

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	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 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 SALLY PORT AREA			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. 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 type="checkbox"/> POLICE CAR <input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/ PAPV <input type="checkbox"/> SQUADROL <input type="checkbox"/> VAN/BUS <input checked="" type="checkbox"/> OTHER: SDSC		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"/>			
INVOLVED MEMBER	RANK 9161	LAST NAME ROWE	FIRST NAME JAMES	EMPLOYEE NO. [REDACTED]	WATCH 2	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 6	AGE 54	HT.	WT.	
	DATE OF APPT. 06-MAY-1996	UNIT & BEAT OF ASSIGN. 025 2502s	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 checked="" type="checkbox"/> Minor Swelling <input 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		Gun Shot <input checked="" type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain) <input type="checkbox"/>		
SUBJECT INFORMATION	LAST NAME JORDAN		FIRST NAME LOVELLE		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. [REDACTED] 1994	HT. 507	WT. 200	
	ADDRESS MAYWOOD, IL 60653		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		Under Influence of Drugs <input type="checkbox"/> Mental Illness / Emotional Disorder		Disability <input type="checkbox"/> OTHER (Specify)		
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input checked="" type="checkbox"/> Offered/EMS Requested			Performed by Member <input type="checkbox"/> Taken to Hospital (Specify) <input checked="" 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				
SUBJECT'S ACTIONS (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)				
	<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"/> VERBAL THREATS			<input type="checkbox"/> KNEE/LEG STRIKE			<input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON				
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)			<input type="checkbox"/> MOUTH/TEETH/SPIT			<input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM					
<input type="checkbox"/> PULLED AWAY			<input type="checkbox"/> PUSH/SHOVE/PULL			<input type="checkbox"/> OTHER (DESCRIBE)					
<input type="checkbox"/> FLED			<input type="checkbox"/> GRAB/HOLD/RESTRAIN			<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:					
<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON			<input type="checkbox"/> WRESTLE/GRAPPLE			<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					
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					
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											
MEMBER'S RESPONSE (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										
	FORCE MITIGATION EFFORTS					CONTROL TACTICS					
	<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"/> 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"/> VERBAL DIRECTION/ CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER					<input type="checkbox"/> ARMBAR <input type="checkbox"/> EMERGENCY HANDCUFFING					
RESPONSE WITHOUT WEAPONS					RESPONSE WITH WEAPONS						
<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"/> KNEE STRIKE					<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.											
WEAPON DISCHARGE	WEAPON TYPE: <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER			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 <input type="checkbox"/> ARC <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	
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.)

R/O WAS WORKING IN THE 025TH DISTRICT SDSC ROOM WHEN AN OEMC CALL OF A !0-1 SHOTS FIRED CALL CAME OUT. FROM THE PARKING LOT/SALLY PORT AREA OF THE 025TH DISTRICT. R/O ARRIVED, ON FOOT, AND HEARD MULTIPLE GUNSHOTS BEING FIRED. R/O TOOK COVER BEHIND A TREE WITH R/O'S HANDGUN IN HAND AS SHOTS WERE STILL BEING FIRED. R/O FELT PAIN TO THE RIGHT HIP AREA, AND AT THIS TIME BROKE COVER FROM TREE AND RE-TOOK COVER BEHIND A PARKED VEHICLE IN THE PARKING LOT. ONCE SUBJECT WAS SUBDUED AND IN CUSTODY, R/O WENT INTO THE BATHROOM TO CHECK ON INJURY. R/O DISCOVERED SWELLING, A SMALL RED WELT, AND BROKEN SKIN TO R/O'S LEFT HIP/THIGH AREA. R/O NOTIFIED LT. PEREZ. R/O WAS THEN TRANSPORTED TO LOYOLA HOSPITAL BY CFD AMBULANCE. TREATED AND RELEASED FROM HOSPITAL. (FOR FURTHER DETAILS, READ DETECTIVE DIVISION SUPPLEMENTARY REPORTS RELATED TO THIS INCIDENT)

REPORTING MEMBER (Print Name) ROWE, JAMES STAR/EMPLOYEE NO. 14917 SIGNATURE [REDACTED]

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	<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 SCENE OF 10-1/ SHOTS FIRED AT POLICE. POLICE INVOLVED SHOOTING SCENE INTERVIEWS DONE 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 2039

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.		
	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	ROWE	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)

Offier 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:

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.

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
DARLIN, RANDALL L	93	██████	31-Jul-2020 0026

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 30-JUL-2020	TIME 0941	REPORT NO 2020-02865	EVENT NO. 04158	RD NO. JD314891	BEAT OF OCCUR. 2515
ADDRESS OF OCCURENCE 5555 W GRAND AVE CHICAGO, IL 60639	CB NO. 19980681			IUCR 0450	
MEMBER RANK 9161	MEMBER LAST NAME ROWE	MEMBER FIRST NAME JAMES			
SUBJECT LAST NAME JORDAN		SUBJECT FIRST NAME 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 a weapon during this incident. Officer was the victim of an aggravated battery.

Based on the evidence available at this time the Officer's actions were in compliance with Department policy and directives.