

# TACTICAL RESPONSE REPORT / Chicago Police Department

<b>INCIDENT</b>	DATE OF INCIDENT 29-AUG-2020		TIME 1029		ADDRESS OF OCCURRENCE 5000 S LAKE SHORE DR W CHICAGO, IL 60615			LOCATION CODE 304		BEAT/OCCUR. 0222		VIDEO RECORDED INCIDENT <input checked="" 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) STREET _____					ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input checked="" type="checkbox"/> CALL FOR SERVICE											
	EVENT NO.			RD NO. JD349301		IUCR CODE 0453		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 checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL		WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG		PATROL TYPE? <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> FOOT		<input type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER:		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									
<b>INVOLVED MEMBER</b>	RANK 9161		LAST NAME RODRIGUEZ			FIRST NAME GABRIEL			EMPLOYEE NO.		WATCH 4		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		RACE 4		AGE 29		HT. 600		WT. 327	
	DATE OF APPT. 06-APR-2015		UNIT & BEAT OF ASSIGN. 005 0562b		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 type="checkbox"/> None / None Apparent <input checked="" type="checkbox"/> Minor Swelling		<input type="checkbox"/> Minor Contusion/Laceration <input checked="" 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 type="checkbox"/> Other (Explain)							
<b>SUBJECT INFORMATION</b>	<input type="checkbox"/> DNA		LAST NAME UNK			FIRST NAME UNK			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			<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 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 type="checkbox"/> OTHER (Specify)			<input type="checkbox"/> 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															
<b>SUBJECT'S ACTIONS</b> (Check all that apply)	<input type="checkbox"/> DNA		<input type="checkbox"/> UNK		<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"/> 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"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		<input type="checkbox"/> BLUNT OBJECT (DESCRIBE)		<input type="checkbox"/> KNIFE/CUTTING INSTRUMENT		<input type="checkbox"/> SHOTGUN		<input type="checkbox"/> EXPLOSIVE DEVICE							
	<input type="checkbox"/> VERBAL THREATS		<input type="checkbox"/> KNEE/LEG STRIKE		<input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> CHEMICAL WEAPON		<input type="checkbox"/> SEMI-AUTO PISTOL		<input type="checkbox"/> REVOLVER		<input type="checkbox"/> OTHER (DESCRIBE)							
	<input checked="" type="checkbox"/> FLED		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> TASER/STUN GUN		<input type="checkbox"/> RIFLE											
<b>MEMBER'S RESPONSE</b> (Check all that apply)	<input type="checkbox"/> DNA		<input type="checkbox"/> UNK		<input type="checkbox"/> 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 USE: <input type="checkbox"/> DNA <input checked="" 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 type="checkbox"/> Member Shot/Shot At											
	<input type="checkbox"/> 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 checked="" type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disturbance - Mental Health <input type="checkbox"/> Other - Describe in Narrative <input type="checkbox"/> Pursuing/Arresting Subject																					
	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 checked="" type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional																					
	<b>FORCE MITIGATION EFFORTS</b>												<b>CONTROL TACTICS</b>									
<b>WEAPON DISCHARGE</b>	<input type="checkbox"/> DNA		<input type="checkbox"/> UNK		<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 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"/> WRISTLOCK		<input type="checkbox"/> PRESSURE SENSITIVE AREAS		<input type="checkbox"/> OTHER		<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"/> 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.																						
<b>WEAPON DISCHARGE</b>	<input type="checkbox"/> DNA		<input type="checkbox"/> UNK		WEAPON TYPE: <input checked="" 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. 4		WEAPON SERIAL NO.		WEAPON CERT. NO.											
	<input type="checkbox"/> DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		<input type="checkbox"/> WAS SUBJECT VEHICLE USED AS A WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON																	
	<input type="checkbox"/> WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> 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"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input checked="" type="checkbox"/> VEHICLE <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 checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) _____		TOTAL NO. OF SHOTS FIRED 4		<input type="checkbox"/> WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MAKE/ MANUFACTURER GLOCK GMBH		MODEL 17		<input checked="" type="checkbox"/> 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 SUPP. ACTUAL ADDRESS OF OCCURRENCE IS 4950 S LAKE SHORE DR W, CLEARNET WOULD NOT RESPOND/VERIFY ADDRESS.

REPORTING MEMBER (Print Name)  
RODRIGUEZ, GABRIEL

STAR/EMPLOYEE NO.  
12737

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

WITNESSES  
UNK

LAST NAME

FIRST NAME

M.I.

SEX

RACE

DATE OF BIRTH

ADDRESS  
CHICAGO, IL

TELEPHONE NO.

WITNESS INTERVIEW ☐ INTERVIEWED ☐ NOT AVAILABLE ☐ OTHER (Specify)  
☒ REFUSED

WITNESS STATEMENT

☐ ADDITIONAL WITNESSES

### REVIEWING SUPERVISOR: COMMENTS

R/SGT. INITIALLY RESPONDED TO UNIVERSITY OF CHICAGO HOSPITAL EMERGENCY ROOM TO CHECK PO GABRIEL RODRIGUEZ. R/SGT. PROCEEDED TO SCENE OF OCCURRENCE. R/SGT. HAS NO KNOWLEDGE OF ANY WITNESSES REFER TO IRT REPORT FOR THE WITNESS INFORMATION/INTERVIEWS.

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.  
2020-0004052

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

REVIEWING SUPERVISOR NAME (Print)  
PICKETT, DERRICK

STAR NO.  
1127

SIGNATURE

DATE/TIME COMPLETED  
29-AUG-2020 1754

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

<b>INCIDENT INFORMATION</b>	DATE OF INCIDENT 29-AUG-2020		TIME 1029	ADDRESS OF OCCURRENCE 5000 S LAKE SHORE DR W CHICAGO, IL 60615		EVENT NO.		RD NO. JD349301	
	RANK 9161	MEMBER LAST NAME RODRIGUEZ		MEMBER FIRST NAME GABRIEL		EMPLOYEE NO. [REDACTED]	CB NO.		CHARGE
	SUBJECT LAST NAME UNK			SUBJECT FIRST NAME UNK			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)

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

☒ ADDITIONAL ATTACHMENTS

UNITS ON-SCENE OF THE INCIDENT: See IRT report

**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:  
 CL2020-0004052

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.

<b>INVOLVED MEMBER ACTIONS RECOMMENDED?</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR  <input type="checkbox"/> REVIEW STREAMING VIDEO  <input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES                         </div> <div style="width: 48%;"> <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN  <input type="checkbox"/> STRESS REDUCTION SEMINAR  <input type="checkbox"/> OTHER: _____                         </div> </div>	<b>REVIEWING SUPERVISOR ACTIONS RECOMMENDED?</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR  <input type="checkbox"/> REVIEW STREAMING VIDEO  <input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES                         </div> <div style="width: 48%;"> <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN  <input type="checkbox"/> STRESS REDUCTION SEMINAR  <input type="checkbox"/> OTHER: _____                         </div> </div>
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LT OR ABOVE/INCIDENT COMMANDER NAME (Print) BULNES, MIGDALIA	STAR NO. 226	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 29-Aug-2020 1821
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