

# TACTICAL RESPONSE REPORT / Chicago Police Department

<b>INCIDENT</b>	DATE OF INCIDENT 30-JUL-2020		TIME 0941		ADDRESS OF OCCURRENCE 5555 W GRAND AVE CHICAGO, IL 60639			LOCATION CODE 280		BEAT/OCCUR. 2515		VIDEO RECORDED INCIDENT <input checked="" 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) SOLLY PORT AREA 025 DISTRICT					ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input checked="" type="checkbox"/> OTHER TRANSPORT <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE																		
	EVENT NO. 2021204158			RD NO. JD314891		IUCR CODE 0450		IR NO. 1874063		CB NO. 19980681		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"/> DUSK <input type="checkbox"/> DAWN <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"/> MOTORCYCLE/PAPV <input type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER: <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 type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR												
<b>INVOLVED MEMBER</b>	RANK 9161		LAST NAME CLOHERTY		FIRST NAME JASON		EMPLOYEE NO. [REDACTED]		WATCH 2		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		RACE 2		AGE 47		HT. [REDACTED]		WT. [REDACTED]					
	DATE OF APPT. 25-AUG-2003		UNIT & BEAT OF ASSIGN. 025 2515		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 Contusion/Laceration <input type="checkbox"/> Laceration Requiring Sutures <input checked="" type="checkbox"/> Gun Shot <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Fatal <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)															
<b>SUBJECT INFORMATION</b>	<input type="checkbox"/> DNA		LAST NAME JORDAN		FIRST NAME LOVELLE		M.I. [REDACTED]		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		RACE BLACK		D.O.B. [REDACTED]		HT. 507		WT. 200							
	ADDRESS [REDACTED] MAYWOOD, IL 60153				TELEPHONE NO. [REDACTED]		CONDITION <input type="checkbox"/> Apparently Normal <input checked="" 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 checked="" type="checkbox"/> OTHER (Specify) <input type="checkbox"/> UNK MEMBER																	
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input checked="" type="checkbox"/> Offered/EMS Requested		<input 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 type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK <input checked="" type="checkbox"/> Subject Alleged Injury <input checked="" type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal																			
<b>SUBJECT'S ACTIONS</b> (Check all that apply)	<input type="checkbox"/> DNA		<input type="checkbox"/> UNK		<input 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 checked="" type="checkbox"/> YES, DESCRIBE BELOW:													
	<input type="checkbox"/> UNABLE TO UNDERSTAND VERBAL DIRECTION		<input type="checkbox"/> HAND/ARM/ELBOW STRIKE		<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		<input type="checkbox"/> KNIFE/CUTTING INSTRUMENT		<input type="checkbox"/> SHOTGUN		<input type="checkbox"/> EXPLOSIVE DEVICE											
	<input type="checkbox"/> VERBAL THREATS		<input type="checkbox"/> MOUTH/TEETH/SPIT		<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"/> CHEMICAL WEAPON		<input type="checkbox"/> REVOLVER		<input type="checkbox"/> OTHER (DESCRIBE)											
	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> PUSH/SHOVE/PULL		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:															
<b>MEMBER'S RESPONSE</b> (Check all that apply)	<input type="checkbox"/> DNA		<input type="checkbox"/> UNK		<input type="checkbox"/> 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															
	<input type="checkbox"/> FLED		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> 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 checked="" type="checkbox"/> Member Shot/Shot At															
	<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> 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 checked="" type="checkbox"/> Member Shot/Shot At															
	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> 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 checked="" type="checkbox"/> Member Shot/Shot At															
<b>WEAPON DISCHARGE</b>	<input type="checkbox"/> DNA		<input type="checkbox"/> UNK		REASON FOR RESPONSE? <input checked="" type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Stop Self-Inflicted Harm <input checked="" 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																			
	<b>FORCE MITIGATION EFFORTS</b>										<b>CONTROL TACTICS</b>													
	<input checked="" 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"/> ESCORT HOLDS		<input type="checkbox"/> CONTROL INSTRUMENT		<input type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS									
	<input 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											
<b>WEAPON DISCHARGE</b>	<b>RESPONSE WITHOUT WEAPONS</b>										<b>RESPONSE WITH WEAPONS</b>													
	<input type="checkbox"/> OPEN HAND STRIKE		<input type="checkbox"/> KICKS		<input type="checkbox"/> TAKE DOWN		<input 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 checked="" type="checkbox"/> SEMI-AUTO PISTOL							
	<input type="checkbox"/> ELBOW STRIKE		<input type="checkbox"/> OTHER		<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION*		<input type="checkbox"/> CANINE		<input type="checkbox"/> LRAD W/ AUTHORIZATION*		<input type="checkbox"/> BATON/EXPANDABLE BATON		<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"/> OTHER		<input type="checkbox"/> LRAD W/ AUTHORIZATION*		<input type="checkbox"/> BATON/EXPANDABLE BATON		<input type="checkbox"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW)		<input type="checkbox"/> RIFLE		<input type="checkbox"/> SHOTGUN											
<b>WEAPON DISCHARGE</b>	<input type="checkbox"/> KNEE STRIKE		<input type="checkbox"/> OTHER		<input type="checkbox"/> LRAD W/ AUTHORIZATION*		<input type="checkbox"/> BATON/EXPANDABLE BATON		<input type="checkbox"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW)		<input type="checkbox"/> RIFLE		<input type="checkbox"/> SHOTGUN											
	*AUTHORIZED BY (NAME) _____ RANK _____ STAR NO. _____ UNIT NO. _____																							
	WAS ANY REPORTABLE FORCE USED AGAINST THE SUBJECT WHILE HANDCUFFED OR OTHERWISE IN PHYSICAL RESTRAINTS? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES IF YES, DESCRIBE SUBJECT'S ACTIONS AND MEMBER'S RESPONSE IN THE NARRATIVE SECTION.																							
<b>WEAPON DISCHARGE</b>	<input type="checkbox"/> DNA		<input type="checkbox"/> UNK		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. 2		WEAPON SERIAL NO. [REDACTED]		WEAPON CERT. NO. [REDACTED]													
	<input type="checkbox"/> DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		<input type="checkbox"/> WAS SUBJECT VEHICLE USE AS A WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON																			
	<input type="checkbox"/> WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> 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 checked="" type="checkbox"/> UNKNOWN																			
	<b>TASER DISCHARGE ONLY</b>		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 _____											
<b>WEAPON DISCHARGE</b>	<b>FIREARM DISCHARGE ONLY</b>		WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) _____		TOTAL NO. OF SHOTS FIRED 2		<input type="checkbox"/> WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MAKE/ MANUFACTURER SAUER, J. P. (SAUER & SOH)		MODEL P226		<input checked="" type="checkbox"/> 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.)

THIS IS A BWC RECORDED INCIDENT. R/SGT HAS NO INDEPENDANT KNOWLEDGE OF THE MEMBERS TACTICAL RESPONSE AND IS SUBMITTING THIS REPORT ON BEHALF OF THE INVOLVED MEMBER WHO WAS INJUERED AND HOSPITALIZED. FOR FURTHER DETAILS, REFERENCE THE DETECTIVES SUPPLEMENTARY REPORT SUBMITTED UNDER THE ABOVE LISTED EVENT AND RD#.

REPORTING MEMBER (Print Name)  
TORRES JR, WILFREDO

STAR/EMPLOYEE NO.  
2231

SIGNATURE

## REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY ☐ Minor Contusion ☐ Significant Contusion ☒ Gun Shot ☐ 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  
UNK

LAST NAME

FIRST NAME

M.I.

SEX

RACE

DATE OF BIRTH

ADDRESS  
CHICAGO, IL

TELEPHONE NO.

WITNESS INTERVIEW

☐ INTERVIEWED ☐ NOT AVAILABLE ☐ OTHER (Specify)

WITNESS STATEMENT

R/LT. IS REVIEWING TRR REPORT WITH SEVERAL WITNESSES TO AN AGGRAVATED BATTERY WITH WEAPON TOWARDS AN OFFICER. PLEASE REFER TO DETECTIVE SUPPLEMENTARY REPORT IN REGARDS TO WITNESS INFORMATION.

☐ ADDITIONAL WITNESSES

## REVIEWING SUPERVISOR: COMMENTS

R/LT. WAS INFORMED OF A BATTERY TO SAID OFFICER WHICH OCCURRED IN THE 025TH DISTRICT POLICE STATION LOT. R/LT LEARNED THAT THE ARRESTEE BECAME AN ACTIVE ASSAILANT USING DEADLY FORCE AGAINST P.O. CLORHERTY BY FIRING SEVERAL SHOTS FROM A HANDGUN IN THE DIRECTION OF SAID OFFICER STRIKING HIM SEVERAL TIMES. E.T. RESPONDED TO SCENE FOR PROCESSING. PLEASE REFER TO INVESTIGATIVE RESPONSE TEAM REPORTS IN REGARDS TO WITNESSES OF SAID 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. 2020-0003466

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

REVIEWING SUPERVISOR NAME (Print)  
AYLWARD, PATRICK

STAR NO.  
626

SIGNATURE

DATE/TIME COMPLETED  
30-JUL-2020 2251

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 30-JUL-2020		TIME 0941	ADDRESS OF OCCURRENCE 5555 W GRAND AVE CHICAGO, IL 60639		EVENT NO. 2021204158		RD NO. JD314891	
	RANK 9161	MEMBER LAST NAME CLOHERTY		MEMBER FIRST NAME JASON		EMPLOYEE NO. [REDACTED]	CB NO. 19980681		CHARGE
	SUBJECT LAST NAME JORDAN			SUBJECT FIRST NAME LOVELLE			M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK

## 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)

Officer Involved Shooting, IRT to conduct interview.

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS ☒ ADDITIONAL ATTACHMENTS

R/Deputy Chief responded to the scene upon notification of Officer Involved Shooting.  
C.O.P.A. Notified by C.P.I.C.  
R/Deputy Chief conducted a Public Safety Walk Through with Officers Michael O'Grady # 12504 and Officer Timothy Vasiliadis # 8997.  
R/Deputy Chief relocated to the Area Five Detective Division to conduct further investigation.  
R/Deputy Chief reviewed BWC of Officer Jason Cloherty # 7468 from start of incident until 8:15 Mark.  
R/Deputy Chief reviewed BWC of Officer Michael O'Grady # 12504 from start of incident until 6:10 Mark.  
R/Deputy Chief reviewed BWC of Officer Timothy Vasiliadis # 8997 from start of incident until 5:10 Mark.  
R/Deputy Chief reviewed BWC of Officer James Kurth #5510 from start of incident until 4:53 Mark.  
R/Deputy Chief reviewed BWC of Officer Soly Roman # 10493 from start of incident until 4:41

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

## UNITS ON-SCENE OF THE INCIDENT: See Detective Divison Supplemental Reprot

<b>LT OR ABOVE/INCIDENT COMMANDER:</b> <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: 2020-0003466		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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<b>INVOLVED MEMBER ACTIONS RECOMMENDED?</b> <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: _____	<b>REVIEWING SUPERVISOR ACTIONS RECOMMENDED?</b> <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) DARLIN, RANDALL L	STAR NO. 93	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 30-Jul-2020 2352
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**CLEARNET - ADDITIONAL INFORMATION**

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

**TACTICAL RESPONSE REPORT**

<b>DATE OF INCIDENT</b> 30-JUL-2020	<b>TIME</b> 0941	<b>REPORT NO</b> 2020-02874	<b>EVENT NO.</b> 2021204158	<b>RD NO.</b> JD314891	<b>BEAT OF OCCUR.</b> 2515
<b>ADDRESS OF OCCURENCE</b> 5555 W GRAND AVE CHICAGO, IL 60639	<b>CB NO.</b> 19980681			<b>IUCR</b> 0450	
<b>MEMBER RANK</b> 9161	<b>MEMBER LAST NAME</b> CLOHERTY	<b>MEMBER FIRST NAME</b> JASON			
<b>SUBJECT LAST NAME</b> JORDAN		<b>SUBJECT FIRST NAME</b> LOVELLE			

**INVESTIGATION COMMENTS**

Mark.

R/Deputy Chief reviewed In-Car Camera for vehicle 7064 Beat 2511 from 02:49:00 hrs ? 02:54:50 hrs

R/Deputy Chief reviewed In-Car Camera for vehicle 9244 Station Security from 01:27:00 hrs ? 01:33:10 hrs.

Private Video from the vicinity of the incident is not available at this time.

C.O.P.A. personnel viewed the above identified BWC and In-Car Camera.

R/Deputy Chief witnessed the recovery of each of the discharging member's firearm by Forensic Division personnel, in the presence of C.O.P.A. Investigators.

R/Deputy Chief provided Traumatic Incident Stress Management Program Notification to Officers James Kurth, Timothy Vasiliadis, Veronica Negron, Michael O'Grady, Elizabeth Ramirez, Kevin Casey, and David Deja.

Due to the complexity of the investigation, no personal information for witnesses was entered into this TRR.

IRT Investigators will conduct interviews with known witnesses.

U # 20-09

Log # 2020-0003466

At the time of this report, the C.O.P.A Investigation into the use of force by Department members continues.