

TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2023-02901

| | | | | | | |
|---|---|---|--|---|---|--|
| INCIDENT | DATE OF INCIDENT 11-AUG-2023 | TIME 1732 | ADDRESS OF OCCURRENCE [REDACTED] | LOCATION CODE 290 | BEAT/OCCUR. 2234 | VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO |
| | BUSINESS NAME [REDACTED] | EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM) DINNING ROOM | | | 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. 2322310684 | RD NO. JG378868 | IUCR CODE 0454 | IR NO. 1964388 | CB NO. | |
| INVOLVED MEMBER | RANK 9164 | LAST NAME HUBERTS JR | FIRST NAME DENNIS | EMPLOYEE NO. [REDACTED] | WATCH 3 | SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F |
| | DATE OF APPT. 01-MAY-2006 | UNIT & BEAT OF ASSIGN. 022 2213 | 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 type="checkbox"/> None / None Apparent <input checked="" type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Gun Shot <input checked="" type="checkbox"/> Minor Swelling <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Fatal <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input checked="" type="checkbox"/> Other (Explain) | |
| | LIGHTING <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL | WEATHER <input checked="" type="checkbox"/> CLEAR <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? <input checked="" type="checkbox"/> WITH PARTNER <input type="checkbox"/> ALONE | ASSIST UNITS ON SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | INCIDENT <input checked="" type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR |
| SUBJECT INFORMATION | LAST NAME [REDACTED] | | FIRST NAME [REDACTED] | | M.I. C | SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F |
| | ADDRESS [REDACTED] | | TELEPHONE NO. | CONDITION <input 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) <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Mental Illness / <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Injured by Member <input type="checkbox"/> Under Influence of Alcohol <input type="checkbox"/> Emotional Disorder | | |
| | MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input checked="" type="checkbox"/> Offered/EMS Requested <input checked="" type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify) CHRIST HOSPITAL | | SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input 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 checked="" type="checkbox"/> Fatal | | | |
| SUBJECT'S ACTIONS (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 checked="" 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) | |
| MEMBER'S RESPONSE (Check all that apply) | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> FLED <input type="checkbox"/> WRESTLE/GRAPPLE | | <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"/> Possessed <input checked="" type="checkbox"/> Used - Attacked Member <input type="checkbox"/> Member at Gunpoint <input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member Shot/Shot At | |
| WEAPON USE | 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | TYPE OF ACTIVITY <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Person with a Gun <input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input checked="" 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 | |
| | REASON FOR RESPONSE? <input checked="" type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Member of Public <input checked="" type="checkbox"/> Defense of Department Member <input checked="" type="checkbox"/> Overcome Resistance or Aggression <input checked="" type="checkbox"/> Stop Self-Inflicted Harm <input checked="" 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. _____ | | | | | |
| | FORCE MITIGATION EFFORTS <input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK <input checked="" type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input 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 checked="" type="checkbox"/> TAKE DOWN <input checked="" 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. | | | | | | |
| WEAPON USE | WEAPON TYPE: <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> TASER <input type="checkbox"/> RIFLE | | NO. OF DISCHARGES OF THE WEAPON. 1 | WEAPON SERIAL NO. [REDACTED] | WEAPON CERT. NO. R000327S | |
| | DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input 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 checked="" type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input 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 _____ <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 _____ | | |
| FIREARM DISCHARGE ONLY WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) _____ <input checked="" type="checkbox"/> OFFENDER _____ | | TOTAL NO. OF SHOTS FIRED 1 | WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | MAKE/ MANUFACTURER SAUER, J. P. (SAUER & SOHN) | MODEL P229 | 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) HUBERTS JR, DENNIS | RANK/TITLE CODE 11 | STAR/EMPLOYEE NO. 9883 | 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 type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Laceration/Abrasion <input type="checkbox"/> Laceration Requiring Sutures <input checked="" 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 checked="" type="checkbox"/> Fatal | INJURY LOCATION <input type="checkbox"/> Head/Neck <input checked="" type="checkbox"/> Other (Describe) <input type="checkbox"/> Leg: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Torso <input type="checkbox"/> Arm: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Back Refer to IRT Supp/Police |
|--|--|

| | |
|------------------|---|
| WITNESSES | <input checked="" type="checkbox"/> UNK LAST NAME: _____ FIRST NAME: _____ M.I.: _____ SEX: <input type="checkbox"/> M <input type="checkbox"/> F RACE: _____ DATE OF BIRTH: _____ |
| | ADDRESS: CHICAGO, IL TELEPHONE NO.: _____ WITNESS INTERVIEW: <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> OTHER (Specify) _____ <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.)
 REFER TO IRT SUPP/POLICE INVOLVED SHOOTING

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: 2023-0003622
 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) CAMPOS JR, GABRIEL | RANK/TITLE CODE 9 | STAR NO. 2153 | SIGNATURE [REDACTED] | DATE/TIME COMPLETED 11-AUG-2023 2359 |
|---|----------------------|------------------|-------------------------|---|

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. 2023-02901

| | | | | | | | |
|-----------------------------|------------------|--------------------|-----------------------|--------------|--|--------|-----------------|
| INCIDENT INFORMATION | DATE OF INCIDENT | TIME | ADDRESS OF OCCURRENCE | EVENT NO. | RD NO. | | |
| | 11-AUG-2023 | 1732 | [REDACTED] | 2322310684 | JG378868 | | |
| | RANK | MEMBER LAST NAME | MEMBER FIRST NAME | EMPLOYEE NO. | CB NO. | CHARGE | |
| 9164 | HUBERTS JR | DENNIS | [REDACTED] | | | | |
| SUBJECT LAST NAME | | SUBJECT FIRST NAME | | M.I. | SEX | RACE | D.O.B. |
| [REDACTED] | | [REDACTED] | | [REDACTED] | <input checked="" type="checkbox"/> M <input type="checkbox"/> F | BLK | [REDACTED] 1987 |

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):

| | | | |
|------------|--|--|--|
| 2023-02902 | | | |
| | | | |

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 type="checkbox"/> NO <input checked="" 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:
None

| | | | |
|---|---------------------------|----------------------------|---|
| REQUIRED NOTIFICATION TO: <input checked="" type="checkbox"/> COPA <input type="checkbox"/> CPIC <input type="checkbox"/> NONE | NAME: BULNES, MIGDALIA | EMPLOYEE / STAR NO. 226 | DATE/TIME COMPLETED DEPUTY CHIEF |
| LT OR ABOVE/INCIDENT COMMANDER NAME (Print) BULNES, MIGDALIA | RANK/TITLE CODE | STAR NO. 226 | SIGNATURE |
| | | | DATE/TIME COMPLETED 12-Aug-2023 0054 |

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

| | | | | | |
|---|---------------------------------------|------------------------------------|--------------------------------|---------------------------|-------------------------------|
| DATE OF INCIDENT 11-AUG-2023 | TIME 1732 | REPORT NO 2023-02901 | EVENT NO. 2322310684 | RD NO. JG378868 | BEAT OF OCCUR. 2234 |
| ADDRESS OF OCCURENCE [REDACTED] | CB NO. | | | IUCR 0454 | |
| MEMBER RANK 9164 | MEMBER LAST NAME HUBERTS JR | MEMBER FIRST NAME DENNIS | | | |
| SUBJECT LAST NAME GORDAN-HAY | | SUBJECT FIRST NAME LOUIS | | | |

INVESTIGATION COMMENTS

#4692

Walk-thru of [REDACTED] conducted with COPA Deborah Talbert #10. Joseph Johnson #49, Steffny Hreno #13. Ryan Mcphil #41 at 2025hrs.

Employee [REDACTED] weapon recovered from Area 2 @ [REDACTED] in the presence of, Det. Uldrych #21140, Sgt. Norris #831, Officer Young #12038, Officer E.T-Jaromin #16390, COPA Ryan Mcphil #41 @21:57

Employee [REDACTED] weapon inspected and returned from Area 2 @ [REDACTED] in the presence of COPA Ryan Mcphil #41 @photo 22:05 hrs. and round count only 22:36 hrs.

D/C reviewed BWC's of Empl [REDACTED] from 19:28:52 to 19:44 (Huberts)

D/C reviewed BWC's of Empl [REDACTED] from 19:28:40 to 19:54 (Field)

Use of Force Investigation is being conducted by COPA under CL Number; Log # 2023-000362 generated via CPIC @1929hours for administrative purposes only.

Employee [REDACTED] and [REDACTED] entered into the Traumatic Incident Stress Management Program by Lt. Anderson #396 and advised of Thirty Day Administrative Duty program by the undersigned.