

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) R/SGT WAS SOUTH OF MERCY HOSPITAL ON 26TH STREET				ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input checked="" 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"/> MOTORCYCLE/PAPV <input type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER:		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 9171		LAST NAME HARDY		FIRST NAME WILLIAM		EMPLOYEE NO.		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		RACE 2		AGE 50		HT. 604		WT. 250	
	DATE OF APPT. 28-SEP-1992		UNIT & BEAT OF ASSIGN. 001 163		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"/> Laceration Requiring Sutures <input type="checkbox"/> Gun Shot		<input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Fatal		<input type="checkbox"/> Significant Contusion <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <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.		HT. 511		WT. 205			
	ADDRESS CHICAGO, IL 60625		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 type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Mental Illness / Emotional Disorder		<input checked="" type="checkbox"/> OTHER (Specify) 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 checked="" 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"/> OTHER (DESCRIBE)		<input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon											
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)									
	TYPE OF ACTIVITY? <input checked="" type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop		<input checked="" 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"/> Other - Describe in Narrative		Pursuing/Arresting Subject Charge:		<input type="checkbox"/> Stabbed/Cut (Including Attempt) <input type="checkbox"/> Other (Including Verbal Threats)									
	REASON FOR RESPONSE? <input checked="" type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Department Member		<input checked="" type="checkbox"/> Defense of Member of Public <input checked="" type="checkbox"/> Overcome Resistance or Aggression		<input type="checkbox"/> Stop Self-Inflicted Harm <input checked="" type="checkbox"/> Subject Armed with Weapon		<input checked="" type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional		IUCR CODE:									
	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 type="checkbox"/> SPECIALIZED UNITS		<input checked="" type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER		<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"/> KICKS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> OTHER <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"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> LRAD W/ AUTHORIZATION* <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"/> 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													
	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		SPARK DISPLAY <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 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.)
SEE SUPPLEMENTAL REPORTS.

REPORTING MEMBER (Print Name)

HARDY, WILLIAM

STAR/EMPLOYEE NO.

2456

SIGNATURE

REVIEWING SUPERVISOR

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

☒ UNK

LAST NAME

FIRST NAME

M.I.

SEX

☐ M ☐ F

RACE

DATE OF BIRTH

ADDRESS

CHICAGO, IL

TELEPHONE NO.

WITNESS INTERVIEW

☐ INTERVIEWED ☐ NOT AVAILABLE

☐ 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 0051

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.		
	19-NOV-2018		1516		2525 S MICHIGAN AVE CHICAGO, IL 60616		09527		JB522024		
	RANK	MEMBER LAST NAME			MEMBER FIRST NAME		EMPLOYEE NO.		CB NO.		
	9171	HARDY			WILLIAM		[REDACTED]		CHARGE		
SUBJECT LAST NAME					SUBJECT FIRST NAME			M.I.	SEX	RACE	D.O.B.
LOPEZ					JUAN				<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WWH	[REDACTED]

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

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

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.

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 0319