

CTICAL RESPONSE REPORT/Chicago Police Department



1. DATE OF INCIDENT 24-MAY-2017		TIME 11:15:00		2. ADDRESS OF OCCURRENCE 1643 N LECLAIRE AVE CHICAGO, IL 60639			3. LOCATION CODE 092		4. BEAT/OCCUR 2533		5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO						
6. POSITION 9161		7. LAST NAME SANABRIA		8. FIRST NAME GARY P		9. STAR NO. 12640		10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		11. RACE CODE S		12. AGE 600		14. WT. 190			
15. DATE OF APPT. 13-APR-1998		16. EMPLOYEE NO		17. UNIT & BEAT OF ASSIGNMENT 025 2521			18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		19. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
21. LAST NAME WISE			22. FIRST NAME KAYIN			23. M.I.		24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		25. RACE BLK		26. D.O.B. 1999		27. HT. 509		28. WT. 170	
29. ADDRESS 60639			30. TELEPHONE NO			31. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			32. SUBJECT INJURED BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				35. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL													
36. BY WHOM?						37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
38. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****												39. CB NO. 19484301		IR NO. <input type="checkbox"/> DNA			

SUBJECT'S ACTIONS	40. PASSIVE RESISTER		ACTIVE REGISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	
MEMBER'S RESPONSE	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>	
	OTHER _____		OTHER _____		PERCEIVED AS _____		OTHER _____		PERCEIVED AS _____	
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>		
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____		
ESCORT HOLDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>				
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER _____						
ARMSBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>								
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>								
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>								
OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>								
LRAD WITH AUTHORIZATION <input type="checkbox"/>		TASER (ARC Cycle) <input type="checkbox"/>								
OTHER _____		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>								
		TASER (Spark Displayed) <input type="checkbox"/>								
		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>								
		OTHER PULLED SUBJECT THROUGH								

41. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			RANK		STAR NO.		UNIT NO.		42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			45. DID THE DISCHARGE RESULT IN A SELF -INFLECTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member						
46. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		48. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		49. WEATHER CONDITIONS CLEAR						
54. TASER DART ID NO			55. WEAPON SERIAL No (Include Letters)			56. CHICAGO GUN REG. NO.		57. IL FIREARM OWNER ID. NO.		58. HANDGUN CERTIFICATE NO.		
59. SPECIAL WEAPON CERTIFICATE NO.			60. PROPERTY INVENTORY NO.			61. TYPE OF AMMUNITION USED		62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		63. TOTAL NO. OF SHOTS MEMBER FIRED		
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. NO OF CARTRIDGES/ SHOT SHELLS RELOADED		67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)						
68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)			69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD						70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)						72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.						
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE <input type="checkbox"/> 08 ANY OTHER COMBINATION						74. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)						

75. EVENT NO. **1714405845**
76. R.D. NO. **JA277099**

1001 1085331

NOTIFICATION	77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			78 EVENT NO. 1714405845
	78. ADDITIONAL INFORMATION			
79. REPORTING MEMBER (Print Name) SANABRIA, GARY P 24-MAY-2017 20:56:00		STAR/EMPLOYEE NO 12640	SIGNATURE 	76 R.D. NO JA277099
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.				
80. REVIEWING SUPERVISOR (Print Name) TOLEDO, PETER H		STAR NO. 2105	SIGNATURE 	DATE REVIEWED TIME 24-MAY-2017 21:00:01

720 ILCS 5.0/24-1.6-A-1, 625 ILCS 5.0/11-204.1-A-1, 720 ILCS 5.0/12-3.05-D-4,
720 ILCS 5.0/12-3.05-D-4, 625 ILCS 5.0/4-103-A-1

LINA

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT. 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

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

Hospital

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER COMMENTS

U#1710, Based upon the information at this time the officer acted in compliance with Department policy.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1085331 OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

WILLIAMS, TERENCE V

86.

TRR _____ OF _____ TRR(S)

87. 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 WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE



DATE COMPLETED TIME

24-MAY-2017 21:46:45