

# TACTICAL RESPONSE REPORT / Chicago Police Department

<b>INCIDENT</b>	DATE OF INCIDENT 23-OCT-2020	TIME 1227	ADDRESS OF OCCURRENCE 3735 W 26TH ST CHICAGO, IL 60623	LOCATION CODE 303	BEAT/OCCUR. 1031	VIDEO RECORDED INCIDENT <input checked="" 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) SIDEWALK	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. 06265	RD NO. JD408541	IUCR CODE 0550	IR NO. 2061996	CB NO.	INVOLVED A PURSUIT? <input type="checkbox"/> NO <input checked="" 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"/> RAIN <input type="checkbox"/> CLEAR <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"/> SQUADROL <input type="checkbox"/> VAN/BUS <input type="checkbox"/> OTHER:		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"/>			
<b>INVOLVED MEMBER</b>	RANK 9161	LAST NAME GOMEZ	FIRST NAME ROBERTO	EMPLOYEE NO.	WATCH 4	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 4	AGE 46	HT. 505	WT. 158	
	DATE OF APPT. 14-DEC-2012	UNIT & BEAT OF ASSIGN. 010 1065b	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 type="checkbox"/> Minor Swelling	<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)			
<b>SUBJECT INFORMATION</b>	LAST NAME NEVAREZ		FIRST NAME MARC		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WHITE HISPANIC	D.O.B. 1995	HT. 507	WT. 145	
	ADDRESS CHICAGO, IL 60623		TELEPHONE NO.		CONDITION <input type="checkbox"/> Injured Not by the Member's Force <input type="checkbox"/> Apparently Normal <input checked="" type="checkbox"/> Injured by Member		<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 checked="" type="checkbox"/> Offered/EMS Requested		<input checked="" type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <u>MOUNT SINAI HOSPITAL</u> <input type="checkbox"/> Performed by CFD EMS		SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input 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 checked="" type="checkbox"/> Fatal						
<b>SUBJECT'S ACTIONS</b> (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"/> 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 type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> EXPLOSIVE DEVICE		
<b>MEMBER'S RESPONSE</b> (Check all that apply)	<input checked="" type="checkbox"/> PULLED AWAY		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> TASER/STUN GUN		<input checked="" type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE)		
	<input checked="" type="checkbox"/> FLED		<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		
	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:		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 checked="" type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member Shot/Shot At		
<b>WEAPON DISCHARGE</b>	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 type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Man with a Gun <input checked="" type="checkbox"/> Traffic Stop <input checked="" type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disturbance - Mental Health		<input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder		<input type="checkbox"/> Disturbance - Other		<input type="checkbox"/> Processing/Transporting/Guarding Arrestee		<input checked="" type="checkbox"/> Other - Describe in Narrative <input checked="" type="checkbox"/> Pursuing/Arresting Subject		
	REASON FOR RESPONSE? <input checked="" type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Member of Public <input checked="" type="checkbox"/> Defense of Department Member <input checked="" type="checkbox"/> Overcome Resistance or Aggression		<input type="checkbox"/> Stop Self-Inflicted Harm		<input checked="" type="checkbox"/> Subject Armed with Weapon		<input type="checkbox"/> Fleeing Subject		<input type="checkbox"/> Unintentional		
<b>WEAPON DISCHARGE</b>	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> MOVEMENT TO AVOID ATTACK		<input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE		<input type="checkbox"/> ESCORT HOLDS		<input type="checkbox"/> CONTROL INSTRUMENT		<input checked="" type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS		
	<input checked="" type="checkbox"/> VERBAL DIRECTION/ CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS		<input 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"/> 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		
<b>WEAPON DISCHARGE</b>	<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		*AUTHORIZED BY (NAME)		RANK		STAR NO.		UNIT NO.		
<b>WEAPON DISCHARGE</b>	<input type="checkbox"/> KNEE STRIKE		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 TYPE: <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <input type="checkbox"/> TASER <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> RIFLE		NO. OF DISCHARGES OF THE WEAPON. 3		WEAPON SERIAL NO.		WEAPON CERT. NO.				
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input 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						
<b>WEAPON DISCHARGE</b>	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 checked="" 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 <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
	FIREARM DISCHARGE ONLY WHO FIRED FIRST SHOT? <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)		TOTAL NO. OF SHOTS MEMBER FIRED 3		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MAKE/ MANUFACTURER GLOCK GMBH		MODEL 19		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.)

REPORTING MEMBER (Print Name) GOMEZ, ROBERTO STAR/EMPLOYEE NO. 11353 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 REFER TO DETECTIVE DIVISION SUPPLEMENTARY REPORT.

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. 2020-0004833

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  
SILVA JR, ARMANDO 1908 [REDACTED] 23-OCT-2020 2103

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.	
	23-OCT-2020	1227	3735 W 26TH ST CHICAGO, IL 60623	06265	JD408541	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9161	GOMEZ	ROBERTO	██████			
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
NEVAREZ	MARC			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WWH	██████-1995

## 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)

Subject was fatally wounded.

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS ADDITIONAL ATTACHMENTS

R/Cmdr has reviewed the reports and BWC. This incident will be further investigated by the Civilian Office of Police Accountability.

## 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 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:  2020-0004833		<input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

<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)	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
ROBINSON, RODERICK D	77	██████	23-Oct-2020 2156