

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 20-OCT-2019	TIME 0057	ADDRESS OF OCCURRENCE 3730 N WESTERN AVE CHICAGO, IL 60618	LOCATION CODE 303	BEAT/OCCUR. 1921	VIDEO RECORDED INCIDENT <input 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) SIDEWALK			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.	RD NO. JC479230	IUCR CODE 0454	IR NO. 1350448	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 type="checkbox"/> ARTIFICIAL	WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW/ICE <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 type="checkbox"/> VAN/BUS	MEMBER WAS? <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER	ASSIST UNITS ON SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVOLVED MEMBER	RANK 9161	LAST NAME COLLAZO	FIRST NAME MICHAEL	EMPLOYEE NO.	WATCH 2	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
	DATE OF APPT. 29-NOV-2004	UNIT & BEAT OF ASSIGN. 024 2461F	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		
SUBJECT INFORMATION	LAST NAME [REDACTED]		FIRST NAME [REDACTED]	M.I. B	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	RACE BLACK	
	ADDRESS CHICAGO, IL		TELEPHONE NO. [REDACTED]	CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured by Member		Injured Not by the Member's Force <input type="checkbox"/> Alleges Injury by Member <input checked="" type="checkbox"/> Under Influence of Alcohol	
	MEDICAL TREATMENT? <input checked="" 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 checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal	
	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 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 type="checkbox"/> Member Shot/Shot At		
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)		
	<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"/> VERBAL THREATS		<input type="checkbox"/> KNEE/LEG STRIKE		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		
	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		
MEMBER'S RESPONSE (Check all that apply)	<input checked="" type="checkbox"/> MEMBER PRESENCE		<input type="checkbox"/> ZONE OF SAFETY		<input type="checkbox"/> MOVEMENT TO AVOID ATTACK		
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES		<input type="checkbox"/> SPECIALIZED UNITS		<input type="checkbox"/> TACTICAL POSITIONING		
	<input type="checkbox"/> TAKE DOWN		<input checked="" type="checkbox"/> OTHER PUSHING AWAY OF ARMS AND PUSH TO CHEST TO CREATE DISTANCE		<input type="checkbox"/> NONE		
	<input type="checkbox"/> ELBOW STRIKE		<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH		<input type="checkbox"/> OTHER		
WEAPON DISCHARGE	WEAPON TYPE: <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <input type="checkbox"/> TASER <input type="checkbox"/> RIFLE		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	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
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.)

IN SUMMARY, ODPO COLLAZO WITNESSED THE SUBJECT BEING BATTERED BY OFFENDER. AFTER ANOUNCING HIS OFFICE, AND INTERVENING IN ON-VIEW DOMESTIC BATTERY, ODPO COLLAZO ATTEMPTED TO GAIN CONTROL OF SUBJECT AND ODPO ONCE AGAIN ANNOUNCED HIS OFFICE AND PUSHED AWAY FEMALE SUBJECT SEVERAL TIMES FROM HER ATTEMPT IN INTERFERING WITH THE ARREST OF OFFENDER HAMLIN, ERNEST. AFTER CREATING DISTANCE, SUBJECT FELL ON THE FLOOR AND IMMEDIATELY STOOD UP AND CONTINUED IN HER INTERFERENCE IN THE ARREST OF OFFENDER.

REPORTING MEMBER (Print Name)
COLLAZO, MICHAEL

STAR/EMPLOYEE NO.
11298

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	LAST NAME	FIRST NAME	M.I.	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	RACE 1	DATE OF BIRTH -1988
	ADDRESS CHICAGO, IL	TELEPHONE NO.		WITNESS INTERVIEW <input type="checkbox"/> INTERVIEWED <input checked="" type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REFUSED <input type="checkbox"/> OTHER (Specify)		

WITNESS STATEMENT
R/SGT SPOKE TO MISS [REDACTED] ON SCENE. MISS [REDACTED] WAS IN A HIGHLY AGISTATED STATE. MISS [REDACTED] REFUSED TO GIVE HER BASIC INFORMATION TO R/SGT. MISS [REDACTED] STATED THAT HER BOYFRIEND GRABBED HER PHONE AND NOT HER. SHE

ADDITIONAL WITNESSES

REVIEWING SUPERVISOR: COMMENTS

R/SGT WAS REQUESTED TO ASSIST BT 1921 AT 3700 N. WESTERN. UPON ARRIVAL, R/SGT FOUND THE OFFENDER KNOWN AS HAMLIN, EARNEST ON THE GROUND AND HANDCUFFED WITH A LARGE CROWD AROUND HIM. R/SGT WAS ABLE TO INTERVIEW P.O. DALCASON #5392 ON SCENE. P.O. DALCASON RELATED THAT HE AND HIS PARTNER, P.O. COLLAZO, WERE OFF DUTY AND WORKING SECURITY AT WAVELAND BOWL. HE FURTHER RELATES THAT HE OBSERVED THE OFFENDER EXIT A VEHICLE WHICH WAS PARKED ON WAVELAND BOWL'S PROPERTY AND WALK IN AN AGRESSIVE MANNER TOWARDS WESTERN AVE. BOTH P.O. DALCASON AND COLLAZO FOLLOWED THE OFFENDER AND OBSERVED HIM PUNCH A FEMALE, KNA [REDACTED], AND THEN PUT HER IN A BEAR HUG. THE OFFICERS INTERVENED TO STOP THE BATTERY AND ANNOUNCED THEIR OFFICE. THE OFFENDER THEN STRUCK P.O. DALCASON IN THE CHEST WITH A CLOSED FIST. P.O.

COMMENTS CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM

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.

2019-000-4249

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

REVIEWING SUPERVISOR NAME (Print)
CORTER, DARRYL

STAR NO.
1045

SIGNATURE

DATE/TIME COMPLETED
20-OCT-2019 0745

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.		
	20-OCT-2019	0057	3730 N WESTERN AVE CHICAGO, IL 60618		JC479230		
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE	
9161	COLLAZO	MICHAEL					
SUBJECT LAST NAME		SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
				B	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	BLK	-1988

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)

See Comments Below.

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS ADDITIONAL ATTACHMENTS

Further investigation revealed that the officer's actions necessitated a TRR. Victim/Witness [REDACTED], at that point, was no longer available. Witness was a domestic violence victim at the hands of her boyfriend Ernest Hamlin which was observed by off-duty Officers John Dalcason and Michael Collazo. When said officers intervened and attempted to arrest Hamlin, [REDACTED] interfered and was pushed away from Dalcason's back. Officer Collazo used force that was appropriate and proportional to push [REDACTED] away and thereby place Hamlin into custody. Officer Collazo's actions are in accordance with Department policy and directives.

(The arrest incident involving Officer John Dalcason and Ernest Hamlin is the subject of a CL complaint filed under 2019-000-4249.)

UNITS ON-SCENE OF THE INCIDENT: 1910,1911,1912,1914,1921,1923,1933

LT OR ABOVE/INCIDENT COMMANDER:

<input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02. <input 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: _____	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 checked="" type="checkbox"/> <u>IN COMPLIANCE</u> WITH DEPARTMENT POLICY AND DIRECTIVES. <input type="checkbox"/> <u>NOT IN COMPLIANCE</u> WITH DEPARTMENT POLICY AND DIRECTIVES. <input 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: _____
---	--

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
ALVAREZ-PENA, SHERRY L	432	[REDACTED]	20-Oct-2019 1050

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 20-OCT-2019	TIME 0057	REPORT NO 2019-04486	EVENT NO.	RD NO. JC479230	BEAT OF OCCUR. 1921
ADDRESS OF OCCURENCE 3730 N WESTERN AVE CHICAGO, IL 60618	CB NO.			IUCR 0454	
MEMBER RANK 9161	MEMBER LAST NAME COLLAZO	MEMBER FIRST NAME MICHAEL			
SUBJECT LAST NAME [REDACTED]		SUBJECT FIRST NAME [REDACTED]			

REVIEWING SUPERVISOR COMMENTS

DALCASON THEN PUNCHED THE OFFENDER ABOUT THE FACE. THE ALTERCATION WENT TO THE GROUND WHILE BOTH PARTIES STRUCK EACH OTHER. P.O. COLLAZO ATTEMPTED TO HANDCUFF THE OFFENDER; BUT [REDACTED] INTERVENED. P.O. COLLAZO PUSHED AWAY [REDACTED]; BUT SHE REMAINED PERSISTENT IN HER ACTIONS. P.O. ONCE AGAIN PUSHED AWAY [REDACTED] FAR ENOUGH AND WAS ABLE TO HANDCUFF THE OFFENDER ON THE GROUND. R/SGT REVIEWED BWC FOR P.O. TUPAYACHI AND OWN SGT'S BWC. R/SGT INTERVIEWED P.O. DALCASON ON SCENE AND P.O. COLLAZO IN THE 019TH DISTRICT. R/SGT CONCLUDES THAT THEIR ACCOUNT IS CONSISTENT WITH THE EVENT THAT TOOK PLACE. R/SGT AND BEAT 1914 DID NOT OBSERVE ANY OUTSIDE CAMERAS ON WESTERN AVE SIDE OF THE BOWLING ALLEY. BT 1914 ALSO CHECKED INSIDE THE BOWLING ALLEY FOR ANY CAMERA THAT HAD THE INCIDENT WITH NEGATIVE RESULTS. POD CAMERA 2460 WAS TRAINED ON WESTERN AVE TRAFFIC UNTIL THE SDSC ROOM IN THE 019TH DISTRICT MOVED IT TOWARDS THE INCIDENT AFTER HEARING IN ON THE RADIO. R/SGT VIEWED THE POD CAMERA AND FOUND THAT IT DID NOT CAPTURE THE ALTERCATION. R/SGT THEN LATER VIEWED THE BWC OF LT. ALVAREZ # 432. THE OFFENDER STATED THAT THE OFFICER'S DIDN'T IDENTIFY THEMSELVES AND STRUCK HIM FOR NO REASON. DET. ROMAN ON SCENE IN THE 019TH DISTRICT. COPA/CPIC NOTIFIED HINDMAN, DORA # 1156. CL 3# 2019-000-4249 WAS OBTAINED.

Flagged For Review