

TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2023-00916

INCIDENT	DATE OF INCIDENT 25-MAR-2023	TIME 2244	ADDRESS OF OCCURRENCE 2247 S SACRAMENTO AVE CHICAGO, IL 60623	LOCATION CODE 092	BEAT/OCCUR. 1033	VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO					
	BUSINESS NAME	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM) ALLEY			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. 2308414617	RD NO.	IUCR CODE 0550	IR NO.	CB NO.						
LIGHTING <input type="checkbox"/> DUSK <input type="checkbox"/> DAYLIGHT <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"/> FOOT	<input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/PAPV	<input type="checkbox"/> SQUADROL <input type="checkbox"/> SQUAD/PLATOON	MEMBER WAS? <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER	ASSIST UNITS ON SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR				
RANK 9161	LAST NAME JASPER	FIRST NAME JOSEPH	EMPLOYEE NO.	WATCH 4	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 2	AGE 34	HT. 600	WT. 220		
DATE OF APPT. 16-NOV-2017	UNIT & BEAT OF ASSIGN. 010 1064b	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 type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion	<input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	<input type="checkbox"/> Gun Shot <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Other (Explain)				
SUBJECT INFORMATION	LAST NAME [REDACTED]		FIRST NAME [REDACTED]		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WHITE HISPANIC	D.O.B. [REDACTED]-2005	HT. 505	WT. 115	
	ADDRESS [REDACTED]		TELEPHONE NO.		CONDITION <input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured by Member <input type="checkbox"/> Injured by Member <input type="checkbox"/> Emotional Disorder						
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested <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 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 (Check all that apply)	<input 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"/> KNEE/LEG STRIKE		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		<input type="checkbox"/> CHEMICAL WEAPON		<input checked="" type="checkbox"/> SEMI-AUTO PISTOL		<input type="checkbox"/> EXPLOSIVE DEVICE
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> TASER/STUN GUN		<input type="checkbox"/> REVOLVER		<input type="checkbox"/> OTHER (DESCRIBE)	
<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"/> VEHICLE		<input type="checkbox"/> RIFLE			
<input checked="" type="checkbox"/> FLED		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> OTHER (DESCRIBE)		WEAPON/OBJECT PERCEIVED AS:					
<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		WEAPON USE: <input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon					
<input type="checkbox"/> PHYSICAL OBSTRUCTION		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 Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Gang-Related? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<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 Sho/Shot Al			
TYPE OF ACTIVITY <input checked="" 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 checked="" type="checkbox"/> Processing/Transporting/Guarding Arrestee <input type="checkbox"/> Traffic Stop <input checked="" 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											
MEMBER'S RESPONSE (Check all that apply)	REASON FOR RESPONSE? <input checked="" type="checkbox"/> Defense of Self <input type="checkbox"/> Overcome Resistance or Aggression <input checked="" type="checkbox"/> Defense of Department Member <input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Other (Describe) <input type="checkbox"/> Ordered by Supervisor										
	FORCE MITIGATION EFFORTS <input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" 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"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <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. _____											
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 type="checkbox"/> NO <input checked="" type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER											
WEAPON USE	WEAPON TYPE: <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. 4	WEAPON SERIAL NO. [REDACTED]	WEAPON CERT. NO. [REDACTED]						
	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 checked="" type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input 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 _____		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 _____			
FIREARM DISCHARGE ONLY WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) _____		TOTAL NO. OF SHOTS MEMBER FIRED 4		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MAKE/ MANUFACTURER SMITH & WESSON		MODEL M&P		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.)

REPORTING MEMBER (Print Name) JASPER, JOSEPH	RANK/TITLE CODE 11	STAR/EMPLOYEE NO. 4079	SIGNATURE [REDACTED]
---	-----------------------	---------------------------	-------------------------

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY <input type="checkbox"/> Minor Contusion <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Potential Life-Threatening <input checked="" 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) <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 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
---	---

WITNESSES	<input 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"/> OTHER (Specify) <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REFUSED
	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 DETECTIVE SUPP

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) AUGLE, LEO	RANK/TITLE CODE 9	STAR NO. 1399	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 26-MAR-2023 0609
---	----------------------	------------------	-------------------------	---

DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

- THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, ADMINISTRATIVE SUPPORT DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
- A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:
 - THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
 - CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
 - 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. 2023-00916

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	25-MAR-2023	2244	2247 S SACRAMENTO AVE CHICAGO, IL 60623	██████████	██████████		
	RANK 9161	MEMBER LAST NAME JASPER	MEMBER FIRST NAME JOSEPH	EMPLOYEE NO. ██████████	CB NO.	CHARGE	
SUBJECT LAST NAME ██████████		SUBJECT FIRST NAME ██████████		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WWH	D.O.B. ██████████-2005

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

MIRANDA WARNINGS GIVEN YES NO DATE/TIME _____ LOCATION _____

VISUAL INSPECTION CONDUCTED YES NO DATE/TIME 26-MAR-2023 02 LOCATION INTERVIEW ROOM D 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.)
 Per Order

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.)
 OCIC, Deputy Chief Cline notified by CPIC at 2249 hours
 CPIC notified COPA at 2300 hours
 CPIC notified Sgt Santiago IAD at 2305 hours
 Deputy Chief arrived on scene at 2302 hours
 Initial BWC viewed with COPA and IRT at 0052 hours
 IAD Breath and Urine completed by Sgt. Santiago #1402 at 0058 hours
 Walk through conducted with COPA at 0135 hours
 IRT conducted a canvass for witness which will be documented in Detective Supplementary Reports
 Offenders are currently in custody in Area 4
 Conducted weapon download in the presence of COPA by Beat 5815 P.O. Mulchrone #13206 and Beat 5822 P.O. Butler #19525 at 0423 hours
 Deputy Chief Cline advised 30 day administrative duty and Traumatic Incident Program to P.O. Jasper at approximately 0445 hours in the presence of FOP Katz.

UNITS ON-SCENE OF THE INCIDENT: 010th District Units, Unit 640, Unit 181

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: <u>2023-1277</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 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>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>
--	---

LT OR ABOVE/INCIDENT COMMANDER NAME (Print) CLINE, MATTHEW P	RANK/TITLE CODE DEPUTY CI	STAR NO. 265	SIGNATURE ██████████	DATE/TIME COMPLETED 26-Mar-2023 0653
--	-------------------------------------	------------------------	-------------------------	--

TACTICAL RESPONSE REPORT-**INVESTIGATION/Chicago Police Department** FRD TRACKING NO. 2023-00916

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	25-MAR-2023	2244	2247 S SACRAMENTO AVE CHICAGO, IL 60623	2308414617	██████		
	RANK 9161	MEMBER LAST NAME JASPER	MEMBER FIRST NAME JOSEPH	EMPLOYEE NO. ██████	CB NO.	CHARGE	
SUBJECT LAST NAME ██████		SUBJECT FIRST NAME ██████		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WWH	D.O.B. ██████-2005

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):

2023-00918	2023-00914	2023-00917	2023-00916

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: CLINE, MATTHEW P	EMPLOYEE / STAR NO. 265	DATE/TIME COMPLETED DEPUTY CHIEF
LT OR ABOVE/INCIDENT COMMANDER NAME (Print) CLINE, MATTHEW P	RANK/TITLE CODE 	STAR NO. 265	SIGNATURE
			DATE/TIME COMPLETED 26-Mar-2023 0653