

# TACTICAL RESPONSE REPORT / Chicago Police Department

<b>INCIDENT</b>	DATE OF INCIDENT 30-JUL-2020	TIME 0930	ADDRESS OF OCCURRENCE 4847 W NORTH AVE CHICAGO, IL 60651	LOCATION CODE 304	BEAT/OCCUR. 2533	VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input checked="" type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO					
	BUSINESS NAME <input type="checkbox"/> DNA EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY ,BEDROOM)			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. 03834	RD NO. JD311144	IUCR CODE 0326	IR NO.	CB NO.	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 type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER: <input type="checkbox"/> FOOT <input type="checkbox"/> MOTORCYCLE/PAPV <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	INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR			
<b>INVOLVED MEMBER</b>	RANK 9161	LAST NAME CARAMUSA	FIRST NAME VINCENT	EMPLOYEE NO.	WATCH 2	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 2	AGE 31	HT.	WT.	
	DATE OF APPT. 16-APR-2018	UNIT & BEAT OF ASSIGN. 025 2534	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 checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Minor Contusion/Laceration <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 <input type="checkbox"/> Other (Explain)		Gun Shot <input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain)		
<b>SUBJECT INFORMATION</b>	LAST NAME LOVELLE		FIRST NAME JORDAN		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. -1994	HT. 509	WT. 205	
	ADDRESS MAYWOOD, IL		TELEPHONE NO.		CONDITION <input checked="" type="checkbox"/> Injured Not by the Member's Force <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured by Member		Under Influence of Drugs <input type="checkbox"/> Mental Illness / Emotional Disorder <input type="checkbox"/> Under Influence of Alcohol		Disability <input type="checkbox"/> OTHER (Specify)		
	MEDICAL TREATMENT? <input 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"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal <input type="checkbox"/> UNK						
<b>SUBJECT'S ACTIONS</b> (Check all that apply)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION		<input checked="" type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY)		<input type="checkbox"/> THROWN OBJECT (DESCRIBE)		WAS SUBJECT ARMED WITH WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW:				
	<input type="checkbox"/> UNABLE TO UNDERSTAND VERBAL DIRECTION		<input checked="" type="checkbox"/> HAND/ARM/ELBOW STRIKE		<input 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 type="checkbox"/> SEMI-AUTO PISTOL		<input type="checkbox"/> EXPLOSIVE DEVICE
<input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> TASER/STUN GUN		<input type="checkbox"/> REVOLVER		<input type="checkbox"/> OTHER (DESCRIBE)	
<input checked="" type="checkbox"/> PULLED AWAY		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> VEHICLE		<input type="checkbox"/> RIFLE			
<input type="checkbox"/> FLED		<input checked="" type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> OTHER (DESCRIBE)		WEAPON/OBJECT PERCEIVED AS:		WEAPON USE:			
<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		<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	
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 checked="" type="checkbox"/> YES <input 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 type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <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 type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Stop Self-Inflicted Harm <input 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 checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT		<input checked="" type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS		
	<input checked="" type="checkbox"/> VERBAL DIRECTION/ CONTROL TECHNIQUES		<input type="checkbox"/> SPECIALIZED UNITS		<input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS		<input type="checkbox"/> OTHER		
<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 type="checkbox"/> SEMI-AUTO PISTOL			
<input type="checkbox"/> ELBOW STRIKE				<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION*		<input type="checkbox"/> CANINE		<input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN			
<input type="checkbox"/> CLOSED HAND STRIKE/ PUNCH				<input type="checkbox"/> LRAD W/ AUTHORIZATION*		<input type="checkbox"/> BATON/EXPANDABLE BATON		<input type="checkbox"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW)		<input type="checkbox"/> OTHER	
<input type="checkbox"/> KNEE STRIKE				*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"/> 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						
	<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 TRIGGER <input type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER 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
<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.)

EVENT#03834 R/O REVIEWED A BODY WORN CAMERA INCIDENT. IN SUMMARY, R/O WAS RESPONDING TO A CALL FOR INFO FOR POLICE REGARDING A STOLEN WHITE PORSCHE LOCATED AT 4847 W. NORTH AVE. UPON ARRIVAL, R/O OBSERVED THE VEHICLE INVOLVED WITH THE CALL LEGALLY PARKED AT THE ABOVE ADDRESS WITH NO OCCUPANTS. R/O CONFIRMED THAT SAID VEHICLE WAS STOLEN VIA VIN CHECK AND STARTED TO CONDUCT NOTIFICATIONS AND PAPERWORK FOR THE STOLEN VEHICLE. WHILE R/O WAS FURTHER INVESTIGATING THE CONFIRMED STOLED AUTO, R/O OBSERVED AN UNKNOWN AFRICAN-AMERICAN MALE SUBJECT UNLOCK THE SAID VEHICLE WITH THE KEY AND ENTER INTO THE DRIVER'S SEAT. WHILE THE UNKNOWN MALE SUBJECT WAS IN THE DRIVER'S SEAT (NOW IDENTIFIED AS LOVELLE, JORDAN IR#1874063) PLACED THE KEY INTO THE IGNITION AND SHIFTED THE GEAR INTO DRIVE. R/O EXITED THE SQUAD CAR AND RAN OVER TO THE OFFENDER AND GAVE VERBAL COMMANDS TO THE OFFENDER TO EXIT THE VEHICLE. THE ABOVE OFFENDER WAS NOT COMPLYING TO R/O'S VERBAL DIRECTIONS AND COMMANDS AND BEGAN TO STIFFEN HIS ARMS ON THE WHEEL OF THE STOLEN VEHICLE IN ATTEMPTS TO NOW NOT LEAVE THE VEHICLE. R/O THEN ATTEMPTED TO GAIN CONTROL OF THE OFFENDER BY PLACING HIM IN CUSTODY WITH HOLDING TECHNIQUES. THE OFFENDER USED

**\*\*REPORT NARRATIVE CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM\*\***

REPORTING MEMBER (Print Name) CARAMUSA, VINCENT	STAR/EMPLOYEE NO. 8298	SIGNATURE [REDACTED]
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**REVIEWING SUPERVISOR**

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

<b>WITNESSES</b>	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/SGT REVIEWED AVAILABLE BWC FOOTAGE . BASED ON THE SUBJECTS ACTIONS AND THE OFFICERS RESPONSE R/SGT CONCLUDES THAT THE MEMBERS ACTIONS WERE WITHIN THE GUIDELINES OF USE OF FORCE G03-02-02. FOR FURTHER DETAILS DETECTIVE SUPPLEMENTARY REPORTS MAY BE REVIEWED UNDER ABOVE RD.

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. \_\_\_\_\_

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

REVIEWING SUPERVISOR NAME (Print) KEENEY, MICHAEL	STAR NO. 2439	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 30-JUL-2020 1938
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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	0930	4847 W NORTH AVE CHICAGO, IL 60651	03834	JD311144	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9161	CARAMUSA	VINCENT	██████			
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
LOVELLE	JORDAN			<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 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"/> IN COMPLIANCE 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"/> NOT IN COMPLIANCE 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 0041

**CLEARNET - ADDITIONAL INFORMATION**

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

**TACTICAL RESPONSE REPORT**

<b>DATE OF INCIDENT</b> 30-JUL-2020	<b>TIME</b> 0930	<b>REPORT NO</b> 2020-02870	<b>EVENT NO.</b> 03834	<b>RD NO.</b> JD311144	<b>BEAT OF OCCUR.</b> 2533
<b>ADDRESS OF OCCURENCE</b> 4847 W NORTH AVE CHICAGO, IL 60651	<b>CB NO.</b>			<b>IUCR</b> 0326	
<b>MEMBER RANK</b> 9161	<b>MEMBER LAST NAME</b> CARAMUSA	<b>MEMBER FIRST NAME</b> VINCENT			
<b>SUBJECT LAST NAME</b> LOVELLE		<b>SUBJECT FIRST NAME</b> JORDAN			

**REPORT NARRATIVE**

MOVEMENTS TO AVOID R/O'S CONTROL BY USING HIS ELBOWS IN A STRIKING MOTION AND FLAING HIS ARMS ABOUT. THE OFFENDERS ELBOWS HIT R/O SEVERAL TIMES ABOUT CHEST AND TORSO KNOCKING OFF R/O'S CAMERA IN THE STUGGLE. R/O WAS ABLE TO GAIN CONTROL OF THE OFFENDERS ARMS AND PERFORMED A TAKE DOWN. R/O USED AN ESCORT HOLD ON THE OFFENDER WHICH FAILED AND THEN IMMEDIATELY ATTEMPTED AN WRISTLOCK/ARM BAR TECHNIQUE TO GAIN CONTROL OF THE OFFENDER AND EFFECTIVELY USE EMERGENCY HANDCUFFING TO PLACE THE OFFENDER IN CUSTODY. WHILE THE OFFENDER WAS IN CUSTODY THE OFFENDER RELATED TO R/O THAT HE HAD BEEN SUFFERING FROM A PREVIOUS UN-RELATED INJURY. THE OFFENDER STATED THAT THEY HAD SKIN GRAPHS AND BURNS ABOUT HIS KNEES. R/O CALLED OVER THE AIR VIA OEMC TO SEND BT.2573 FOR ADDITIONAL HELP AND BT.2531 WAS WITHIN PROXIMITY AND CAME TO ASSIST. R/O SEARCHED THE OFFENDER AND FOUND NARCOTICS AND MONEY. R/O SUCCESSFULLY PLACED THE OFFENDER INTO BT.2531 VEHICLE FOR TRANSPORTION TO THE 025TH DISTRICT FOR FURTHER PROCESSING. BT. 2531 TRANSPORTED THE OFFENDER TO THE 025TH DISTRICT. R/O STAYED ON SCENE WITH THE STOLEN VEHICLE TO BEGIN PROCESSING PAPER WORK AND NOTIFICATIONS IN REGARDS TO THE STOLEN VEHICLE.

**CLEARNET - ADDITIONAL INFORMATION**

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

<b>DATE OF INCIDENT</b> 30-JUL-2020	<b>TIME</b> 0930	<b>REPORT NO</b> 2020-02870	<b>EVENT NO.</b> 03834	<b>RD NO.</b> JD311144	<b>BEAT OF OCCUR.</b> 2533
<b>ADDRESS OF OCCURENCE</b> 4847 W NORTH AVE CHICAGO, IL 60651	<b>CB NO.</b>			<b>IUCR</b> 0326	
<b>MEMBER RANK</b> 9161	<b>MEMBER LAST NAME</b> CARAMUSA	<b>MEMBER FIRST NAME</b> VINCENT			
<b>SUBJECT LAST NAME</b> LOVELLE		<b>SUBJECT FIRST NAME</b> JORDAN			

**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.

Based on the evidence available at this time, the officer's use of force is in compliance with department policy and directives.