

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE S INGLESDALE AVE, APT#: CHICAGO, IL 60615		LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT
	21-AUG-2019	1230			289	0233	<input 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)		ASSIGNMENT TYPE		
			STAIRWAY		<input checked="" type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE		
INVOLVED MEMBER	EVENT NO.	RD NO.	IUCR CODE	IR NO.	CB NO.	INVOLVED A PURSUIT?	
	07618	JC401326	0454			<input type="checkbox"/> NO <input checked="" type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER	
	LIGHTING	WEATHER	PATROL TYPE?	BICYCLE	SQUADROL	MEMBER WAS?	ASSIST UNITS ON SCENE?
	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> FOG	<input type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/ PAPV <input type="checkbox"/> VAN/BUS	<input type="checkbox"/> OTHER: OFF DUTY	<input checked="" type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR
SUBJECT INFORMATION	RANK	LAST NAME	FIRST NAME	EMPLOYEE NO.	WATCH	SEX	RACE
	9161	WILLIAMS	NOBLE		4	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	1
	DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?	TYPE OF MEMBER INJURY	SUBJECT INJURY BY MEMBER'S USE OF FORCE?	
	29-NOV-1999	704	<input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> None / None Apparent <input checked="" type="checkbox"/> Minor Swelling	<input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)	
SUBJECT'S ACTIONS	LAST NAME		FIRST NAME	M.I.	SEX	RACE	D.O.B.
					<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLACK	
	ADDRESS		TELEPHONE NO.	CONDITION	Injured Not by the Member's Force		
				<input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured by Member	<input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Mental Illness / Emotional Disorder <input type="checkbox"/> Disability <input checked="" type="checkbox"/> OTHER (Specify) UNKNOWN		
MEMBER'S RESPONSE	MEDICAL TREATMENT?		SUBJECT INJURY BY MEMBER'S USE OF FORCE?		SUBJECT INJURY BY MEMBER'S USE OF FORCE?		
	<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 checked="" type="checkbox"/> OTHER (Specify)		<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		
	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> UNABLE TO UNDERSTAND VERBAL DIRECTION <input checked="" type="checkbox"/> VERBAL THREATS <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> FLED <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input checked="" type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON, (SPECIFY) <input checked="" type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> MOUTH/TEETH/SPIT <input checked="" type="checkbox"/> PUSH/SHOVE/PULL <input checked="" type="checkbox"/> GRAB/HOLD/RESTRAIN <input checked="" type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> THROWN OBJECT (DESCRIBE) <input type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> OTHER (DESCRIBE)		
	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION?		SUBJECT ACTIVITY		Gang-Related?		
WEAPON DISCHARGE	TYPE OF ACTIVITY		REASON FOR RESPONSE?		FORCE MITIGATION EFFORTS		
	<input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Man with a Gun <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disturbance - Mental Health		<input type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Defense of Department Member <input type="checkbox"/> Overcome Resistance or Aggression		<input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Subject Armed with Weapon <input checked="" type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional		
	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 checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER		ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input checked="" type="checkbox"/> OTHER SUBJECT BY HIS ARM <input type="checkbox"/> ARMBAR <input type="checkbox"/> EMERGENCY HANDCUFFING				
	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"/> ELBOW STRIKE HELD SUBJECT BY HIS ARM. <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE		<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON *AUTHORIZED BY (NAME) RANK STAR NO. UNIT NO.		<input type="checkbox"/> LESS LETHAL SHOTGUN (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER			
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:		NO. OF DISCHARGES OF THE WEAPON.		WEAPON SERIAL NO.		
	<input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER		2				
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY?		DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY?		WAS SUBJECT VEHICLE USED AS A WEAPON?		
	<input type="checkbox"/> YES <input checked="" 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 <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> WALL			
TASER DISCHARGE ONLY		TASER CARTRIDGE ID NO.(S)		CARTRIDGES DISCHARGED		ADDITIONAL ENERGY CYCLES	
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		<input type="checkbox"/> TRIGGER <input type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER	
FIREARM DISCHARGE ONLY		WHO FIRED FIRST SHOT?		TOTAL NO. OF SHOTS		WAS FIREARM RELOADED DURING INCIDENT?	
<input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)				2		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
TASER CARTRIDGE ID NO.(S)		PROPERTY INVENTORY NO.		MAKE/MANUFACTURER		MODEL	
				SMITH & WESSON		CS9 CHIEFS SPECIAL	
DID MEMBER FIRE AT A VEHICLE?		DID MEMBER FIRE AT A VEHICLE?		DID MEMBER FIRE AT A VEHICLE?		DID MEMBER FIRE AT A VEHICLE?	
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<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.)
THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENT WITH OR WITHOUT INJURY OR IN ANY USE OF FORCE INCIDENT RESULTING IN DEATH.

REPORTING MEMBER (Print Name)
WILLIAMS, NOBLE

STAR/EMPLOYEE NO.
7073

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

☒ LAST NAME FIRST NAME M.I. SEX RACE DATE OF BIRTH
☐ ADDRESS CHICAGO, IL TELEPHONE NO. WITNESS INTERVIEW
☐ WITNESS STATEMENT ☒ INTERVIEWED ☐ NOT AVAILABLE ☐ OTHER (Specify)
☐ REFUSED ☐ ADDITIONAL WITNESSES

REVIEWING SUPERVISOR: COMMENTS

INCIDENT RESPONSE TEAM WILL CONDUCT FURTHER INVESTIGATION. R/SGT REVIEWED THIS TRR FOR COMPLETENESS.

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.
2019-2254

☒ 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

MONTESDEOCA, JOSEPH

2247

21-AUG-2019 2137

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.
	21-AUG-2019	1230	[REDACTED] INGLESIDE AVE, APT# [REDACTED] CHICAGO, IL 60615		07618	JC401326
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
	9161	WILLIAMS	NOBLE	[REDACTED]		
	SUBJECT LAST NAME		SUBJECT FIRST NAME		M.I.	SEX
						<input checked="" type="checkbox"/> M <input type="checkbox"/> F
						RACE
						BLK
						D.O.B.

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

MIRANDA WARNINGS GIVEN	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME	LOCATION
VISUAL INSPECTION CONDUCTED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE/TIME	LOCATION
		21-AUG-2019 2148	5101. S. WENTWORTH
SUBJECT'S STATEMENT REGARDING THE USE OF FORCE		<input checked="" type="checkbox"/> DNA	<input type="checkbox"/> REFUSED <input type="checkbox"/> INTERVIEW NOT CONDUCTED (Specify Reason)

INJURIES OBSERVED
☐ NO ☒ YES, DESCRIBE IN COMMENTS

[REDACTED]

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

☒ ADDITIONAL ATTACHMENTS

R/ Commander responded to the scene upon notification of the incident.
C.O.P.A. Notified of incident by CPIC
R/ Commander conducted a public safety walk through with the involved officer.
R/Commander relocated to Area Central Detective Division.
Officer Williams had visible scratches to the inside of his left lower arm.
R/Commander reviewed BWC of Officer Joel Gonzalez # 14041 [REDACTED]
R/Commander reviewed BWC of Sergeant Joseph MontesDeOca # 2247 [REDACTED]
Private video from vicinity of the scene is not available for viewing at this time.
R/Commander witnessed the recovery of the discharging members firearm by forensic division in the presence of C.O.P.A. Investigator.
C.O.P.A. personnel viewed BWC identified above.
Based on the preliminary investigation, R/Commander is unable to conclusively determine if the

COMMENTS CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM

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. <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: 2019-0002254	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 type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES. <input checked="" type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

INVOLVED MEMBER ACTIONS RECOMMENDED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW: <input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN <input type="checkbox"/> REVIEW STREAMING VIDEO <input type="checkbox"/> STRESS REDUCTION SEMINAR <input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES <input type="checkbox"/> OTHER:	REVIEWING SUPERVISOR ACTIONS RECOMMENDED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW: <input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN <input type="checkbox"/> REVIEW STREAMING VIDEO <input type="checkbox"/> STRESS REDUCTION SEMINAR <input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES <input type="checkbox"/> OTHER:
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LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
DARLIN, RANDALL L	93	[REDACTED]	21-Aug-2019 2213

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 21-AUG-2019	TIME 1230	REPORT NO 2019-03560	EVENT NO. 07618	RD NO. JC401326	BEAT OF OCCUR. 0233
ADDRESS OF OCCURENCE INGLESIDE AVE, APT# CHICAGO, IL 60615		CB NO.		IUCR 0454	
MEMBER RANK 9161	MEMBER LAST NAME WILLIAMS	MEMBER FIRST NAME NOBLE			
SUBJECT LAST NAME		SUBJECT FIRST NAME			

INVESTIGATION COMMENTS

subject involved in this incident was injured.

R/Commander provided the Traumatic Incident Stress Management Program Notification to Officer Williams.

IRT investigators will conduct witness interviews.

U 19-14

Investigation by C.O.P.A. continues regarding the member's use of force..

Force Review Panel
Review