS WEAPON DISCHARGE WAS A LESS-LETHAL BEAN BAG SHOTGUN ROUND.

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) STAR NO. SIGNATURE DATE/TIME COMPLETED
 PARK, DAVID 1006 [REDACTED] 16-JUN-2018 0953

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

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	16-JUN-2018	0215	██████████ COMMERCIAL AVE CHICAGO, IL 60617	18248	JB308950			
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE		
9161	MOLINA	LUIS	██████████					
SUBJECT LAST NAME			SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
LLAMAS			LUIS			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WWH	██████████ 993

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

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

Subject deceased following a self inflicted GSW

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

As of this report no further action by the undersigned is required. The investigation into the incident will be done by the Investigative Response Team (IRT) and the Civilian Office of Police Accountability (COPA). Based on the facts available at this time further investigation is needed. This TRR should be read in conjunction with all other reports and additional TRR's.

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:

1029896

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:

Officer required to report for Traumatic Incident Stress Management Program

INDIVIDUAL DEBRIEFING WITH SUPERVISOR

REVIEW LEGAL/TRAINING BULLETIN

REVIEW STREAMING VIDEO

STRESS REDUCTION SEMINAR

REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)

VALADEZ, FRANCIS A

STAR NO.

484

SIGNATURE

██████████

DATE/TIME COMPLETED

20-Jun-2018 2133

Log #108 988
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