

# TACTICAL RESPONSE REPORT / Chicago Police Department

<b>INCIDENT</b>	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 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) 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"/> MOTORCYCLE/PAPV <input type="checkbox"/> FOOT <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	
<b>INVOLVED MEMBER</b>	RANK 9161		LAST NAME JACOB		FIRST NAME MICHAEL		EMPLOYEE NO.		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		RACE 2	
	DATE OF APPT. 24-JAN-2000		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 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"/> Other (Explain)		HT. 508 WT. 175	
<b>SUBJECT INFORMATION</b>	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 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) SHOOTER		HT. 511 WT. 205					
	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							
	<div style="display: flex; justify-content: space-between;"> <div> <input 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) </div> <div> <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) </div> <div> <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 checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM </div> </div>											
<b>SUBJECT'S ACTIONS</b> (Check all that apply)	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> SEMI-AUTO PISTOL </div> <div> <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN </div> <div> <input type="checkbox"/> EXPLOSIVE DEVICE <input type="checkbox"/> OTHER (DESCRIBE) </div> </div>											
	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS: <input type="checkbox"/> DNA <input checked="" type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member </div> <div> <input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member at Gunpoint <input type="checkbox"/> Obtained Member's Weapon </div> </div>											
	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> SUBJECT ACTIVITY Drug-Related? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> <div> <input type="checkbox"/> 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 </div> <div> <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) </div> </div>											
	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 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 </div> <div> <input type="checkbox"/> Pursuing/Arresting Subject <input type="checkbox"/> Processing/Transporting/Guarding Arrestee </div> </div>											
<b>MEMBER'S RESPONSE</b> (Check all that apply)	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 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 type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional </div> </div>											
	<div style="display: flex; justify-content: space-between;"> <div> <b>FORCE MITIGATION EFFORTS</b>  <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"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input checked="" type="checkbox"/> SPECIALIZED UNITS <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER </div> <div> <b>CONTROL TACTICS</b>  <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 <input type="checkbox"/> OTHER </div> </div>											
	<div style="display: flex; justify-content: space-between;"> <div> <b>RESPONSE WITHOUT WEAPONS</b>  <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 </div> <div> <b>RESPONSE WITH WEAPONS</b>  <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"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> OTHER </div> </div>											
	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> *AUTHORIZED BY (NAME) _____ RANK _____ STAR NO. _____ UNIT NO. _____ </div> </div>											
<b>WEAPON DISCHARGE</b>	<input checked="" type="checkbox"/> NO. OF WEAPONS DISCHARGED BY THIS MEMBER _____ WEAPON TYPE: <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> WEAPON SERIAL NO. _____ WEAPON CERT. NO. _____ <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <input type="checkbox"/> TASER <input type="checkbox"/> RIFLE											
	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <div> <input type="checkbox"/> DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER </div> <div> <input type="checkbox"/> WAS SUBJECT VEHICLE USE AS A WEAPON? <input type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON </div> </div>											
	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <div> <input type="checkbox"/> WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <div> <input type="checkbox"/> 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 </div> </div>											
	<div style="display: flex; justify-content: space-between;"> <div> <b>TASER DISCHARGE ONLY</b>  TASER DART ID NO. _____ PROPERTY INVENTORY NO. _____ </div> <div> <b>PROBE DISCHARGE</b>  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER </div> <div> <b>CONTACT STUN</b>  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER </div> <div> <b>ARC CYCLE</b>  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER </div> <div> <b>SPARK DISPLAY</b>  <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER </div> </div>											
<b>WEAPON DISCHARGE</b>	<div style="display: flex; justify-content: space-between;"> <div> <b>FIREARM DISCHARGE ONLY</b>  WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) _____ TOTAL NO. OF SHOTS MEMBER FIRED _____ </div> <div> <input type="checkbox"/> WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <div> MAKE/MANUFACTURER _____ MODEL _____ </div> <div> <input type="checkbox"/> DID MEMBER FIRE AT A VEHICLE? <input type="checkbox"/> NO <input type="checkbox"/> YES </div> </div>											

# 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)

JACOB, MICHAEL

STAR/EMPLOYEE NO.

5478

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) ☐ HOW WAS INJURY SUSTAINED? ☒ Intentional Act by Member ☐ Intentional Act by Self ☐ Intentional Act by Other ☐ Unintentional Act by Member ☐ Unintentional Act by Self ☐ Unintentional Act by Other

WITNESSES  
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. U#18-19.

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 0058

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.		CHARGE	
	9161	JACOB			MICHAEL						
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	

## 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 the scene after treatment by CFD medical 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's BWC was not reviewed by Reporting Deputy Chief.

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

DATE/TIME COMPLETED

20-Nov-2018 0326