

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 092	BEAT/OCCUR. 0111	VIDEO RECORDED INCIDENT <input 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)			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. 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 type="checkbox"/> ARTIFICIAL <input checked="" type="checkbox"/> DARKNESS		WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input checked="" type="checkbox"/> CLOUDY		PATROL TYPE? <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> BICYCLE <input type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER: <input type="checkbox"/> FOOT <input type="checkbox"/> MOTORCYCLE/PAPV <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				
INVOLVED MEMBER	RANK 9161	LAST NAME HOLSTROM	FIRST NAME NICOLE	EMPLOYEE NO. [REDACTED]	WATCH 4	SEX <input checked="" type="checkbox"/> F <input type="checkbox"/> M	RACE 2	AGE 47	HT. 506	WT. 140		
	DATE OF APPT. 01-MAY-2013	UNIT & BEAT OF ASSIGN. 715 7501C	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 Contusion/Laceration <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Gun Shot <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Fatal <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)							
SUBJECT INFORMATION	LAST NAME UNKNOWN		FIRST NAME	M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	D.O.B.	HT.	WT.			
	ADDRESS		TELEPHONE NO.	CONDITION <input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Not by the Member's Force <input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Disability <input type="checkbox"/> Injured by Member <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Mental Illness / Emotional Disorder		MEDICAL TREATMENT? <input type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested <input type="checkbox"/> Performed by CFD EMS						
	SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input checked="" type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input 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)		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 checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> VEHICLE		<input type="checkbox"/> RIFLE		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 type="checkbox"/> Member at Gunpoint <input type="checkbox"/> Displayed, Not Used <input checked="" type="checkbox"/> Member Shot/Shot At		
<input checked="" type="checkbox"/> FLED		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:						
<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)								
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input checked="" type="checkbox"/> NO <input 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 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 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											
	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"/> 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						
	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 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					*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"/> 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.	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"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <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	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		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			
FIREARM DISCHARGE ONLY		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.)
 NO NARRATIVE PER OCIC.

REPORTING MEMBER (Print Name) STAR/EMPLOYEE NO. SIGNATURE
 HOLSTROM, NICOLE 18628 [REDACTED]

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY Minor Contusion Significant Contusion Gun Shot HOW WAS INJURY SUSTAINED?
 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

WITNESSES UNK LAST NAME FIRST NAME M.I. SEX RACE DATE OF BIRTH
 M F
 ADDRESS TELEPHONE NO. WITNESS INTERVIEW OTHER (Specify)
 CHICAGO, IL INTERVIEWED NOT AVAILABLE
 REFUSED
 WITNESS STATEMENT
 ADDITIONAL WITNESSES

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) STAR NO. SIGNATURE DATE/TIME COMPLETED
 MARTIN, DALE 253 [REDACTED] 10-AUG-2020 1251

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	HOLSTROM	NICOLE	██████				
SUBJECT LAST NAME		SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
UNKNOWN					<input type="checkbox"/> M <input type="checkbox"/> F	U	

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.
 7552, 7542E, 7551H, 7552A, 7531B and 7532C

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

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 type="checkbox"/> IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
<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: <u>2020-0003664</u>		<input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

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) WISER, RICHARD W	STAR NO. 656	SIGNATURE ██████	DATE/TIME COMPLETED 10-Aug-2020 1333
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