

TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2022-02522

INCIDENT	DATE OF INCIDENT 28-AUG-2022	TIME 0055	ADDRESS OF OCCURRENCE 3545 E 95TH ST CHICAGO, IL 60617	LOCATION CODE 304	BEAT/OCCUR. 0432	VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO					
	BUSINESS NAME <input type="checkbox"/> DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM) STREET			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. 2224001391	RD NO. JF373147	UCR CODE 0470	IR NO.	CB NO.						
	LIGHTING <input type="checkbox"/> DUSK <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DARKNESS <input checked="" type="checkbox"/> ARTIFICIAL	WEATHER <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	PATROL TYPE? <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> FOOT	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				
INVOLVED MEMBER	RANK 9161	LAST NAME SRODULSKI	FIRST NAME PAUL	EMPLOYEE NO.	WATCH 3	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 2	AGE 35	HT. 509	WT. 185	
	DATE OF APPT. 17-JUN-2019	UNIT & BEAT OF ASSIGN. 004 484	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"/> Gun Shot <input type="checkbox"/> Fatal	<input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)				
SUBJECT INFORMATION	<input type="checkbox"/> DNA LAST NAME NOVORITA		FIRST NAME JORDON		M.I. P	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WHITE	D.O.B. -2002	HT. 602	WT. 140	
	ADDRESS		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)					
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested		<input type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <u>SOUTH SHORE HOSPITAL</u> <input type="checkbox"/> OTHER (Specify)		SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input checked="" 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 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 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"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> MOUTH/TEETH/SPIT		<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
	<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> PUSH/SHOVE/PULL		<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> TASER/STUN GUN		<input type="checkbox"/> REVOLVER		<input type="checkbox"/> OTHER (DESCRIBE)
<input type="checkbox"/> FLED		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> VEHICLE		<input type="checkbox"/> RIFLE			
<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> WRESTLE/GRAPPLE		<input checked="" type="checkbox"/> OTHER (DESCRIBE) CLIMBING ONTO THE SQUAD		<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:		WEAPON USE:			
<input type="checkbox"/> PHYSICAL OBSTRUCTION		<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"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon	
<input type="checkbox"/> DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> Gang-Related? <input type="checkbox"/> YES <input checked="" 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 type="checkbox"/> Member Shot/Shot At			
TYPE OF ACTIVITY <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Person with a Gun <input checked="" type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input type="checkbox"/> Disturbance - Other <input type="checkbox"/> Processing/Transporting/Guarding Arrestee		<input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Mental Health Related Incident		<input type="checkbox"/> Other - Describe in Narrative <input 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"/> Defense of Member of Public <input type="checkbox"/> Defense of Department Member		<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 checked="" type="checkbox"/> Other (Describe)		<input type="checkbox"/> Ordered by Supervisor		
	Name _____ Star No. _____		Damage to Police property _____								
	FORCE MITIGATION EFFORTS					CONTROL TACTICS					
	<input checked="" 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 checked="" type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS		<input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS		<input type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> OTHER CONTROLLED TAKE DOWN		
RESPONSE WITHOUT WEAPONS					RESPONSE WITH WEAPON USE						
<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 checked="" 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"/> 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 IMPACT MUNITIONS (DESCRIBE BELOW)					
<input type="checkbox"/> CLOSED HAND STRIKE/ PUNCH		*AUTHORIZED BY (NAME) _____ RANK _____ STAR NO. _____ UNIT NO. _____		<input type="checkbox"/> OTHER							
<input type="checkbox"/> KNEE STRIKE		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.									
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<input checked="" type="checkbox"/> INVOLVED IN A PURSUIT? <input type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER			
WEAPON USE	<input checked="" type="checkbox"/> WEAPON TYPE: <input 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"/> NONE <input type="checkbox"/> OTHER OBJECT <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) _____		TOTAL NO. OF SHOTS MEMBER FIRED		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAKE/ MANUFACTURER		MODEL	
<input type="checkbox"/> OFFENDER _____										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.)

THIS IS A BODY WORN CAMERA INCIDENT UNDER EVENT #2224001391. R/O WAS RESPONDING TO A FELLOW OFFICERS CALL FOR MORE CARS NEEDED AT THE ABOVE ADDRESS. THIS WAS A CONTINUATION OF PREVIOUS ENCOUNTERS WITH THE SAME VERY LARGE AND UNRULY GROUP OF PEOPLE WHO WERE DRAG RACING, PERFORMING DANGEROUS DOUGHNUTS IN BUSY INTERSECTIONS, STOPPING THE FLOW OF REGULAR TRAFFIC, GETTING IN AND OUT OF CARS, AND REFUSING TO FOLLOW ORDERS UNTIL A SIGNIFICANT NUMBER OF POLICE OFFICERS WERE ON SCENE. R/O AND FELLOW OFFICERS HAD DISPERSED THE LARGE AND UNRULY CROWD AT SEVERAL OTHER LOCATIONS THROUGHOUT THE DISTRICT. THESE ENCOUNTERS STARTED AT 130TH STREET AND TORRENCE AVENUE, THEN MOVED TO 87TH STREET AND SOUTH SHORE DRIVE, AND THEN TO THE ABOVE LOCATION. AFTER THE CROWD WOULD DISPERSE, THEY WOULD DISREGARD TRAFFIC LAWS, BY SPEEDING AND SWERVING IN AND OUT OF TRAFFIC, AS THEY DROVE TO THEIR NEXT RENDEZVOUS POINT. WHILE OFFICERS WERE CALLING FOR MORE CARS, OEMC GAVE WARNINGS OVER THE RADIO THAT THE CROWD WAS ALSO SHINING LIGHT BEAMS DIRECTLY INTO OFFICERS EYES IN ORDER TO OBSTRUCT THEIR VISION. UPON ARRIVAL AT THE ABOVE LOCATION, R/O SAW A LARGE AND CHAOTIC GROUP OF PEOPLE AND CARS REFUSING TO FOLLOW ANY

REPORT NARRATIVE CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM

REPORTING MEMBER (Print Name) SRODULSKI, PAUL	RANK/TITLE CODE 11	STAR/EMPLOYEE NO. 18452	SIGNATURE
--	-----------------------	----------------------------	---------------

REVIEWING SUPERVISOR

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

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.)

THE R/SGT WAS NOTIFIED OF THIS INCIDENT APPROXIMATELY 20 MINUTES AFTER IT OCCURRED. THE R/SGT WAS NEAR THE EVENT BUT NOT CLOSE ENOUGH TO WITNESS OR HEAR THE EVENT OCCUR. DURING THE EVENT DESCRIBED BY PO SRODULSKI #18452, THE SUBJECT WAS TAKEN TO THE GROUND IN ORDER TO TAKE HIM INTO HIM INTO CUSTODY. DURING THIS EVENT THE SUBJECT SUSTAINED AN ABRASION TO HIS UPPER LIP AND RESULTED IN HIS LOSING 3 TEETH. PO SRODULSKI #18452 WAS NOT AWARE OF THE INJURY AS THE SUBJECT WAS WEARING A BALACLVA STYLE FACE MASK WHICH COVERED HIS MOUTH AREA. THE SUBJECT WAS TAKEN TO 004 FOR PROCESSING WHEN HIS MASK WAS REMOVED AND THE INJURY WAS DISCOVERED. AS A RESULT OF THIS LATE NOTIFICATION, THE R/SGT WAS UNABLE TO LOCATE ANY WITNESSES TO THIS INCIDENT AS THE CROWD THAT WAS PRESENT AT THE TIME OF THE INCIDENT HAD

COMMENTS CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM

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) ZARAGOZA, GREGORY	RANK/TITLE CODE 9	STAR NO. 2688	SIGNATURE 	DATE/TIME COMPLETED 28-AUG-2022 0654
--	----------------------	------------------	---------------	---

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. 2022-02522

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.	
	28-AUG-2022	0055	3545 E 95TH ST CHICAGO, IL 60617	2224001391	JF373147	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9161	SRODULSKI	PAUL				
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
NOVORITA	JORDON		P	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WHI	-2002

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

MIRANDA WARNINGS GIVEN YES NO DATE/TIME 28-AUG-2022 0524 LOCATION 004TH DISTRICT PROCESSING ROOM

VISUAL INSPECTION CONDUCTED YES NO DATE/TIME 28-AUG-2022 05 LOCATION 004TH DISTRICT PROC 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.)

R/Lt entered processing room B in the 004th District and observed Mr. Novorita sitting on the bench of his own power. R/Lt instructed Officer Srodulski to relocate Mr. Novorita to a smaller processing room away from another arrestee being processed to conduct the interview. Mr. Novorita was able to walk to an adjacent room of his own power. Mr. Novorita was wearing a black t-shirt with multicolored words, blue jeans, and a surgical mask. R/Lt mirandized Mr. Novorita via pre-printed source and at the conclusion, Mr. Novorita related he understood his rights and would answer questions regarding the Officers use of force. R/Lt observed Mr. Novorita injuries to include 2 or 3 missing top row front teeth, a cut on his lip, dried blood on his nose, and contusions to his left cheek. Mr. Novorita was treated and released from South Shore Hospital. Mr. Novorita related not verbatim: that I had my back turned and was approaching a squad car when the officer tackled me. I wasn't trying to resist, I was just off. Mr. Novorita went on to say that the Officer tackled him but "they didn't use excessive force on me either. I just wasn't paying attention". Interview concluded.

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.)

The completion of the "Investigating Supervisor" section is based on preliminary information, available at the time, as well as R/LT's knowledge, training, and experience. The interpretation of the incident may later be modified by another investigative agency in the analysis of this incident. The determination was based on the interpretation of the available information at the time of the report. This is an administrative approval only. This report is based on the information available at the time of this report. While there may or may not be additional information including any audio, video, written reports, or other statements made in connection with this incident that can either corroborate or contradict the current report R/Lt is making, this report is being made on information that R/Lt has been told and been able and afforded to review. The investigation is based on the statements and reports of the involved officers. R/Lt viewed the body worn cameras of Officer Srodulski #18452 and Officer Lindgren #14018. Due to the two minute pre-event buffer, R/Lt was unable to hear any BWC audio. A review of Officer Srodulski's BWC showed the Officer responding to an assist

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

UNITS ON-SCENE OF THE INCIDENT: 0484, 0433

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 type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES A NOTIFICATION TO THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED: _____</p> <p><input checked="" type="checkbox"/> I DID NOT USE REPORTABLE FORCE OR ORDER THE USE OF REPORTABLE FORCE DURING THIS INCIDENT.</p>	<p>BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE MEMBER'S USE OF FORCE RESPONSE APPEARS TO BE:</p> <p><input checked="" 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 type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.</p>
--	---

<p>INVOLVED MEMBER ACTIONS RECOMMENDED?</p> <p><input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW:</p> <p><input checked="" 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 checked="" 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)	RANK/TITLE CODE	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
UNIZYCKI, RICHARD W	LIEUTENAN	330		29-Aug-2022 0309

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

TACTICAL RESPONSE REPORT - REVIEW/Chicago Police Department

TRR REPORT NO. 2022-02522

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	28-AUG-2022 0055	0055	3545 E 95TH ST CHICAGO, IL 60617	2224001391	JF373147		
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	IR NO.	
9161	SRODULSKI	PAUL	██████████				
SUBJECT LAST NAME			SUBJECT FIRST NAME	M.I.	SEX	RACE	D.O.B.
NOVORITA			JORDON	P	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WHI	██████████2002

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> LEVEL I | <input checked="" type="checkbox"/> LEVEL II | <input type="checkbox"/> LEVEL III | <input type="checkbox"/> FOOT PURSUIT |
|---|---|---|--|
- Use of pressure point compliance techniques; joint manipulation techniques; wristlocks; armbars; and any leg sweep, weaponless defense techniques, or takedown that does not result in injury or complaint of injury.
 - Other
 - Leg sweep, takedown, stunning technique, or weaponless direct mechanical action or technique resulting in injury or complaint of injury
 - Impact weapon strike
 - OC Spray or other chemical agent
 - Use of Taser
 - Canine as a force option
 - Impact Munitions
 - Any reportable use of force against a handcuffed subject
 - Accidental discharge of a firearm
 - Firearm discharge to destroy/deter an animal
 - LRAD as a force option
 - Other
 - Use of force involving a discharge of a firearm
 - Impact weapon strike to head
 - Application of a chokehold
 - Injuries requiring a hospital admission
 - Other deadly force incident
 - Use of force by an exempt member or other incident determined by the Superintendent

I hereby certify that to the best of my knowledge, neither I, nor my spouse or domestic partner, my parent, my sibling or my child (hereinafter my household or immediate family), has a personal, professional or financial relationship with the subject, victim, witness, department member(s), witness department member(s), or civilian witness(es). I further certify that to the best of my knowledge, the resolution of the matter under review will not positively or negatively affect my financial interests or the financial interest of any member of my household or immediate family.

I acknowledge that I must disclose to the Commander, Force Review Division, in writing, the acquisition of any financial interest or the development or the discovery of any personal interest that would directly affect my ability to conduct an impartial objective review and render unbiased decisions concerning the matter under review.

I acknowledge that I must disclose to the Commander, Force Review Division, in writing, the discovery that a member of my household or immediate family has a personal, professional, or financial relationship with the victim(s), subject(s), department member(s), witness department member(s), or civilian witness(es) or if a member of my household or immediate family will be positively or negatively affected by the resolution of the matter under review.

USE OF FORCE INCIDENT REVIEW (FOR FORCE REVIEW DIVISION USE ONLY)

REVIEW SUMMARY:
REVIEW SUMMARY:

THE INVOLVED MEMBER REPORTED ASSISTING OTHER UNITS OF A LARGE AND UNRULY GROUP OF PEOPLE WHO WERE DRAG RACING. THE INVOLVED MEMBER ON VIEWED THE PERSON ATTEMPTING TO CLIMB ON TOP OF A POLICE SQUAD VEHICLE. DURING THE COURSE OF THIS INCIDENT, THE INVOLVED MEMBER REPORTED USING FORCE MITIGATION EFFORTS, HANDCUFFING, AND A TAKE DOWN TO PLACE THE PERSON INTO CUSTODY.

AS PART OF THIS REVIEW, THE REVIEWING OFFICER REVIEWED THE TRR, TRR-I, THE ORIGINAL CASE INCIDENT REPORT, ARREST REPORT, AND BODY WORN CAMERA VIDEO CAPTURED FROM P.O. PAUL SRODULSKI #126008 AND P.O. COLLEEN LINDGREN #126879.

SECONDARY RD NO. GENERATED? NO YES | RD NO. _____

U NO. OBTAINED? NO YES | U NO. _____

OPINIONS AND RECOMMENDATIONS

OPINIONS AND RECOMMENDATIONS:
OPINIONS AND RECOMMENDATIONS

THE EVALUATION OF TACTICS REQUIRES THAT CONSIDERATION BE GIVEN TO THE FACT THAT OFFICERS ARE FORCED TO MAKE SPLIT-SECOND DECISIONS UNDER VERY STRESSFUL AND DYNAMIC CIRCUMSTANCES. TACTICS ARE CONCEPTUAL AND INTENDED TO BE FLEXIBLE AND INCIDENT SPECIFIC, WHICH REQUIRES THAT EACH INCIDENT BE LOOKED AT OBJECTIVELY AND THE TACTICS EVALUATED BASED ON THE TOTALITY OF THE CIRCUMSTANCES.

DEBRIEFING POINT 1

BWC- LATE ACTIVATION

INVOLVED MEMBER - P.O. PAUL SRODULSKI #126008

SPECIAL ORDER S03-14, BODY WORN CAMERAS, STATES IN PART:

THE DEPARTMENT MEMBER WILL ACTIVATE THE SYSTEM TO EVENT MODE AT THE BEGINNING OF AN INCIDENT AND WILL RECORD THE ENTIRE INCIDENT FOR ALL LAW-ENFORCEMENT-RELATED ACTIVITIES. IF CIRCUMSTANCES PREVENT ACTIVATING THE BWC AT THE BEGINNING OF AN INCIDENT, THE MEMBER WILL ACTIVATE THE BWC AS SOON AS PRACTICAL. LAW-ENFORCEMENT-RELATED ACTIVITIES INCLUDE BUT ARE NOT LIMITED TO B. INVESTIGATORY STOPS...G. USE OF FORCE INCIDENTS." (S03-14 III.A.2.)

THE TACTICAL REVIEW AND EVALUATION DIVISION NOTED THE FOLLOWING:

THE INVOLVED MEMBER IN THIS INCIDENT DID NOT ACTIVATE HIS BODY WORN CAMERA AT THE BEGINNING OF THE

****OPINIONS AND RECOMMENDATIONS CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM****

DEBRIEFING POINTS

INVOLVED MEMBER #1 SRODULSKI, PAUL

DEBRIEFING POINTS:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> BWC - No Announcement | <input type="checkbox"/> Equipment - Fail to Carry | <input type="checkbox"/> Force Options - Person Misclassification | <input type="checkbox"/> Taser - Other |
| <input type="checkbox"/> BWC - Early Deactivation | <input type="checkbox"/> Foot Pursuit - Documentation | <input type="checkbox"/> Force Options - Not Articulated | <input type="checkbox"/> Taser - Over 5 Seconds |
| <input checked="" type="checkbox"/> BWC - Late Activation | <input type="checkbox"/> Foot Pursuit - Radio Communication | <input type="checkbox"/> Force on Handcuffed Person - Not Articulated | <input type="checkbox"/> TRR Entry - Foot Pursuit Not Checked |
| <input type="checkbox"/> BWC - No Activation | <input type="checkbox"/> Foot Pursuit - Partner Splitting | <input type="checkbox"/> Medical Aid | <input type="checkbox"/> TRR Entry - Vehicle Pursuit Not Checked |
| <input type="checkbox"/> BWC - No Buffering | <input type="checkbox"/> Foot Pursuit - Location/Hazard | <input type="checkbox"/> Multiple Applications of Force - Not Articulated | <input type="checkbox"/> TRR Entry - Handcuffed Person |
| <input type="checkbox"/> BWC - Issue Not Articulated | <input type="checkbox"/> Foot Pursuit - Continuation After Injury | <input type="checkbox"/> Multiple Applications of OC-Not Articulated | <input type="checkbox"/> TRR Entry - Involved Member |
| <input type="checkbox"/> BWC - Other | <input type="checkbox"/> Foot Pursuit - Weapon Discipline | <input type="checkbox"/> Multiple Applications of Taser - Not Articulated | <input type="checkbox"/> TRR Inconsistency - External |
| <input type="checkbox"/> Control Tactics | <input type="checkbox"/> Foot Pursuit - Supervisor Plan/Coordination/Containment | <input type="checkbox"/> Narrative Deficiency - Involved Member | <input type="checkbox"/> TRR Inconsistency - Internal |
| <input type="checkbox"/> Control Tactics Not Articulated | <input type="checkbox"/> Foot Pursuit - Equipment Issue | <input type="checkbox"/> Notification Deficiency | <input type="checkbox"/> TRR Entry - Other |
| <input type="checkbox"/> Crossfire Firearm | <input type="checkbox"/> Foot Pursuit - Follow Supervisor's Direction | <input type="checkbox"/> Other - Policy/Procedure | <input type="checkbox"/> Vehicle Extraction |
| <input type="checkbox"/> Crossfire Taser | <input type="checkbox"/> Foot Pursuit - Supervisor Other (Describe) | <input type="checkbox"/> Other - Tactics | <input type="checkbox"/> Verbal Warning Issued Prior to Use of Force |
| <input type="checkbox"/> De-escalation/Force Mitigation - Communication | <input type="checkbox"/> Foot Pursuit - Other (Describe) | <input type="checkbox"/> Radio Communications | <input type="checkbox"/> Weapon Transition Issue |
| <input type="checkbox"/> De-escalation/Force Mitigation - Not Articulated in Narrative | <input type="checkbox"/> Foot Pursuit - OEMC Management | <input type="checkbox"/> Search Issues | |
| <input type="checkbox"/> De-escalation/Force Mitigation - Positioning/Distance | <input type="checkbox"/> Foot Pursuit - Initiation | <input type="checkbox"/> Securing Weapon or Scene | |
| <input type="checkbox"/> De-escalation/Force Mitigation - Time | <input type="checkbox"/> Foot Pursuit - Involved Member Coordination/containment | <input type="checkbox"/> Securing/Restraining Arrestee | |
| <input type="checkbox"/> De-escalation/Force Mitigation - Other | <input type="checkbox"/> Force Options - Member's Response | <input type="checkbox"/> Taser - >3 Applications | |
| | | <input type="checkbox"/> Taser - Accidental Discharge | |
| | | <input type="checkbox"/> Taser - Injury Not Documented | |

BASED ON THE REVIEW OF THE INCIDENT, THE FOLLOWING IS RECOMMENDED:	<input type="checkbox"/> ADVISEMENT	<input checked="" type="checkbox"/> NONE - APPROPRIATE DISTRICT/UNIT ACTION OCCURRED.	<input type="checkbox"/> ADDITIONAL TRAINING RECOMMENDED	<input type="checkbox"/> SUBJECT TO A CURRENT COPA COMPLAINT INVESTIGATION. CL NO.:
	<input type="checkbox"/> NO ADDITIONAL TRAINING RECOMMENDED	<input type="checkbox"/> COMPLAINT LOG NO. RECOMMENDED	<input type="checkbox"/> ADDRESSED IN ASSOCIATED TRR	<input type="checkbox"/> REFERRED TO FORCE REVIEW BOARD

DISTRICT/UNIT ACTIONS		TRAINING DIVISION ACTIONS	
<input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR	<input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN	<input type="checkbox"/> TACTICS TRAINING	<input type="checkbox"/> USE OF FORCE POLICY/LAW REVIEW
<input type="checkbox"/> REVIEW STREAMING VIDEO	<input type="checkbox"/> STRESS REDUCTION SEMINAR	<input type="checkbox"/> EQUIPMENT/WEAPONS TRAINING	<input type="checkbox"/> OTHER: (DESCRIBE)
<input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES	<input type="checkbox"/> OTHER: (DESCRIBE)	<input type="checkbox"/> FORCE MITIGATION TECHNIQUES	

DEBRIEFING POINTS

INVOLVED MEMBER #2 , _____

DEBRIEFING POINTS:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> BWC - No Announcement | <input type="checkbox"/> Equipment - Fail to Carry | <input type="checkbox"/> Force Options - Person Misclassification | <input type="checkbox"/> Taser - Over 5 Seconds |
| <input type="checkbox"/> BWC - Early Deactivation | <input type="checkbox"/> Foot Pursuit - Documentation | <input type="checkbox"/> Force on Handcuffed Person - Not Articulated | <input type="checkbox"/> TRR - Not Completed |
| <input type="checkbox"/> BWC - Late Activation | <input type="checkbox"/> Foot Pursuit - Radio Communication | <input type="checkbox"/> Medical Aid | <input type="checkbox"/> TRR Entry - Foot Pursuit Not Checked |
| <input type="checkbox"/> BWC - No Activation | <input type="checkbox"/> Foot Pursuit - Partner Splitting | <input type="checkbox"/> Multiple Applications of Force - Not Articulated | <input type="checkbox"/> TRR Entry - Vehicle Pursuit Not Checked |
| <input type="checkbox"/> BWC - No Buffering | <input type="checkbox"/> Foot Pursuit - Location/Hazard | <input type="checkbox"/> Multiple Applications of OC - Not Articulated | <input type="checkbox"/> TRR Entry - Handcuffed Person |
| <input type="checkbox"/> BWC - Issue Not Articulated | <input type="checkbox"/> Foot Pursuit - Continuation After Injury | <input type="checkbox"/> Multiple Applications of Taser - Not Articulated | <input type="checkbox"/> TRR Entry - Involved Member |
| <input type="checkbox"/> BWC - Other | <input type="checkbox"/> Foot Pursuit - Weapon Discipline | <input type="checkbox"/> Narrative Deficiency - Involved Member | <input type="checkbox"/> TRR Inconsistency - External |
| <input type="checkbox"/> Control Tactics | <input type="checkbox"/> Foot Pursuit - Supervisor Plan/Coordination/Containment | <input type="checkbox"/> Notification Deficiency | <input type="checkbox"/> TRR Inconsistency - Internal |
| <input type="checkbox"/> Control Tactics Not Articulated | <input type="checkbox"/> Foot Pursuit - Equipment Issue | <input type="checkbox"/> Other - Policy/Procedure | <input type="checkbox"/> TRR Entry - Other |
| <input type="checkbox"/> Crossfire Firearm | <input type="checkbox"/> Foot Pursuit - Follow Supervisor's Direction | <input type="checkbox"/> Other - Tactics | <input type="checkbox"/> Vehicle Extraction |
| <input type="checkbox"/> Crossfire Taser | <input type="checkbox"/> Foot Pursuit - Supervisor Other (Describe) | <input type="checkbox"/> Radio Communications | <input type="checkbox"/> Verbal Warning Issued Prior to Use of Force |
| <input type="checkbox"/> De-escalation/Force Mitigation - Communication | <input type="checkbox"/> Foot Pursuit - Other (Describe) | <input type="checkbox"/> Search Issues | <input type="checkbox"/> Weapon Transition Issue |
| <input type="checkbox"/> De-escalation/Force Mitigation - Not Articulated in Narrative | <input type="checkbox"/> Foot Pursuit - OEMC Management | <input type="checkbox"/> Securing Weapon or Scene | |
| <input type="checkbox"/> De-escalation/Force Mitigation - Positioning/Distance | <input type="checkbox"/> Foot Pursuit - Initiation | <input type="checkbox"/> Securing/Restraining Arrestee | |
| <input type="checkbox"/> De-escalation/Force Mitigation - Time | <input type="checkbox"/> Foot Pursuit - Involved Member Coordination/containment | <input type="checkbox"/> Taser - >3 Applications | |
| <input type="checkbox"/> De-escalation/Force Mitigation - Other | <input type="checkbox"/> Force Options - Member's Response | <input type="checkbox"/> Taser - Accidental Discharge | |
| | <input type="checkbox"/> Force Options - Not Articulated | <input type="checkbox"/> Taser - Other | |
| | | <input type="checkbox"/> Taser - Injury Not Documented | |

BASED ON THE REVIEW OF THE INCIDENT, THE FOLLOWING IS RECOMMENDED:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> ADVISEMENT | <input type="checkbox"/> NONE - APPROPRIATE DISTRICT/ UNIT ACTION OCCURRED. | <input type="checkbox"/> ADDITIONAL TRAINING RECOMMENDED | <input type="checkbox"/> SUBJECT TO A CURRENT COPA COMPLAINT INVESTIGATION. CL NO.: |
| <input type="checkbox"/> NO ADDITIONAL TRAINING RECOMMENDED | <input type="checkbox"/> COMPLAINT LOG NO. RECOMMENDED | <input type="checkbox"/> ADDRESSED IN ASSOCIATED TRR | <input type="checkbox"/> REFERRED TO FORCE REVIEW BOARD |

DISTRICT/UNIT ACTIONS

- | | |
|--|---|
| <input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR | <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN |
| <input type="checkbox"/> REVIEW STREAMING VIDEO | <input type="checkbox"/> STRESS REDUCTION SEMINAR |
| <input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES | <input type="checkbox"/> OTHER: (DESCRIBE) _____ |

TRAINING DIVISION ACTIONS

- | | |
|--|---|
| <input type="checkbox"/> TACTICS TRAINING | <input type="checkbox"/> USE OF FORCE POLICY/LAW REVIEW |
| <input type="checkbox"/> EQUIPMENT/WEAPONS TRAINING | <input type="checkbox"/> OTHER: (DESCRIBE) _____ |
| <input type="checkbox"/> FORCE MITIGATION TECHNIQUES | |

REVIEWING SUPERVISOR ZARAGOZA, GREGORY

DEBRIEFING POINTS:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Attachments Missing | <input type="checkbox"/> De-escalation/Force Mitigation - Time | <input type="checkbox"/> Force Options - Member's Response | <input type="checkbox"/> Sergeant - Made Determination |
| <input type="checkbox"/> BWC - No Announcement | <input type="checkbox"/> De-escalation/Force Mitigation - Other | <input type="checkbox"/> Force Options - Not Articulated | <input type="checkbox"/> Sergeant - Injury not Documented |
| <input type="checkbox"/> BWC - Early Deactivation | <input type="checkbox"/> Equipment - Fail to Carry | <input type="checkbox"/> Force Options - Person Misclassification | <input type="checkbox"/> Securing/Restraining Arrestee |
| <input type="checkbox"/> BWC - Late Activation | <input type="checkbox"/> Foot Pursuit - Documentation | <input type="checkbox"/> Medical Aid | <input type="checkbox"/> Taser - Over 5 Seconds |
| <input type="checkbox"/> BWC - No Activation | <input type="checkbox"/> Foot Pursuit - Radio Communication | <input type="checkbox"/> Multiple Applications of Force - Not Articulated | <input type="checkbox"/> Taser - >3 Applications |
| <input type="checkbox"/> BWC - No Buffering | <input type="checkbox"/> Foot Pursuit - Partner Splitting | <input type="checkbox"/> Multiple Applications of OC- Not Articulated | <input type="checkbox"/> Taser - Accidental Discharge |
| <input type="checkbox"/> BWC - Issue Not Articulated | <input type="checkbox"/> Foot Pursuit - Initiation | <input type="checkbox"/> Multiple Applications of Taser- Not Articulated | <input type="checkbox"/> Taser - Other |
| <input type="checkbox"/> BWC - Other | <input type="checkbox"/> Foot Pursuit - Involved Member Coordination | <input type="checkbox"/> Narrative Deficiency - Involved Member | <input type="checkbox"/> Taser - Injury Not Documented |
| <input type="checkbox"/> Control Tactics | <input type="checkbox"/> Foot Pursuit - Location/Hazard | <input type="checkbox"/> Narrative Deficiency - Reviewing Supervisor | <input type="checkbox"/> TRR - Not Completed |
| <input type="checkbox"/> Control Tactics Not Articulated | <input type="checkbox"/> Foot Pursuit - Continuation After Injury | <input type="checkbox"/> No Response to Scene | <input type="checkbox"/> TRR Entry - Other |
| <input type="checkbox"/> COPA CL # Box Issue | <input type="checkbox"/> Foot Pursuit - Weapon Discipline | <input type="checkbox"/> Notification Deficiency - ET | <input type="checkbox"/> TRR Entry - Foot Pursuit Not Checked |
| <input type="checkbox"/> Crossfire Firearm | <input type="checkbox"/> Foot Pursuit - Supervisor Plan/Coordination | <input type="checkbox"/> Other - Policy/Procedure | <input type="checkbox"/> TRR Entry - Vehicle Pursuit Not Checked |
| <input type="checkbox"/> Crossfire Taser | <input type="checkbox"/> Foot Pursuit - Equipment Issue | <input type="checkbox"/> Other - Tactics | <input type="checkbox"/> TRR Entry - Handcuffed Person |
| <input type="checkbox"/> De-escalation/Force Mitigation - Communication | <input type="checkbox"/> Foot Pursuit - Follow Supervisor's Direction | <input type="checkbox"/> Radio Communications | <input type="checkbox"/> TRR Entry - Involved Member |
| <input type="checkbox"/> De-escalation/Force Mitigation - Not Articulated in Narrative | <input type="checkbox"/> Foot Pursuit - Supervisor Other (Describe) | <input type="checkbox"/> Reviewing Supervisor Used or Ordered Force | <input type="checkbox"/> TRR Entry - Reviewing Supervisor |
| <input type="checkbox"/> De-escalation/Force Mitigation - Positioning/Distance | <input type="checkbox"/> Foot Pursuit - Other (Describe) | <input type="checkbox"/> Search Issues | <input type="checkbox"/> TRR Inconsistency - External |
| | <input type="checkbox"/> Foot Pursuit - OEMC Management | <input type="checkbox"/> Securing Weapon or Scene | <input type="checkbox"/> TRR Inconsistency - Internal |
| | | | <input type="checkbox"/> Vehicle Extraction |
| | | | <input type="checkbox"/> Witness Requirements |
| | | | <input type="checkbox"/> Weapon Transition Issue |

BASED ON THE REVIEW OF THE INCIDENT, THE FOLLOWING IS RECOMMENDED:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> ADVISEMENT | <input type="checkbox"/> NONE - APPROPRIATE DISTRICT/ UNIT ACTION OCCURRED. | <input type="checkbox"/> ADDITIONAL TRAINING RECOMMENDED | <input type="checkbox"/> SUBJECT TO A CURRENT COPA COMPLAINT INVESTIGATION. CL NO.: |
| <input checked="" type="checkbox"/> NO ADDITIONAL TRAINING RECOMMENDED | <input type="checkbox"/> COMPLAINT LOG NO. RECOMMENDED | <input type="checkbox"/> ADDRESSED IN ASSOCIATED TRR | <input type="checkbox"/> REFERRED TO FORCE REVIEW BOARD |

DISTRICT/UNIT ACTIONS

- | | |
|--|---|
| <input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR | <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN |
| <input type="checkbox"/> REVIEW STREAMING VIDEO | <input type="checkbox"/> STRESS REDUCTION SEMINAR |
| <input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES | <input type="checkbox"/> OTHER: (DESCRIBE) _____ |

TRAINING DIVISION ACTIONS

- | | |
|--|---|
| <input type="checkbox"/> TACTICS TRAINING | <input type="checkbox"/> USE OF FORCE POLICY/LAW REVIEW |
| <input type="checkbox"/> EQUIPMENT/WEAPONS TRAINING | <input type="checkbox"/> OTHER: (DESCRIBE) _____ |
| <input type="checkbox"/> FORCE MITIGATION TECHNIQUES | |

INVESTIGATING SUPERVISOR UNIZYCKI, RICHARD

DEBRIEFING POINTS:

- | | | |
|---|---|---|
| <input type="checkbox"/> Attachments Missing | <input type="checkbox"/> Narrative Deficiency - Investigating Supervisor | <input type="checkbox"/> TRR Entry - Investigating Supervisor |
| <input type="checkbox"/> CPD Witness Identified | <input type="checkbox"/> Narrative Deficiency - Reviewing Supervisor | <input type="checkbox"/> TRR Entry - Other |
| <input type="checkbox"/> Investigating Supervisor - BWC Issue Not Addressed | <input type="checkbox"/> Other - Policy/Procedure | <input type="checkbox"/> TRR Inconsistency - External |
| <input type="checkbox"/> Investigating Supervisor - Injury Not Documented | <input type="checkbox"/> Review Deficiency - Reviewing Supervisor | <input type="checkbox"/> TRR Inconsistency - Internal |
| <input type="checkbox"/> Investigating Supervisor - Used or Ordered Force | <input type="checkbox"/> Reviewing Supervisor - Used or Ordered Force | <input type="checkbox"/> TRR Investigation - Same Rank |
| <input type="checkbox"/> Medical Aid | <input type="checkbox"/> TRR Approval - Over 48 Hrs w/o Extension Request | <input type="checkbox"/> TRR Not Completed - Involved Member |
| <input type="checkbox"/> Miranda - Undocumented | | <input type="checkbox"/> Visual Inspection - Undocumented |

BASED ON THE REVIEW OF THE INCIDENT, THE FOLLOWING IS RECOMMENDED:		<input type="checkbox"/> NONE - APPROPRIATE DISTRICT/UNIT ACTION OCCURRED.	<input type="checkbox"/> ADDITIONAL TRAINING RECOMMENDED	<input type="checkbox"/> SUBJECT TO A CURRENT COPA COMPLAINT INVESTIGATION. CL NO.:
<input type="checkbox"/> ADVISEMENT	<input checked="" type="checkbox"/> NO ADDITIONAL TRAINING RECOMMENDED	<input type="checkbox"/> COMPLAINT LOG NO. RECOMMENDED	<input type="checkbox"/> ADDRESSED IN ASSOCIATED TRR	<input type="checkbox"/> REFERRED TO FORCE REVIEW BOARD
DISTRICT/UNIT ACTIONS		TRAINING DIVISION ACTIONS		
<input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR	<input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN	<input type="checkbox"/> TACTICS TRAINING	<input type="checkbox"/> USE OF FORCE POLICY/LAW REVIEW	
<input type="checkbox"/> REVIEW STREAMING VIDEO	<input type="checkbox"/> STRESS REDUCTION SEMINAR	<input type="checkbox"/> EQUIPMENT/WEAPONS TRAINING	<input type="checkbox"/> OTHER: (DESCRIBE)	
<input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES	<input type="checkbox"/> OTHER: (DESCRIBE)	<input type="checkbox"/> FORCE MITIGATION TECHNIQUES		
REVIEWING MEMBER: (Print)	STAR NO.	SIGNATURE	DATE/TIME	
ROKOWSKI, SCOTT D	17890		22-DEC-2022 1004	
FORCE REVIEW DIVISION SUPERVISOR APPROVAL				
APPROVING SUPERVISOR COMMENTS:				

<input type="checkbox"/> COMPLAINT LOG NO. OBTAINED:	CL NO.:	DATE/TIME OBTAINED:
APPROVING SUPERVISOR: (Print)	STAR NO.	SIGNATURE
BOHAN, DANIEL M	800	
DATE/TIME		
22-Dec-2022 1036		

FORCE REVIEW DIVISION COMMANDER APPROVAL			
FORCE REVIEW DIVISION COMMANDER COMMENTS:			
FORCE REVIEW DIVISION COMMANDER APPROVAL (Print)	STAR NO.	SIGNATURE	DATE/TIME

FORCE REVIEW BOARD DETERMINATION (FOR LEVEL III INCIDENTS ONLY)			
ACTIONS RECOMMENDED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW:			
<input type="checkbox"/> 30-DAY ADMINISTRATIVE DUTIES	<input type="checkbox"/> EAP REFERRAL	<input type="checkbox"/> OTHER: (DESCRIBE)	
APPROVED BY: (Print)	STAR NO.	SIGNATURE	DATE/TIME

UNIT OR TRAINING DIVISION DEBRIEFING SESSIONS

UNIT OR TRAINING DIVISION DEBRIEFING - INVOLVED MEMBER #1

SUPERVISOR CONDUCTING DEBRIEFING: (Print) UNKNOWN STAR NO. SIGNATURE DATE/TIME OF DEBRIEFING

DISTRICT/UNIT ACTIONS: INDIVIDUAL DEBRIEFING WITH SUPERVISOR, REVIEW STREAMING VIDEO, REVIEW DEPARTMENT DIRECTIVES, REVIEW LEGAL/TRAINING BULLETIN, STRESS REDUCTION SEMINAR, OTHER ACTIONS: (DESCRIBE). TRAINING DIVISION ACTIONS: TACTICS TRAINING, EQUIPMENT/WEAPONS TRAINING, FORCE MITIGATION TECHNIQUES, USE OF FORCE POLICY/LAW REVIEW, OTHER ACTIONS: (DESCRIBE).

APPROVING UNIT C/O: (Print) UNKNOWN STAR NO. SIGNATURE DATE/TIME

UNIT OR TRAINING DIVISION DEBRIEFING - INVOLVED MEMBER #2

SUPERVISOR CONDUCTING DEBRIEFING: (Print) UNKNOWN STAR NO. SIGNATURE DATE/TIME OF DEBRIEFING

DISTRICT/UNIT ACTIONS: INDIVIDUAL DEBRIEFING WITH SUPERVISOR, REVIEW STREAMING VIDEO, REVIEW DEPARTMENT DIRECTIVES, REVIEW LEGAL/TRAINING BULLETIN, STRESS REDUCTION SEMINAR, OTHER ACTIONS: (DESCRIBE). TRAINING DIVISION ACTIONS: TACTICS TRAINING, EQUIPMENT/WEAPONS TRAINING, FORCE MITIGATION TECHNIQUES, USE OF FORCE POLICY/LAW REVIEW, OTHER ACTIONS: (DESCRIBE).

APPROVING UNIT C/O: (Print) UNKNOWN STAR NO. SIGNATURE DATE/TIME

UNIT OR TRAINING DIVISION DEBRIEFING - REVIEWING SUPERVISOR

SUPERVISOR CONDUCTING DEBRIEFING: (Print) UNKNOWN STAR NO. SIGNATURE DATE/TIME OF DEBRIEFING

DISTRICT/UNIT ACTIONS: INDIVIDUAL DEBRIEFING WITH SUPERVISOR, REVIEW STREAMING VIDEO, REVIEW DEPARTMENT DIRECTIVES, REVIEW LEGAL/TRAINING BULLETIN, STRESS REDUCTION SEMINAR, OTHER ACTIONS: (DESCRIBE). TRAINING DIVISION ACTIONS: TACTICS TRAINING, EQUIPMENT/WEAPONS TRAINING, FORCE MITIGATION TECHNIQUES, USE OF FORCE POLICY/LAW REVIEW, OTHER ACTIONS: (DESCRIBE).

APPROVING UNIT C/O: (Print) UNKNOWN STAR NO. SIGNATURE DATE/TIME

UNIT OR TRAINING DIVISION DEBRIEFING - INVESTIGATING SUPERVISOR

SUPERVISOR CONDUCTING DEBRIEFING: (Print) UNKNOWN STAR NO. SIGNATURE DATE/TIME OF DEBRIEFING

DISTRICT/UNIT ACTIONS: INDIVIDUAL DEBRIEFING WITH SUPERVISOR, REVIEW STREAMING VIDEO, REVIEW DEPARTMENT DIRECTIVES, REVIEW LEGAL/TRAINING BULLETIN, STRESS REDUCTION SEMINAR, OTHER ACTIONS: (DESCRIBE). TRAINING DIVISION ACTIONS: TACTICS TRAINING, EQUIPMENT/WEAPONS TRAINING, FORCE MITIGATION TECHNIQUES, USE OF FORCE POLICY/LAW REVIEW, OTHER ACTIONS: (DESCRIBE).

APPROVING UNIT C/O: (Print) UNKNOWN STAR NO. SIGNATURE DATE/TIME

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 28-AUG-2022	TIME 0055	REPORT NO 2022-02522	EVENT NO. 2224001391	RD NO. JF373147	BEAT OF OCCUR. 0432
ADDRESS OF OCCURENCE 3545 E 95TH ST CHICAGO, IL 60617	CB NO.			IUCR 0470	
MEMBER RANK 9161	MEMBER LAST NAME SRODULSKI	MEMBER FIRST NAME PAUL			
SUBJECT LAST NAME NOVORITA		SUBJECT FIRST NAME JORDON			

REPORT NARRATIVE

ORDERS GIVEN BY FELLOW POLICE OFFICERS. R/O WAS WALKING TOWARD THE CROWD TO HELP OTHER OFFICERS DISPERSE THE CROWDS. AS R/O WAS WALKING, R/O NOTICED A MASKED INDIVIDUAL, LATER IDENTIFIED AS NOVORITA, JORDON, CLIMBING ON TO THE BACK OF SQUAD CAR 433, WHO HAD ALL EMERGENCY ACTIVATION EQUIPMENT INCLUDING LIGHTS AND SIRENS ON AND OCCUPIED BY TWO OFFICERS IN FULL DUTY UNIFORM. MR. NOVORITA HAD HIS FEET ON THE BACK BUMPER AND HIS HAND AND FOREARM ON TOP OF THE SQUAD CAR AND WAS BOUNCING ON THE CAR IN AN ATTEMPT TO PULL HIMSELF ON TO THE TOP OF THE SQUAD CAR. IF MR. NOVORITA WAS ABLE TO GET ON TOP OF THE VEHICLE, MR. NOVORITA COULD JUMP FROM THE ELEVATED HEIGHT ONTO R/O AND FELLOW OFFICERS CAUSING THEM GRIEVOUS HARM. WITH THESE THOUGHTS IN MIND R/O GAVE VERBAL ORDERS FOR MR. NOVORITA TO GET OFF THE CAR AND WHEN MR. NOVORITA DISREGARDED R/O'S VERBAL COMMANDS AND CONTINUED TO CLIMB ON TOP OF THE SQUAD CAR R/O PREFORMED A CONTROLLED EMERGENCY TAKE DOWN ONTO THE STREET. AS R/O WAS TRYING TO APPLY HAND CUFFS, MR. NOVORITA CONTINUED TO STIFFEN HIS ARMS. R/O ORDERED MR. NOVORITA TO QUIT RESISTING AND TO GIVE ME HIS HAND. MR. NOVORITA FINALLY COMPLIED AND WAS HANDCUFFED WITHOUT FURTHER INCIDENT. AT THE END OF THE INCIDENT AND WHEN MR. NOVORITA WAS PLACED IN SQUADROL 431 FOR TRANSPORT, R/O DID NOT KNOW OF ANY INJURIES TO MR. NOVORITA DUE MR. NOVORITA STILL HAVING HIS MASK ON. UPON ARRIVAL TO DISTRICT 004 STATION AND SEEING MR. NOVORITA UNMASKED R/O NOTICED BLOOD IN THE AREA AROUND THE MOUTH OF MR. NOVORITA. MR. NOVOROITA WAS THEN TRANSPORTED TO SOUTH SHORE HOSPITAL TO BE CHECKED OUT.

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 28-AUG-2022	TIME 0055	REPORT NO 2022-02522	EVENT NO. 2224001391	RD NO. JF373147	BEAT OF OCCUR. 0432
ADDRESS OF OCCURENCE 3545 E 95TH ST CHICAGO, IL 60617	CB NO.			IUCR 0470	
MEMBER RANK 9161	MEMBER LAST NAME SRODULSKI	MEMBER FIRST NAME PAUL			
SUBJECT LAST NAME NOVORITA		SUBJECT FIRST NAME JORDON			

REVIEWING SUPERVISOR COMMENTS

DISPERSED.

THE SUBJECT WAS TRANSPORTED TO SOUTH SHORE HOSPITAL FOR TREATMENT BY DR WILLIAMS AND RELEASED. AN EVIDENCE TECH WAS ORDERED TO PROCESS THE SUBJECTS INJURIES AND THE VEHICLE WHICH HE WAS ATTEMPTING TO CLIMB. THE R/SGT ENSURED ALL NOTIFICATION WERE MADE AND ALL REPORTS WE COMPLETED ACCURATELY AND COMPLETELY. THE BWCS WORN BY THE OFFICERS INVOLVED WERE DOCKED FOR DOWNLOAD AND REVIEW BY THE WOL.

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 28-AUG-2022	TIME 0055	REPORT NO 2022-02522	EVENT NO. 2224001391	RD NO. JF373147	BEAT OF OCCUR. 0432
ADDRESS OF OCCURENCE 3545 E 95TH ST CHICAGO, IL 60617		CB NO.		IUCR 0470	
MEMBER RANK 9161	MEMBER LAST NAME SRODULSKI	MEMBER FIRST NAME PAUL			
SUBJECT LAST NAME NOVORITA		SUBJECT FIRST NAME JORDON			

INVESTIGATION COMMENTS

call with a large vehicle caravan disturbance. Officer Srodulski exited his vehicle and approached the subject (NOVORITA, Jordon) on foot, as Mr. Novorita walked toward the rear of a marked Chicago police vehicle with its emergency lights activated and began to stand on the rear bumper of the occupied vehicle, with both feet, as well as placing his hands on top of the police vehicle. As the Officer continued to approach, Mr. Novorita continued to keep his left foot on the rear bumper of the police vehicle, when he placed his right foot on the ground, and was presumably attempting to reposition himself to again jump onto the squad car and raise himself up on to the bumper again or possibly onto the roof of the squad car. P.O. Srodulski attempted to place Mr. Novorita into custody and took hold of the Mr. Novorita from behind and performed an emergency take down. Officer Sroduski attempted to handcuff Mr. Novorita while assisting female Officers can be heard telling Mr. Novorita multiple times "It's over" and "Stop resisting." Mr. Novorita was ultimately placed into custody and transported to the squadrol. Mr. Novorita was transported to the 004th District and then re-directed to South Shore hospital for treatment for injuries to the face area. Evidence Technician, Beat 5823, order to photo foot prints and hand prints to the outside rear portion of marked vehicle #7826 as well as photo Mr. Novorita. Officer Srodulski related he conducted an emergency take down, knowing that the squad car was currently occupied, and in order to prevent the above subject from gaining access to the top of the police vehicle and possibly jumping on Officer Srodulski or other members. Officer Omachi, who was inside of this vehicle, related to R/Lt that she felt the back of the car bouncing as the subject was on the back of the vehicle

Officer Srodulski did not activate his BWC until attempting to place handcuff Mr. Novorita. R/Lt instructed Sgt Zaragoza to admonish and review BWC policy with the above members regarding their late BWC camera activation. Officer Srodulski's also failed to notify OEMC of a TRR. Sgt Zaragoza will document this in the PRS system. R/Lt also initiated Spar # 565717 for the above member. This incident was dynamic in nature and evolved very quickly. The Officer was forced to make a quick decision to protect any possible injury to Mr. Novorita being thrown from of the car if the squad car was to move, protect the Officers occupying the vehicle from any possibility of attack, as well as the possibility of any further damage to the department vehicle, as well as place Mr Novortia into custody.

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 28-AUG-2022	TIME 0055	REPORT NO 2022-02522	EVENT NO. 2224001391	RD NO. JF373147	BEAT OF OCCUR. 0432
ADDRESS OF OCCURENCE 3545 E 95TH ST CHICAGO, IL 60617	CB NO.			IUCR 0470	
MEMBER RANK 9161	MEMBER LAST NAME SRODULSKI	MEMBER FIRST NAME PAUL			
SUBJECT LAST NAME NOVORITA		SUBJECT FIRST NAME JORDON			

FORCE REVIEW OPINIONS AND RECOMMENDATIONS

INCIDENT. IF EXIGENT CIRCUMSTANCES PREVENTED THE INVOLVED MEMBER FROM RECORDING THE ENTIRE INCIDENT, TRED ADVISES TO ARTICULATE THOSE CIRCUMSTANCES IN THE NARRATIVE OF THE ORE REPORTS.

BASED ON A REVIEW OF THIS INCIDENT, THE TACTICAL REVIEW AND EVALUATION DIVISION HAS NO RECOMMENDATIONS AT THIS TIME:

DEBRIEFING POINT 1 HAS BEEN ADDRESSED AT THE DISTRICT LEVEL BY LT. RICHARD UNIZYCKI #9851.

THE ABOVE REVIEW AND RECOMMENDATION(S) ARE FOR TRAINING PURPOSES ONLY.