

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 26-FEB-2019	TIME 1937	ADDRESS OF OCCURRENCE 7414 S BENNETT AVE CHICAGO, IL 60649	LOCATION CODE 176	BEAT/OCCUR. 0324	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) DRIVEWAY			ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input checked="" type="checkbox"/> OTHER ASSIST UNIT <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE						
	EVENT NO. 14259	RD NO. JC166992	IR NO. 1322666	CB NO. 19774190	CHARGE 720 ILCS 5.0/12-2-C-6 - AGG ASSAULT	INVOLVED A PURSUIT? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> FOOT <input type="checkbox"/> OTHER					
LIGHTING <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN <input type="checkbox"/> ARTIFICIAL <input checked="" type="checkbox"/> DARKNESS	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 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						
RANK 9161	LAST NAME BUDZ	FIRST NAME JEFFREY	EMPLOYEE NO.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 2	AGE 28	HT. 600	WT. 190			
DATE OF APPT. 31-OCT-2016	UNIT & BEAT OF ASSIGN. 004 0465B	DUTY STATUS <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	IN UNIFORM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF MEMBER INJURY <input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Gun Shot <input type="checkbox"/> Minor Swelling <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)							
LAST NAME JONES		FIRST NAME FLAMINGO		M.I. R	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. 1980	HT. 506	WT. 250		
ADDRESS CHICAGO, IL		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) <input type="checkbox"/> Injured Unrelated to Force <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Mental Illness / Emotional Disorder		UNKNOW					
MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested <input checked="" type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify) UNIVERSITY OF CHICAGO HC				SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input checked="" 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)						
	<input type="checkbox"/> VERBAL THREATS		<input type="checkbox"/> HAND/ARM/ELBOW STRIKE		<input type="checkbox"/> WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW: <input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> EXPLOSIVE DEVICE <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE) <input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> RIFLE <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN						
	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> KNEE/LEG STRIKE		<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS: 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						
<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON							
<input type="checkbox"/> FLED		<input type="checkbox"/> PUSH/SHOVE/PULL		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON							
<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON							
<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> WRESTLE/GRAPPLE		<input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM							
<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)									
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 type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input checked="" 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		Charge: 720 ILCS 5.0/12-2-C-6 - AGG A		Charge:		IUCR CODE: 0550		IUCR CODE:			
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 type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional											
FORCE MITIGATION EFFORTS <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 type="checkbox"/> SPECIALIZED UNITS <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER				CONTROL TACTICS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OTHER <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> EMERGENCY HANDCUFFING							
RESPONSE WITHOUT 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				RESPONSE WITH WEAPONS <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input checked="" 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 *AUTHORIZED BY (NAME) _____ RANK _____ STAR NO. _____ UNIT NO. _____							
NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		WEAPON TYPE: <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <input type="checkbox"/> TASER <input type="checkbox"/> RIFLE		WEAPON SERIAL NO.		WEAPON CERT. NO.					
DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USE AS A WEAPON? <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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input checked="" 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 checked="" 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 checked="" type="checkbox"/> DNA <input type="checkbox"/> OTHER		CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> DNA <input type="checkbox"/> OTHER		ARC CYCLE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> DNA <input type="checkbox"/> OTHER		SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> DNA <input type="checkbox"/> OTHER	
FIREARM DISCHARGE ONLY WHO FIRED FIRST SHOT? <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)		TOTAL NO. OF SHOTS FIRED 14		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MAKE/ MANUFACTURER GLOCK GMBH		MODEL 17		DID MEMBER FIRE AT A VEHICLE? <input checked="" 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.)

REPORTING MEMBER (Print Name) STAR/EMPLOYEE NO. SIGNATURE
 BUDZ, JEFFREY 2931 [Signature]

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY Minor Contusion Significant Contusion Gun Shot HOW WAS INJURY SUSTAINED?
 None / None Apparent Minor Laceration/Abrasion Laceration Requiring Sutures Fatal Intentional Act by Member Intentional Act by Self Intentional Act by Other
 Minor Swelling Complaint of Substantial Pain Broken/Fractured Bone(s) Other (Explain) Unintentional Act by Member Unintentional Act by Self 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"/> OTHER (Specify)		
		WITNESS STATEMENT					

REVIEWING SUPERVISOR: COMMENTS
 R/SGT RESPONDED TO THE SCENE AND CONSULTED WITH THE DETECTIVES. THIS IS AN ONGOING INVESTIGATION.

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. 2019000233

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
 ALVARADO, JAIME 1722 [Signature] 27-FEB-2019 0432

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.	
	26-FEB-2019	1937	7414 S BENNETT AVE CHICAGO, IL 60649	14259	JC166992	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9161	BUDZ	JEFFREY	[REDACTED]	19774190		720 ILCS 5.0/12-2-C-6 - AGG ASSAULT/USE FIR/PEACE OFF
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
JONES	FLAMINGO		R	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	[REDACTED] 980

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

[Empty area for subject's statement regarding the use of force]

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

Reporting D/C reviewed all available Body Worn Camera and all other video available at the time of this report. COPA members responded to the scene of the incident and are conducting a parallel investigation.

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"/> IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES. <input type="checkbox"/> NOT IN COMPLIANCE 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
- REVIEW STREAMING VIDEO
- STRESS REDUCTION SEMINAR
- REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
DEVEREUX, GEORGE J	30	[REDACTED]	27-Feb-2019 0439