

TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2021-01855

INCIDENT	DATE OF INCIDENT 09-JUL-2021	TIME 0948	ADDRESS OF OCCURRENCE 109 S KILPATRICK AVE CHICAGO, IL 60644	LOCATION CODE 304	BEAT/OCCUR. 1113	VIDEO RECORDED INCIDENT <input checked="" 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 <input type="checkbox"/> ON-VIEW <input checked="" type="checkbox"/> OTHER ASSIST UNITS <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE		
	EVENT NO. 2119004065	RD NO. JE295553	IUCR CODE 0550	IR NO. 1356763	CB NO.	
LIGHTING <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN <input type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL		WEATHER <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"/> SQUAD/PLATOON <input type="checkbox"/> VAN/BUS <input type="checkbox"/> OTHER:		MEMBER WAS? <input checked="" type="checkbox"/> WITH PARTNER <input type="checkbox"/> ALONE
ASSIST UNITS ON SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		INCIDENT <input checked="" type="checkbox"/> OUTDOOR <input type="checkbox"/> INDOOR				
INVOLVED MEMBER	RANK 9161	LAST NAME ESQUIVEL	FIRST NAME NICHOLAS	EMPLOYEE NO.	WATCH 6	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F
	DATE OF APPT. 19-FEB-2019	UNIT & BEAT OF ASSIGN. 716 7657A	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 WHITE		FIRST NAME KLEVONTAYE	M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK
	ADDRESS		TELEPHONE NO.	CONDITION <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)	D.O.B. -1987	
	MEDICAL TREATMENT? <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)		MOUNT SINAI HOSPITAL		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	
SUBJECT'S ACTIONS (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"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE)	
MEMBER'S RESPONSE (Check all that apply)	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> MOUTH/TEETH/SPIT		WEAPON USE: <input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon	
	<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> PUSH/SHOVE/PULL		<input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member <input type="checkbox"/> Member at Gunpoint	
	<input type="checkbox"/> FLED		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> Displayed, Not Used <input checked="" type="checkbox"/> Member Shot/Shot At	
WEAPON USE	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> WRESTLE/GRAPPLE		TYPE OF ACTIVITY <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input checked="" 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"/> PHYSICAL OBSTRUCTION		<input type="checkbox"/> OTHER (DESCRIBE)		<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 checked="" type="checkbox"/> Pursuing/Arresting Subject	
	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	
REASON FOR RESPONSE?	<input checked="" type="checkbox"/> Defense of Self		<input type="checkbox"/> Defense of Member of Public		<input type="checkbox"/> Fleeing Subject	
	<input checked="" type="checkbox"/> Defense of Department Member		<input type="checkbox"/> Stop Self-Inflicted Harm		<input type="checkbox"/> Other (Describe)	
	<input checked="" type="checkbox"/> Overcome Resistance or Aggression		<input type="checkbox"/> Unintentional		Ordered by Supervisor Name _____ Star No. _____	
	<input type="checkbox"/> Subject Armed with Weapon					
FORCE MITIGATION EFFORTS			CONTROL TACTICS			
<input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> MOVEMENT TO AVOID ATTACK			<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS			
<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS			<input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS			
<input checked="" type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE			<input type="checkbox"/> ARMBAR <input type="checkbox"/> OTHER			
<input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS						
RESPONSE WITHOUT WEAPONS			RESPONSE WITH WEAPON USE			
<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			
<input type="checkbox"/> TAKE DOWN <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION			<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"/> OTHER			<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. _____			
<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.					INVOLVED IN A PURSUIT? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER	
WEAPON USE	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		NO. OF DISCHARGES OF THE WEAPON. 15		WEAPON SERIAL NO. _____ WEAPON CERT. NO. _____	
	TASER <input type="checkbox"/> RIFLE		DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER	
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		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	
	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 checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN	
TASER USE 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 _____		
FIREARM DISCHARGE ONLY		WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) _____		TOTAL NO. OF SHOTS FIRED 15		
TASER USE ONLY		PROPERTY INVENTORY NO. _____		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 _____		
FIREARM DISCHARGE ONLY		TOTAL NO. OF SHOTS FIRED 15		CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER _____		
FIREARM DISCHARGE ONLY		TOTAL NO. OF SHOTS FIRED 15		SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER _____		
FIREARM DISCHARGE ONLY		TOTAL NO. OF SHOTS FIRED 15		DID MEMBER FIRE AT A VEHICLE? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		
FIREARM DISCHARGE ONLY		TOTAL NO. OF SHOTS FIRED 15		MAKE/ MANUFACTURER GLOCK GMBH		
FIREARM DISCHARGE ONLY		TOTAL NO. OF SHOTS FIRED 15		MODEL 17		
FIREARM DISCHARGE ONLY		TOTAL NO. OF SHOTS FIRED 15		DID MEMBER FIRE AT A VEHICLE? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		

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.)

REPORTING MEMBER (Print Name) ESQUIVEL, NICHOLAS	RANK/TITLE CODE 11	STAR/EMPLOYEE NO. 18016	SIGNATURE [REDACTED]
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REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY: <input type="checkbox"/> Minor Contusion <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Potential Life-Threatening <input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Laceration/Abrasion <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Gun Shot <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input checked="" type="checkbox"/> Fatal	INJURY LOCATION: <input type="checkbox"/> Head/Neck <input checked="" type="checkbox"/> Other (Describe) <input type="checkbox"/> Leg: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Torso <input type="checkbox"/> Arm: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Back <u>multiple gun shot wounds</u>
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WITNESSES	<input checked="" type="checkbox"/> UNK LAST NAME: _____ FIRST NAME: _____ M.I.: _____ SEX: <input type="checkbox"/> M <input type="checkbox"/> F RACE: _____ DATE OF BIRTH: _____
	ADDRESS: CHICAGO, IL TELEPHONE NO.: _____ WITNESS INTERVIEW: <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> REFUSED
	WITNESS STATEMENT: _____ <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.)
 THIS REPORT WAS ONLY CHECKED FOR ACCURACY, ALL WITNESSES INTERVIEWED BY IRT DETECTIVES.

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: 21-08
 I DID NOT USE REPORTABLE FORCE OR ORDER THE USE OF REPORTABLE FORCE DURING THIS INCIDENT.

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

REVIEWING SUPERVISOR NAME (Print) PARAGES, MICHAEL	RANK/TITLE CODE 9	STAR NO. 1439	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 09-JUL-2021 1909
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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 FRD TRACKING NO. 2021-01855

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	09-JUL-2021	0948	109 S KILPATRICK AVE CHICAGO, IL 60644	2119004065	JE295553		
	RANK 9161	MEMBER LAST NAME ESQUIVEL	MEMBER FIRST NAME NICHOLAS	EMPLOYEE NO. [REDACTED]	CB NO.	CHARGE	
SUBJECT LAST NAME WHITE		SUBJECT FIRST NAME KLEVONTAYE		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK	D.O.B. [REDACTED]1987

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.)
 Felony investigation. Subject is deceased.

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS ADDITIONAL ATTACHMENTS

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

- * No visual inspection of the subject was conducted because the subject was removed for medical attention and later died from his injuries.
- * Reporting Deputy Chief was notified by CPIC at 1002hrs, that shots were fired at and by the police in the area of 109 S. Kilpatrick Ave. The Reporting Deputy Chief responded to the scene.
- * Reporting Deputy Chief conducted a public safety interview and voluntary walk through with the involved member.
- * Subject's gun was recovered on the scene
- * The member was on duty, activated his BWC and his actions were captured on his BWC.
- * IRT Detectives conducted a canvass and investigation on the scene. Witnesses were identified.
- * Reporting Deputy Chief along with COPA viewed the BWCs
- * Reporting Deputy Chief and COPA witnessed the recovery of the discharging members firearm, by the forensic personnel Evidence Technician Amaro

COMMENTS CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM

UNITS ON-SCENE OF THE INCIDENT: 1113,7664C,7657B,1114,1134,1133,1111,7654A,1123,1112,1110,1100X, 1199,1120, 5420, 5830, 5

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

<p>LT OR ABOVE/INCIDENT COMMANDER:</p> <p><input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.</p> <p><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: 21-08</p> <p><input checked="" type="checkbox"/> I DID NOT USE REPORTABLE FORCE OR ORDER THE USE OF REPORTABLE FORCE DURING THIS INCIDENT.</p>	<p>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:</p> <p><input type="checkbox"/> IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.</p> <p><input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.</p> <p><input checked="" type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.</p>
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<p>INVOLVED MEMBER ACTIONS RECOMMENDED?</p> <p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW:</p> <p><input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN</p> <p><input type="checkbox"/> REVIEW STREAMING VIDEO <input type="checkbox"/> STRESS REDUCTION SEMINAR</p> <p><input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES <input type="checkbox"/> OTHER: _____</p>	<p>REVIEWING SUPERVISOR ACTIONS RECOMMENDED?</p> <p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW:</p> <p><input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN</p> <p><input type="checkbox"/> REVIEW STREAMING VIDEO <input type="checkbox"/> STRESS REDUCTION SEMINAR</p> <p><input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES <input type="checkbox"/> OTHER: _____</p>
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LT OR ABOVE/INCIDENT COMMANDER NAME (Print) CATO III, ERNEST	RANK/TITLE CODE DEPUTY CI	STAR NO. 423	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 09-Jul-2021 2025
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TACTICAL RESPONSE REPORT-INVESTIGATION/Chicago Police Department FRD TRACKING NO. 2021-01855

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	09-JUL-2021	0948	109 S KILPATRICK AVE CHICAGO, IL 60644	2119004065	JE295553		
	RANK 9161	MEMBER LAST NAME ESQUIVEL	MEMBER FIRST NAME NICHOLAS	EMPLOYEE NO. [REDACTED]	CB NO.	CHARGE	
SUBJECT LAST NAME WHITE		SUBJECT FIRST NAME KLEVONTAYE		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK	D.O.B. [REDACTED]-1987

LEVEL 3 REPORTABLE USE OF FORCE INCIDENT SUPPLEMENTAL

TYPE OF LEVEL 3 REPORTABLE USE OF FORCE: DEADLY FORCE, FIREARMS DISCHARGE DEADLY FORCE, CHOKEHOLD DEADLY FORCE, OTHER DEADLY FORCE, IMPACT WEAPON STRIKE TO THE HEAD OR NECK HOSPITAL ADMISSION FORCE CAUSED DEATH TO A PERSON

LIST ALL THE TACTICAL RESPONSE REPORTS (TRR) FOR THE INCIDENT (INCLUDING TRRS OF MEMBERS WHO DID NOT ENGAGE IN A LEVEL 3 REPORTABLE USE OF FORCE BUT COMPLETED A TRR FOR A REPORTABLE USE OF FORCE FOR THE INCIDENT):

BASED ON THE PRELIMINARY INFORMATION THAT HAS BEEN REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE FOLLOWING INFORMATION IS PROVIDED FOR THE LEVEL 3 USE OF FORCE INCIDENT REFERENCED ABOVE:

WAS MEMBER ENGAGED IN LEVEL 3 FORCE ON-DUTY?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
INVOLVED A MENTAL HEALTH COMPONENT?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
MEDICAL AID PROVIDED?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
CHOKEHOLD USED?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
CAROTID ARTERY RESTRAINT USED?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
WAS THERE AN INTENTIONAL BATON STRIKE TO HEAD OR NECK?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
WARNING SHOT FIRED?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
FIREARM DISCHARGED AT A PERSON WHO WAS A THREAT ONLY TO SELF?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
FIREARM DISCHARGED SOLEY IN DEFENSE OR PROTECTION OF PROPERTY?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
FIREARM DISCHARGED INTO A CROWD?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
FIREARM DISCHARGED AT OR INTO A BUILDING?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
FIREARM DISCHARGED AT OR INTO A MOVING MOTOR VEHICLE?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
FIREARM DISCHARGED FROM A MOVING MOTOR VEHICLE?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:

ADDITIONAL INFORMATION:

REQUIRED NOTIFICATION TO: <input checked="" type="checkbox"/> COPA <input checked="" type="checkbox"/> CPIC <input type="checkbox"/> NONE	NAME: CATO III, ERNEST	EMPLOYEE / STAR NO. 423	DATE/TIME COMPLETED DEPUTY CHIEF
LT OR ABOVE/INCIDENT COMMANDER NAME (Print) CATO III, ERNEST	RANK/TITLE CODE	STAR NO. 423	SIGNATURE
			DATE/TIME COMPLETED 09-Jul-2021 2025

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 09-JUL-2021	TIME 0948	REPORT NO 2021-01855	EVENT NO. 2119004065	RD NO. JE295553	BEAT OF OCCUR. 1113
ADDRESS OF OCCURENCE 109 S KILPATRICK AVE CHICAGO, IL 60644	CB NO.			IUCR 0550	
MEMBER RANK 9161	MEMBER LAST NAME ESQUIVEL	MEMBER FIRST NAME NICHOLAS			
SUBJECT LAST NAME WHITE		SUBJECT FIRST NAME KLEVONTAYE			

INVESTIGATION COMMENTS

#17886
* Reporting Deputy Chief provided the Traumatic Incident Stress Management program to the effected officer.