

# 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	<input checked="" type="checkbox"/> DNA EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY ,BEDROOM) POLICE FACILITY "SOLLY PORT"		ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input checked="" type="checkbox"/> CALL FOR SERVICE								
	EVENT NO. 04158	RD NO. JD314891	UCR 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"/> DAWN <input type="checkbox"/> DUSK <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 checked="" type="checkbox"/> FOOT <input type="checkbox"/> MOTORCYCLE/ PAPV <input type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER: 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 INDOOR <input type="checkbox"/> OUTDOOR <input checked="" type="checkbox"/>							
RANK 9161	LAST NAME KURTH	FIRST NAME JAMES	EMPLOYEE NO.	WATCH 2	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 6	AGE 40	HT.	WT.			
DATE OF APPT. 27-NOV-2006	UNIT & BEAT OF ASSIGN. 025	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	Minor Contusion/Laceration <input checked="" type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion	Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	<input checked="" type="checkbox"/> Gun Shot <input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain)					
<b>SUBJECT INFORMATION</b>	LAST NAME JORDAN		FIRST NAME LOVELLE	M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. -1994	HT. 507	WT. 200			
	ADDRESS MAYWOOD, IL		TELEPHONE NO.	CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured by Member	<input checked="" 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) SEE REPORTS					
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input checked="" type="checkbox"/> Offered/EMS Requested		<input checked="" type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) JOHN H. STROGER, JR. HOSP		<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					
<b>SUBJECT'S ACTIONS</b> (Check all that apply)	<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"/> BLUNT OBJECT (DESCRIBE)		<input type="checkbox"/> KNIFE/CUTTING INSTRUMENT		<input type="checkbox"/> SHOTGUN	
	<input type="checkbox"/> VERBAL THREATS		<input type="checkbox"/> KNEE/LEG STRIKE		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		<input type="checkbox"/> CHEMICAL WEAPON		<input checked="" type="checkbox"/> SEMI-AUTO PISTOL		<input type="checkbox"/> EXPLOSIVE DEVICE	
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> TASER/STUN GUN		<input type="checkbox"/> REVOLVER		<input type="checkbox"/> OTHER (DESCRIBE)		
<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> VEHICLE		<input type="checkbox"/> RIFLE		WEAPON USE:		
<input type="checkbox"/> FLED		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:		<input type="checkbox"/> DNA		<input type="checkbox"/> Used - Attempt to Attack Member		
<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> Displayed, Not Used		<input type="checkbox"/> Possessed		<input type="checkbox"/> Used - Attacked Member		
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"/> Obtained Member's Weapon		<input type="checkbox"/> Member at Gunpoint		<input checked="" type="checkbox"/> Member Shot/Shot At		
TYPE OF ACTIVITY <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input checked="" type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input type="checkbox"/> Disturbance - Other <input type="checkbox"/> Processing/Transporting/Guarding Arrestee <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disturbance - Mental Health <input checked="" type="checkbox"/> Other - Describe in Narrative <input type="checkbox"/> Pursuing/Arresting Subject												
<b>MEMBER'S RESPONSE</b> (Check all that apply)	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 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 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"/> 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					
<b>RESPONSE WITHOUT WEAPONS</b>						<b>RESPONSE WITH WEAPONS</b>						
<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> LESS LETHAL SHOTGUN (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> OTHER <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/ PUNCH <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input checked="" type="checkbox"/> OTHER FIREARM IN THE READY POSITION						*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.												
<b>WEAPON DISCHARGE</b>	WEAPON TYPE: <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							
<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		
<b>FIREARM DISCHARGE ONLY</b>		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.)

R/O WHILE ON ASSIGNED DUTY WITHIN THE 025TH DIST POLICE FACILITY RESPONDED TO THE CALL OF A "10-1 SHOTS FIRED AT THE POLICE" AT THE LOCATION OF THE POLICE FACILITIES "SOLLY PORT" AS R/O APPROACHED R/O HEARD MULTIPLE SHOTS, R/O AT THIS TIME FELT PAIN ON HIS LEFT SIDE AND IMMEDIATELY TOOK COVER TO AVOID FURTHER ATTACK WHILE SIMULTANEOUSLY CREATING A ZONE OF SAFETY BETWEEN R/O AND ARMED (OFF) JORDAN. R/O WAS TREATED BY EMS ON SCENE AND TAKEN TO LOYALA MEDICAL HOSPITAL FOR FURTHER TREATMENT. R/O SUFFERED A GSW TO HIS LEFT ARM. (SEE DETECTIVE REPORTS FOR FURTHER DETAILS).

REPORTING MEMBER (Print Name) KURTH, JAMES      STAR/EMPLOYEE NO. 5510      SIGNATURE [REDACTED]

**REVIEWING SUPERVISOR**

TYPE OF SUBJECT INJURY  Minor Contusion  Significant Contusion  Gun Shot      HOW WAS INJURY SUSTAINED?  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)

<b>WITNESSES</b>	<input 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"/> REFUSED <input type="checkbox"/> OTHER (Specify)		
		WITNESS STATEMENT					

ADDITIONAL WITNESSES

**REVIEWING SUPERVISOR: COMMENTS**  
R/S RESPONDED TO 10-1/ SHOTS FIRED AT POLICE. POLICE SHOOTING SCENE INTERVIEWS HANDLED 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. 2020-0003466

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

REVIEWING SUPERVISOR NAME (Print) STOJACK, MATTHEW      STAR NO. 1960      SIGNATURE [REDACTED]      DATE/TIME COMPLETED 30-JUL-2020 2055

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

<b>INCIDENT INFORMATION</b>	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.	
	30-JUL-2020	0941	5555 W GRAND AVE CHICAGO, IL 60639	04158	JD314891	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9161	KURTH	JAMES	██████████	19980681		
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
JORDAN	LOVELLE			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	██████████-1994

## 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 will 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:

### LT OR ABOVE/INCIDENT COMMANDER:

<input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.	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"/> I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES A NOTIFICATION TO THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED: _____		<input type="checkbox"/> <u>NOT IN COMPLIANCE</u> WITH DEPARTMENT POLICY AND DIRECTIVES.
		<input type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

<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)	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
DARLIN, RANDALL L	93	██████████	31-Jul-2020 0014

**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> 2020-02864	<b>EVENT NO.</b> 04158	<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> KURTH	<b>MEMBER FIRST NAME</b> JAMES			
<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.

This officer did not discharge his weapon during this incident.