TACTICAL RESPONSE REPORT / Chicago Police Department ADDRESS OF OCCURRENCE 1337 W 19TH ST LOCATION CODE VIDEO RECORDED INCIDENT **▼** BWC IN-CAR VIDEO CHICAGO, IL 60608 31-AUG-2020 2309 1235 ☐ OTHER VIDEO BUSINESS NAME X DNA EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM) ASSIGNMENT TYPE ☐ OTHER ■ ON-VIEW NCIDENT SUPERVISOR DIRECTED X CALL FOR SERVICE INVOLVED A PURSUIT? CB NO. EVENT NO. RD NO. IUCR CODE IR NO. ☐ FOOT X NO 01615 JD352249 2315656 VEHICLE OTHER DUSK
DAWN
ARTIFICIAL MEMBER WAS? IGHTING WEATHER RAIN SNOW/ICE PATROL TYPE? ☐ BICYCLE ■ SQUADROL ■ OTHER: ASSIST UNITS INCIDENT MOTORCYCLE/ VAN/BUS ■ ALONE ON SCENE INDOOR DAYLIGHT X CLEAR DARKNESS FOG **X** OUTDOOR FOOT WITH PARTNER YES X NO CLOUDY EMPLOYEE NO. SEX LAST NAME FIRST NAME WT. RACE AGE INVOLVED MEMBER X M KRZEPTOWSKI MATTHEW 36 602 205 Gun Shot
Fatal TYPE OF MEMBER INJURY Minor Contusion/Laceration DATE OF APPT UNIT & BEAT OF ASSIGN IN UNIFORM? ■ Laceration Requiring Sutures DUTY STATUS Broken/Fractured Bone(s) Fatal
Heart Attack/Stroke/Aneurysm Other (Explain ☐ Complaint of Substantial Pain☐ Significant Contusion None / None Apparent **X** ON **□** OFF X YES NO 02-FFR-2015 П FIRST NAME RACE D.O.B. WT. AST NAME M.I. ΗТ DNA M D F VEGAS MIGUEL WHITE HISPANI **FORMATION** TELEPHONE NO. Disability CONDITION Injured Not by the Member's Force Under Influence of Drugs X Apparently Normal ◻ OTHER (Specify) Alleges Injury by Member Mental Illness / CALUMET CITY, IL 60409 ☐ Under Influence of Alcohol ■ Injured by Member 교 **Emotional Disorde** MEDICAL TREATMENT? ▼ Taken to Hospital (Specify)
□ OTHER (Specify) SUBJECT INJURY BY MEMBER'S USE OF FORCE? Performed by Member \mathbb{S} Refused Medical Aid Offered/EMS Performed by CFD EMS JOHN H. STROGER, JR. HOSI WAS SUBJECT ARMED WITH WEAPON? NO X YES, DESCRIBE BELOW: DID NOT FOLLOW PHYSICAL ATTACK WITHOUT THROWN OBJECT (DESCRIBE) BLUNT OBJECT KNIFE/CUTTING VERBAL DIRECTION WEAPON. (SPECIFY) SHOTGUN DNA (DESCRIBE) INSTRUMENT UNABLE TO UNDERSTAND HAND/ARM/ELBOW STRIKE VERBAL DIRECTION SEMI-AUTO EXPLOSIVE DEVICE IMMINENT THREAT OF BATTERY WITH WEAPON KNEE/LEG STRIKE VERBAL THREATS PISTOL CHEMICAL WEAPON UNK OTHER (DESCRIBE) ATTEMPT TO OBTAIN MEMBER'S REVOLVER MOUTH/TEETH/SPIT STIFFENED TASER/STUN GUN ACTIONS (DEAD WEIGHT) PUSH/SHOVE/PULL **VEHICLE** RIFLE PHYSICAL ATTACK WITH WEAPON PULLED AWAY that apply) GRAB/HOLD/RESTRAIN WEAPON/OBJECT USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM PERCEIVED AS: WRESTLE/GRAPPLE SUBJECT'S / IMMINENT THREAT OF OTHER (DESCRIBE) OTHER (DESCRIBE) WEAPON USE BATTERY - NO WEAPON □ DNA Attack Member ☐ Obtained Member's Weapon DID THE SUBJECT COMMIT AN ASSAULT OR SUBJECT ACTIVITY Drug-Related? ■ NO Possessed Used - Attacked Member BATTERY AGAINST THE INVOLVED MEMBER Member at Gunpoint Gang-Related? PERFORMING A POLICE FUNCTION? X YES ☐ NO (X YES ☐ Displayed, Not Used Member Shot/Shot At YES X NO YPE OF ACTIVITY ■ Processing/Transporting/Guarding Arrestee ■ Disturbance - Riot/Mob Disturbance - Other Ambush - No Warning Disturbance - Domes Man with a Gun Action/Civil Disorder ■ Pursuing/Arresting Subject Other - Describe in Narrative Traffic Stop П Disturbance - Mental Health Investigatory Stop REASON FOR RESPONSE? ■ Defense of Self Defense of Member of Public Subject Armed with Weapon Stop Self-Inflicted Harm Defense of Department Member ▼ Overcome Resistance or Aggression Fleeing Subject ☐ Unintentional **CONTROL TACTICS** П **FORCE MITIGATION EFFORTS** MA MA MOVEMENT TO HANDCUFFS/PHYSICAL MEMBER ZONE OF SAFETY TACTICAL **ESCORT HOLDS** CONTROL INSTRUMENT NONE AVOID ATTACK RESTRAINTS POSITIONING UNK PRESSURE SENSITIVE AREAS OTHER OTHER WRISTLOCK SPECIALIZED UNITS VERBAL DIRECTION/ ADDITIONAL RESPONSE **EMERGENCY HANDCUFFING** CONTROL TECHNIQUES UNIT MEMBERS ARMBAR RESPONSE WITHOUT WEAPONS **RESPONSE WITH WEAPONS** LESS LETHAL SHOTGUN TASER OPEN HAND STRIKE KICKS OC/CHEMICAL WEAPON REVOLVER SEMI-AUTO PISTOL that (DESCRIBE BELOW) OC/CHEMICAL WEAPON OTHER TAKE DOWN လ CANINE Ē **RIFLE** SHOTGUN W/ AUTHORIZATION' ER OTHER IMPACT MUNITIONS (DESCRIBE BELOW) (Check **ELBOW STRIKE** BATON/EXPANDABLE LRAD W/ OTHER **IEMB** CLOSED HAND AUTHORIZATION' STRIKE/ PUNCH UNIT NO. *AUTHORIZED BY (NAME) STAR NO KNEE STRIKE WAS ANY REPORTABLE FORCE USED AGAINST THE SUBJECT WHILE HANDCUFFED OR OTHERWISE IN PHYSICAL RESTRAINTS? IF YES, DESCRIBE SUBJECT'S ACTIONS AND MEMBER'S RESPONSE IN THE NARRATIVE SECTION SEMI-AUTO PISTOL SHOTGUN NO. OF DISCHARGES WEAPON SERIAL NO WEAPON CERT. NO WEAPON TYPE: CHEMICAL WEAPON REVOLVER OTHER DNA TASER RIFLE DID THIS WEAPON CONTRIBUTE TO A DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? WAS SUBJECT VEHICLE USE AS A WEAPON? **NEAPON DISCHARGE** SUBJECT INJURY? YES NO NO YES-SUBJECT YES-MEMBER NO YES - AGAINST MEMBER YES - AGAINST OTHER PERSON WAS DISCHARGE ONLY TO WAS THIS AN UNINTENTIONAL DISCHARGE PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): DESTROY/DETER AN ANIMAL? DURING A NON-CRIMINAL INCIDENT? SUBJECT ■ ANIMAL ■ NONE ☐ OTHER OBJECT DEPARTMENT MEMBER ☐ YES X NO ☐ YES X NO UNKNOWN OTHER PERSON TASER TASER CARTRIDGE ID NO.(S) PROPERTY INVENTORY NO. RTRIDGES DISCHARGED ADDITIONAL ENERGY CYCLES

☐ TRIGGER ☐ DNA ☐ 1 ☐ 2 ☐ OTHER CONTACT STUN 1 2 DNA
OTHER □ 1 □ 2 □ DNA □ 1 □ 2 □ DNA DISCHARGE ☐ DNA ☐ 1 ☐ 2 ☐ OTHER ONLY WHO FIRED FIRST SHOT?

☐ MEMBER ☐ OTHER (Specify) FIREARM WAS FIREARM RELOADED DURING INCIDENT? DID MEMBER FIRE AT A VEHICLE? TOTAL NO. OF SHOTS MAKE/ MANUFACTURER MODEL MEMBER DISCHARGE

X YES NO

▼ OFFENDER

FIRED

NO ☐ YES

NOTIFICATIONS AND NARRATIVE	
NOTIFICATIONS (ALL INCIDENTS): X IMMEDIATE SUPERVISOR X DISTRICT OF OCCURRENCE NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): X OF	МС 🗵 СРІС
NARRATIVE (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECTS ACTIONS, AND (3) THE DEPARTMENT RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMP NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEPARTMENT OF THE PROPERTY OF THE PROPERTY OF THE STATE OF THE ST	LETE THE
REPORTING MEMBER (Print Name) KRZEPTOWSKI, MATTHEW STAR/EMPLOYEE NO. SIGNATURE	
REVIEWING SUPERVISOR	
TYPE OF SUBJECT INJURY Minor Contusion Significant Contusion Gun Shot HOW WAS INJURY SUSTAINED? Minor None Apparent Minor Laceration/Abrasion Laceration Requiring Sutures Fatal Intentional Act by Member Intentional Act by Self Intentional Act by Member Unintentional Act by Self Unint	onal Act by Other entional Act by Other
LAST NAME FIRST NAME M.I. SEX RACE DATE OF BIF	
ADDRESS CHICAGO, IL TELEPHONE NO. WITNESS INTERVIEW INTERVIEWED NOT REFUSED AVAILABLE	OTHER (Specify)
WITNESS STATEMENT	AL WITNESSES
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 INVOVLED SHOOTING. ENSURED CRIME SCENE WAS ESTABLISHED AND SECURED. R/SGT SEPARATED THE INVOLVED MEMBERS AND ENSURED NOTIFICATIONS WERE MADE.	
SUPERVISOR ON-SCENE RESPONSE NO X YES EVIDENCE TECHNICIAN? NOTIFIED X RESPONDED DNA	
ATTACHMENTS: X 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. OBTAINE 2020-4103) .
I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.	
REVIEWING SUPERVISOR NAME (Print) STAR NO. SIGNATURE MORALES, WILLIAM DATE/TIME CO 01-SEP-20	
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 TRR 1 OF 1 TRR 0 TRR 0 TRR 0 TRR 0 TRR 0 TRR 0 TRR 1 OF 1	TRR(S)

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TACTICAL RESPONSE REPORT - INVESTIGATION /Chicago Police Department ADDRESS OF OCCURRENCE 1337 W 19TH ST DATE OF INCIDENT EVENT NO RD NO. INCIDENT INFORMATION CHICAGO, IL 60608 31-AUG-2020 2309 JD352249 RANK MEMBER FIRST NAME EMPLOYEE NO. CB NO. MEMBER LAST NAME CHARGE KRZEPTOWSKI 9161 MATTHEW RACE SUBJECT LAST NAME SUBJECT FIRST NAME M.I. SEX D.O.B. **⊠** м **□** ғ VEGAS MIGUEI ww-1994 LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW MIRANDA WARNINGS GIVEN YES NO DATE/TIME LOCATION INJURIES OBSERVED NO YES, DESCRIBE IN COMMENTS VISUAL INSPECTION CONDUCTED TYES IN NO DATE/TIME LOCATION INTERVIEW NOT CONDUCTED (Specify Reason) SUBJECT'S STATEMENT REGARDING THE USE OF FORCE □ DNA ☐ REFUSED Subject was in surgery at Stroger hospital LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS M 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. BASED ON THE PRELIMINARY IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES. INFORMATION THAT I HAVE I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REVIEWED AND THAT WAS REQUIRES A NOTIFICATION TO THE CIVILIAN OFFICE OF NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND AVAILABLE AT THE TIME OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED: DIRECTIVES. THIS REPORT. THE MEMBER'S USE OF FORCE X A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT. 2020-4103 RESPONSE APPEARS TO BE: REVIEWING SUPERVISOR ACTIONS RECOMMENDED? INVOLVED MEMBER ACTIONS RECOMMENDED? ▼ NO YES, DESCRIBE BELOW: ▼ NO YES, DESCRIBE BELOW: INDIVIDUAL DEBRIEFING WITH REVIEW LEGAL/TRAINING BULLETIN INDIVIDUAL DEBRIEFING WITH REVIEW LEGAL/TRAINING BULLETIN SUPERVISOR SUPERVISOR STRESS REDUCTION SEMINAR STRESS REDUCTION SEMINAR **REVIEW STREAMING VIDEO** REVIEW STREAMING VIDEO REVIEW DEPARTMENT DIRECTIVES OTHER: REVIEW DEPARTMENT DIRECTIVES OTHER: LT OR ABOVE/INCIDENT COMMANDER NAME (Print) STAR NO. SIGNATURE DATE/TIME COMPLETED VALADEZ, FRANCIS A 01-Sep-2020 0836