

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 31-AUG-2020	TIME 2309	ADDRESS OF OCCURRENCE 1337 W 19TH ST CHICAGO, IL 60608	LOCATION CODE 304	BEAT/OCCUR. 1235	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) STREET			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. 01615	RD NO. JD352249	IUCR CODE 0550	IR NO. 2315656	CB NO.	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"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DARKNESS <input checked="" 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"/> VAN/BUS <input type="checkbox"/> OTHER:		MEMBER WAS? <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER
RANK 9161		LAST NAME KRZEPTOWSKI		FIRST NAME MATTHEW		EMPLOYEE NO. [REDACTED]
INVOLVED MEMBER	DATE OF APPT. 02-FEB-2015		UNIT & BEAT OF ASSIGN. 012 1241	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
	Minor Contusion/Laceration		Complaint of Substantial Pain		Laceration Requiring Sutures	
SUBJECT INFORMATION	LAST NAME VEGAS		FIRST NAME MIGUEL		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F
	ADDRESS CALUMET CITY, IL 60409		TELEPHONE NO.	CONDITION <input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured by Member	Injured Not by the Member's Force	
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input checked="" type="checkbox"/> Offered/EMS Requested		Performed by Member		Taken to Hospital (Specify) JOHN H. STROGER, JR. HOSP	
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 type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON	
	<input type="checkbox"/> VERBAL THREATS		<input type="checkbox"/> KNEE/LEG STRIKE		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
MEMBER'S RESPONSE (Check all that apply)	REASON FOR RESPONSE? <input checked="" type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Department Member		<input type="checkbox"/> Defense of Member of Public		<input type="checkbox"/> Stop Self-Inflicted Harm	
	<input checked="" type="checkbox"/> MEMBER PRESENCE		<input type="checkbox"/> ZONE OF SAFETY		<input type="checkbox"/> ESCORT HOLDS	
	<input type="checkbox"/> VERBAL DIRECTION/ CONTROL TECHNIQUES		<input type="checkbox"/> MOVEMENT TO AVOID ATTACK		<input type="checkbox"/> CONTROL INSTRUMENT	
WEAPON DISCHARGE	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. 11		WEAPON SERIAL NO. [REDACTED]	
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input 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 USE 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 checked="" 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 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
FIREARM DISCHARGE ONLY		WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) <input checked="" type="checkbox"/> OFFENDER		TOTAL NO. OF SHOTS MEMBER FIRED 11		WAS FIREARM RELOADED DURING INCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
TASER ENERGY CYCLES <input type="checkbox"/> TRIGGER <input type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER		ADDITIONAL ENERGY CYCLES <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		SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER
MAKE/ MANUFACTURER GLOCK GMBH		MODEL 17		DID MEMBER FIRE AT A VEHICLE? <input checked="" 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.)

REPORTING MEMBER (Print Name) KRZEPROWSKI, MATTHEW STAR/EMPLOYEE NO. 14255 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	<input checked="" 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						

REVIEWING SUPERVISOR: COMMENTS
R/SGT ARRIVED ON SCENE, AND DETERMINED THERE WAS SHOTS FIRED AT THE POLICE AND BY THE POLICE. R/SGT DETERMINED OFFENDER WAS ON SCENE AND SUSTAINED A GUN SHOT WOUND. TWO OFFENDERS WERE ARRESTED AT THE SCENE AND TWO OFFENDERS MADE GOOD ON THEIR ESCAPE AND A FLASH MESSAGE WAS SENT. R/SGT NOTIFIED OEMC THAT THIS WAS A POLICE INVOLVED SHOOTING. ENSURED CRIME SCENE WAS ESTABLISHED AND SECURED. R/SGT SEPARATED THE INVOLVED MEMBERS AND ENSURED NOTIFICATIONS WERE MADE.

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. 2020-4103

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

REVIEWING SUPERVISOR NAME (Print) MORALES, WILLIAM STAR NO. 1030 SIGNATURE [REDACTED] DATE/TIME COMPLETED 01-SEP-2020 0812

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.	
	31-AUG-2020	2309	1337 W 19TH ST CHICAGO, IL 60608	01615	JD352249	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9161	KRZEPTOWSKI	MATTHEW	██████			
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
VEGAS	MIGUEL			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WWH	██████-1994

LIUTENANT 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)

Subject was in surgery at Stroger hospital

LIUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS ADDITIONAL ATTACHMENTS

Reporting Deputy Chief (D/C) arrived on scene and conducted a Public Safety Walk-through with the involved Officer.

Reporting D/C relocated to Area 3 Detective Division.

Reporting D/C witnessed the recovery of the discharging member's firearm by the Forensic Division along with COPA investigators.

Video of this incident captured on the BW camera worn by the involved Officer was viewed along with COPA investigators.

Reporting D/C provided the Traumatic Incident Stress Management Program Notification to the involved Officers.

As of this report no further action by the undersigned is required. Investigation into this incident will be done by the Area Detective Division along with the Incident Response Team and COPA. Based on the facts available at this time further investigation is needed.

UNITS ON-SCENE OF THE INCIDENT: See Detective Supplementary Report

LT OR ABOVE/INCIDENT COMMANDER:

I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES A NOTIFICATION TO THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED: 2020-4103

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:

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

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
VALADEZ, FRANCIS A	484	██████	01-Sep-2020 0836