

TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2021-00764

INCIDENT	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE		LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT	
	31-MAR-2021	0053	[REDACTED]		090	1724	<input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO	
	BUSINESS NAME		<input type="checkbox"/> DNA EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)		ASSIGNMENT TYPE			
			HALLWAY		<input type="checkbox"/> ON-VIEW <input checked="" type="checkbox"/> OTHER OFF-DUTY <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE			
INVOLVED MEMBER	EVENT NO.	RD NO.	UCR CODE	IR NO.	CB NO.			
	00423	JE184187	0650	1524128	30040156			
SUBJECT INFORMATION	LIGHTING	WEATHER	PATROL TYPE?	BICYCLE	SQUADROL	SQUAD/PLATOON	MEMBER WAS?	
	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input checked="" type="checkbox"/> ARTIFICIAL	<input type="checkbox"/> CLEAR <input type="checkbox"/> SNOW/ICE <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	<input type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> FOOT	<input type="checkbox"/> VAN/BUS <input checked="" type="checkbox"/> OTHER: OFF-DUTY			<input checked="" type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER	
SUBJECT'S ACTIONS (Check all that apply)	RANK	LAST NAME	FIRST NAME	EMPLOYEE NO.	WATCH	SEX	RACE	
	9161	SMITH JR	IWAN		1	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	3	
SUBJECT'S ACTIONS (Check all that apply)	DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?	TYPE OF MEMBER INJURY			
	16-NOV-2017	010 0000	<input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" 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"/> Other (Explain)			
SUBJECT'S ACTIONS (Check all that apply)	LAST NAME	FIRST NAME	M.I.	SEX	RACE	D.O.B.	HT.	
	MENDOZA	JOSE		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WHITE HISPANIC	1988	508	
SUBJECT'S ACTIONS (Check all that apply)	ADDRESS	TELEPHONE NO.	CONDITION					WT.
	[REDACTED]		<input type="checkbox"/> UNK <input type="checkbox"/> Injured Not by the Member's Force <input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Disability (Describe) <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Mental Illness / <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Injured by Member <input checked="" type="checkbox"/> Under Influence of Alcohol <input type="checkbox"/> Emotional Disorder					175
SUBJECT'S ACTIONS (Check all that apply)	MEDICAL TREATMENT?			SUBJECT INJURY BY MEMBER'S USE OF FORCE?				
	<input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested <input type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> Performed by CFD EMS <u>ILLINOIS MASONIC MEDICAL</u>			<input type="checkbox"/> None/None Apparent <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK <input type="checkbox"/> Subject Alleged Injury <input checked="" type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal				
SUBJECT'S ACTIONS (Check all that apply)	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION?			SUBJECT ACTIVITY				
	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Drug-Related? <input type="checkbox"/> Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
SUBJECT'S ACTIONS (Check all that apply)	TYPE OF ACTIVITY			WAS SUBJECT ARMED WITH WEAPON?				
	<input checked="" type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Person 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"/> Mental Health Related Incident <input type="checkbox"/> Other - Describe in Narrative <input type="checkbox"/> Pursuing/Arresting Subject			<input type="checkbox"/> BLUNT OBJECT (DESCRIBE) <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> SHOTGUN <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> EXPLOSIVE DEVICE <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE) <input type="checkbox"/> VEHICLE <input type="checkbox"/> RIFLE				
SUBJECT'S ACTIONS (Check all that apply)	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION?			WEAPON USE:				
	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES			<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 type="checkbox"/> Member Shot/Shot At				
SUBJECT'S ACTIONS (Check all that apply)	REASON FOR RESPONSE?			ORDERED BY SUPERVISOR				
	<input checked="" type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Defense of Department Member <input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional			Name Star No.				
SUBJECT'S ACTIONS (Check all that apply)	FORCE MITIGATION EFFORTS			CONTROL TACTICS				
	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> TACTICAL POSITIONING <input checked="" 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"/> ARMBAR <input type="checkbox"/> OTHER				
SUBJECT'S ACTIONS (Check all that apply)	RESPONSE WITHOUT WEAPONS			RESPONSE WITH WEAPON USE				
	<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input checked="" type="checkbox"/> PUSH/PHYSICAL REDIRECTION <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> OTHER <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				
SUBJECT'S ACTIONS (Check all that apply)	WAS ANY REPORTABLE FORCE USED AGAINST THE SUBJECT WHILE HANDCUFFED OR OTHERWISE IN PHYSICAL RESTRAINTS?			INVOLVED IN A PURSUIT?				
	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES IF YES, DESCRIBE SUBJECT'S ACTIONS AND MEMBER'S RESPONSE IN THE NARRATIVE SECTION.			<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER				
SUBJECT'S ACTIONS (Check all that apply)	WEAPON TYPE:			NO. OF DISCHARGES OF THE WEAPON.				
	<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			1				
SUBJECT'S ACTIONS (Check all that apply)	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY?			DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY?				
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER				
SUBJECT'S ACTIONS (Check all that apply)	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL?			PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY):				
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<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				
SUBJECT'S ACTIONS (Check all that apply)	TASER USE ONLY			ADDITIONAL ENERGY CYCLES				
	TASER CARTRIDGE ID NO.(S) PROPERTY INVENTORY NO.			CONTACT STUN <input type="checkbox"/> SPARK DISPLAY <input type="checkbox"/>				
SUBJECT'S ACTIONS (Check all that apply)	FIREARM DISCHARGE ONLY			MAKE/ MANUFACTURER				
	WHO FIRED FIRST SHOT? <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> OFFENDER			GLOCK GMBH				
SUBJECT'S ACTIONS (Check all that apply)	TOTAL NO. OF SHOTS FIRED			WAS FIREARM RELOADED DURING INCIDENT?				
	1			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
SUBJECT'S ACTIONS (Check all that apply)	DID MEMBER FIRE AT A VEHICLE?			MODEL				
	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			17				

NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): ☒ IMMEDIATE SUPERVISOR ☒ DISTRICT OF OCCURRENCE NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): ☒ OEMC ☒ CPIC

VIEWED BEFORE COMPLETING REPORT: ☐ BWC ☐ IN-CAR VIDEO ☐ OTHER ☒ NONE

NARRATIVE (DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS OR OTHER CIRCUMSTANCES NECESSITATING THE FORCE USED, AND (3) THE INVOLVED 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.)
POLICE INVOLVED SHOOTING.

REPORTING MEMBER (Print Name) SMITH JR, IWAN	RANK/TITLE CODE 11	STAR/EMPLOYEE NO. 5218	SIGNATURE [REDACTED]
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REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY		INJURY LOCATION	
<input type="checkbox"/> None / None Apparent	<input type="checkbox"/> Minor Contusion	<input type="checkbox"/> Leg: <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Head/Neck <input checked="" type="checkbox"/> Other (Describe)
<input type="checkbox"/> Minor Swelling	<input type="checkbox"/> Minor Laceration/Abrasion	<input type="checkbox"/> Arm: <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Torso
<input type="checkbox"/> Complaint of Substantial Pain	<input type="checkbox"/> Laceration Requiring Sutures	<input type="checkbox"/> Back	<input type="checkbox"/> Torso
<input type="checkbox"/> Broken/Fractured Bone(s)	<input type="checkbox"/> Potential Life-Threatening	<input checked="" type="checkbox"/> Gun Shot <input type="checkbox"/> Other (Explain)	
<input type="checkbox"/> Fatal			
LAST NAME		FIRST NAME	M.I.
ADDRESS		TELEPHONE NO.	WITNESS INTERVIEW
CHICAGO, IL			<input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE
WITNESS STATEMENT			<input type="checkbox"/> REFUSED <input type="checkbox"/> OTHER (Specify)
			<input type="checkbox"/> ADDITIONAL WITNESSES

REVIEWING SUPERVISOR: COMMENTS (DOCUMENT ANY OTHER INCIDENT INFORMATION, OBSERVATIONS OR OTHER ACTIONS TAKEN, INCLUDING EFFORTS AND NEGATIVE RESULTS TO IDENTIFY AND INTERVIEW WITNESSES, THAT ARE NOT ALREADY CAPTURED IN TRR FIELDS.)
R/SGT APPROVING REPORT ADMINISTRATIVELY SEE AREA 5 IRT TEAM 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.
☒ I DID NOT USE REPORTABLE FORCE OR ORDER THE USE OF REPORTABLE FORCE DURING THIS INCIDENT.

☒ LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA).

LOG NO. OBTAINED.

CL20210001162

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

REVIEWING SUPERVISOR NAME (Print) MALCZYNSKI, RONALD	RANK/TITLE CODE 9	STAR NO. 2249	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 31-MAR-2021 0804
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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, ADMINISTRATIVE SUPPORT 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. DEPUTY CHIEF, STRATEGIC INITIATIVES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TACTICAL RESPONSE REPORT-INVESTIGATION/Chicago Police Department

TRR REPORT NO. 2021-00764

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.	
	31-MAR-2021	0053		00423	JE184187	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
	9161	SMITH JR	IWAN		30040156	
	SUBJECT LAST NAME	SUBJECT FIRST NAME	M.I.	SEX	RACE	D.O.B.
	MENDOZA	JOSE		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WWH	1988

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)
(Attempt to interview the subject of any reportable use of force, solely about the use of force incident, and record the subject's statement regarding the use of force.)

SUSPECT INTUBATED

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

(Document any investigatory information or other observations or actions taken that are not already captured in TRR-I fields.)

☒ ADDITIONAL ATTACHMENTS

At 0117HRS R/Commander was requested by CPIC to respond to above location for a police-involved shooting. Upon arrival R/Commander conducted a brief public safety interview prior to the officer being transported to Resurrection Hospital for stress. Subject transported to Illinois Masonic with GSW to face. Efforts by ATC personnel to recover video outside the building will resume on 2nd watch 31MAR21. R/Commander witnessed recovery of weapon by forensic personnel. BIA responded to Area 5 and conducted testing which indicated no alcohol in blood. Traumatic Incident Stress Management Notification has been completed and entered in CLEAR. BWC of responding officers reviewed at Area 5 ATC in the presence of IRT and COPA. Officer informed of 30 day administrative period.

UNITS ON-SCENE OF THE INCIDENT: SEE IRT INVESTIGATION

WAS AN INVESTIGATION EXTENSION REQUESTED? ☐ NO ☐ YES, DENIED ☐ YES, APPROVED BY: _____ STAR NO.: _____

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:

2021-001162

☒ I DID NOT USE REPORTABLE FORCE OR ORDER THE USE OF REPORTABLE FORCE DURING THIS INCIDENT.

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?

☒ 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)

RANK/TITLE CODE

STAR NO.

SIGNATURE

DATE/TIME COMPLETED

WINSTROM, ERIC W

COMMANDER

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31-Mar-2021 0846