

# TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2023-04259

<b>INCIDENT</b>	DATE OF INCIDENT 06-NOV-2023	TIME 1155	ADDRESS OF OCCURRENCE 7326 S DANTE AVE CHICAGO, IL 60619	LOCATION CODE 303	BEAT/OCCUR. 0324	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) PARKWAY AND CURB OF 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. 2331006370	RD NO. JG493613	IUCR CODE 0450	IR NO. 1769391	CB NO.						
	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"/> FOOT	SQUADROL <input type="checkbox"/> SQUAD/PLATOON	MEMBER WAS? <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER	ASSIST UNITS ON SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR				
<b>INVOLVED MEMBER</b>	RANK 9171	LAST NAME RUHNKE	FIRST NAME ERIK	EMPLOYEE NO.	WATCH 4	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 2	AGE 43	HT. 510	WT. 250	
	DATE OF APPT. 27-SEP-2004	UNIT & BEAT OF ASSIGN. 003 0361	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 type="checkbox"/> Minor Swelling	<input type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion	<input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	<input type="checkbox"/> Gun Shot <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Other (Explain)			
<b>SUBJECT INFORMATION</b>	<input type="checkbox"/> DNA LAST NAME CAMPBELL		FIRST NAME TRANZA		M.I. D	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. -1991	HT. 509	WT. 185	
	ADDRESS		TELEPHONE NO.	CONDITION <input checked="" 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) <input type="checkbox"/> OTHER (Specify)		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						
<b>SUBJECT'S ACTIONS</b> (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 type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE)				
	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> RIFLE				
<b>MEMBER'S RESPONSE</b> (Check all that apply)	<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		WEAPON USE: <input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon				
	<input type="checkbox"/> FLED		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> Possessed <input checked="" type="checkbox"/> Used - Attacked Member <input type="checkbox"/> Member at Gunpoint				
	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member Shot/Shot At				
	<input type="checkbox"/> PHYSICAL OBSTRUCTION										
<b>WEAPON USE</b>	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input checked="" type="checkbox"/> NO <input 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 type="checkbox"/> Disturbance - Other <input 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				
	REASON FOR RESPONSE? <input type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Department Member		<input type="checkbox"/> Defense of Member of Public <input checked="" type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Stop Self-Inflicted Harm		<input type="checkbox"/> Fleeing Subject <input checked="" type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional		Ordered by Supervisor Name _____ Star No. _____				
	<b>FORCE MITIGATION EFFORTS</b>					<b>CONTROL TACTICS</b>					
	<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"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER					<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					
<b>RESPONSE WITHOUT WEAPONS</b>					<b>RESPONSE WITH WEAPON USE</b>						
<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> OTHER <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE					<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> LESS LETHAL SHOTGUN (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> OTHER						
*AUTHORIZED BY (NAME) _____ RANK _____ STAR NO. _____ UNIT NO. _____											
WAS ANY REPORTABLE FORCE USED AGAINST THE SUBJECT WHILE HANDCUFFED OR OTHERWISE IN PHYSICAL RESTRAINTS? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES IF YES, DESCRIBE SUBJECT'S ACTIONS AND MEMBER'S RESPONSE IN THE NARRATIVE SECTION.								INVOLVED IN A PURSUIT? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER			
<b>WEAPON USE</b>	WEAPON TYPE: <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER		NO. OF DISCHARGES OF THE WEAPON. 10		WEAPON SERIAL NO. _____		WEAPON CERT. NO. 523203				
	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						
	<b>TASER USE ONLY</b>		TASER CARTRIDGE ID NO.(S) _____ PROPERTY INVENTORY NO. _____		CARTRIDGES DISCHARGED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER _____		ADDITIONAL ENERGY CYCLES <input type="checkbox"/> TRIGGER <input type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER _____ <input type="checkbox"/> ARC <input type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER _____		CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER _____		SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER _____
<b>FIREARM DISCHARGE ONLY</b>		WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) _____ <input checked="" type="checkbox"/> OFFENDER _____		TOTAL NO. OF SHOTS FIRED 10		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MAKE/ MANUFACTURER GLOCK GMBH		MODEL 23	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) RUHNKE, ERIK	RANK/TITLE CODE 9	STAR/EMPLOYEE NO. 1964	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 <u>GSWs about the body</u>
--	---

<b>WITNESSES</b>	<input type="checkbox"/> UNK LAST NAME FIRST NAME M.I. SEX RACE DATE OF BIRTH <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS TELEPHONE NO. WITNESS INTERVIEW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> OTHER (Specify) <input type="checkbox"/> REFUSED <u>WITNESS INTE!</u>
	CHICAGO, IL	<input type="checkbox"/> ADDITIONAL WITNESSES
	WITNESS STATEMENT	

**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.)  
 WITNESS CANVAASS WAS NOT COMPLETED AS THIS WAS AN OFFICER INVOLVED SHOOTING. SEE IRT SUPPLEMENTARY REPORTS.

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. 2023-0005234

I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print) KENNEDY, BRIAN	RANK/TITLE CODE 7	STAR NO. 208	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 06-NOV-2023 2033
---	----------------------	-----------------	-------------------------	---

**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. 2023-04259

<b>INCIDENT INFORMATION</b>	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.	
	06-NOV-2023	1155	7326 S DANTE AVE CHICAGO, IL 60619	2331006370	JG493613	
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9171	RUHNKE	ERIK	██████			
SUBJECT LAST NAME	SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
CAMPBELL	TRANZA		D	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	██████-1991

**LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW**

MIRANDA WARNINGS GIVEN  YES  NO DATE/TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

VISUAL INSPECTION CONDUCTED  YES  NO DATE/TIME \_\_\_\_\_ LOCATION \_\_\_\_\_ INJURIES OBSERVED  NO  YES, DESCRIBE IN COMMENTS

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  INTERVIEW NOT CONDUCTED (Specify Reason)  
 (Attempt to interview the subject of any reportable use of force, solely about the use of force incident, and record the subject's statement regarding the use of force.)  
 subject deceased

**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.)  
 No visual inspection was conducted; subject taken to University of Chicago and, subsequently, pronounced deceased by ██████████

RD: JG-493613  
 Event# 2331006370  
 Address: 7326 S. Dante  
 Time: 1155 hours  
 District: 003/0324 (UCR 0454)  
 Deputy Chief was notified by CPIC at 1213 hrs and arrived on scene at 7326 S. Dante at 1228 hours

IRT responded, Lt. Kinney #181 on

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

UNITS ON-SCENE OF THE INCIDENT: numerous units

WAS AN INVESTIGATION EXTENSION REQUESTED?  NO  YES, DENIED  YES, APPROVED BY: \_\_\_\_\_ STAR NO.: \_\_\_\_\_

<p><b>LT OR ABOVE/INCIDENT COMMANDER:</b></p> <p><input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.</p> <p><input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES A NOTIFICATION TO THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED:                  2023-0005234</p> <p><input checked="" type="checkbox"/> I DID NOT USE REPORTABLE FORCE OR ORDER THE USE OF REPORTABLE FORCE DURING THIS INCIDENT.</p>	<p>BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE MEMBER'S USE OF FORCE RESPONSE APPEARS TO BE:</p> <p><input type="checkbox"/> IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.</p> <p><input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.</p> <p><input checked="" type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.</p>
---	---

<p><b>INVOLVED MEMBER ACTIONS RECOMMENDED?</b></p> <p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW:</p> <p><input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN</p> <p><input type="checkbox"/> REVIEW STREAMING VIDEO <input type="checkbox"/> STRESS REDUCTION SEMINAR</p> <p><input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES <input type="checkbox"/> OTHER: _____</p>	<p><b>REVIEWING SUPERVISOR ACTIONS RECOMMENDED?</b></p> <p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW:</p> <p><input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN</p> <p><input type="checkbox"/> REVIEW STREAMING VIDEO <input type="checkbox"/> STRESS REDUCTION SEMINAR</p> <p><input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES <input type="checkbox"/> OTHER: _____</p>
--	---

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	RANK/TITLE CODE	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
CALDERON, GILBERTO	DEPUTY CI	49	████████	06-Nov-2023 2133

**TACTICAL RESPONSE REPORT- INVESTIGATION/Chicago Police Department** FRD TRACKING NO. 2023-04259

<b>INCIDENT INFORMATION</b>	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	06-NOV-2023	1155	7326 S DANTE AVE CHICAGO, IL 60619	2331006370	JG493613		
	RANK 9171	MEMBER LAST NAME RUHNKE	MEMBER FIRST NAME ERIK	EMPLOYEE NO.	CB NO.	CHARGE	
SUBJECT LAST NAME CAMPBELL			SUBJECT FIRST NAME TRANZA	M.I. D	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK	D.O.B. -1991

**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):

2023-04265	2023-04260	2023-04263

BASED ON THE PRELIMINARY INFORMATION THAT HAS BEEN REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE FOLLOWING INFORMATION IS PROVIDED FOR THE LEVEL 3 USE OF FORCE INCIDENT REFERENCED ABOVE:

WAS MEMBER ENGAGED IN LEVEL 3 FORCE ON-DUTY?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
INVOLVED A MENTAL HEALTH COMPONENT?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
MEDICAL AID PROVIDED?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
CHOKEHOLD USED?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
CAROTID ARTERY RESTRAINT USED?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
WAS THERE AN INTENTIONAL BATON STRIKE TO HEAD OR NECK?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
WARNING SHOT FIRED?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
FIREARM DISCHARGED AT A PERSON WHO WAS A THREAT ONLY TO SELF?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
FIREARM DISCHARGED SOLEY IN DEFENSE OR PROTECTION OF PROPERTY?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
FIREARM DISCHARGED INTO A CROWD?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
FIREARM DISCHARGED AT OR INTO A BUILDING?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
FIREARM DISCHARGED AT OR INTO A MOVING MOTOR VEHICLE?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
FIREARM DISCHARGED FROM A MOVING MOTOR VEHICLE?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:

**ADDITIONAL INFORMATION:**

REQUIRED NOTIFICATION TO: <input checked="" type="checkbox"/> COPA <input checked="" type="checkbox"/> CPIC <input type="checkbox"/> NONE	NAME: CALDERON, GILBERTO	EMPLOYEE / STAR NO. 49	DATE/TIME COMPLETED DEPUTY CHIEF
LT OR ABOVE/INCIDENT COMMANDER NAME (Print) CALDERON, GILBERTO	RANK/TITLE CODE	STAR NO. 49	SIGNATURE
			DATE/TIME COMPLETED 06-Nov-2023 2133

**CLEARNET - ADDITIONAL INFORMATION**

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

<b>DATE OF INCIDENT</b> 06-NOV-2023	<b>TIME</b> 1155	<b>REPORT NO</b> 2023-04259	<b>EVENT NO.</b> 2331006370	<b>RD NO.</b> JG493613	<b>BEAT OF OCCUR.</b> 0324
<b>ADDRESS OF OCCURENCE</b> 7326 S DANTE AVE CHICAGO, IL 60619		<b>CB NO.</b>		<b>IUCR</b> 0450	
<b>MEMBER RANK</b> 9171	<b>MEMBER LAST NAME</b> RUHNKE	<b>MEMBER FIRST NAME</b> ERIK			
<b>SUBJECT LAST NAME</b> CAMPBELL		<b>SUBJECT FIRST NAME</b> TRANZA			

**INVESTIGATION COMMENTS**

scene.

Reporting DC Calderon arrived at the scene of 7326 S. Dante at 1228 hrs

FOP on scene Bryan Holy and Sergeants Union Representative Calvin #955.

Reporting Deputy did not observed Subject. Subject was taken to University of Chicago in critical condition.

Officers working beat 361D Employee # [REDACTED], # [REDACTED], # [REDACTED] were taken to University of Chicago. Employee # [REDACTED] working beat 361 was taken to South Shore Hospital.

BIA Sgt. Strazzante #1896 notified and responded for BAC testing of Employee # [REDACTED] at South Shore Hospital, Employee # [REDACTED] at University of Chicago Hospital and Employee # [REDACTED] at Area 1.

EAP peer support McKenna #4692 notified by Lt. Kennedy #208 at 1306 hours.

Walk-thru of 7326 S. Dante conducted by Deputy Chief Calderon with COPA Inv. Hearts-Glass #5, Goodwin #35, Merritt #34, Harris #114, Kamrath #69, and Pierce #76 at 1537 hrs.

D/C reviewed BWC of Employee# [REDACTED] from 11:54:42 to 11:57:00 in the presence of COPA Inv. Hearts-Glass #5, Inv. Goodwin #35, Chief Ursitti #628, DC. Bruno #334, DC Jerome #57, Lt. Kinney #181, Det. Sgt. Gadzik #1707, Det. Sgt. Oakes #957, Det. Golab #21389, PO Weber #21072, PO Bulkley #9287

D/C reviewed BWC of Employee # [REDACTED] from 11:54:32 to 11:55:10 in the presence of COPA Inv. Hearts-Glass #5, Inv. Goodwin #35, Chief Ursitti #628, DC. Bruno #334, DC Jerome #57, Lt. Kinney #181, Det. Sgt. Gadzik #1707, Det. Sgt. Oakes #957, Det. Golab #21389, PO Weber #21072, PO Bulkley #9287

D/C reviewed BWC of Employee # [REDACTED] from 11:54:32 to 11:55:40 in the presence of COPA Inv. Hearts-Glass #5, Inv. Goodwin #35, Chief Ursitti #628, DC. Bruno #334, DC Jerome #57, Lt. Kinney #181, Det. Sgt. Gadzik #1707, Det. Sgt. Oakes #957, Det. Golab #21389, PO Weber #21072, PO Bulkley #9287

D/C reviewed BWC of Employee # [REDACTED] from 11:54:44 to 11:55:03 in the presence of COPA Inv. Hearts-Glass #5, Inv. Goodwin #35, Chief Ursitti #628, DC. Bruno #334, DC Jerome #57, Lt. Kinney #181, Det. Sgt. Gadzik #1707, Det. Sgt. Oakes #957, Det. Golab #21389, PO Weber #21072, PO Bulkley #9287

Deputy Chief Calderon relocated from 7326 S. Dante to Area 1 at 1559 hours.

**INVESTIGATION COMMENTS CONTINUED ON PAGE 5**

**CLEARNET - ADDITIONAL INFORMATION**

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

**TACTICAL RESPONSE REPORT**

<b>DATE OF INCIDENT</b> 06-NOV-2023	<b>TIME</b> 1155	<b>REPORT NO</b> 2023-04259	<b>EVENT NO.</b> 2331006370	<b>RD NO.</b> JG493613	<b>BEAT OF OCCUR.</b> 0324
<b>ADDRESS OF OCCURENCE</b> 7326 S DANTE AVE CHICAGO, IL 60619	<b>CB NO.</b>			<b>IUCR</b> 0450	
<b>MEMBER RANK</b> 9171	<b>MEMBER LAST NAME</b> RUHNKE	<b>MEMBER FIRST NAME</b> ERIK			
<b>SUBJECT LAST NAME</b> CAMPBELL		<b>SUBJECT FIRST NAME</b> TRANZA			

**INVESTIGATION COMMENTS**

Employee # [REDACTED] weapon recovered from Area 1 at 1815 hrs by ET. Sgt. Norris #831. Round count conducted by E.T. Sgt. Norris #831 in the presence of ET Shelton #15719, Sergeants Union Rep Calvino #955, Commander Branch #204, FOP Rep. B. Holy, Det. Golab #21389, COPA Inv. Goodwin #35, COPA Inv. Merritt #34, COPA Inv. Kamrath #69, and PO Bulkley #9287.

Employee # [REDACTED] photographed by Evidence Technician P.O. Shelton #15719 at 1815 hours.

Employee # [REDACTED] weapon recovered from Sgt. Ceja #1005 at Area 1 at 1822 hrs by ET. Sgt. Norris #831. Round count conducted by E.T. Sgt. Norris #831 in the presence of ET Shelton #15719, Commander Branch #204, FOP Rep. B. Holy, Det. Golab #21389, COPA Inv. Goodwin #35, COPA Inv. Merritt #34, COPA Inv. Kamrath #69, and PO Bulkley #9287.

Employee # [REDACTED] weapon recovered from Sgt. Ceja #1005 at Area 1 at 1826 hrs by ET. Sgt. Norris #831. Round count conducted by E.T. Sgt. Norris #831 in the presence of ET Shelton #15719, Commander Branch #204, FOP Rep. B. Holy, Det. Golab #21389, COPA Inv. Goodwin #35, COPA Inv. Merritt #34, COPA Inv. Kamrath #69, and PO Bulkley #9287.

Employee # [REDACTED] photographed by Evidence Technician P.O. Shelton #15719 at 1830 hrs.

Case Report JG-493613, TRR 2023-04259, 2023-04260, 2023-04263, and 2023- 04265 were reviewed.

Use of Force Investigation is being conducted by COPA under CL number; Log #2023-0005234 generated via CPIC at 1307 hours for administrative purposes only.

Public Safety Interview conducted by Sgt. Ceja #1005 at 1255 hrs.

Employee # [REDACTED], Employee # [REDACTED], Employee # [REDACTED], and Employee # [REDACTED] entered into the Traumatic Incident Stress Management Program by Lt. Kennedy #208 and advised of Thirty Day Administrative Duty Program by the undersigned