

# TACTICAL RESPONSE REPORT / Chicago Police Department

<b>INCIDENT</b>	DATE OF INCIDENT 24-AUG-2019		TIME 0232		ADDRESS OF OCCURRENCE ██████ S ELLIS AVE CHICAGO, IL 60619			LOCATION CODE 304		BEAT/OCCUR. 0413		VIDEO RECORDED INCIDENT <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) IN VEHICLE ON STREET					ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE			
	EVENT NO.			RD NO. JC404903		IUCR CODE 051A		IR NO.		CB NO.		INVOLVED A PURSUIT? <input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER		
	LIGHTING <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN <input checked="" type="checkbox"/> DARKNESS <input checked="" 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 type="checkbox"/> POLICE CAR <input type="checkbox"/> FOOT		<input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/PAPV		<input type="checkbox"/> SQUADROL <input checked="" type="checkbox"/> OTHER: OFF DUTY		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	
<b>INVOLVED MEMBER</b>	RANK 9161		LAST NAME INGRAM JR			FIRST NAME COLOMBUS			EMPLOYEE NO. ██████		WATCH 4		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
	DATE OF APPT. 13-SEP-1999		UNIT & BEAT OF ASSIGN. 115		DUTY STATUS <input type="checkbox"/> ON <input checked="" 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		<input type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion		<input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	
<b>SUBJECT INFORMATION</b>	LAST NAME UNK			FIRST NAME UNK			M.I.		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		RACE BLACK		D.O.B.	
	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 Alcohol		<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			
	<div style="display: flex; justify-content: space-between;"> <div> <b>SUBJECT'S ACTIONS</b> (Check all that apply)                 <div style="display: flex; flex-wrap: wrap;"> <div style="width: 30%;"> <input 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 type="checkbox"/> PULLED AWAY <input type="checkbox"/> FLED <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON                 </div> <div style="width: 30%;"> <input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY) <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> GRAB/HOLD/RESTRAIN <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> OTHER (DESCRIBE)                 </div> <div style="width: 30%;"> <input type="checkbox"/> THROWN OBJECT (DESCRIBE) <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> OTHER (DESCRIBE)                 </div> </div> </div> <div> <b>WEAPON USE:</b>  <input type="checkbox"/> DNA <input 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"/> Member at Gunpoint  <input type="checkbox"/> Displayed, Not Used <input checked="" type="checkbox"/> Member Shot/Shot At                 </div> </div>													
<b>MEMBER'S RESPONSE</b>	<b>REASON FOR RESPONSE?</b> <input checked="" type="checkbox"/> Defense of Self <input 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													
	<b>FORCE MITIGATION EFFORTS</b> <div style="display: flex; justify-content: space-between;"> <div> <input 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"/> OTHER  <input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> ADDITIONAL UNIT MEMBERS                 </div> <div> <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS  <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> OTHER  <input type="checkbox"/> ARMBAR <input type="checkbox"/> EMERGENCY HANDCUFFING                 </div> </div>													
	<b>RESPONSE WITHOUT WEAPONS</b> <div style="display: flex; justify-content: space-between;"> <div> <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 checked="" type="checkbox"/> CLOSED HAND STRIKE/PUNCH  <input type="checkbox"/> KNEE STRIKE                 </div> <div> <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. _____                 </div> <div> <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                 </div> </div>													
	<b>MEMBER'S RESPONSE</b> (Check all that apply)													
<b>WEAPON DISCHARGE</b>	<b>WEAPON TYPE:</b> <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> NO. OF DISCHARGES OF THE WEAPON, 16 <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <input type="checkbox"/> TASER <input type="checkbox"/> RIFLE													
	<b>DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY?</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER <b>WAS SUBJECT VEHICLE USE AS A WEAPON?</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON													
	<b>WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY):</b> <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 checked="" type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> UNKNOWN													
	<b>TASER DISCHARGE ONLY</b> <div style="display: flex; justify-content: space-between;"> <div>                     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                 </div> <div>                     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                 </div> <div>                     CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER                 </div> <div>                     SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER                 </div> </div>													
	<b>FIREARM DISCHARGE ONLY</b> <div style="display: flex; justify-content: space-between;"> <div>                     WHO FIRED FIRST SHOT?  <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)  <input checked="" type="checkbox"/> OFFENDER                 </div> <div>                     TOTAL NO. OF SHOTS MEMBER FIRED 16                      WAS FIREARM RELOADED DURING INCIDENT?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                 </div> <div>                     MAKE/ MANUFACTURER                      SMITH &amp; WESSON                 </div> <div>                     MODEL                      5943                 </div> <div>                     DID MEMBER FIRE AT A VEHICLE?  <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES                 </div> </div>													

2019-3403  
AT # 30

# 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.)

EVENT #02033

REPORTING MEMBER (Print Name)  
INGRAM JR, COLOMBUS

STAR/EMPLOYEE NO.  
13317

SIGNATURE

## REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY ☐ Minor Contusion ☐ Significant Contusion ☐ Gun Shot ☐ Intentional Act by Member ☐ Intentional Act by Self ☐ Intentional Act by Other  
☒ None / None Apparent ☐ Minor Laceration/Abrasion ☐ Laceration Requiring Sutures ☐ Fatal ☐ Unintentional Act by Member ☐ Unintentional Act by Self ☐ Unintentional 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

<b>WITNESSES</b>	<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					

☐ ADDITIONAL WITNESSES

### REVIEWING SUPERVISOR: COMMENTS

R/SGT. RESPONDED TO THE SCENE AND WAS UNABLE TO LOCATE ANY EYE WITNESSES TO THE INCIDENT. R/SGT. ENSURED THAT THE OFFICERS COMPLETED AND SUBMITTED THE APPROPRIATE REPORTS AND NOTIFICATIONS WERE MADE. AN EVIDENCE TECHNICIAN WAS ORDERED AND BEATS 5850, 5831, 5823 AND 5834 RESPONDED TO THE SCENE. R/SGT. BELIEVES THE TRR TO BE COMPLETE AND LEGIBLE AND HAS COMPLIED WITH THE SUPERVISOR RESPONSIBILITIES OUTLINED IN THE ORDER.

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.

CL2019-0003403

☒ 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

VAN SLYKE, CLAIRE

1275

24-AUG-2019 0850

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 24-AUG-2019		TIME 0232	ADDRESS OF OCCURRENCE [REDACTED] S ELLIS AVE CHICAGO, IL 60619		EVENT NO.	RD NO. JC404903	
	RANK 9161	MEMBER LAST NAME INGRAM JR		MEMBER FIRST NAME COLOMBUS		EMPLOYEE NO. [REDACTED]	CB NO. [REDACTED]	
	SUBJECT LAST NAME UNK		SUBJECT FIRST NAME UNK		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 ☐ 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

R/ Commander responded to the scene upon notification.  
C.O.P.A. Notified of the incident by CPIC  
R/ Commander conducted a public safety walk through with the involved officer.  
R/ Commander relocated to Area South Detective Division.  
R/ Commander reviewed BWC of Sergeant Victor Razo # 2434  
R/Commander reviewed POD and Fixed LPR # 9186  
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. Investigators.  
C.O.P.A. Investigators viewed POD and Fixed LPR # 9186.  
Based on preliminary investigation, R/Commander is unable to conclusively determine if the subjects involved in this incident were injured.

\*\*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: 2019-0003403	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?

☒ NO ☐ 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?

☒ NO ☐ 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: _____

LT OR ABOVE/INCIDENT COMMANDER NAME (Print) DARLIN, RANDALL L	STAR NO. 93	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 24-Aug-2019 0917
--	----------------	-------------------------	---

**CLEARNET - ADDITIONAL INFORMATION**

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 24-AUG-2019	TIME 0232	REPORT NO 2019-03586	EVENT NO.	RD NO. JC404903	BEAT OF OCCUR. 0413
ADDRESS OF OCCURENCE [REDACTED] S ELLIS AVE CHICAGO, IL 60619		CB NO.		IUCR 051A	
MEMBER RANK 9161	MEMBER LAST NAME INGRAM JR	MEMBER FIRST NAME COLOMBUS			
SUBJECT LAST NAME UNK		SUBJECT FIRST NAME UNK			

**INVESTIGATION COMMENTS**

R/Commander provided the Traumatic Incident Stress Management Program Notification to Officer Ingram.  
IRT Investigators will conduct witness interviews.

Officer's firearm registered under # [REDACTED]

Officer's FOID # [REDACTED] Expires 10 Dec 2028 .

Officer was qualified on the weapon used in this discharge incident on 15 April 2019.

Force Review Panel  
Review