

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT	
	19-NOV-2018	1526	2525 S MICHIGAN AVE CHICAGO, IL 60616	233	0133	<input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input checked="" type="checkbox"/> OTHER VIDEO	
	BUSINESS NAME	<input checked="" type="checkbox"/> DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)	ASSIGNMENT TYPE			
			HALLWAY	<input type="checkbox"/> ON-VIEW <input checked="" type="checkbox"/> OTHER 10-1 <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE			
INVOLVED MEMBER	EVENT NO.	RD NO.	IR NO.	CB NO.	CHARGE	INVOLVED A MOTOR VEHICLE PURSUIT?	
	1832309527	JB522024				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	LIGHTING	WEATHER	PATROL TYPE?	<input type="checkbox"/> BICYCLE	<input type="checkbox"/> SQUADROL	<input type="checkbox"/> OTHER:	
	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input checked="" type="checkbox"/> DARKNESS <input checked="" type="checkbox"/> ARTIFICIAL	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> FOG	<input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> FOOT	<input type="checkbox"/> MOTORCYCLE/PAPV	<input type="checkbox"/> VAN/BUS		
SUBJECT INFORMATION	RANK	LAST NAME	FIRST NAME	EMPLOYEE NO.	SEX	RACE	
	9161	TURCINOVIC	ELVIS		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	2	
	DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?	TYPE OF MEMBER INJURY	Minor Contusion/Laceration	
	31-JUL-2006	353 4608	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> None / None Apparent	<input type="checkbox"/> Laceration Requiring Sutures	
SUBJECT'S ACTIONS	LAST NAME	FIRST NAME	M.I.	SEX	RACE	D.O.B.	
	LOPEZ	JUAN		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WHITE HISPANIC		
	ADDRESS	TELEPHONE NO.	CONDITION	<input checked="" type="checkbox"/> Injured by Member	<input type="checkbox"/> Under Influence of Drugs	<input checked="" type="checkbox"/> OTHER (Specify)	
	CHICAGO, IL 60625		<input type="checkbox"/> Apparently Normal	<input type="checkbox"/> Alleges Injury by Member	<input type="checkbox"/> Mental Illness / Emotional Disorder	2 GSW	
MEMBER'S RESPONSE	MEDICAL TREATMENT?	<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 type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested <input checked="" type="checkbox"/> Performed by CFD EMS				<input type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK		
	<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			
WEAPON DISCHARGE	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> KNEE/LEG STRIKE	<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON	<input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE)			
	<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	<input type="checkbox"/> VEHICLE <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN			
	<input type="checkbox"/> FLED	<input type="checkbox"/> PUSH/SHOVE/PULL	<input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON	<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:			
	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON	<input type="checkbox"/> GRAB/HOLD/RESTRAIN	<input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	<input type="checkbox"/> WEAPON USE: <input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member at Gunpoint			
MEMBER'S RESPONSE	<input type="checkbox"/> OTHER (DESCRIBE)	<input type="checkbox"/> WRESTLE/GRAPPLE	<input type="checkbox"/> OTHER (DESCRIBE)	<input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon			
		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> Possessed <input checked="" type="checkbox"/> Used - Attacked Member			
	SUBJECT ACTIVITY	Gang-Related?	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION?	IF YES, IDENTIFY MANNER OF ATTACK	MANNER OF ATTACK?	Struck/Blunt Force (Including Attempt)	
	<input type="checkbox"/> Drug-Related? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> Shot/Stabbed <input type="checkbox"/> Stabbed/Cut (Including Attempt)	<input type="checkbox"/> Other (Including Verbal Threats)	
MEMBER'S RESPONSE	TYPE OF ACTIVITY?	<input type="checkbox"/> Ambush - No Warning	<input 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"/> Investigatory Stop	<input type="checkbox"/> Disturbance - Mental Health	<input checked="" type="checkbox"/> Other - Describe in Narrative				
				IUCR CODE:		IUCR CODE:	
MEMBER'S RESPONSE	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"/> Unintentional	
		<input checked="" type="checkbox"/> Defense of Department Member	<input type="checkbox"/> Overcome Resistance or Aggression	<input type="checkbox"/> Fleeing Subject			
	FORCE MITIGATION EFFORTS			CONTROL TACTICS			
	<input checked="" type="checkbox"/> MEMBER PRESENCE	<input checked="" 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
MEMBER'S RESPONSE	<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	
	RESPONSE WITHOUT WEAPONS			RESPONSE WITH WEAPONS			
	<input type="checkbox"/> OPEN HAND STRIKE	<input type="checkbox"/> KICKS	<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"/> OTHER	<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION*	<input type="checkbox"/> CANINE		<input checked="" type="checkbox"/> RIFLE	<input type="checkbox"/> SHOTGUN
MEMBER'S RESPONSE	<input type="checkbox"/> ELBOW STRIKE		<input type="checkbox"/> LRAD W/ AUTHORIZATION*	<input type="checkbox"/> BATON/EXPANDABLE BATON		<input type="checkbox"/> OTHER	
	<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH						
	<input type="checkbox"/> KNEE STRIKE						
MEMBER'S RESPONSE	NO. OF WEAPONS DISCHARGED BY THIS MEMBER	WEAPON TYPE:	<input type="checkbox"/> SEMI-AUTO PISTOL	<input type="checkbox"/> SHOTGUN	WEAPON SERIAL NO.	WEAPON CERT. NO.	
	1	<input type="checkbox"/> CHEMICAL WEAPON	<input type="checkbox"/> REVOLVER	<input type="checkbox"/> OTHER	L227092		
		<input type="checkbox"/> TASER	<input checked="" type="checkbox"/> RIFLE				
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY?	DID THE DISCHARGE RESULT IN A SELF-INFLECTED INJURY?	WAS SUBJECT VEHICLE USE AS A WEAPON?				
MEMBER'S RESPONSE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON				
	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL?	WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT?	PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY):				
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input checked="" type="checkbox"/> OTHER OBJECT WALL				
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN				
MEMBER'S RESPONSE	TASER DISCHARGE ONLY	TASER DART ID NO.	PROPERTY INVENTORY NO.	PROBE DISCHARGE	CONTACT STUN	ARC CYCLE	
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA	
				<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	
MEMBER'S RESPONSE	FIREARM DISCHARGE ONLY	WHO FIRED FIRST SHOT?	TOTAL NO. OF SHOTS FIRED	WAS FIREARM RELOADED DURING INCIDENT?	MAKE/MANUFACTURER	MODEL	
		<input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)	5	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	BUSHMASTER FIREARMS	XM15E2	
		<input checked="" type="checkbox"/> OFFENDER					
MEMBER'S RESPONSE						DID MEMBER FIRE AT A VEHICLE?	
						<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	

Log # 1091770
Att # 8

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)
TURCINOVIC, ELVIS

STAR/EMPLOYEE NO.
13509

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 <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

R/LT INSTRUCTED TO REVIEW TRR BY STREET DEPUTY. SEE DETECTIVE REPORTS AND ERT UNIT REPORTS FOR WITNESS INTERVIEWS, 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)

STAR NO.

SIGNATURE

DATE/TIME COMPLETED

LAMB JR, THOMAS

606

20-NOV-2018 0439

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	1526	2525 S MICHIGAN AVE CHICAGO, IL 60616	1832309527	JB522024
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.
	9161	TURCINOVIC	ELVIS		
	SUBJECT LAST NAME	SUBJECT FIRST NAME	M.I.	SEX	RACE
	LOPEZ	JUAN		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WWH
					D.O.B.

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 medical personnel.

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

☒ ADDITIONAL ATTACHMENTS

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.
Reporting Deputy Chief conducted a walk through and Public Safety Interview with the member.
The member does not have a BWC or an ICC.
All available private video is not available for viewing at this time.
R/DC relocated to Area Central Detective Division.
Reporting Deputy Chief was present and observed the recovery and processing of the member's firearm.
R/DC ensured the member was provided with the form for Traumatic Incident Stress Management Program Notification.
Investigation by COPA continues regarding the member's use of force.
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 0456