

TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2022-03286

INCIDENT	DATE OF INCIDENT 01-NOV-2022	TIME 0700	ADDRESS OF OCCURRENCE 1827 N MONTICELLO AVE CHICAGO, IL 60647	LOCATION CODE 292	BEAT/OCCUR. 2535	VIDEO RECORDED INCIDENT <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) 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. 2230502538	RD NO. JF457456	IUCR CODE	IR NO.	CB NO.	
INVOLVED MEMBER	RANK 9160	LAST NAME BELLUOMINI	FIRST NAME ANNE	EMPLOYEE NO.	WATCH 2	SEX <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> F
	DATE OF APPT. 25-MAR-2002	UNIT & BEAT OF ASSIGN. 542 1A	DUTY STATUS <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	IN UNIFORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE OF MEMBER INJURY <input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling	
					<input checked="" type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)	
SUBJECT INFORMATION	LAST NAME		FIRST NAME	M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK
	ADDRESS		TELEPHONE NO.	CONDITION <input checked="" type="checkbox"/> UNK <input type="checkbox"/> Injured Not by the Member's Force <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Mental Illness / Emotional Disorder	<input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Disability (Describe)	
	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"/> 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	
SUBJECT'S ACTIONS (Check all that apply)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> UNABLE TO UNDERSTAND VERBAL DIRECTION <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> FLED <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> PHYSICAL OBSTRUCTION		<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY) <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> GRAB/HOLD/RESTRAIN <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> THROWN OBJECT (DESCRIBE) <input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> OTHER (DESCRIBE)	
	<input type="checkbox"/> WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW: <input type="checkbox"/> BLUNT OBJECT (DESCRIBE) <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> SHOTGUN <input type="checkbox"/> CHEMICAL WEAPON <input checked="" 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		<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS: <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 checked="" type="checkbox"/> Member Shot/Shot At			
	<input type="checkbox"/> 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 <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			
MEMBER'S RESPONSE (Check all that apply)	REASON FOR RESPONSE? <input checked="" type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Defense of Department Member <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Person with a Gun <input type="checkbox"/> Mental Health Related Incident <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional <input type="checkbox"/> Other (Describe) <input type="checkbox"/> Ordered by Supervisor					
	FORCE MITIGATION EFFORTS <input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK <input checked="" type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> NONE <input type="checkbox"/> OTHER			CONTROL TACTICS <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		
	RESPONSE WITHOUT WEAPONS <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			RESPONSE WITH WEAPON USE <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 *AUTHORIZED BY (NAME) _____ RANK _____ STAR NO. _____ UNIT NO. _____		
WEAPON USE	WEAPON TYPE: <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> TASER <input type="checkbox"/> RIFLE					
	NO. OF DISCHARGES OF THE WEAPON. 9		WEAPON SERIAL NO.		WEAPON CERT. NO.	
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> YES <input checked="" 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 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 checked="" 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 _____ 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 _____		FIREARM DISCHARGE ONLY WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) _____ <input checked="" type="checkbox"/> OFFENDER _____		TOTAL NO. OF SHOTS FIRED: 9 WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO MAKE/ MANUFACTURER: UNKNOWN MANUFACTURER MODEL: UNKNOWN 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

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.)
SEE DETECTIVES SUPPLEMENTARY REPORT

REPORTING MEMBER (Print Name) BELLUOMINI, ANNE	RANK/TITLE CODE 11	STAR/EMPLOYEE NO. 10021	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 checked="" type="checkbox"/> Other (Explain) <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input 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 UNKNOWN
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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"/> REFUSED <input type="checkbox"/> OTHER (Specify)	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.)
SEE IRT UNIT SUPPLEMENTARY REPORTS FOR WITNESS INTERVIEWS.

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.
 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) YOUNG, JERMAINE	RANK/TITLE CODE 9	STAR NO. 1863	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 01-NOV-2022 1432
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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. 2022-03286

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	01-NOV-2022	0700	1827 N MONTICELLO AVE CHICAGO, IL 60647	2230502538	JF457456		
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE	
9160	BELLUOMINI	ANNE	██████				
SUBJECT LAST NAME		SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
					<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	

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.)
 Reporting Deputy Chief was notified of incident at approximately 0755hrs via CPIC
 Officer Belluomini #10021 taken to Resurrection Hospital for injuries sustained from shooting (stitches to right knee, scrapes to both hands. Reporting Deputy Chief relocated to Resurrection Hospital to check on condition of Belluomini #10021
 Reporting Deputy Chief conducted public safety walkthrough with Officer Heinzl #17399
 Reporting Deputy Chief conducted public safety walkthrough with COPA
 Reporting Deputy Chief relocated to Area 5 Detective Division to complete
 BIA notified and completed appropriate testing at 1305hrs by Inv. Strazzante at Area 5
 Reporting Deputy Chief witnessed the recovery of discharging members? firearms by the Forensics Division personnel along with IRT, COPA personnel in Area 5 Detective Division
 COPA reviewed available video on scene with Deputy Chief and IRT personnel
 Reporting Deputy Chief provided Traumatic Incident Stress Management program notification to Officers

COMMENTS CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM

UNITS ON-SCENE OF THE INCIDENT: See detectives supplementary reports

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: 2022-4681</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)	RANK/TITLE CODE	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
PAPAIANOANNOU, CHRIS	DEPUTY CH	260	██████	01-Nov-2022 1454

TACTICAL RESPONSE REPORT- INVESTIGATION/Chicago Police Department FRD TRACKING NO. 2022-03286

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	01-NOV-2022	0700	1827 N MONTICELLO AVE CHICAGO, IL 60647	2230502538	JF457456		
	RANK 9160	MEMBER LAST NAME BELLUOMINI	MEMBER FIRST NAME ANNE	EMPLOYEE NO.	CB NO.	CHARGE	
SUBJECT LAST NAME			SUBJECT FIRST NAME	M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK	D.O.B.

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):

2022-03285			

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 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 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: PAPAIIOANNOU, CHRIS	EMPLOYEE / STAR NO. 260	DATE/TIME COMPLETED DEPUTY CHIEF
LT OR ABOVE/INCIDENT COMMANDER NAME (Print) PAPAIIOANNOU, CHRIS	RANK/TITLE CODE	STAR NO. 260	SIGNATURE
			DATE/TIME COMPLETED 01-Nov-2022 1454

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 01-NOV-2022	TIME 0700	REPORT NO 2022-03286	EVENT NO. 2230502538	RD NO. JF457456	BEAT OF OCCUR. 2535
ADDRESS OF OCCURENCE 1827 N MONTICELLO AVE CHICAGO, IL 60647	CB NO.			IUCR	
MEMBER RANK 9160	MEMBER LAST NAME BELLUOMINI	MEMBER FIRST NAME ANNE			
SUBJECT LAST NAME		SUBJECT FIRST NAME			

INVESTIGATION COMMENTS

Heinzel #17399 and Belluomini #10021

Reporting Deputy Chief informed Officers Heinzel #17399 and Belluomini #10021 of the required administrative duties / loaner weapon request signed and given

Investigation of COPA continues regarding members use of force under U#2022-4681

See Detectives sup report for units on scene

Offenders not in custody at this time no visual inspection completed