

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 08-JUL-2019	TIME 0704	ADDRESS OF OCCURRENCE 6244 W GRAND AVE CHICAGO, IL 60639	LOCATION CODE 090	BEAT/OCCUR. 2512	VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input checked="" 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) FRONT ROOM			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. 03395	RD NO. JC339484	IUCR CODE 0550	IR NO. 1044275	CB NO.	INVOLVED A PURSUIT? <input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER					
LIGHTING <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <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"/> SQUADROL <input type="checkbox"/> OTHER: <input type="checkbox"/> FOOT <input type="checkbox"/> MOTORCYCLE/ PAPV <input type="checkbox"/> VAN/BUS		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 checked="" type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR			
INVOLVED MEMBER	RANK 9171	LAST NAME SULLINS	FIRST NAME EDWARD	EMPLOYEE NO.	WATCH 2	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 6	AGE 49	HT.	WT.	
	DATE OF APPT. 22-NOV-1993	UNIT & BEAT OF ASSIGN. 025 2530	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 type="checkbox"/> None / None Apparent <input checked="" type="checkbox"/> Minor Swelling	Minor Contusion/Laceration <input checked="" type="checkbox"/> Complaint of Substantial Pain <input checked="" 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)			
SUBJECT INFORMATION	LAST NAME VASQUEZ		FIRST NAME LUIS		M.I. E	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WHITE HISPANIC	D.O.B. 1977	HT. 600	WT. 200	
	ADDRESS CHICAGO, IL 60609		TELEPHONE NO.		CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured by Member		<input checked="" type="checkbox"/> Injured Not by the Member's Force <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol		<input type="checkbox"/> Disability <input type="checkbox"/> OTHER (Specify)		
	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) ILLINOIS MASONIC				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						
SUBJECT'S ACTIONS (Check all that apply)	<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 type="checkbox"/> YES, DESCRIBE BELOW:				
	<input type="checkbox"/> UNABLE TO UNDERSTAND VERBAL DIRECTION		<input type="checkbox"/> HAND/ARM/ELBOW STRIKE		<input type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON		<input type="checkbox"/> BLUNT OBJECT (DESCRIBE)		<input type="checkbox"/> KNIFE/CUTTING INSTRUMENT		<input type="checkbox"/> SHOTGUN
	<input checked="" type="checkbox"/> VERBAL THREATS		<input type="checkbox"/> KNEE/LEG STRIKE		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		<input type="checkbox"/> CHEMICAL WEAPON		<input checked="" type="checkbox"/> SEMI-AUTO PISTOL		<input type="checkbox"/> EXPLOSIVE DEVICE
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> TASER/STUN GUN		<input type="checkbox"/> REVOLVER		<input type="checkbox"/> OTHER (DESCRIBE)	
<input checked="" type="checkbox"/> PULLED AWAY		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> VEHICLE		<input type="checkbox"/> RIFLE			
<input type="checkbox"/> FLED		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:					
<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		WEAPON USE:		<input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon			
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member <input type="checkbox"/> Member at Gunpoint		<input checked="" type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member Shot/Shot At		
TYPE OF ACTIVITY <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input checked="" type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input type="checkbox"/> Disturbance - Other <input type="checkbox"/> Processing/Transporting/Guarding Arrestee <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disturbance - Mental Health <input type="checkbox"/> Other - Describe in Narrative <input type="checkbox"/> Pursuing/Arresting Subject											
MEMBER'S RESPONSE (Check all that apply)	REASON FOR RESPONSE? <input checked="" type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Subject Armed with Weapon <input checked="" type="checkbox"/> Defense of Department Member <input checked="" type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional										
	FORCE MITIGATION EFFORTS					CONTROL TACTICS					
	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE					<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input checked="" type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS					
	<input checked="" type="checkbox"/> VERBAL DIRECTION/ CONTROL TECHNIQUES <input 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 <input type="checkbox"/> OTHER					
RESPONSE WITHOUT WEAPONS					RESPONSE WITH WEAPONS						
<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input checked="" type="checkbox"/> OTHER					<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> LESS LETHAL SHOTGUN (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL						
<input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> USE OF HANDS TO CONTROL OFFENDER					<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN						
<input type="checkbox"/> CLOSED HAND STRIKE/ PUNCH					<input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> OTHER						
<input type="checkbox"/> KNEE STRIKE					*AUTHORIZED BY (NAME) _____ RANK _____ STAR NO. _____ UNIT NO. _____						
WAS ANY REPORTABLE FORCE USED AGAINST THE SUBJECT WHILE HANDCUFFED OR OTHERWISE IN PHYSICAL RESTRAINTS? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES IF YES, DESCRIBE SUBJECT'S ACTIONS AND MEMBER'S RESPONSE IN THE NARRATIVE SECTION.											
WEAPON DISCHARGE	WEAPON TYPE: <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER		<input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER		NO. OF DISCHARGES OF THE WEAPON.		WEAPON SERIAL NO.		WEAPON CERT. NO.		
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USE AS A WEAPON? <input 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 type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input 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 type="checkbox"/> UNKNOWN						
	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 _____ <input type="checkbox"/> ARC <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 _____
FIREARM DISCHARGE ONLY		WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> OFFENDER _____		TOTAL NO. OF SHOTS MEMBER FIRED _____		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAKE/ MANUFACTURER _____		MODEL _____	
								DID MEMBER FIRE AT A VEHICLE? <input 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.)

DEATH RELATED INCIDENT

REPORTING MEMBER (Print Name) SULLINS, EDWARD	STAR/EMPLOYEE NO. 1205	SIGNATURE [REDACTED]
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REVIEWING SUPERVISOR

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

REVIEWING SUPERVISOR: COMMENTS
DEATH RELATED INCIDENT

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: _____

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

REVIEWING SUPERVISOR NAME (Print) STACK, THOMAS	STAR NO. 433	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 08-JUL-2019 1457
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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.	
	08-JUL-2019	0704	6244 W GRAND AVE CHICAGO, IL 60639	03395	JC339484	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9171	SULLINS	EDWARD	██████			
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
VASQUEZ	LUIS		E	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WWH	██████1977

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

The undersigned reviewed all body worn cameras having any evidentiary value in the presence of COPA investigators. COPA will conduct an independent investigation into the circumstances of the police related shooting.

UNITS ON-SCENE OF THE INCIDENT:

LT OR ABOVE/INCIDENT COMMANDER:

<input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.	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 type="checkbox"/> IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES A NOTIFICATION TO THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED: 2019-0002529		<input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

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)	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
NAGODE, ALFRED J	66	██████	08-Jul-2019 1500