

# TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2023-00918

|  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |
|--|---|---|---|---|---|---|--|---|---|---|---|---|--|--|
| <b>INCIDENT</b>  | DATE OF INCIDENT<br>25-MAR-2023   | TIME<br>2246  | ADDRESS OF OCCURRENCE<br>2946 W 23RD ST CHICAGO, IL 60623   | LOCATION CODE<br>303  | BEAT/OCCUR.<br>1033   | VIDEO RECORDED INCIDENT<br><input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO<br><input type="checkbox"/> OTHER VIDEO  |  |   |   |   |   |   |  |  |
|  | BUSINESS NAME   | <input type="checkbox"/> DNA  | EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)  | ASSIGNMENT TYPE<br><input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER                    |   | <input type="checkbox"/> SUPERVISOR DIRECTED <input checked="" type="checkbox"/> CALL FOR SERVICE   |  |   |   |   |   |   |  |  |
|  | EVENT NO.   | RD NO.  | IUCR CODE<br>0550   | IR NO.  | CB NO.  |   |  |   |   |   |   |   |  |  |
| <b>INVOLVED MEMBER</b>   | RANK<br>9161  | LAST NAME<br>LOAIZA JR.   | FIRST NAME<br>LUIS  | EMPLOYEE NO.  | WATCH<br>4  | SEX<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F   | RACE<br>4  | AGE<br>27   | HT.<br>600  | WT.<br>210  |   |   |  |  |
|  | DATE OF APPT.<br>12-DEC-2016  | UNIT & BEAT OF ASSIGN.<br>010 1064B   | DUTY STATUS<br><input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF  | IN UNIFORM?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                    | TYPE OF MEMBER INJURY<br><input checked="" type="checkbox"/> None / None Apparent<br><input type="checkbox"/> Minor Swelling  |   | <input type="checkbox"/> Minor Contusion/Laceration<br><input type="checkbox"/> Complaint of Substantial Pain<br><input type="checkbox"/> Significant Contusion        |   | <input type="checkbox"/> Laceration Requiring Sutures<br><input type="checkbox"/> Broken/Fractured Bone(s)<br><input type="checkbox"/> Heart Attack/Stroke/Aneurysm<br><input type="checkbox"/> Other (Explain) |   |   |   |  |  |
|  | MEMBER WAS?<br><input checked="" type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER   |   | ASSIST UNITS ON SCENE?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |   | INCIDENT<br><input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR   |   |  |   |   |   |   |   |  |  |
| <b>SUBJECT INFORMATION</b>   | LAST NAME<br>[REDACTED]   |   | FIRST NAME<br>[REDACTED]  |   | M.I.  | SEX<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F   | RACE<br>WHITE HISPANIC   | D.O.B.<br>[REDACTED]-2005   | HT.<br>505  | WT.<br>120  |   |   |  |  |
|  | ADDRESS<br>[REDACTED]   |   | TELEPHONE NO.   |   | CONDITION<br><input checked="" type="checkbox"/> Apparently Normal<br><input type="checkbox"/> Injured by Member<br><input type="checkbox"/> Injured by Member        |   | <input type="checkbox"/> Injured Not by the Member's Force<br><input type="checkbox"/> Allages Injury by Member<br><input type="checkbox"/> Under Influence of Alcohol |   | <input type="checkbox"/> Under Influence of Drugs<br><input type="checkbox"/> Mental Illness / Emotional Disorder<br><input type="checkbox"/> Disability (Describe)   |   |   |   |  |  |
|  | MEDICAL TREATMENT?<br><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 checked="" type="checkbox"/> OTHER (Specify)   |   | SUBJECT INJURY BY MEMBER'S USE OF FORCE?<br><input checked="" type="checkbox"/> None/None Apparent<br><input type="checkbox"/> Subject Alleged Injury                  |   | <input type="checkbox"/> Non-Fatal - Minor Injury<br><input type="checkbox"/> Non-Fatal - Major Injury<br><input type="checkbox"/> UNK<br><input type="checkbox"/> Fatal  |   |   |   |  |  |
| <b>SUBJECT'S ACTIONS</b><br>(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   |   |  |  |
| <b>MEMBER'S RESPONSE</b><br>(Check all that apply)   | <input checked="" type="checkbox"/> FLED  |   | <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"/> STIFFENED (DEAD WEIGHT)  |   | <input type="checkbox"/> PUSH/SHOVE/PULL  |   | <input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM   |   | <input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:   |   | <input type="checkbox"/> WEAPON USE:  |   | <input type="checkbox"/> RIFLE  |   |  |  |
|  | <input type="checkbox"/> PULLED AWAY  |   | <input type="checkbox"/> GRAB/HOLD/RESTRAIN   |   | <input type="checkbox"/> OTHER (DESCRIBE)   |   | <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"/> WRESTLE/GRAPPLE  |   | <input type="checkbox"/> OTHER (DESCRIBE)   |   | <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<br>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"/> PHYSICAL OBSTRUCTION  |   | <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<br>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"/> 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  |   |   |   |   |  |  |
| <b>WEAPON USE</b>  | REASON FOR RESPONSE?<br><input type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Member <input type="checkbox"/> Defense of Department Member |   | <input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Stop Self-Inflicted Harm |   | <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional                                    |   | <input type="checkbox"/> Other (Describe)  |   | <input type="checkbox"/> Ordered by Supervisor  |   | Name _____ Star No. _____   |   |  |  |
|  | <b>FORCE MITIGATION EFFORTS</b>   |   |   |   | <b>CONTROL TACTICS</b>  |   |  |   |   |   |   |   |  |  |
|  | <input type="checkbox"/> MEMBER PRESENCE  |   | <input type="checkbox"/> ZONE OF SAFETY   |   | <input type="checkbox"/> MOVEMENT TO AVOID ATTACK   |   | <input type="checkbox"/> TACTICAL POSITIONING  |   | <input type="checkbox"/> NONE   |   | <input type="checkbox"/> ESCORT HOLDS   |   | <input type="checkbox"/> CONTROL INSTRUMENT  |  |
| <input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES   |   | <input type="checkbox"/> SPECIALIZED UNITS  |   | <input type="checkbox"/> ADDITIONAL UNIT MEMBERS  |   | <input type="checkbox"/> OTHER  |  | <input type="checkbox"/> WRISTLOCK  |   | <input type="checkbox"/> PRESSURE SENSITIVE AREAS                                 |   | <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 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 type="checkbox"/> OTHER  |   | <input type="checkbox"/> LRAD W/ AUTHORIZATION*   |   | <input type="checkbox"/> BATON/EXPANDABLE BATON   |  | <input type="checkbox"/> OTHER  |   | <input type="checkbox"/> OTHER  |   |   |  |  |
| <input type="checkbox"/> CLOSED HAND STRIKE/ PUNCH   |   | <input type="checkbox"/> KNEE STRIKE  |   | *AUTHORIZED BY (NAME)   |   | RANK  |  | STAR NO.  |   | UNIT NO.  |   |   |  |  |
| <input type="checkbox"/> WAS ANY REPORTABLE FORCE USED AGAINST THE SUBJECT WHILE HANDCUFFED OR OTHERWISE IN PHYSICAL RESTRAINTS? |   | <input 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 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 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.   |   | WEAPON SERIAL NO.   |   | WEAPON CERT. NO.  |   |  |  |
|  | DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK                          |   | DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY?<br><input type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER      |   | WAS SUBJECT VEHICLE USE AS A WEAPON?<br><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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |   | WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT?<br><input type="checkbox"/> YES <input 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 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><input type="checkbox"/> TRIGGER <input type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER                                  |   | CONTACT STUN<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER   |   | SPARK DISPLAY<br><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?<br><input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)   |   | TOTAL NO. OF SHOTS MEMBER FIRED   |   | WAS FIREARM RELOADED DURING INCIDENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  | MAKE/ MANUFACTURER  |   | MODEL   |   | DID MEMBER FIRE AT A VEHICLE?<br><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.)

|   |                       |                            |               |
|---|-----------------------|----------------------------|---------------|
| REPORTING MEMBER (Print Name)<br>LOAIZA JR., LUIS | RANK/TITLE CODE<br>11 | STAR/EMPLOYEE NO.<br>13873 | SIGNATURE<br> |
|---|-----------------------|----------------------------|---------------|

### REVIEWING SUPERVISOR

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

|                  |  |
|------------------|--|
| <b>WITNESSES</b> | <input 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.)  
 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)<br>AUGLE, LEO | RANK/TITLE CODE<br>9 | STAR NO.<br>1399 | SIGNATURE<br> | DATE/TIME COMPLETED<br>26-MAR-2023 0508 |
|---|----------------------|------------------|---------------|---|

**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.

|                                 |                  |                                  |                                  |                            |   |             |                           |
|---------------------------------|------------------|----------------------------------|----------------------------------|----------------------------|---|-------------|---------------------------|
| <b>INCIDENT INFORMATION</b>     | DATE OF INCIDENT | TIME                             | ADDRESS OF OCCURRENCE            | EVENT NO.                  | RD NO.  |             |                           |
|                                 | 25-MAR-2023      | 2246                             | 2946 W 23RD ST CHICAGO, IL 60623 | ██████████                 | ██████████  |             |                           |
|                                 | RANK<br>9161     | MEMBER LAST NAME<br>LOAIZA JR.   | MEMBER FIRST NAME<br>LUIS        | EMPLOYEE NO.<br>██████████ | CB NO.  | CHARGE      |                           |
| SUBJECT LAST NAME<br>██████████ |                  | SUBJECT FIRST NAME<br>██████████ |                                  | M.I.                       | SEX<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F | RACE<br>WWH | D.O.B.<br>██████████-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.

**LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS**

**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.: \_\_\_\_\_

**LT OR ABOVE/INCIDENT COMMANDER:**

I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES A NOTIFICATION TO THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED: 2023-1277

I DID NOT USE REPORTABLE FORCE OR ORDER THE USE OF REPORTABLE FORCE DURING THIS INCIDENT.

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:

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

**INVOLVED MEMBER ACTIONS RECOMMENDED?**

NO  YES, DESCRIBE BELOW:

INDIVIDUAL DEBRIEFING WITH SUPERVISOR  REVIEW LEGAL/TRAINING BULLETIN

REVIEW STREAMING VIDEO  STRESS REDUCTION SEMINAR

REVIEW DEPARTMENT DIRECTIVES  OTHER: \_\_\_\_\_

**REVIEWING SUPERVISOR ACTIONS RECOMMENDED?**

NO  YES, DESCRIBE BELOW:

INDIVIDUAL DEBRIEFING WITH SUPERVISOR  REVIEW LEGAL/TRAINING BULLETIN

REVIEW STREAMING VIDEO  STRESS REDUCTION SEMINAR

REVIEW DEPARTMENT DIRECTIVES  OTHER: \_\_\_\_\_

|   |                 |          |            |                     |
|---|-----------------|----------|------------|---------------------|
| LT OR ABOVE/INCIDENT COMMANDER NAME (Print) | RANK/TITLE CODE | STAR NO. | SIGNATURE  | DATE/TIME COMPLETED |
| CLINE, MATTHEW P                            | DEPUTY CH       | 265      | ██████████ | 26-Mar-2023 0632    |

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

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

**ADDITIONAL INFORMATION:**

|  |                 |                     |                     |
|--|-----------------|---------------------|---------------------|
| REQUIRED NOTIFICATION TO:<br><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 |