

# TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2023-00360

|  |   |  |  |   |   |  |
|--|---|--|--|---|---|--|
| <b>INCIDENT</b>  | DATE OF INCIDENT<br>08-FEB-2023   | TIME<br>0308   | ADDRESS OF OCCURRENCE<br>3757 N TROY ST CHICAGO, IL 60618  | LOCATION CODE<br>092  | BEAT/OCCUR.<br>1733   | VIDEO RECORDED INCIDENT<br><input checked="" type="checkbox"/> BWC <input checked="" type="checkbox"/> IN-CAR VIDEO<br><input type="checkbox"/> OTHER VIDEO  |
|  | BUSINESS NAME<br><input type="checkbox"/> DNA EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)<br>ALLEY   |  |  | ASSIGNMENT TYPE<br><input checked="" type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER<br><input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE   |   |  |
|  | EVENT NO.<br>2303901300   | RD NO.<br>JG144725   | UCR CODE<br>0550   | IR NO.  | CB NO.  |  |
| LIGHTING <input type="checkbox"/> DUSK <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DARKNESS <input checked="" type="checkbox"/> ARTIFICIAL  |   | WEATHER <input type="checkbox"/> RAIN <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?<br><input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER   |
| ASSIST UNITS ON SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |   | INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR   |  |   |   |  |
| <b>INVOLVED MEMBER</b>   | RANK<br>9161  | LAST NAME<br>ULLOA   | FIRST NAME<br>JORGE  | EMPLOYEE NO.  | WATCH<br>1  | SEX<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F  |
|  | DATE OF APPT.<br>09-MAR-2009  | UNIT & BEAT OF ASSIGN.<br>017 1742   | DUTY STATUS<br><input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF   | IN UNIFORM?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  | TYPE OF MEMBER INJURY<br><input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Gun Shot<br><input type="checkbox"/> Minor Swelling <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Fatal<br><input type="checkbox"/> Significant Contusion <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain) |  |
| <b>SUBJECT INFORMATION</b>   | LAST NAME   |  | FIRST NAME   | M.I.  | SEX<br><input type="checkbox"/> M <input type="checkbox"/> F  | RACE<br>WHITE HISPANIC   |
|  | ADDRESS   |  | TELEPHONE NO.  | CONDITION <input checked="" 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)   |   |  |
|  | MEDICAL TREATMENT?<br><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)       |  | SUBJECT INJURY BY MEMBER'S USE OF FORCE?<br><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 |   |   |  |
| <b>SUBJECT'S ACTIONS</b><br>(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"/> MOUTH/TEETH/SPIT   |  | <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON   |   | <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE)  |  |
|  | <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> PUSH/SHOVE/PULL   |  | <input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON  |   | <input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> RIFLE  |  |
| <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> GRAB/HOLD/RESTRAIN   |   | <input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM  |  | <input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:  |   |  |
| <input type="checkbox"/> FLED <input type="checkbox"/> WRESTLE/GRAPPLE   |   | <input type="checkbox"/> OTHER (DESCRIBE)  |  | WEAPON USE:<br><input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon  |   |  |
| <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> OTHER (DESCRIBE)  |   | <input type="checkbox"/> OTHER (DESCRIBE)  |  | <input type="checkbox"/> Possessed <input checked="" type="checkbox"/> Used - Attacked Member <input type="checkbox"/> Member at Gunpoint   |   |  |
| <input type="checkbox"/> PHYSICAL OBSTRUCTION  |   |  |  | <input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member Shot/Shot At   |   |  |
| 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<br>Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  | Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |   |  |
| TYPE OF ACTIVITY<br><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"/> 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 |   |  |  |   |   |  |
| <b>MEMBER'S RESPONSE</b><br>(Check all that apply)   | REASON FOR RESPONSE?<br><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"/> Fleeing Subject <input type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Other (Describe)  |   | Ordered by Supervisor<br>Name _____ Star No. _____  |  |
|  | <b>FORCE MITIGATION EFFORTS</b>   |  |  | <b>CONTROL TACTICS</b>  |   |  |
|  | <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"/> NONE   |   | <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS  |  |
|  | <input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS  |  | <input type="checkbox"/> ADDITIONAL UNIT MEMBERS   |   | <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> ARMBAR <input type="checkbox"/> OTHER   |  |
| <b>RESPONSE WITHOUT WEAPONS</b>  |   |  | <b>RESPONSE WITH WEAPON USE</b>  |   |   |  |
| <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"/> RIFLE <input type="checkbox"/> SHOTGUN   |   |  |
| <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> OTHER   |   | <input type="checkbox"/> LRAD W/ AUTHORIZATION*  |  | <input type="checkbox"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW) <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?<br><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?<br><input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER   |  |
| <b>WEAPON USE</b>  | WEAPON TYPE:<br><input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER |  | NO. OF DISCHARGES OF THE WEAPON.<br>3  | WEAPON SERIAL NO.   | WEAPON CERT. NO.  |  |
|  | DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK   |  | DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY?<br><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER  |   | WAS SUBJECT VEHICLE USE AS A WEAPON?<br><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?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |   | PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY):<br><input type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> VEHICLE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> OTHER OBJECT  |  |
|  | <b>TASER USE ONLY</b>   |  | TASER CARTRIDGE ID NO.(S)  | PROPERTY INVENTORY NO.  | CARTRIDGES DISCHARGED<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER  | ADDITIONAL ENERGY CYCLES<br>TRIGGER <input type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER<br>ARC <input type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER |
| <b>FIREARM DISCHARGE ONLY</b>  |   | WHO FIRED FIRST SHOT?<br><input type="checkbox"/> MEMBER <input checked="" type="checkbox"/> OTHER (Specify)<br><input type="checkbox"/> OFFENDER <input type="checkbox"/> UNKNOWN | TOTAL NO. OF SHOTS FIRED<br>3  | WAS FIREARM RELOADED DURING INCIDENT?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  | MAKE/ MANUFACTURER<br>GLOCK GMBH  | MODEL<br>17  |
|  |   |  |  | DID MEMBER FIRE AT A VEHICLE?<br><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.)

|   |                       |                            |               |
|---|-----------------------|----------------------------|---------------|
| REPORTING MEMBER (Print Name)<br>ULLOA, JORGE | RANK/TITLE CODE<br>11 | STAR/EMPLOYEE NO.<br>13936 | SIGNATURE<br> |
|---|-----------------------|----------------------------|---------------|

**REVIEWING SUPERVISOR**

|   |   |
|---|---|
| TYPE OF SUBJECT INJURY <input type="checkbox"/> Minor Contusion <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Potential Life-Threatening<br><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)<br><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)<br><input type="checkbox"/> Leg: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Torso<br><input type="checkbox"/> Arm: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Back <u>unknown</u> |
|---|---|

|                  |  |
|------------------|--|
| <b>WITNESSES</b> | <input checked="" type="checkbox"/> UNK<br>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.)  
 THIS IS AN OFFICER INVOLVED SHOOTING INCIDENT. IRT WILL ATTEMPT TO LOCATE AND INTERVIEW WITNESSES.

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: 2023-0000553  
 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)<br>ZACCAGNINO, JOSEPH | RANK/TITLE CODE<br>9 | STAR NO.<br>1682 | SIGNATURE<br> | DATE/TIME COMPLETED<br>08-FEB-2023 1014 |
|---|----------------------|------------------|---------------|---|

**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. 2023-00360

|                             |                  |                           |                                  |                            |  |             |        |
|-----------------------------|------------------|---------------------------|----------------------------------|----------------------------|--|-------------|--------|
| <b>INCIDENT INFORMATION</b> | DATE OF INCIDENT | TIME                      | ADDRESS OF OCCURRENCE            | EVENT NO.                  | RD NO.   |             |        |
|                             | 08-FEB-2023      | 0308                      | 3757 N TROY ST CHICAGO, IL 60618 | 2303901300                 | JG144725   |             |        |
|                             | RANK<br>9161     | MEMBER LAST NAME<br>ULLOA | MEMBER FIRST NAME<br>JORGE       | EMPLOYEE NO.<br>[REDACTED] | CB NO.   | CHARGE      |        |
| SUBJECT LAST NAME           |                  |                           | SUBJECT FIRST NAME               | M.I.                       | SEX<br><input type="checkbox"/> M <input type="checkbox"/> F | RACE<br>WWH | D.O.B. |

**LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW**

MIRANDA WARNINGS GIVEN  YES  NO DATE/TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

VISUAL INSPECTION CONDUCTED  YES  NO DATE/TIME 07-FEB-2023 034 LOCATION 3757 N. TROY- ALLEY 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.)  
 Offender pronounced on scene @ 0330 hrs

**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 by CPIC at 0314am.  
 Reporting Deputy Chief reported to 3757 N Troy- 017th district  
 Reporting Deputy Chief observed Offender on the ground at the location of 3757 S.Troy- Alley. Offender sustained a Fatal GSW, Offender pronounced on scene at 0330hrs.  
 BIA, COPA and IRT notified by CPIC.  
 BIA conducted alcohol test on both officers.  
 Reporting Deputy Chief conducted a Public safety walk-through with both involved officers.  
 Reporting Deputy Chief conducted a Public safety walk-through with Copa Investigators, Flip#47, Haynam#7, Neal#11, Barr#81  
 Officer Empl# [REDACTED] was taken to Illinois' Masonic and Empl# [REDACTED] was taken to Swedish Hospital for rapid heart beat. Both Officers Treated and Released.  
 Reporting DC, Viewed listed body worn videos,BWC reviewed for Empl# [REDACTED] entire video,BWC reviewed

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

**UNITS ON-SCENE OF THE INCIDENT:** See Orginal General Case Report for full list of Personal on Scene

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

|  |   |
|--|---|
| <p><b>LT OR ABOVE/INCIDENT COMMANDER:</b></p> <p><input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.</p> <p><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: _____</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> |
|--|---|

|  |   |
|--|---|
| <p><b>INVOLVED MEMBER ACTIONS RECOMMENDED?</b></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><b>REVIEWING SUPERVISOR ACTIONS RECOMMENDED?</b></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> |
|--|---|

|   |                 |          |            |                     |
|---|-----------------|----------|------------|---------------------|
| LT OR ABOVE/INCIDENT COMMANDER NAME (Print) | RANK/TITLE CODE | STAR NO. | SIGNATURE  | DATE/TIME COMPLETED |
| BULNES, MIGDALIA                            | DEPUTY CH       | 226      | [REDACTED] | 08-Feb-2023 1126    |

**TACTICAL RESPONSE REPORT-INVESTIGATION/Chicago Police Department** FRD TRACKING NO. 2023-00360

|                             |                  |                           |                                  |                            |  |             |        |
|-----------------------------|------------------|---------------------------|----------------------------------|----------------------------|--|-------------|--------|
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|                             | 08-FEB-2023      | 0308                      | 3757 N TROY ST CHICAGO, IL 60618 | 2303901300                 | JG144725   |             |        |
|                             | RANK<br>9161     | MEMBER LAST NAME<br>ULLOA | MEMBER FIRST NAME<br>JORGE       | EMPLOYEE NO.<br>[REDACTED] | CB NO.   | CHARGE      |        |
| SUBJECT LAST NAME           |                  |                           | SUBJECT FIRST NAME               | M.I.                       | SEX<br><input type="checkbox"/> M <input type="checkbox"/> F | RACE<br>WWH | 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):

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |

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<br><input type="checkbox"/> UNKNOWN | COMMENTS: |
| INVOLVED A MENTAL HEALTH COMPONENT?                            | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES<br><input type="checkbox"/> UNKNOWN | COMMENTS: |
| MEDICAL AID PROVIDED?  | <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES<br><input type="checkbox"/> UNKNOWN | COMMENTS: |
| CHOKEHOLD USED?  | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES<br><input type="checkbox"/> UNKNOWN | COMMENTS: |
| CAROTID ARTERY RESTRAINT USED?                                 | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES<br><input type="checkbox"/> UNKNOWN | COMMENTS: |
| WAS THERE AN INTENTIONAL BATON STRIKE TO HEAD OR NECK?         | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES<br><input type="checkbox"/> UNKNOWN | COMMENTS: |
| WARNING SHOT FIRED?  | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES<br><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<br><input type="checkbox"/> UNKNOWN | COMMENTS: |
| FIREARM DISCHARGED SOLEY IN DEFENSE OR PROTECTION OF PROPERTY? | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES<br><input type="checkbox"/> UNKNOWN | COMMENTS: |
| FIREARM DISCHARGED INTO A CROWD?                               | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES<br><input type="checkbox"/> UNKNOWN | COMMENTS: |
| FIREARM DISCHARGED AT OR INTO A BUILDING?                      | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES<br><input type="checkbox"/> UNKNOWN | COMMENTS: |
| FIREARM DISCHARGED AT OR INTO A MOVING MOTOR VEHICLE?          | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES<br><input type="checkbox"/> UNKNOWN | COMMENTS: |
| FIREARM DISCHARGED FROM A MOVING MOTOR VEHICLE?                | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES<br><input type="checkbox"/> UNKNOWN | COMMENTS: |

**ADDITIONAL INFORMATION:**

|  |                           |                            |   |
|--|---------------------------|----------------------------|---|
| REQUIRED NOTIFICATION TO:<br><input checked="" type="checkbox"/> COPA <input checked="" type="checkbox"/> CPIC <input type="checkbox"/> NONE | NAME:<br>BULNES, MIGDALIA | EMPLOYEE / STAR NO.<br>226 | DATE/TIME COMPLETED<br>DEPUTY CHIEF     |
| LT OR ABOVE/INCIDENT COMMANDER NAME (Print)<br>BULNES, MIGDALIA  | RANK/TITLE CODE           | STAR NO.<br>226            | SIGNATURE                               |
|  |                           |                            | DATE/TIME COMPLETED<br>08-Feb-2023 1126 |

**CLEARNET - ADDITIONAL INFORMATION**

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

**TACTICAL RESPONSE REPORT**

|  |                                  |                                   |                                |                           |                               |
|--|----------------------------------|-----------------------------------|--------------------------------|---------------------------|-------------------------------|
| <b>DATE OF INCIDENT</b><br>08-FEB-2023                             | <b>TIME</b><br>0308              | <b>REPORT NO</b><br>2023-00360    | <b>EVENT NO.</b><br>2303901300 | <b>RD NO.</b><br>JG144725 | <b>BEAT OF OCCUR.</b><br>1733 |
| <b>ADDRESS OF OCCURENCE</b><br>3757 N TROY ST<br>CHICAGO, IL 60618 | <b>CB NO.</b>                    |                                   |                                | <b>IUCR</b><br>0550       |                               |
| <b>MEMBER RANK</b><br>9161   | <b>MEMBER LAST NAME</b><br>ULLOA | <b>MEMBER FIRST NAME</b><br>JORGE |                                |                           |                               |
| <b>SUBJECT LAST NAME</b>   |                                  | <b>SUBJECT FIRST NAME</b>         |                                |                           |                               |

**INVESTIGATION COMMENTS**

for Empl# [REDACTED] entire video

Reporting D/C relocated to Area 5 Detective Division.

Watch Operational Lieutenant (017) provided the Traumatic Incident Stress management Program Notification to the Involved Officers.

Reporting Deputy Chief witnessed the recovery of the discharging Member(s) firearms by the Forensic Division along with COPA.

As of this report no further action by the undersigned is required. IRT to conducted Investigation and a witness search.