

## TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2021-02691

INCIDENT	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE		LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT	
	19-SEP-2021	1055	[REDACTED]		090	0722	<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			
			DINNING ROOM		<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.	UCR CODE	IR NO.	CB NO.			
	05975	JE379439	0552	1647226				
SUBJECT INFORMATION	LIGHTING	WEATHER	PATROL TYPE?	SQUADROL	MEMBER WAS?	ASSIST UNITS	INCIDENT	
	<input type="checkbox"/> DUSK <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARKNESS <input checked="" type="checkbox"/> ARTIFICIAL	<input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	<input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> FOOT	<input type="checkbox"/> BICYCLE <input type="checkbox"/> VAN/BUS <input type="checkbox"/> OTHER:	<input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER	<input type="checkbox"/> ON SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	
SUBJECT INFORMATION	RANK	LAST NAME	FIRST NAME	EMPLOYEE NO.	WATCH	SEX	RACE	
	9161	ROMAN	JOSE	[REDACTED]	2	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	4	
SUBJECT INFORMATION	DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?	TYPE OF MEMBER INJURY			
	15-DEC-2017	007 0722	<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"/> Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion	
SUBJECT INFORMATION	LAST NAME	FIRST NAME	M.I.	SEX	RACE	D.O.B.	HT.	
	BROWN	TURELL	D	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLACK	[REDACTED]-1993	510	
SUBJECT INFORMATION	ADDRESS	TELEPHONE NO.	CONDITION					
	[REDACTED]	[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 checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Mental Illness / Emotional Disorder <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Injured by Member <input type="checkbox"/> Under Influence of Alcohol					
SUBJECT INFORMATION	MEDICAL TREATMENT?			SUBJECT INJURY BY MEMBER'S USE OF FORCE?				
	<input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested <input checked="" type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> Performed by CFD EMS			<input checked="" 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 type="checkbox"/> Fatal				
SUBJECT'S ACTIONS	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON (SPECIFY)			<input type="checkbox"/> THROWN OBJECT (DESCRIBE)				
	<input type="checkbox"/> UNABLE TO UNDERSTAND VERBAL DIRECTION <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> FLED <input type="checkbox"/> GRAB/HOLD/RESTRAIN <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> PHYSICAL OBSTRUCTION <input type="checkbox"/> OTHER (DESCRIBE)			<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> OTHER (DESCRIBE)				
SUBJECT'S ACTIONS	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"/> Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
SUBJECT'S ACTIONS	TYPE OF ACTIVITY			WAS SUBJECT ARMED WITH WEAPON?				
	<input type="checkbox"/> Ambush - No Warning <input checked="" type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Person with a Gun <input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Mental Health Related Incident			<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW: <input type="checkbox"/> BLUNT OBJECT (DESCRIBE) <input checked="" type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> SHOTGUN <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> EXPLOSIVE DEVICE <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	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 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				
MEMBER'S RESPONSE	REASON FOR RESPONSE?			Name				Star No.
	<input type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Defense of Department Member <input type="checkbox"/> Fleeing Subject <input checked="" type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional							
MEMBER'S RESPONSE	FORCE MITIGATION EFFORTS			CONTROL TACTICS				
	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <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"/> 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				
MEMBER'S RESPONSE	RESPONSE WITHOUT WEAPONS			RESPONSE WITH WEAPON USE				
	<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input 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 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.				
MEMBER'S RESPONSE	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"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER				
WEAPON USE	WEAPON TYPE:			NO. OF DISCHARGES OF THE WEAPON.		WEAPON SERIAL NO.		WEAPON CERT. NO.
	<input 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							
WEAPON USE	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY?			DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY?		WAS SUBJECT VEHICLE USED AS A WEAPON?		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			<input type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		<input type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON		
WEAPON USE	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL?			WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT?		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY):		
	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		<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 type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN		
WEAPON USE	TASER USE ONLY			CARTRIDGES DISCHARGED		ADDITIONAL ENERGY CYCLES		CONTACT STUN
	TASER CARTRIDGE ID NO.(S) PROPERTY INVENTORY NO.			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		<input type="checkbox"/> TRIGGER <input type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER
WEAPON USE	FIREARM DISCHARGE ONLY			TOTAL NO. OF SHOTS FIRED		WAS FIREARM RELOADED DURING INCIDENT?		DID MEMBER FIRE AT A VEHICLE?
	WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> OFFENDER					<input type="checkbox"/> YES <input type="checkbox"/> NO		<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

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) ROMAN, JOSE	RANK/TITLE CODE 11	STAR/EMPLOYEE NO. 19361	SIGNATURE [REDACTED]
--	-----------------------	----------------------------	-------------------------

## 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 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 checked="" type="checkbox"/> Torso
	<input type="checkbox"/> Significant Contusion	<input type="checkbox"/> Broken/Fractured Bone(s)	<input type="checkbox"/> Back
	<input type="checkbox"/> Laceration Requiring Sutures	<input checked="" type="checkbox"/> Fatal	
	<input type="checkbox"/> Potential Life-Threatening		
	<input type="checkbox"/> Gun Shot		
	<input type="checkbox"/> Other (Explain)		
LAST NAME		FIRST NAME	M.I.
ADDRESS		SEX	RACE
CHICAGO, IL		<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH
WITNESS STATEMENT		TELEPHONE NO.	WITNESS INTERVIEW
			<input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE
			<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 RESPONDED TO INCIDENT AND ON SCENE. SCENE SECURED. DETECTIVE DIVISION IRT ARRIVED ON SCENE AND WILL INTERVIEW ANY AND ALL WITNESSES. ALL REQUIRED NOTIFICATIONS MADE. R/SGT ENSURED THAT GENERAL OFFENSE CASE REPORT WAS COMPLETED FOR THIS INCIDENT. EVIDENCE TECHNICIAN REQUESTED, ARRIVED AND PROCESSED SCENE.

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.

2021-003709

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

REVIEWING SUPERVISOR NAME (Print) CANDELARIA, JUAN	RANK/TITLE CODE 9	STAR NO. 1194	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 19-SEP-2021 1913
---	----------------------	------------------	-------------------------	---

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. 2021-02691

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.	
	19-SEP-2021	1055		05975	JE379439	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
	9161	ROMAN	JOSE			
	SUBJECT LAST NAME	SUBJECT FIRST NAME	M.I.	SEX	RACE	D.O.B.
	BROWN	TURELL	D	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	1993

## LEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

MIRANDA WARNINGS GIVEN	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME	LOCATION
VISUAL INSPECTION CONDUCTED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE/TIME 19-SEP-2021 1200	LOCATION
INJURIES OBSERVED		<input type="checkbox"/> NO <input checked="" type="checkbox"/> 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.)  
Subject sustained a fatal injury

## LEUTENANT 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.)

R/Cmdr notified at approx 1143 hrs of a shots fired by the police incident with hits.

R/Cmdr proceeded to the scene and learned that the offender had been pronounced at 1135 hrs. R/Cmdr observed the subject to have two apparent gunshot wounds to his torso.

R/Cmdr assumed the duties of the OCIC at approx 1300 hrs. BIA was previously notified and responded to U of C Hospital at approx 1256 hrs.

R/Cmdr reviewed the (2) Body Worn Cameras belonging to the involved officers. R/Cmdr viewed the camera belonging to P.O. Rambert #16391 for the time period from 1101-1105 hrs and viewed the camera belonging to P.O. Roman #19361 for the hours between 1058-1106 hrs.

R/Cmdr conducted a walk-thru w/ COPA at approx 1538 hrs.

R/Cmdr conducted a Public Safety walk-thru w/ P.O. Roman at 1625 hrs.

R/Cmdr conducted a Public Safety walk-thru w/ P.O. Rambert at 1637 hrs.

R/Cmdr witnessed the recovery of the discharging members firearm by Forensics Division Personnel at

\*\*COMMENTS CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM\*\*

UNITS ON-SCENE OF THE INCIDENT: 712, 711, 720, 723, Car 41, 922, 706H, 913, 735

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.	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: 2021-0003709		<input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.
<input checked="" type="checkbox"/> I DID NOT USE REPORTABLE FORCE OR ORDER THE USE OF REPORTABLE FORCE DURING THIS INCIDENT.		<input checked="" type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

## INVOLVED MEMBER ACTIONS RECOMMENDED?

<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:

## REVIEWING SUPERVISOR ACTIONS RECOMMENDED?

<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:

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)

RANK/TITLE CODE STAR NO.

SMITH, JARROD L

COMMAND 269

SIGNATURE

DATE/TIME COMPLETED

19-Sep-2021 2155

## TACTICAL RESPONSE REPORT-INVESTIGATION/Chicago Police Department

FRD TRACKING NO. 2021-02691

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE		EVENT NO.	RD NO.	
	19-SEP-2021	1055			05975	JE379439	
	RANK 9161	MEMBER LAST NAME ROMAN	MEMBER FIRST NAME JOSE		EMPLOYEE NO. [REDACTED]	CB NO.	CHARGE
SUBJECT LAST NAME BROWN		SUBJECT FIRST NAME TURELL			M.I. D	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK
D.O.B. [REDACTED]-1993							

## 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):

2021-02690			

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:
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: SMITH, JARROD L	EMPLOYEE / STAR NO. 269	DATE/TIME COMPLETED COMMANDER
LT OR ABOVE/INCIDENT COMMANDER NAME (Print) SMITH, JARROD L	RANK/TITLE CODE	STAR NO. 269	SIGNATURE
			DATE/TIME COMPLETED 19-Sep-2021 2155



**CLEARNET - ADDITIONAL INFORMATION**

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

**TACTICAL RESPONSE REPORT**

<b>DATE OF INCIDENT</b> 19-SEP-2021	<b>TIME</b> 1055	<b>REPORT NO</b> 2021-02691	<b>EVENT NO.</b> 05975	<b>RD NO.</b> JE379439	<b>BEAT OF OCCUR.</b> 0722
<b>ADDRESS OF OCCURENCE</b> [REDACTED]	<b>CB NO.</b>			<b>IUCR</b> 0552	
<b>MEMBER RANK</b> 9161	<b>MEMBER LAST NAME</b> ROMAN	<b>MEMBER FIRST NAME</b> JOSE			
<b>SUBJECT LAST NAME</b> BROWN		<b>SUBJECT FIRST NAME</b> TURELL			

**INVESTIGATION COMMENTS**

approx 1724 hrs.

R/Cmdr provided the Traumatic Incident Stress Management Program Notification to officers and discharging member notified of the required Administrative Duties assignment.

Investigation by COPA continues regarding the members use of force under LOG# 2021-0003709.

Force Review Panel  
Review