

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 10-AUG-2020	TIME 0431	ADDRESS OF OCCURRENCE 70 E LAKE ST CHICAGO, IL 60601	LOCATION CODE 304	BEAT/OCCUR. 0111	VIDEO RECORDED INCIDENT <input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO
	BUSINESS NAME x <input type="checkbox"/> DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY ,BEDROOM) SOUTH SIDE OF LAKE STREET			ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input checked="" type="checkbox"/> OTHER RIOT CONTROL <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE	
	EVENT NO. 00137	RD NO. JD326817	IUCR CODE 0550	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 type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input checked="" type="checkbox"/> ARTIFICIAL	WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> RAIN <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	PATROL TYPE? <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> BICYCLE <input type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER: <input type="checkbox"/> FOOT <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	
RANK 9161	LAST NAME ESPINOZA	FIRST NAME EMMANUEL	EMPLOYEE NO.	WATCH 4	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK
DATE OF APPT. 18-DEC-2006	UNIT & BEAT OF ASSIGN. 715 7542E	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 <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)
SUBJECT INFORMATION	LAST NAME UNK		FIRST NAME	M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK
	ADDRESS		TELEPHONE NO.	CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured by Member	Injured Not by the Member's Force <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol	
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested		Performed by Member <input type="checkbox"/> Performed by CFD EMS	Taken to Hospital (Specify) UNKNOWN	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 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 type="checkbox"/> BLUNT OBJECT (DESCRIBE)	
	<input type="checkbox"/> VERBAL THREATS		<input type="checkbox"/> KNEE/LEG STRIKE		<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON	
	<input checked="" type="checkbox"/> FLED		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> PUSH/SHOVE/PULL		<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW:
<input 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"/> CHEMICAL WEAPON <input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE)
<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> VEHICLE <input type="checkbox"/> RIFLE
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		WEAPON/OBJECT PERCEIVED AS: <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
TYPE OF ACTIVITY <input checked="" type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Man with a Gun <input checked="" 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 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 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 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 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"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS <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"/> TAKE DOWN <input type="checkbox"/> OTHER <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE			<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"/> 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"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> OTHER			
*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"/> REVOLVER <input type="checkbox"/> TASER <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER		NO. OF DISCHARGES OF THE WEAPON. 2	WEAPON SERIAL NO.	WEAPON CERT. NO.	
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> YES <input checked="" 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 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	
	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 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 _____	
FIREARM DISCHARGE ONLY WHO FIRED FIRST SHOT? <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) _____		TOTAL NO. OF SHOTS MEMBER FIRED 2		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
SAUER, J. P. (SAUER & SOH)		MODEL P229		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.)

FIREARM DISCHARGE INCIDENT

REPORTING MEMBER (Print Name) ESPINOZA, EMMANUEL	STAR/EMPLOYEE NO. 8071	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

WITNESSES	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
INVESTIGATION CONDUCTED 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: 2020-0003664

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

REVIEWING SUPERVISOR NAME (Print) MARTIN, DALE	STAR NO. 253	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 10-AUG-2020 1230
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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

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.	
	10-AUG-2020	0431	70 E LAKE ST CHICAGO, IL 60601	00137	JD326817	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9161	ESPINOZA	EMMANUEL	██████			
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
UNK				<input checked="" type="checkbox"/> M <input type="checkbox"/> F	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)

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS ADDITIONAL ATTACHMENTS

Investigation conducted on scene by CPD, COPA not on scene due to safety concerns.
 COPA present in Area Three for briefing and recovery of officer weapons.
 No BWC video and 3rd party video still being recovered.

UNITS ON-SCENE OF THE INCIDENT: 7552,7542E,7551H, 7552A, 7531B and 7532C

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: 2020-0003664

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
WISER, RICHARD W	656	██████	10-Aug-2020 1257