

TACTICAL RESPONSE REPORT / Chicago Police Department

| | | | | | | | | | | | | |
|--|---|--|--|--|--|--|---|--|--|--|---|--|
| INCIDENT | DATE OF INCIDENT 19-NOV-2018 | | TIME 1516 | | ADDRESS OF OCCURRENCE 2525 S MICHIGAN AVE CHICAGO, IL 60616 | | LOCATION CODE 304 | | BEAT/OCCUR. 0133 | | VIDEO RECORDED INCIDENT <input 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) SOUTH OF MERCY HOSPITAL ON 26TH STREET | | | | ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input checked="" type="checkbox"/> CALL FOR SERVICE | | | |
| | EVENT NO. 09527 | | RD NO. JB522024 | | IR NO. | | CB NO. | | CHARGE | | INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| | LIGHTING <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN <input type="checkbox"/> DARKNESS <input 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"/> BICYCLE <input type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER: <input type="checkbox"/> FOOT <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> VAN/BUS | | MEMBER WAS? <input checked="" type="checkbox"/> ALONE <input 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 GUSHINIERE | | FIRST NAME DAVID | | EMPLOYEE NO. | | SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F | | RACE 1 | |
| | DATE OF APPT. 06-SEP-1994 | | UNIT & BEAT OF ASSIGN. 001 0163B | | 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 Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain) | | GUN SHOT <input type="checkbox"/> FATAL <input type="checkbox"/> OTHER (Explain) | |
| SUBJECT INFORMATION | LAST NAME LOPEZ | | FIRST NAME JUAN | | M.I. | | SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F | | RACE WHITE HISPANIC | | D.O.B. | |
| | ADDRESS CHICAGO, IL 60625 | | TELEPHONE NO. | | CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured by Member <input type="checkbox"/> Under Influence of Drugs <input checked="" type="checkbox"/> OTHER (Specify) | | Alleges Injury by Member | | Mental Illness / Emotional Disorder | | SHOOTER | |
| | MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input checked="" 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"/> 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 | | | | | | | | | |
| | | | | | | | | | | | | |
| 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"/> BLUNT OBJECT | | <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT | | <input type="checkbox"/> EXPLOSIVE DEVICE | |
| | <input type="checkbox"/> STIFFENED (DEAD WEIGHT) | | <input type="checkbox"/> KNEE/LEG STRIKE | | | | <input type="checkbox"/> CHEMICAL WEAPON | | <input type="checkbox"/> REVOLVER | | <input type="checkbox"/> OTHER (DESCRIBE) | |
| | <input type="checkbox"/> PULLED AWAY | | <input type="checkbox"/> MOUTH/TEETH/SPIT | | | | <input type="checkbox"/> TASER/STUN GUN | | <input type="checkbox"/> RIFLE | | | |
| MEMBER'S RESPONSE (Check all that apply) | <input checked="" type="checkbox"/> FLED | | <input type="checkbox"/> PUSH/SHOVE/PULL | | <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON | | <input checked="" type="checkbox"/> SEMI-AUTO PISTOL | | <input type="checkbox"/> SHOTGUN | | | |
| | <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON | | <input type="checkbox"/> GRAB/HOLD/RESTRAIN | | <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON | | <input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS: | | | | | |
| | <input type="checkbox"/> OTHER (DESCRIBE) | | <input type="checkbox"/> WRESTLE/GRAPPLE | | <input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON | | <input type="checkbox"/> WEAPON USE: <input 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 checked="" type="checkbox"/> Used - Attacked Member | | | | | |
| | | | | | <input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM | | | | | | | |
| WEAPON DISCHARGE | 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) | | | |
| | TYPE OF ACTIVITY? <input checked="" type="checkbox"/> Ambush - No Warning <input checked="" 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 checked="" 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 | | | | | | | | | | | |
| | REASON FOR RESPONSE? <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 type="checkbox"/> Defense of Department Member <input checked="" type="checkbox"/> Overcome Resistance or Aggression <input checked="" type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional | | | | | | | | | | | |
| | | | | | | | | | | | | |
| WEAPON DISCHARGE | FORCE MITIGATION EFFORTS | | | | CONTROL TACTICS | | | | | | | |
| | <input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY | | <input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK | | <input checked="" type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE | | <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OTHER | | | | | |
| | <input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES | | <input checked="" type="checkbox"/> SPECIALIZED UNITS | | <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER | | <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS | | | | | |
| | | | | | | | <input type="checkbox"/> ARMBAR <input type="checkbox"/> EMERGENCY HANDCUFFING | | | | | |
| WEAPON DISCHARGE | RESPONSE WITHOUT WEAPONS | | | | RESPONSE WITH WEAPONS | | | | | | | |
| | <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS | | <input type="checkbox"/> OTHER | | <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"/> TAKE DOWN <input type="checkbox"/> ELBOW STRIKE | | | | <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE | | | | <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN | | | |
| | <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE | | | | <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON | | | | <input type="checkbox"/> OTHER | | | |
| WEAPON DISCHARGE | *AUTHORIZED BY (NAME) _____ RANK _____ STAR NO. _____ UNIT NO. _____ | | | | | | | | | | | |
| | NO. OF WEAPONS DISCHARGED BY THIS MEMBER | | WEAPON TYPE: <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> TASER <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER | | 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 | | 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 | | PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input 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 | | | | | | | |
| WEAPON DISCHARGE | 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) | | TOTAL NO. OF SHOTS MEMBER FIRED | | WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | MAKE/ MANUFACTURER | | MODEL | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Log #1091770
ATK-14

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.)
SEE SUPPLEMENTAL REPORTS

REPORTING MEMBER (Print Name)
GUSHNIERE, DAVID

STAR/EMPLOYEE NO.
8511

SIGNATURE

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 <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/LT. INSTRUCTED TO REVIEW RELATED TRR'S BY STREET DEPUTY. WITNESS INTERVIEWS TO BE CONDUCTED BY AREA CENTRAL DETECTIVES AND ERT UNIT.

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.
1091770

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

REVIEWING SUPERVISOR NAME (Print)
MAXSON, MARK

STAR NO.
570

SIGNATURE

DATE/TIME COMPLETED
20-NOV-2018 0056

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

| | | | | | | | |
|----------------------|------------------|------------------|--|--------------|-----------|--|------|
| INCIDENT INFORMATION | DATE OF INCIDENT | TIME | ADDRESS OF OCCURRENCE | | EVENT NO. | RD NO. | |
| | 19-NOV-2018 | 1516 | 2525 S MICHIGAN AVE CHICAGO, IL 60616 | | 09527 | JB522024 | |
| | RANK | MEMBER LAST NAME | MEMBER FIRST NAME | EMPLOYEE NO. | CB NO. | CHARGE | |
| | 9161 | GUSHINIERE | DAVID | [REDACTED] | | | |
| SUBJECT LAST NAME | | | SUBJECT FIRST NAME | | M.I. | SEX | RACE |
| LOPEZ | | | JUAN | | | <input checked="" type="checkbox"/> M <input type="checkbox"/> F | WWH |

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

Offender succumbed to his injuries on the scene after treatment by CFD medical personnel.

☐ DNA ☐ REFUSED ☒ INTERVIEW NOT CONDUCTED (Specify Reason)

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

☒ ADDITIONAL ATTACHMENTS

The listed member is a victim of an Aggravated Assault and did not engage in any actual use of force.

It has not been conclusively determined at this time whether the offender succumbed from a self inflicted gunshot wound or as a result of a weapon discharge by a Department member other than the above listed member.

Reporting Deputy Chief responded directly to the scene at Mercy Hospital, 25th & Michigan, R/DC surveyed the crime scene both inside and outside of the hospital. The member did not have a BWC. The member did not have an ICC.

All available private video is not available for viewing at this time.

R/DC relocated to Area Central Detective Division.

R/DC ensured the member was provided with the form for Traumatic Incident Stress Management Program Notification, U#18-019

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:

1091770

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)

O DONNELL, JAMES C

STAR NO.

13

SIGNATURE

[REDACTED]

DATE/TIME COMPLETED

20-Nov-2018 0334