

# TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT			
	13-AUG-2018	0107	CHICAGO, IL	304	0511	<input checked="" 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				
INVOLVED MEMBER	RANK	LAST NAME	FIRST NAME	EMPLOYEE NO.	SEX	RACE	AGE	HT.	WT.
	9161	GHIOTTO	SANTINO		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	2	35	510	220
	DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?	TYPE OF MEMBER INJURY	SUBJECT INJURY BY MEMBER'S USE OF FORCE?			
SUBJECT INFORMATION	LAST NAME	FIRST NAME	M.I.	SEX	RACE	D.O.B.	HT.	WT.	
	ADDRESS		TELEPHONE NO.	CONDITION	SUBJECT INJURY BY MEMBER'S USE OF FORCE?				
	MEDICAL TREATMENT?		DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION?		MANNER OF ATTACK?				
SUBJECT'S ACTIONS	DID NOT FOLLOW VERBAL DIRECTION			PHYSICAL ATTACK WITHOUT WEAPON (SPECIFY)			THROWN OBJECT (DESCRIBE)		
	VERBAL THREATS			HAND/ARM/ELBOW STRIKE			IMMEDIATE THREAT OF BATTERY WITH WEAPON		
	STIFFENED (DEAD WEIGHT)			MOUTH/TEETH/SPIT			USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		
MEMBER'S RESPONSE	REASON FOR RESPONSE?			FORCE MITIGATION EFFORTS			CONTROL TACTICS		
	DEFENSE OF SELF			TACTICAL POSITIONING			ESCORT HOLDS		
	DEFENSE OF DEPARTMENT MEMBER			ADDITIONAL UNIT MEMBERS			WRISTLOCK		
WEAPON DISCHARGE	RESPONSE WITHOUT WEAPONS			RESPONSE WITH WEAPONS					
	OPEN HAND STRIKE			OC/CHEMICAL WEAPON			IMPACT MUNITIONS (DESCRIBE BELOW)		
	TAKE DOWN			OC/CHEMICAL WEAPON W/ AUTHORIZATION*			REVOLVER		
WEAPON DISCHARGE	NO. OF WEAPONS DISCHARGED BY THIS MEMBER			WEAPON TYPE:			WEAPON SERIAL NO.		
	1			SEMI-AUTO PISTOL			R035053S		
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY?			DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY?			WAS SUBJECT VEHICLE USE AS A WEAPON?		
WEAPON DISCHARGE	TASER DISCHARGE ONLY			PROPERTY INVENTORY NO.			PROBE DISCHARGE		
	TASER DART ID NO.						CONTACT STUN		
	FIREARM DISCHARGE ONLY			TOTAL NO. OF SHOTS MEMBER FIRED			MAKE/ MANUFACTURER		

**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) GHIOTTO, SANTINO	STAR/EMPLOYEE NO. 16688	SIGNATURE [REDACTED]
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**REVIEWING SUPERVISOR**

TYPE OF SUBJECT INJURY		HOW WAS INJURY SUSTAINED?	
<input checked="" type="checkbox"/> None / None Apparent	<input type="checkbox"/> Minor Contusion	<input type="checkbox"/> Intentional Act by Member	<input type="checkbox"/> Intentional Act by Self
<input type="checkbox"/> Minor Swelling	<input type="checkbox"/> Significant Contusion	<input type="checkbox"/> Unintentional Act by Member	<input type="checkbox"/> Unintentional Act by Self
<input type="checkbox"/> Minor Laceration/Abrasion	<input type="checkbox"/> Laceration Requiring Sutures	<input type="checkbox"/> Fatal	<input type="checkbox"/> Intentional Act by Other
<input type="checkbox"/> Complaint of Substantial Pain	<input type="checkbox"/> Broken/Fractured Bone(s)	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Unintentional Act by Other
<input checked="" type="checkbox"/> UNK	LAST NAME	FIRST NAME	M.I.
WITNESSES	ADDRESS	TELEPHONE NO.	SEX
	CHICAGO, IL		<input type="checkbox"/> M <input type="checkbox"/> F
	WITNESS STATEMENT		RACE
			DATE OF BIRTH
			WITNESS INTERVIEW
			<input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE
			<input type="checkbox"/> REFUSED <input type="checkbox"/> OTHER (Specify)

**REVIEWING SUPERVISOR: COMMENTS**  
INCIDENT IS BEING REVIEWED BY IRT AND COPA, R/CAPT. HAS NOT VIEWED ANY BWC FOOTAGE.

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. 1090601

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

REVIEWING SUPERVISOR NAME (Print) OLSON, ERIC	STAR NO. 50	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 13-AUG-2018 0655
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DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

- THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
- A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:
  - THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
  - CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
  - 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.		
	13-AUG-2018	0107	CHICAGO, IL	1822500754	JB390988		
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE	
9161	GHIOTTO	SANTINO					
SUBJECT LAST NAME		SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
					<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	

## 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

As of this report no further action by the undersigned is required. The investigation into this 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: 1090601
- 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:

- INDIVIDUAL DEBRIEFING WITH SUPERVISOR
- REVIEW LEGAL/TRAINING BULLETIN
- REVIEW STREAMING VIDEO
- STRESS REDUCTION SEMINAR
- REVIEW DEPARTMENT DIRECTIVES

## OTHER:

Officer Ghiotto was instructed to contact EAP regarding this incident.

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
VALADEZ, FRANCIS A	484		13-Aug-2018 0714