

# TACTICAL RESPONSE REPORT / Chicago Police Department

<b>INCIDENT</b>	DATE OF INCIDENT 21-AUG-2020	TIME 2211	ADDRESS OF OCCURRENCE 2454 S DR MARTIN LUTHER KING JR DR CHICAGO, IL 60616	LOCATION CODE 304	BEAT/OCCUR. 0133	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) STREET			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. 14724	RD NO. JD340751	IUCR CODE 031A	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 checked="" type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL		WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG		PATROL TYPE? <input type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/ PAPV <input type="checkbox"/> BICYCLE <input type="checkbox"/> SQUADROL <input checked="" type="checkbox"/> OTHER: OFF DUTY		MEMBER WAS? <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER	ASSIST UNITS ON SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INCIDENT INDOOR <input type="checkbox"/> OUTDOOR <input checked="" type="checkbox"/>			
RANK 9161	LAST NAME GRIGGS	FIRST NAME MARCUS	EMPLOYEE NO.	WATCH 2	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 1	AGE 33	HT. 508	WT. 190		
DATE OF APPT. 17-JUL-2017	UNIT & BEAT OF ASSIGN. 714	DUTY STATUS <input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF	IN UNIFORM? <input type="checkbox"/> YES <input checked="" 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)			
<b>SUBJECT INFORMATION</b>	LAST NAME UNKNOWN		FIRST NAME UNKNOWN		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B.	HT.	WT.	
	ADDRESS		TELEPHONE NO.		CONDITION <input checked="" 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		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 checked="" 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"/> UNK <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal				
<b>SUBJECT'S ACTIONS</b> (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)		WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW:				
	<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"/> 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 checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> EXPLOSIVE DEVICE		
<input 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 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 type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> OTHER (DESCRIBE)		WEAPON/OBJECT PERCEIVED AS:					
<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		WEAPON USE: <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 checked="" 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"/> YES <input checked="" type="checkbox"/> NO		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 type="checkbox"/> Man with a Gun <input 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					
<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 type="checkbox"/> Defense of Department Member <input 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 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"/> VERBAL DIRECTION/ CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER					<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 type="checkbox"/> ARMBAR <input type="checkbox"/> EMERGENCY HANDCUFFING					
<b>RESPONSE WITHOUT WEAPONS</b>					<b>RESPONSE WITH WEAPONS</b>						
<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 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"/> CLOSED HAND STRIKE/ PUNCH <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.											
<b>WEAPON DISCHARGE</b>	WEAPON TYPE: <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER		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"/> VEHICLE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <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 <input type="checkbox"/> TRIGGER <input type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER <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			
<b>FIREARM DISCHARGE ONLY</b>		WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)	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.)  
SEE DETECTIVE SUPPLEMENTAL REPORT.

REPORTING MEMBER (Print Name) GRIGGS, MARCUS      STAR/EMPLOYEE NO. 8086      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**  UNK      LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ SEX  M  F RACE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS CHICAGO, IL TELEPHONE NO. \_\_\_\_\_ WITNESS INTERVIEW  INTERVIEWED  NOT AVAILABLE  REFUSED  OTHER (Specify) \_\_\_\_\_  
WITNESS STATEMENT \_\_\_\_\_  
 ADDITIONAL WITNESSES

**REVIEWING SUPERVISOR: COMMENTS**  
UNKNOWN IF SUBJECT WAS INJURED BY ANOTHER MEMBER'S ACTIONS. NO KNOWN WITNESSES. DID NOT SEARCH FOR WITNESSES DUE TO DETECTIVES CONDUCTING A CANVAS AND R/SGT DID NOT WANT TO INTERFERE WITH IRT INVESTIGATION

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) CRAVENS, DANIEL      STAR NO. 973      SIGNATURE [REDACTED]      DATE/TIME COMPLETED 22-AUG-2020 0459

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.	
	21-AUG-2020	2211	2454 S DR MARTIN LUTHER KING JR DR CHICAGO, IL 60616	14724	JD340751	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9161	GRIGGS	MARCUS	██████			
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
UNKNOWN	UNKNOWN			<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

Reporting D/C relocated to Area 3 Detective Division.  
 No BWC available as this was an off-duty incident.  
 Reporting D/C provided the Traumatic Incident Stress Management Program Notification to Officer Woods.  
 POD video from #6143, 6144, 6662 and 6663 viewed with COPA.  
 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. Based on the facts available at this time further investigation is needed.

## 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.

### INVOLVED MEMBER ACTIONS RECOMMENDED?

NO  YES, DESCRIBE BELOW:

INDIVIDUAL DEBRIEFING WITH SUPERVISOR  REVIEW LEGAL/TRAINING BULLETIN

REVIEW STREAMING VIDEO  STRESS REDUCTION SEMINAR

REVIEW DEPARTMENT DIRECTIVES  OTHER: \_\_\_\_\_

### REVIEWING SUPERVISOR ACTIONS RECOMMENDED?

NO  YES, DESCRIBE BELOW:

INDIVIDUAL DEBRIEFING WITH SUPERVISOR  REVIEW LEGAL/TRAINING BULLETIN

REVIEW STREAMING VIDEO  STRESS REDUCTION SEMINAR

REVIEW DEPARTMENT DIRECTIVES  OTHER: \_\_\_\_\_

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
VALADEZ, FRANCIS A	484	██████	22-Aug-2020 0528