

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 28-FEB-2020		TIME 1611		ADDRESS OF OCCURRENCE 521 N STATE ST CHICAGO, IL 60654			LOCATION CODE 323		BEAT/OCCUR. 1834		VIDEO RECORDED INCIDENT <input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input checked="" type="checkbox"/> OTHER VIDEO								
	BUSINESS NAME				<input checked="" type="checkbox"/> DNA EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY ,BEDROOM) TRAIN CAR, PLATFORM,STAIRWAY				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. 2005911285			RD NO. JD168193		IUCR CODE 3710		IR NO. 1721326		CB NO. 19944287		INVOLVED A PURSUIT? <input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER								
	LIGHTING <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARKNESS <input checked="" type="checkbox"/> ARTIFICIAL		WEATHER <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 checked="" type="checkbox"/> FOOT <input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER:		MEMBER WAS? <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER		ASSIST UNITS ON SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		INCIDENT <input checked="" type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR									
INVOLVED MEMBER	RANK 9161		LAST NAME BUTLER		FIRST NAME BERNARD		EMPLOYEE NO. [REDACTED]		WATCH 3		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		RACE 1		AGE 30		HT. 508		WT. 180	
	DATE OF APPT. 16-NOV-2017		UNIT & BEAT OF ASSIGN. 701 7353		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 <input checked="" type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Fatal <input type="checkbox"/> Complaint of Substantial Pain <input checked="" type="checkbox"/> Significant Contusion <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)											
SUBJECT INFORMATION	<input type="checkbox"/> DNA		LAST NAME ROMAN		FIRST NAME ARIEL		M.I.		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		RACE WHITE HISPANIC		D.O.B. [REDACTED] 1986		HT. 511		WT. 235			
	ADDRESS [REDACTED]				TELEPHONE NO.		CONDITION <input 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 checked="" 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 checked="" type="checkbox"/> Performed by Member <input checked="" 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"/> UNK <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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES		SUBJECT ACTIVITY Drug-Related? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																	
SUBJECT'S ACTIONS (Check all that apply)	<input type="checkbox"/> DNA <input type="checkbox"/> UNK		<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> UNABLE TO UNDERSTAND VERBAL DIRECTION <input type="checkbox"/> VERBAL THREATS <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> FLED <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input 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 checked="" type="checkbox"/> OTHER (DESCRIBE) OFFERED PUSHED OFF THE GROUND		WAS SUBJECT ARMED WITH WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW: <input type="checkbox"/> BLUNT OBJECT (DESCRIBE) <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> SHOTGUN <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> EXPLOSIVE DEVICE <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE) <input type="checkbox"/> VEHICLE <input type="checkbox"/> RIFLE									
	WEAPON/OBJECT PERCEIVED AS:		WEAPON USE: <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																	
	TYPE OF ACTIVITY <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Mental Health <input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input checked="" type="checkbox"/> Disturbance - Other <input type="checkbox"/> Processing/Transporting/Guarding Arrestee <input type="checkbox"/> Other - Describe in Narrative <input type="checkbox"/> Pursuing/Arresting Subject																			
	REASON FOR RESPONSE? <input type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Department Member <input type="checkbox"/> Defense of Member of Public <input checked="" type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional																			
MEMBER'S RESPONSE (Check all that apply)	<input type="checkbox"/> DNA <input type="checkbox"/> UNK		FORCE MITIGATION EFFORTS <input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input 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		CONTROL TACTICS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input checked="" type="checkbox"/> EMERGENCY HANDCUFFING <input type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> ATTEMPT TO FLEE															
	RESPONSE WITHOUT WEAPONS <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input checked="" type="checkbox"/> TAKE DOWN <input type="checkbox"/> OTHER <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/ PUNCH <input type="checkbox"/> KNEE STRIKE		RESPONSE WITH WEAPONS <input type="checkbox"/> OC/CHEMICAL WEAPON <input checked="" type="checkbox"/> TASER <input type="checkbox"/> LESS LETHAL SHOTGUN (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> SHOTGUN <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> OTHER *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 TYPE: <input type="checkbox"/> CHEMICAL WEAPON <input checked="" type="checkbox"/> TASER <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> REVOLVER <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER		NO. OF DISCHARGES OF THE WEAPON.		WEAPON SERIAL NO.		WEAPON CERT. NO.													
WEAPON DISCHARGE	<input type="checkbox"/> DNA		DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USED AS A WEAPON? <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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input checked="" 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"/> VEHICLE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input checked="" type="checkbox"/> UNKNOWN															
	TASER DISCHARGE ONLY TASER CARTRIDGE ID NO.(S) C6203EFTN/C6203EFEY		PROPERTY INVENTORY NO. 000		CARTRIDGES DISCHARGED <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		ADDITIONAL ENERGY CYCLES <input checked="" type="checkbox"/> TRIGGER <input type="checkbox"/> DNA <input type="checkbox"/> ARC <input checked="" type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <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 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.)

DNA

REPORTING MEMBER (Print Name)
ROUSE, GENO

STAR/EMPLOYEE NO.
2155

SIGNATURE
[REDACTED]

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY ☐ Minor Contusion ☐ Significant Contusion ☒ Gun Shot ☐ None / None Apparent ☐ Minor Laceration/Abrasion ☐ Laceration Requiring Sutures ☐ Fatal ☐ Minor Swelling ☐ Complaint of Substantial Pain ☐ Broken/Fractured Bone(s) ☐ Other (Explain) HOW WAS INJURY SUSTAINED? ☐ Intentional Act by Member ☐ Intentional Act by Self ☒ Intentional Act by Other ☐ Unintentional Act by Member ☐ Unintentional Act by Self ☐ Unintentional Act by Other

WITNESSES
UNK

LAST NAME

FIRST NAME

M.I.

SEX

RACE

DATE OF BIRTH

ADDRESS
CHICAGO, IL

TELEPHONE NO.

WITNESS INTERVIEW ☐ INTERVIEWED ☐ NOT AVAILABLE ☐ REFUSED ☐ OTHER (Specify)

WITNESS STATEMENT

☐ ADDITIONAL WITNESSES

REVIEWING SUPERVISOR: COMMENTS

PER CAR 8 ANY KNOWN OR POTENTIAL WITNESSES TO BE IDENTIFIED AND INTERVIEWED BY IRT

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. 2020000988

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

REVIEWING SUPERVISOR NAME (Print)
CLINE, MATTHEW

STAR NO.
265

SIGNATURE
[REDACTED]

DATE/TIME COMPLETED
29-FEB-2020 0402

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:

- THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
- CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
- 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.	
	28-FEB-2020	1611	521 N STATE ST CHICAGO, IL 60654	2005911285	JD168193	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
	9161	BUTLER	BERNARD	██████	19944287	
	SUBJECT LAST NAME	SUBJECT FIRST NAME	M.I.	SEX	RACE	D.O.B.
	ROMAN	ARIEL		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WWH	██████1986

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)

Offender underwent surgery and is in serious condition.

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS ☒ ADDITIONAL ATTACHMENTS

U#20-24

Reporting Deputy Chief responded to the scene.

Reporting Deputy Chief and Chief O'Donnell conducted a Public Safety Interview with the member at RUSH Hospital.

The member was physically incapable of returning to the scene for a potential walk through and also incapable of completing his own T.R.R. due to his injuries and physical condition at the time.

The member did not possess a BWC. The Reporting Deputy Chief along with Chief O'Donnell and COPA personnel viewed private video footage from CTA as well as a video posted on a twitter account.

Reporting Deputy Chief, Chief O'Donnell and COPA personnel were present for the processing of the member's firearm, duty belt, and taser. The members firearm was to be returned to the member by Sgt. Rouse on 29 February 2020. The members duty belt was inventoried .

Reporting Deputy Chief and Chief O'Donnell presented the member with the Traumatic Incident Stress

****COMMENTS CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM****

UNITS ON-SCENE OF THE INCIDENT: Refer to the PCAD and IRT Reports.

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: 20200000988	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.
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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
TIRADO, JOSE M	243	██████	29-Feb-2020 0629

TACTICAL RESPONSE REPORT - REVIEW/Chicago Police Department

FRU TRACKING NO. 2020-00795

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.	
	28-FEB-2020 1611	1611	521 N STATE ST CHICAGO, IL 60654	2005911285	JD168193	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	IR NO.
	9161	BUTLER	BERNARD	██████████	19944287	1721326
	SUBJECT LAST NAME	SUBJECT FIRST NAME	M.I.	SEX	RACE	D.O.B.
	ROMAN	ARIEL		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WWH	██████████1986

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> LEVEL I
<input type="checkbox"/> Use of escort hold, pressure compliance techniques and firm grips which result in an injury or an allegation of injury.
<input type="checkbox"/> Use of control holds, wristlocks, armbars used in conjunction with handcuffing and searching techniques which result in an injury or an allegation of injury.
<input type="checkbox"/> Use of force necessary to overcome passive resistance due to disability or intoxication which results in an injury or an allegation of injury.
<input type="checkbox"/> Other | <input type="checkbox"/> LEVEL II
<input type="checkbox"/> Stunning
<input type="checkbox"/> Use of Taser
<input type="checkbox"/> Impact weapon (baton, asp, other)
<input type="checkbox"/> Direct mechanical strike
<input type="checkbox"/> OC Spray or other chemical agent
<input type="checkbox"/> Canine
<input type="checkbox"/> Impact Munitions
<input type="checkbox"/> LRAD | <input type="checkbox"/> LEVEL III
<input type="checkbox"/> Laceration requiring sutures
<input type="checkbox"/> Broken/fractured bones
<input type="checkbox"/> Injuries requiring a hospital admission
<input type="checkbox"/> Firearm discharge to destroy/deter an animal | <input type="checkbox"/> LEVEL IV
<input checked="" type="checkbox"/> Use of force involving a discharge of a firearm
<input type="checkbox"/> Accidental discharge of a firearm
<input type="checkbox"/> Striking of subject's head with impact weapon
<input type="checkbox"/> Application of a chokehold
<input type="checkbox"/> Use of force by an exempt member
<input type="checkbox"/> Other deadly force incident
<input type="checkbox"/> Other incident as determined by the Superintendent |
|--|---|--|--|

☒ I hereby certify that to the best of my knowledge, neither I, nor my spouse or domestic partner, my parent, my sibling or my child (hereinafter my household or immediate family), has a personal, professional or financial relationship with the subject, victim, witness, department member(s), witness department member(s), or civilian witness(es). I further certify that to the best of my knowledge, the resolution of the matter under review will not positively or negatively affect my financial interests or the financial interest of any member of my household or immediate family.

I acknowledge that I must disclose to the First Deputy Superintendent, in writing, the acquisition of any financial interest or the development or the discovery of any personal interest that would directly affect my ability to conduct an impartial objective review and render unbiased decisions concerning the matter under review.

I acknowledge that I must disclose to the First Deputy Superintendent, Office of the First Deputy Superintendent, in writing, the discovery that a member of my household or immediate family has a personal, professional, or financial relationship with the victim(s), subject(s), department member(s), witness department member(s), or civilian witness(es) or if a member of my household or immediate family will be positively or negatively affected by the resolution of the matter under review.

USE OF FORCE INCIDENT REVIEW (FOR FORCE REVIEW UNIT USE ONLY)

REVIEW SUMMARY:

THE INVOLVED MEMBERS IN THE DEADLY FORCE INCIDENT ON-VIEWED THE SUBJECT PASS BETWEEN TWO CTA TRAIN CARS AND EVENTUALLY BECAME INVOLVED IN A PHYSICAL STRUGGLE WITH THE SUBJECT. DURING THE COURSE OF THE INCIDENT, OFFICER BUTLER DISCHARGED HIS TASER AND OFFICER BOGARD DISCHARGED HER TASER, OC SPRAY AND FIREARM.

THE FORCE REVIEW BOARD REVIEWED THE TACTICAL RESPONSE REPORTS, ORIGINAL CASE INCIDENT REPORT, TASER DOWNLOAD SHEETS, OEMC EVENT QUERY REPORT, THIRD-PARTY CAPTURED VIA CELL PHONE AND CTA VIDEO.

SECONDARY RD NO. GENERATED? ☒ NO ☐ YES RD NO: _____U NO. OBTAINED? ☒ NO ☐ YES

U NO: _____

OPINIONS AND RECOMMENDATIONS

OPINIONS AND RECOMMENDATIONS:

THE FORCE REVIEW BOARD MET ON 03 MARCH 2020 TO REVIEW THIS INCIDENT. UPON THE CONCLUSION OF THE MEETING, THE FRB DETERMINED THAT PRIOR TO RESUMING FULL DUTIES, PO BUTLER AND PO BOGARD WILL COMPLETE THE FOLLOWING:

8-HOUR HANDS-ON CONTROL TACTICS COURSE AT THE EDUCATION AND TRAINING DIVISION PHYSICAL SKILLS UNIT
 8-HOUR HANDS-ON TASER REFRESHER TRAINING WITH THE EDUCATION AND TRAINING DIVISION TACTICAL TRAINING UNIT
 8-HOUR FIREARMS REFRESHER TRAINING WITH THE EDUCATION AND TRAINING DIVISION FIREARMS TRAINING UNIT

UPON COMPLETION OF THE ABOVE TRAINING, A PORTFOLIO REPORT WILL BE ENTERED INTO THE PERFORMANCE RECOGNITION SYSTEM FOR PO BUTLER AND PO BOGARD THAT DOCUMENTS THAT THE TRAINING HAS TAKEN PLACE.

BASED ON THE REVIEW OF THE INCIDENT, THE FOLLOWING IS RECOMMENDED:

☐ NO ADDITIONAL TRAINING RECOMMENDED

☒ ADDITIONAL TRAINING RECOMMENDED

☐ COMPLAINT LOG NO. RECOMMENDED

☐ SUBJECT TO A CURRENT COPA COMPLAINT
INVESTIGATION. CL NO.:

☐ REFER TO FORCE REVIEW PANEL

DISTRICT ACTIONS

☐ INDIVIDUAL DEBRIEFING WITH
SUPERVISOR

☐ REVIEW STREAMING VIDEO

☐ REVIEW DEPARTMENT DIRECTIVES

☐ REVIEW LEGAL/TRAINING BULLETIN

☐ STRESS REDUCTION SEMINAR

☐ OTHER:
(DESCRIBE)

EDUCATION AND TRAINING DIVISION ACTIONS

☒ TACTICS TRAINING

☒ EQUIPMENT/WEAPONS TRAINING

☐ FORCE MITIGATION TECHNIQUES

☐ USE OF FORCE POLICY/LAW REVIEW

☐ OTHER: (DESCRIBE)

REVIEWING MEMBER: (Print)

STAR NO.

SIGNATURE

DATE/TIME

APPROVING SUPERVISOR COMMENTS:

☐ COMPLAINT LOG NO.
OBTAINED

CL NO:

DATE/TIME

OBTAINED:

APPROVING SUPERVISOR: (Print)

STAR NO.

SIGNATURE

DATE/TIME

GUSHES, EVE M

23

09-Mar-2020 1229

FORCE REVIEW UNIT C/O COMMENTS:

FORCE REVIEW UNIT C/O APPROVAL (Print)

STAR NO.

SIGNATURE

DATE/TIME

FORCE REVIEW PANEL DETERMINATION (FOR LEVEL IV INCIDENTS ONLY)

ACTIONS RECOMMENDED? ☐ NO ☒ YES, DESCRIBE BELOW:

☐ 30-DAY ADMINISTRATIVE DUTIES

☐ EAP REFERRAL

☒ OTHER:
(DESCRIBE)

OFFICERS RELIEVED OF THEIR POLICE POWERS ON 04 MARCH 2020.

APPROVED BY: (Print)

STAR NO.

SIGNATURE

DATE/TIME

GUSHES, EVE

09-MAR-2020 0000

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 28-FEB-2020	TIME 1611	REPORT NO 2020-00795	EVENT NO. 2005911285	RD NO. JD168193	BEAT OF OCCUR. 1834
ADDRESS OF OCCURENCE 521 N STATE ST CHICAGO, IL 60654	CB NO. 19944287	IUCR 3710			
MEMBER RANK 9161	MEMBER LAST NAME BUTLER	MEMBER FIRST NAME BERNARD			
SUBJECT LAST NAME ROMAN		SUBJECT FIRST NAME ARIEL			

INVESTIGATION COMMENTS

Management Program Notification. Said member acknowledged and signed the document.

Investigation of the members use of force will be continued by COPA personnel who were on scene along with the independent monitoring team.