

# TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2023-00536

<b>INCIDENT</b>	DATE OF INCIDENT 23-FEB-2023	TIME 2253	ADDRESS OF OCCURRENCE 5701 S CICERO AVE, APT#: 051 CHICAGO, IL 60629	LOCATION CODE 095J	BEAT/OCCUR. 0813	VIDEO RECORDED INCIDENT <input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input checked="" type="checkbox"/> OTHER VIDEO
	BUSINESS NAME <input type="checkbox"/> DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM) BAGGAGE CLAIM #6			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. 2305500426	RD NO. JG163707	IUCR CODE	IR NO.	CB NO.	
<b>INVOLVED MEMBER</b>	RANK 9161	LAST NAME MONROE	FIRST NAME SHAWN	EMPLOYEE NO.	WATCH 1	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F
	DATE OF APPT. 06-FEB-1995	UNIT & BEAT OF ASSIGN. 051 7274	DUTY STATUS <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	IN UNIFORM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF MEMBER INJURY <input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling	<input type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Fatal <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)
<b>SUBJECT INFORMATION</b>	LAST NAME HERNANDEZ		FIRST NAME JAIME	M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WHITE HISPANIC
	ADDRESS		TELEPHONE NO.	CONDITION <input 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 checked="" type="checkbox"/> Injured by Member	<input checked="" type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Disability (Describe) <input checked="" type="checkbox"/> Mental Illness / Emotional Disorder <input checked="" type="checkbox"/> Under Influence of Alcohol	
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input checked="" type="checkbox"/> Offered/EMS Requested			<input type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Performed by CFD EMS	HOLY CROSS HOSPITAL	
<b>SUBJECT'S ACTIONS</b> (Check all that apply)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION	<input checked="" type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON (SPECIFY)	<input checked="" type="checkbox"/> THROWN OBJECT (DESCRIBE) BEER CAN	WAS SUBJECT ARMED WITH WEAPON? <input checked="" type="checkbox"/> NO <input 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
	<input checked="" type="checkbox"/> VERBAL THREATS	<input type="checkbox"/> KNEE/LEG STRIKE	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON	<input type="checkbox"/> CHEMICAL WEAPON	<input type="checkbox"/> SEMI-AUTO PISTOL	<input type="checkbox"/> EXPLOSIVE DEVICE
<b>MEMBER'S RESPONSE</b> (Check all that apply)	REASON FOR RESPONSE? <input 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"/> Unintentional <input checked="" type="checkbox"/> Other (Describe) SEE NARRATIVE		
	<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"/> ESCORT HOLDS	<input type="checkbox"/> CONTROL INSTRUMENT
<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 type="checkbox"/> SEMI-AUTO PISTOL
<input type="checkbox"/> TAKE DOWN	<input type="checkbox"/> PUSH/PHYSICAL REDIRECTION	<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION*	<input type="checkbox"/> CANINE	<input type="checkbox"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW)	<input type="checkbox"/> RIFLE	<input type="checkbox"/> SHOTGUN
<input type="checkbox"/> ELBOW STRIKE	<input checked="" type="checkbox"/> OTHER	<input type="checkbox"/> LRAD W/ AUTHORIZATION*	<input type="checkbox"/> BATON/EXPANDABLE BATON	<input checked="" type="checkbox"/> OTHER RADIO		
SEE NARRATIVE			*AUTHORIZED BY (NAME) _____ RANK _____ STAR NO. _____ UNIT NO. _____			
WAS ANY REPORTABLE FORCE USED AGAINST THE SUBJECT WHILE HANDCUFFED OR OTHERWISE IN PHYSICAL RESTRAINTS? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES IF YES, DESCRIBE SUBJECT'S ACTIONS AND MEMBER'S RESPONSE IN THE NARRATIVE SECTION.					INVOLVED IN A PURSUIT? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER	
<b>WEAPON USE</b>	WEAPON TYPE: <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <input type="checkbox"/> TASER <input type="checkbox"/> RIFLE		NO. OF DISCHARGES OF THE WEAPON.	WEAPON SERIAL NO.	WEAPON CERT. NO.	
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USE AS A WEAPON? <input 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 type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input 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"/> VEHICLE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> UNKNOWN	
<b>TASER USE ONLY</b>	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 _____	CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER _____	SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER _____
<b>FIREARM DISCHARGE ONLY</b>	WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> OFFENDER	TOTAL NO. OF SHOTS MEMBER FIRED	WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAKE/ MANUFACTURER	MODEL	DID MEMBER FIRE AT A VEHICLE? <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.)

WHILE ON ROUTINE PATROL AT MIDWAY BAGGAGE CLAIM AREA. A SOUTHWEST EMPLOYEE INFORMED PO MONROE THAT A KNOWN HOMELESS PERSON WAS DRINKING BEER AND MESSING WITH PASSENGERS WHILE WAITING FOR THEIR LUGGAGE IN THE BAGGAGE AREA. UPON ARRIVAL TO THE SCENE PO DID RECOGNIZE THE HOMELESS MAN AND ASKED HIM TO LEAVE THE AIRPORT. THE HOMELESS MAN RELATED TO PO (FUCK YOU NIGGA AND GAVE PO THE FUCK YOU FINGER. OFFICER MONROE THEN GOT OFF HIS SIGWAY AND KICKED HIS BAG AWAY FROM HIM HOPEING HE WOULD MOVE TO RETRIVE HIS BAG AND LEAVE THE AIRPORT. AFTER NEGATIVE RESULTS OFFICER MONROE TOLD HIM THAT HE CAN NOT DRINK IN THE AIRPORT AND THEN MOVED HIS BEER OUT OF HIS AREA AT WHICH TIME OFFENDER BECAME COMBATIVE AND DISTRUPTIVE AS HE RETRIVED HIS BEER AND THEN THREW IT AT OFFICER MONROE. AT THIS TIME AS OFFICER MONROE APPROCHED THE HOMELESS MAN TO CONTINUE TO ASK HIM TO LEAVE THE AIRPORT HE FEARED OF RECEIVING A BATTERY BY THE HOMELESS MAN BODY LANAUAGE KNOWING HIS REPUTATION OF ATTACKING PEOPLE, AT WHICH TIME OFFICER MONROE STRUCK THE HOMELESS MAN ABOUT THE HEAD WITH THE RADIO HE HAD IN HIS HAND AT THE TIME OF THE CONFRONTATION. AT THIS TIME OFFICER MONROE DROVE THE SIGWAY TO THE POLICE POST FOR ASSISTANT FOR REMOVING THE HOMELESS MAN OUT THE AIRPORT AND WHEN OFFICER MONROE RETURNED TO THE SCENE THEIR WAS BLOOD ON THE FLOOR AT WHICH TIME HE NOTIFIED MCC TO DISPACT THE FIRE DEPARTMENT. 7280 RESPONDED TO THE SCENE FIRE TRANSPORTED TO HOLY CROSS HOSPITAL FOR MEDICAL TREATMENT.

REPORTING MEMBER (Print Name) MONROE, SHAWN	RANK/TITLE CODE 11	STAR/EMPLOYEE NO. 18901	SIGNATURE 
--	-----------------------	----------------------------	---------------

**REVIEWING SUPERVISOR**

TYPE OF SUBJECT INJURY <input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Minor Contusion <input type="checkbox"/> Minor Laceration/Abrasion <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion <input checked="" type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Potential Life-Threatening <input type="checkbox"/> Gun Shot <input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain)	INJURY LOCATION <input checked="" type="checkbox"/> Head/Neck <input type="checkbox"/> Other (Describe) <input type="checkbox"/> Torso <input type="checkbox"/> Leg: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Arm: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Back
--	---

<b>WITNESSES</b>	LAST NAME UNK	FIRST NAME UNK	M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 1	DATE OF BIRTH	
	ADDRESS 0 UNKNOWN AVE, APT#: UNK UNK,			TELEPHONE NO.		WITNESS INTERVIEW <input checked="" type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REFUSED <input type="checkbox"/> OTHER (Specify)	
	WITNESS STATEMENT						<input type="checkbox"/> ADDITIONAL WITNESSES
	**STATEMENT CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM**						

**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 WAS ABLE TO VIEW THE CHICAGO DEPARTMENT OF AVIATION VIDEO OF THIS INCIDENT. THE VIDEO SHOWS THE HOMELESS PERSON SEATED ON THE FLOOR WITH A CAN OF BEER WHEN OFFICER MONROE APPROACHES HIM AN ENGAGES IN CONVERSATION. OFFICER MONROE THEN STEPS OFF OF HIS SEGWAY AND KICKS THE HOMELESS PERSONS' BAG AWAY FROM HIM. OFFICER MONROE THEN STRIKES THE HOMELESS PERSON OVER THE HEAD WITH HIS RADIO WHILE HE IS STILL SEATED SEEMINGLY UNPROVOKED. THE HOMELESS PERSON DID NOT SEEM TO POSE A THREAT TO OFFICER MONROE AT THE TIME HE WAS STRUCK.

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. CL 2023-0000787  
 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) WARE, TIMOTHY	RANK/TITLE CODE 9	STAR NO. 2331	SIGNATURE 	DATE/TIME COMPLETED 24-FEB-2023 0418
--	----------------------	------------------	---------------	---

**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. 2023-00536

<b>INCIDENT INFORMATION</b>	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	23-FEB-2023	2253	5701 S CICERO AVE., APT#: 051 CHICAGO, IL 60629	2305500426	JG163707		
	RANK 9161	MEMBER LAST NAME MONROE	MEMBER FIRST NAME SHAWN	EMPLOYEE NO. [REDACTED]	CB NO.	CHARGE	
SUBJECT LAST NAME HERNANDEZ		SUBJECT FIRST NAME JAIME		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WWH	D.O.B. [REDACTED] 1972

**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.)  
 Subject not placed into custody. Subject was taken to hospital for treatment for sustained injuries.

**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.)  
 R/Lt. read the case report and Tactical Response Report as well as spoke to Sgt. Ware #2331 regarding this incident. R/Lt. was unable to interview or conduct a visual inspection of the subject as he was not in custody but rather was taken to the hospital for injury sustained during this incident. The involved member did not have a body worn camera as he is assigned to Midway Airport and the officers in that unit are not assigned body worn cameras. Per Sgt. Ware, video of the incident was captured by the Midway Airport camera system and was viewed by Sgt. Ware. Subsequent to watching the footage of the incident from the airport camera system, Sgt. Ware made the determination to initiate a log number as he did not see ample justification for Officer Monroe striking the subject with his radio. Based on the information provided at the time of this report, the R/Lt. agrees with Sgt. Ware's decision to obtain a log number as this incident requires further investigation.

**UNITS ON-SCENE OF THE INCIDENT:** \_\_\_\_\_

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 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: <u>2023-0000787</u></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 checked="" type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.</p> <p><input 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) <b>CLIFFORD, JOHN P</b>	RANK/TITLE CODE STAR NO. <b>LIEUTENAN 305</b>	SIGNATURE [REDACTED]	DATE/TIME COMPLETED <b>24-Feb-2023 0539</b>
--	--	-------------------------	--

# TACTICAL RESPONSE REPORT-INVESTIGATION/Chicago Police Department

FRD TRACKING NO. \_\_\_\_\_

INCIDENT INFORMATION	DATE OF INCIDENT		TIME	ADDRESS OF OCCURRENCE		EVENT NO.		RD NO.	
	RANK	MEMBER LAST NAME		MEMBER FIRST NAME		EMPLOYEE NO.	CB NO.		CHARGE
	SUBJECT LAST NAME			SUBJECT FIRST NAME			M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE

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

**ADDITIONAL INFORMATION:**

REQUIRED NOTIFICATION TO: <input type="checkbox"/> COPA <input type="checkbox"/> CPIC <input type="checkbox"/> NONE	NAME: _____	EMPLOYEE / STAR NO.	DATE/TIME COMPLETED
LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	RANK/TITLE CODE	STAR NO.	SIGNATURE
			DATE/TIME COMPLETED

**CLEARNET - ADDITIONAL INFORMATION**

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

<b>DATE OF INCIDENT</b> 23-FEB-2023	<b>TIME</b> 2253	<b>REPORT NO</b> 2023-00536	<b>EVENT NO.</b> 2305500426	<b>RD NO.</b> JG163707	<b>BEAT OF OCCUR.</b> 0813
<b>ADDRESS OF OCCURENCE</b> 5701 S CICERO AVE, APT#: 051 CHICAGO, IL 60629	<b>CB NO.</b>			<b>IUCR</b>	
<b>MEMBER RANK</b> 9161	<b>MEMBER LAST NAME</b> MONROE	<b>MEMBER FIRST NAME</b> SHAWN			
<b>SUBJECT LAST NAME</b> HERNANDEZ		<b>SUBJECT FIRST NAME</b> JAIME			

**WITNESS STATEMENT**

ONE WITNESS WAS PRESENT BUT REFUSED TO PROVIDE HIS INFORMATION BECAUSE HE DIDN'T WANT TO GET THAT DEEPLY INVOLVED. THE WITNESS STATED THAT HE OBSERVED THE OFFICER KICK THE HOMELESS PERSONS' BAG AND THEN HIT HIM OVER THE HEAD WITH HIS RADIO FOR NO APPARENT REASON.