

TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2021-01505

INCIDENT	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT
	09-JUN-2021	0029	8329 S KERFOOT AVE CHICAGO, IL 60620	092	0622	<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		
			ALLEY	<input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input checked="" type="checkbox"/> CALL FOR SERVICE		
INVOLVED MEMBER	EVENT NO.	RD NO.	IUCR CODE	IR NO.	GB NO.	
	2116000321	JE259080	041A			
	LIGHTING	<input type="checkbox"/> DUSK <input type="checkbox"/> WEATHER <input type="checkbox"/> RAIN <input type="checkbox"/> POLICE TYPE? <input type="checkbox"/> BICYCLE <input type="checkbox"/> SQUADROL <input type="checkbox"/> SQUAD/ PLATOON	MEMBER WAS? <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> OUTDOOR			
	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> CLEAR <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> MOTORCYCLE/ PAPV <input type="checkbox"/> VAN/BUS <input type="checkbox"/> OTHER:	<input type="checkbox"/> DARKNESS <input checked="" type="checkbox"/> ARTIFICIAL <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	<input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> FOOT			
SUBJECT INFORMATION	RANK	LAST NAME	FIRST NAME	EMPLOYEE NO.	WATCH	SEX
	9181	PONCE	OSCAR		4	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
	DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?	TYPE OF MEMBER INJURY	Minor Contusion/Laceration <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Gun Shot <input type="checkbox"/>
	27-JUN-2016	006 0664d	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion <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.
	UNK	UNK		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLACK	
	ADDRESS	TELEPHONE NO.	CONDITION	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 / Emotional Disorder <input checked="" type="checkbox"/> Other (Specify) UNKNOWN			
MEMBER'S RESPONSE (Check all that apply)	MEDICAL TREATMENT?	<input type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)	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 CFD EMS		<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			
	<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 type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON	<input type="checkbox"/> BLUNT OBJECT (DESCRIBE) <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> SHOTGUN			

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.)

EVENT #00321 WEAPON DISCHARGE INCIDENT SEE DETECTIVE SUPPLEMENTARY REPORT.

REPORTING MEMBER (Print Name) PONCE, OSCAR	RANK/TITLE CODE 11	STAR/EMPLOYEE NO. 9208	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"/> Significant Contusion	<input type="checkbox"/> Laceration Requiring Sutures	<input type="checkbox"/> Back	<input type="checkbox"/> Unknown
<input type="checkbox"/> Broken/Fractured Bone(s)	<input type="checkbox"/> Potential Life-Threatening		
<input type="checkbox"/> Fatal	<input type="checkbox"/> Gun Shot <input checked="" type="checkbox"/> Other (Explain)		
LAST NAME		M.I.	SEX
FIRST NAME		RACE	DATE OF BIRTH
ADDRESS		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.)

THIS IS AN OFFICER DISCHARGE INCIDENT AND IS BEING INVESTIGATED BY THE INCIDENT RESPONSE TEAM.

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. 2021-2232

☒ 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) VASSELLI, NICHOLAS	RANK/TITLE CODE 9	STAR NO. 2213	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 09-JUN-2021 0946
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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. 2021-01505

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.	
	09-JUN-2021	0029	8329 S KERFOOT AVE CHICAGO, IL 60620	2116000321	JE259080	
	RANK 9161	MEMBER LAST NAME PONCE	MEMBER FIRST NAME OSCAR	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	D.O.B.

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.)

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.)

At 0034HRS R/Commander acting as OCIC was requested by CPIC to respond to above location for a police-involved shooting and SWAT incident. Upon arrival R/Commander conducted a brief public safety interview with shooting member. BWC of officers viewed by R/Commander, SWAT and IRT prior to COPA's arrival. COPA notified by IRT Sgt. Sivilar of exigent need to examine BWC for suspect information and to determine if suspect may have been struck by gunfire. 2 civilians had been struck by suspect's gunfire. Shooting officer fired at suspect. Suspect committed aggravated assault against officers then fled the scene. BIA responded to Area 2 for chemical testing which indicated no alcohol in blood. R/Commander witnessed recovery of weapon by Forensic Services personnel. Traumatic Incident Stress Management Notification has been completed and entered into Clear. Officer informed of 30 day administrative period. Area 2 ATC is making efforts to canvass for surveillance at this time.

UNITS ON-SCENE OF THE INCIDENT: 6X, 600, 5200, 699, 663, IRT, COPA, Et. al. (See IRT report)

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

LT OR ABOVE/INCIDENT COMMANDER:

<input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02. <input 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: _____ <input checked="" type="checkbox"/> 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: <input type="checkbox"/> IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES. <input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES. <input checked="" type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.
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INVOLVED MEMBER ACTIONS RECOMMENDED?

☒ NO ☐ 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?

☒ NO ☐ 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: _____

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)

WINSTROM, ERIC W

RANK/TITLE CODE STAR NO.:

COMMAND 20

SIGNATURE

[REDACTED]

DATE/TIME COMPLETED

09-Jun-2021 1002

TACTICAL RESPONSE REPORT-INVESTIGATION/Chicago Police Department

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	09-JUN-2021		0029		8329 S KERFOOT AVE CHICAGO, IL 60620		2116000321		JE259080	
	RANK 9161	MEMBER LAST NAME PONCE			MEMBER FIRST NAME OSCAR		EMPLOYEE NO. [REDACTED]		CB NO.	
	SUBJECT LAST NAME UNK			SUBJECT FIRST NAME UNK			M.I.		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK

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).

2021-01504			

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 type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNKNOWN	COMMENTS: Subject fled scene
MEDICAL AID PROVIDED?	<input checked="" type="checkbox"/> NO <input 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 SOLELY 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: WINSTROM, ERIC W	EMPLOYEE / STAR NO. 20	DATE/TIME COMPLETED COMMANDER
LT OR ABOVE/INCIDENT COMMANDER NAME (Print) WINSTROM, ERIC W		RANK/TITLE CODE [REDACTED]	STAR NO. 20	SIGNATURE [REDACTED]
			DATE/TIME COMPLETED 09-Jun-2021 1002	