

INCIDENT	DATE OF INCIDENT		TIME		ADDRESS OF OCCURRENCE			LOCATION CODE		BEAT/OCCUR.		VIDEO RECORDED INCIDENT								
	30-JUL-2020		0941		5555 W GRAND AVE CHICAGO, IL 60639			280		2515		<input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO								
	BUSINESS NAME				EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY ,BEDROOM)				ASSIGNMENT TYPE											
	SALLY PORT AREA								<input checked="" type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE											
EVENT NO.	RD NO.		IUCR CODE		IR NO.		CB NO.		INVOLVED A PURSUIT?											
	04158		JD314891		0450		1874063		19980681		<input checked="" type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER									
LIGHTING		WEATHER		PATROL TYPE?		BICYCLE		SQUADROL		MEMBER WAS?		ASSIST UNITS		INCIDENT						
<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL		<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG		<input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> FOOT		<input type="checkbox"/> MOTORCYCLE/ PAPV		<input type="checkbox"/> VAN/BUS		<input checked="" type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR						
INVOLVED MEMBER	RANK		LAST NAME		FIRST NAME		EMPLOYEE NO.		WATCH		SEX		RACE		AGE		HT.		WT.	
	9161		VASILIADIS		TIMOTHY				2		<input checked="" type="checkbox"/> M <input type="checkbox"/> F		2		28		510		205	
DATE OF APPT.		UNIT & BEAT OF ASSIGN.		DUTY STATUS		IN UNIFORM?		TYPE OF MEMBER INJURY		<input type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion		<input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm		<input type="checkbox"/> Gun Shot <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Other (Explain)						
16-JUN-2017		025 2515		<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling												
SUBJECT INFORMATION	LAST NAME				FIRST NAME				M.I.		SEX		RACE		D.O.B.		HT.		WT.	
	JORDAN				LOVELL						<input checked="" type="checkbox"/> M <input type="checkbox"/> F		BLACK				507		200	
	ADDRESS				TELEPHONE NO.				CONDITION		<input 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 type="checkbox"/> Disability <input checked="" type="checkbox"/> OTHER (Specify) UNK MEMBER					
	MAYWOOD, IL								<input type="checkbox"/> Apparently Normal <input checked="" type="checkbox"/> Injured by Member											
MEDICAL TREATMENT?		<input type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)		SUBJECT INJURY BY MEMBER'S USE OF FORCE?		<input type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input checked="" type="checkbox"/> UNK		<input type="checkbox"/> Subject Alleged Injury <input checked="" type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal												
<input type="checkbox"/> Refused Medical Aid <input checked="" type="checkbox"/> Offered/EMS Requested		<input checked="" type="checkbox"/> Performed by CFD EMS		JOHN H. STROGER, JR. HOSP																
SUBJECT'S ACTIONS (Check all that apply)	<input checked="" 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"/> BLUNT OBJECT (DESCRIBE)		<input type="checkbox"/> KNIFE/CUTTING INSTRUMENT		<input type="checkbox"/> SHOTGUN							
	<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"/> CHEMICAL WEAPON		<input type="checkbox"/> TASER/STUN GUN		<input checked="" type="checkbox"/> SEMI-AUTO PISTOL		<input type="checkbox"/> EXPLOSIVE DEVICE							
	<input type="checkbox"/> VERBAL THREATS		<input type="checkbox"/> KNEE/LEG STRIKE		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		<input type="checkbox"/> VEHICLE		<input type="checkbox"/> REVOLVER		<input type="checkbox"/> RIFLE		<input type="checkbox"/> OTHER (DESCRIBE)							
	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON															
<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> PUSH/SHOVE/PULL		<input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM																
<input checked="" type="checkbox"/> FLED		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> OTHER (DESCRIBE)																
<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> WRESTLE/GRAPPLE																		
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 checked="" 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 checked="" type="checkbox"/> Processing/Transporting/Guarding Arrestee		<input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disturbance - Mental Health																
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 checked="" 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 checked="" 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"/> LRAD W/ AUTHORIZATION*				<input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> OTHER												
<input type="checkbox"/> CLOSED HAND STRIKE/ PUNCH																				
<input type="checkbox"/> KNEE STRIKE																				

# 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#01458, THIS IS A BWC RECORDED EVENT. (FOR FURTHER DETAILS OF SAID INCIDENT, REFER TO THE DETECTIVE SUPPLEMENTARY REPORTS RELATED UNDER THE ABOVE LISTED RD#. SEE ATTACHED IOD REPORT.

REPORTING MEMBER (Print Name)  
VASILIADIS, TIMOTHY

STAR/EMPLOYEE NO.  
8997

SIGNATURE

## REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY ☐ Minor Contusion ☐ Significant Contusion ☒ Gun Shot ☐ 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

UNK  
WITNESSES

LAST NAME

FIRST NAME

M.I.

SEX

RACE

DATE OF BIRTH

ADDRESS  
CHICAGO, IL

TELEPHONE NO.

WITNESS INTERVIEW

☐ INTERVIEWED ☐ NOT AVAILABLE ☐ OTHER (Specify)

WITNESS STATEMENT

☐ ADDITIONAL WITNESSES

### REVIEWING SUPERVISOR: COMMENTS

R/S RESPONDED TO 10-1/ SHOTS FIRED AT POLICE. POLICE INVOLVED SHOOTING 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

DATE/TIME COMPLETED  
30-JUL-2020 2323

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:

- THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
- CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
- 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 30-JUL-2020		TIME 0941	ADDRESS OF OCCURRENCE 5555 W GRAND AVE CHICAGO, IL 60639		EVENT NO. 04158		RD NO. JD314891	
	RANK 9161	MEMBER LAST NAME VASILIADIS		MEMBER FIRST NAME TIMOTHY		EMPLOYEE NO. [REDACTED]	CB NO. 19980681		CHARGE
	SUBJECT LAST NAME JORDAN			SUBJECT FIRST NAME LOVELL			M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK

## 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, Interviews conducted by IRT.

## 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: See Detective Division Supplemental Report

<b>LT OR ABOVE/INCIDENT COMMANDER:</b> <input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02. <input checked="" 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: 2020-0003466		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 type="checkbox"/> IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES. <input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES. <input checked="" type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.
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<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) DARLIN, RANDALL L	STAR NO. 93	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 30-Jul-2020 2346
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**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> 2020-02868	<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> VASILIADIS	<b>MEMBER FIRST NAME</b> TIMOTHY			
<b>SUBJECT LAST NAME</b> JORDAN		<b>SUBJECT FIRST NAME</b> LOVELL			

**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.