

# TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT			
	03-JUL-2018	2004	W FULTON ST CHICAGO, IL 60644	291	1113	<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)	ASSIGNMENT TYPE					
INVOLVED MEMBER	RANK	LAST NAME	FIRST NAME	EMPLOYEE NO.	SEX	RACE	AGE	HT.	WT.
	9161	TAYLOR	DAVID		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	2	29		
	DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?	TYPE OF MEMBER INJURY	MEMBER WAS?		ASSIST UNITS ON SCENE?	INCIDENT
SUBJECT INFORMATION	LAST NAME	FIRST NAME	M.I.	SEX	RACE	D.O.B.	HT.	WT.	
	EASON	TERRELL		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLACK		511	170	
	ADDRESS	TELEPHONE NO.	CONDITION	SUBJECT INJURY BY MEMBER'S USE OF FORCE?					
SUBJECT'S ACTIONS	MEDICAL TREATMENT?		SUBJECT ARMED WITH WEAPON?		WEAPON USE:				
	<input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested <input checked="" type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)		<input 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 checked="" type="checkbox"/> Fatal		<input checked="" 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 type="checkbox"/> Used - Attacked Member				
	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> FLED <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY) <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"/> THROWN OBJECT (DESCRIBE) <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input 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"/> CHEMICAL WEAPON <input type="checkbox"/> TASER/STUN GUN <input checked="" type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:		
MEMBER'S RESPONSE	SUBJECT ACTIVITY		DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION?		MANNER OF ATTACK?		Struck/Blunt Force (Including Attempt)		
	Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		<input type="checkbox"/> Show/Shot At <input checked="" type="checkbox"/> Stabbed/Cut (Including Attempt) <input checked="" type="checkbox"/> Other (Including Verbal Threats)				
	TYPE OF ACTIVITY?		Disturbance - Domestic		Pursuing/Arresting Subject		Processing/Transporting/Guarding Arrestee		
WEAPON DISCHARGE	REASON FOR RESPONSE?		FORCE MITIGATION EFFORTS		CONTROL TACTICS				
	<input checked="" type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Member of Public <input checked="" type="checkbox"/> Defense of Department Member <input 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		<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input 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 type="checkbox"/> SPECIALIZED UNITS <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER		<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 checked="" type="checkbox"/> EMERGENCY HANDCUFFING				
	NO. OF WEAPONS DISCHARGED BY THIS MEMBER		WEAPON TYPE:		WEAPON SERIAL NO.		WEAPON CERT. NO.		
1		<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		XFP094		R038649S			
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 checked="" type="checkbox"/> YES <input 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					
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 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					
TASER DISCHARGE ONLY		PROPERTY INVENTORY NO.		PROBE DISCHARGE		CONTACT STUN		ARC CYCLE	
FIREARM DISCHARGE ONLY		TOTAL NO. OF SHOTS FIRED		WAS FIREARM RELOADED DURING INCIDENT?		MAKE/MANUFACTURER		MODEL	
TASER DART ID NO.		8		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SLIP# 1096087		DID MEMBER FIRE AT A VEHICLE?	
<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OFFENDER								<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)      STAR/EMPLOYEE NO.      SIGNATURE  
 KRUGER, KARL      1505      [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 type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> OTHER (Specify)		
		WITNESS STATEMENT					

**REVIEWING SUPERVISOR: COMMENTS**  
 R/SGT HAS COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

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. 1090087

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  
 PETRACCO, CORY      2545      [REDACTED]      04-JUL-2018 0358

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	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.	
	03-JUL-2018	2004	██████████ W FULTON ST CHICAGO, IL 60644	1818416795	JB334215	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9161	TAYLOR	DAVID	██████████			
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
EASON	TERRELL			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	██████████-1985

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

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

DOA

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

Member along with Copra and R/DC viewed body camera, U#18-11. Members weapon was in compliance. IRT assisted COPA who is the lead agency in investigating this incident.

## 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:  
 1090087

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)	STAR NO.	SIGNATURE	LOG#	DATE/TIME COMPLETED
WILLIAMS, TERENCE V	59	██████████	1090087	04-Jul-2018 0424

Taylor / Linear  
Def 11.34