

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 13-AUG-2018	TIME 0107	ADDRESS OF OCCURRENCE ██████████ CHICAGO, IL ██████████	LOCATION CODE 304	BEAT/OCCUR. 0511	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) STREET			ASSIGNMENT TYPE <input checked="" type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE								
	EVENT NO. 1822500754	RD NO. JB390988	IR NO.	CB NO.	CHARGE		INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	LIGHTING <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN <input checked="" type="checkbox"/> DARKNESS <input checked="" type="checkbox"/> ARTIFICIAL	WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	PATROL TYPE? <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> FOOT	<input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/PAPV	<input type="checkbox"/> SQUADROL <input type="checkbox"/> VAN/BUS	MEMBER WAS? <input type="checkbox"/> ALONE <input checked="" 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				
INVOLVED MEMBER	RANK 9161	LAST NAME RAMIREZ	FIRST NAME ADAN	EMPLOYEE NO. ██████████	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 4	AGE 38	HT. 511	WT. 240			
	DATE OF APPT. 28-APR-2014	UNIT & BEAT OF ASSIGN. 005 0566d	DUTY STATUS <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	IN UNIFORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE OF MEMBER INJURY <input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling	<input type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion	<input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	<input type="checkbox"/> Gun Shot <input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain)				
SUBJECT INFORMATION	LAST NAME		FIRST NAME		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE UNKNOWN	D.O.B.	HT.	WT.		
	ADDRESS		TELEPHONE NO.		CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force		<input type="checkbox"/> Injured by Member <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol <input checked="" type="checkbox"/> OTHER (Specify) UNKNOWN					
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested		<input type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)		SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input checked="" type="checkbox"/> None/None Apparent <input type="checkbox"/> Subject Alleged Injury		<input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal					
SUBJECT'S ACTIONS (Check all that apply)	<input 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"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> OTHER (DESCRIBE) UNKNOWN FIREARM					
	<input type="checkbox"/> PULLED AWAY		<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"/> FLED		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> VEHICLE <input type="checkbox"/> SHOTGUN						
<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<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:						
<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)				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 type="checkbox"/> YES <input checked="" 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 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)		Charge: _____		
TYPE OF ACTIVITY? <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop		<input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Mental Health		<input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input type="checkbox"/> Disturbance - Other		<input type="checkbox"/> Pursuing/Arresting Subject		<input type="checkbox"/> Processing/Transporting/Guarding Arrestee		IUCR CODE: _____ IUCR CODE: _____		
MEMBER'S RESPONSE (Check all that apply)	REASON FOR RESPONSE? <input checked="" type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Department Member		<input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Overcome Resistance or Aggression		<input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Fleeing Subject		<input type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional					
	FORCE MITIGATION EFFORTS					CONTROL TACTICS						
	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES		<input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> SPECIALIZED UNITS		<input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input type="checkbox"/> ADDITIONAL UNIT MEMBERS		<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR		<input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> EMERGENCY HANDCUFFING			
	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"/> LRAD W/ AUTHORIZATION*		<input type="checkbox"/> TASER <input type="checkbox"/> CANINE <input type="checkbox"/> BATON/EXPANDABLE BATON		<input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW)		<input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER		
				*AUTHORIZED BY (NAME) _____ RANK _____ STAR NO. _____ UNIT NO. _____								
WEAPON DISCHARGE	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"/> REVOLVER <input type="checkbox"/> RIFLE		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		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input type="checkbox"/> SUBJECT <input type="checkbox"/> OTHER PERSON		DEPARTMENT MEMBER		<input type="checkbox"/> ANIMAL <input type="checkbox"/> VEHICLE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT		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		TASER 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	
	FIREARM DISCHARGE ONLY 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.)
UNKNOWN SEX SYSTEM DEFAULTED TO MALE

REPORTING MEMBER (Print Name) RAMIREZ, ADAN	STAR/EMPLOYEE NO. 18920	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"/> Significant Contusion <input type="checkbox"/> Gun Shot <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Minor Laceration/Abrasion <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Fatal <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Intentional Act by Member <input type="checkbox"/> Intentional Act by Self <input type="checkbox"/> Intentional Act by Other <input type="checkbox"/> Unintentional Act by Member <input type="checkbox"/> Unintentional Act by Self <input type="checkbox"/> Unintentional Act by Other

WITNESSES	<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
INCIDENT IS BEING REVIEWED BY IRT AND COPA, R/CAPT. HAS NOT REVIEWED ANY BEC 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 0701
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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.	
	13-AUG-2018	0107	██████████ CHICAGO, IL ██████████	1822500754	JB390988	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9161	RAMIREZ	ADAN	██████████			
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
				<input checked="" type="checkbox"/> M <input type="checkbox"/> F	U	

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:

<input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02. <input type="checkbox"/> 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: _____	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:	<input checked="" type="checkbox"/> <u>IN COMPLIANCE</u> WITH DEPARTMENT POLICY AND DIRECTIVES. <input type="checkbox"/> <u>NOT IN COMPLIANCE</u> WITH DEPARTMENT POLICY AND DIRECTIVES. <input type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.
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ACTIONS RECOMMENDED? NO YES, DESCRIBE BELOW: OTHER: _____

INDIVIDUAL DEBRIEFING WITH SUPERVISOR REVIEW LEGAL/TRAINING BULLETIN Officer Ramirez was instructed to contact EAP within the next 24 hours.
 REVIEW STREAMING VIDEO STRESS REDUCTION SEMINAR
 REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
VALADEZ, FRANCIS A	484	██████████	13-Aug-2018 0719