

# TACTICAL RESPONSE REPORT / Chicago Police Department

<b>INCIDENT</b>	DATE OF INCIDENT 03-MAY-2019		TIME 2012		ADDRESS OF OCCURRENCE 3715 W DIVISION ST CHICAGO, IL 60651			LOCATION CODE 092		BEAT/OCCUR. 1112		VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO									
	BUSINESS NAME X <input type="checkbox"/> DNA EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM) ALLEY					ASSIGNMENT TYPE <input checked="" type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE															
	EVENT NO. 16154			RD NO. JC248729		IUCR CODE		IR NO.		CB NO.		INVOLVED A PURSUIT? <input type="checkbox"/> NO <input checked="" type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER									
	LIGHTING <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN <input type="checkbox"/> CLEAR <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> DARKNESS <input checked="" type="checkbox"/> ARTIFICIAL		WEATHER <input checked="" 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			SQUADROL <input type="checkbox"/> OTHER: VAN/BUS		MEMBER WAS? <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER		ASSIST UNITS ON SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR							
<b>INVOLVED MEMBER</b>	RANK 9164		LAST NAME SORIA		FIRST NAME ANTHONY			EMPLOYEE NO. [REDACTED]		WATCH 4		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		RACE 4		AGE 27		HT. 507		WT. 180	
	DATE OF APPT. 06-APR-2015		UNIT & BEAT OF ASSIGN. 025 2561A		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		Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion		Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm		Gun Shot <input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain)						
<b>SUBJECT INFORMATION</b>	<input type="checkbox"/> DNA		LAST NAME UNK		FIRST NAME UNK			M.I.		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		RACE BLACK		D.O.B.		HT.		WT.			
	ADDRESS				TELEPHONE NO.		CONDITION <input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured by Member		<input type="checkbox"/> Injured Not by the Member's Force <input type="checkbox"/> Alleges Injury by Member		<input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Mental Illness / Emotional Disorder		<input type="checkbox"/> Disability <input type="checkbox"/> OTHER (Specify)								
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input 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 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												
<b>SUBJECT'S ACTIONS</b> (Check all that apply)	<input type="checkbox"/> DNA		<input type="checkbox"/> UNK		<input checked="" 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"/> UNABLE TO UNDERSTAND VERBAL DIRECTION		<input type="checkbox"/> HAND/ARM/ELBOW STRIKE		<input type="checkbox"/> KNEE/LEG STRIKE		<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		<input type="checkbox"/> BLUNT OBJECT (DESCRIBE)		<input type="checkbox"/> KNIFE/CUTTING INSTRUMENT		<input type="checkbox"/> SHOTGUN						
	<input type="checkbox"/> VERBAL THREATS		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input type="checkbox"/> PUSH/SHOVE/PULL		<input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> CHEMICAL WEAPON		<input type="checkbox"/> REVOLVER		<input type="checkbox"/> OTHER (DESCRIBE)						
	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> TASER/STUN GUN		<input type="checkbox"/> RIFLE								
<b>MEMBER'S RESPONSE</b> (Check all that apply)	<input type="checkbox"/> DNA		<input type="checkbox"/> UNK		<input checked="" type="checkbox"/> FLED		<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		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		SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 <input type="checkbox"/> Displayed, Not Used		Obtained Member's Weapon <input type="checkbox"/> Member at Gunpoint <input type="checkbox"/> Member Shot/Shot At				
	<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> OTHER (DESCRIBE)																
	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION		<input type="checkbox"/> HAND/ARM/ELBOW STRIKE		<input type="checkbox"/> KNEE/LEG STRIKE		<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		<input type="checkbox"/> BLUNT OBJECT (DESCRIBE)		<input type="checkbox"/> KNIFE/CUTTING INSTRUMENT		<input type="checkbox"/> SHOTGUN						
	<input type="checkbox"/> UNABLE TO UNDERSTAND VERBAL DIRECTION		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input type="checkbox"/> PUSH/SHOVE/PULL		<input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> CHEMICAL WEAPON		<input type="checkbox"/> REVOLVER		<input type="checkbox"/> OTHER (DESCRIBE)						
<b>WEAPON DISCHARGE</b>	<input type="checkbox"/> DNA		WEAPON TYPE: <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER		<input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER		NO. OF DISCHARGES OF THE WEAPON. 1		WEAPON SERIAL NO. [REDACTED]		WEAPON CERT. NO.										
	<input type="checkbox"/> DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		<input type="checkbox"/> WAS SUBJECT VEHICLE USED AS A WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON																
	<input type="checkbox"/> WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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 checked="" type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT																
	<input type="checkbox"/> TASER DISCHARGE ONLY		TASER CARTRIDGE ID NO.(S)		PROPERTY INVENTORY NO.		CARTRIDGES DISCHARGED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		ADDITIONAL ENERGY CYCLES <input type="checkbox"/> TRIGGER <input type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER		CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER								
<input type="checkbox"/> FIREARM DISCHARGE ONLY		WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)		TOTAL NO. OF SHOTS FIRED 1		<input type="checkbox"/> WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MAKE/ MANUFACTURER SMITH & WESSON		MODEL M&P		<input type="checkbox"/> DID MEMBER FIRE AT A VEHICLE? <input type="checkbox"/> NO <input checked="" 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.)  
OFFICER INVOLVED SHOOTING.

REPORTING MEMBER (Print Name)  
SORIA, ANTHONY

STAR/EMPLOYEE NO.  
12875

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  
UNK

LAST NAME

FIRST NAME

M.I.

SEX

RACE

DATE OF BIRTH

ADDRESS  
CHICAGO, IL

TELEPHONE NO.

WITNESS INTERVIEW ☒ OTHER (Specify)  
☐ INTERVIEWED ☐ NOT AVAILABLE ☐ REFUSED REFER TO DETEC

WITNESS STATEMENT

☐ ADDITIONAL WITNESSES

## REVIEWING SUPERVISOR: COMMENTS

ABOVE MEMBERS RESPONSE WAS SUBSEQUENT TO OBSERVING AN UNKNOWN MALE BLACK ARMED WITH A HANDGUN SHOOT A VICTIM. REFER TO DETECTIVES REPORTS.

SUPERVISOR ON-SCENE RESPONSE ☐ NO ☒ YES EVIDENCE TECHNICIAN? ☐ NOTIFIED ☒ RESPONDED ☐ DNA

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.  
2019-1099

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

REVIEWING SUPERVISOR NAME (Print)  
RAMOS, IVAN

STAR NO.  
2338

SIGNATURE

DATE/TIME COMPLETED  
04-MAY-2019 0414

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:

- 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

<b>INCIDENT INFORMATION</b>	DATE OF INCIDENT 03-MAY-2019		TIME 2012	ADDRESS OF OCCURRENCE 3715 W DIVISION ST CHICAGO, IL 60651		EVENT NO. 16154		RD NO. JC248729	
	RANK 9164	MEMBER LAST NAME SORIA		MEMBER FIRST NAME ANTHONY		EMPLOYEE NO. [REDACTED]	CB NO.		CHARGE
	SUBJECT LAST NAME UNK			SUBJECT FIRST NAME UNK			M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK

**LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW**

MIRANDA WARNINGS GIVEN ☐ YES ☐ NO DATE/TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

VISUAL INSPECTION CONDUCTED ☐ YES ☐ NO DATE/TIME \_\_\_\_\_ LOCATION \_\_\_\_\_ INJURIES OBSERVED ☐ NO ☐ YES, DESCRIBE IN COMMENTS

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

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS ☐ ADDITIONAL ATTACHMENTS

PO Anthony SORIA #12875 and PO Timothy BLACK #4970 on-duty (civilian dress) working Beat 2561A and on-viewed an unknown offender firing a handgun multiple times near the intersection of Division and Lawndale, which resulted in the homicide recorded under JC248729. The unknown offender is observed fleeing the scene on foot pursued by the officers and subsequently to a waiting vehicle. During the effort to apprehend the offender, PO SORIA discharged his service weapon one time and PO BLACK discharged his service weapon six times. The offender made good his escape, and any injuries to the offender are unknown. Neither officer was struck by gunfire. During a struggle with the offender as the offender was entering the passenger-side of the waiting vehicle, PO BLACK was knocked and or fell to the alley pavement suffering injury to his hip and experiencing chest pain. The undersigned reviewed body camera footage from both officers and private video from 3657 W Division and private video from 3661 W Grand Avenue. Investigation of the homicide is ongoing. COPA is conducting a parallel investigation relative to the use of force by Officer SORIA and Officer BLACK.

UNITS ON-SCENE OF THE INCIDENT: See Detective Supplemental Reports

**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 CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED:  
 2019-1099

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.

**INVOLVED MEMBER ACTIONS RECOMMENDED?**  
☒ NO ☐ YES, DESCRIBE BELOW:  

☐ INDIVIDUAL DEBRIEFING WITH SUPERVISOR
 ☐ REVIEW LEGAL/TRAINING BULLETIN

☐ REVIEW STREAMING VIDEO
 ☐ STRESS REDUCTION SEMINAR

☐ REVIEW DEPARTMENT DIRECTIVES
 ☐ OTHER: \_\_\_\_\_

**REVIEWING SUPERVISOR ACTIONS RECOMMENDED?**  
☒ NO ☐ YES, DESCRIBE BELOW:  

☐ INDIVIDUAL DEBRIEFING WITH SUPERVISOR
 ☐ REVIEW LEGAL/TRAINING BULLETIN

☐ REVIEW STREAMING VIDEO
 ☐ STRESS REDUCTION SEMINAR

☐ REVIEW DEPARTMENT DIRECTIVES
 ☐ OTHER: \_\_\_\_\_

LT OR ABOVE/INCIDENT COMMANDER NAME (Print) LEMMER, THOMAS J	STAR NO. 81	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 04-May-2019 0509
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