

TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2024-01360

INCIDENT	DATE OF INCIDENT 21-MAR-2024	TIME 1806	ADDRESS OF OCCURRENCE 3836 W FERDINAND ST CHICAGO, IL 60624	LOCATION CODE 304	BEAT/OCCUR. 1122	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) PUBLIC 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. 2408110919	RD NO. JH196780	IUCR CODE 0450	IR NO. 2481935	CB NO.							
LIGHTING <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN <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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INCIDENT <input checked="" type="checkbox"/> OUTDOOR <input type="checkbox"/> INDOOR				
INVOLVED MEMBER	RANK 9161	LAST NAME WEBB	FIRST NAME AUBREY	EMPLOYEE NO.	WATCH 4	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 1	AGE 40	HT. 508	WT. 220		
	DATE OF APPT. 25-JUN-2018	UNIT & BEAT OF ASSIGN. 011 1164c	DUTY STATUS <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	IN UNIFORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE OF MEMBER INJURY <input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Gun Shot <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Other (Explain)							
SUBJECT INFORMATION	<input type="checkbox"/> DNA LAST NAME REED		FIRST NAME DEXTER	M.I. A	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. 1997	HT. 603	WT. 185			
	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) <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 type="checkbox"/> Offered/EMS Requested <input type="checkbox"/> Performed by Member <input type="checkbox"/> Performed by CFD EMS				TAKEN TO HOSPITAL (Specify) MOUNT SINAI HOSPITAL		SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input type="checkbox"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> Non-Fatal - Major Injury <input checked="" type="checkbox"/> Fatal					
SUBJECT'S ACTIONS (Check all that apply)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION		<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON (SPECIFY)		<input type="checkbox"/> THROWN OBJECT (DESCRIBE)		WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW:					
	<input type="checkbox"/> UNABLE TO UNDERSTAND VERBAL DIRECTION		<input type="checkbox"/> HAND/ARM/ELBOW STRIKE		<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON		<input type="checkbox"/> BLUNT OBJECT (DESCRIBE)		<input type="checkbox"/> KNIFE/CUTTING INSTRUMENT		<input type="checkbox"/> SHOTGUN	
	<input type="checkbox"/> VERBAL THREATS		<input type="checkbox"/> KNEE/LEG STRIKE		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		<input type="checkbox"/> CHEMICAL WEAPON		<input checked="" type="checkbox"/> SEMI-AUTO PISTOL		<input type="checkbox"/> EXPLOSIVE DEVICE	
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> TASER/STUN GUN		<input type="checkbox"/> REVOLVER		<input type="checkbox"/> OTHER (DESCRIBE)		
<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> VEHICLE		<input type="checkbox"/> RIFLE		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"/> WEAPON/OBJECT PERCEIVED AS:		<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		
<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		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		
<input type="checkbox"/> PHYSICAL OBSTRUCTION						TYPE OF ACTIVITY <input checked="" 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 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"/> Fleeing Subject <input type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Other (Describe)		<input type="checkbox"/> Ordered by Supervisor		Name _____ Star No. _____				
	FORCE MITIGATION EFFORTS						CONTROL TACTICS					
	<input checked="" type="checkbox"/> MEMBER PRESENCE		<input checked="" type="checkbox"/> ZONE OF SAFETY		<input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK		<input checked="" type="checkbox"/> TACTICAL POSITIONING		<input type="checkbox"/> ESCORT HOLDS		<input type="checkbox"/> CONTROL INSTRUMENT	
	<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES		<input type="checkbox"/> SPECIALIZED UNITS		<input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS		<input type="checkbox"/> NONE <input type="checkbox"/> OTHER		<input type="checkbox"/> WRISTLOCK		<input type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS	
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 checked="" type="checkbox"/> SEMI-AUTO PISTOL		
<input type="checkbox"/> TAKE DOWN		<input type="checkbox"/> PUSH/PHYSICAL REDIRECTION		<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION*		<input type="checkbox"/> CANINE		<input type="checkbox"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW)		<input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN		
<input type="checkbox"/> ELBOW STRIKE		<input type="checkbox"/> OTHER		<input type="checkbox"/> LRAD W/ AUTHORIZATION*		<input type="checkbox"/> BATON/EXPANDABLE BATON						
<input type="checkbox"/> CLOSED HAND STRIKE/ PUNCH												
<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.									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			
WEAPON USE	WEAPON TYPE: <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER		<input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> REVOLVER <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 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"/> VEHICLE <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER OBJECT							
	TASER USE ONLY		TASER CARTRIDGE ID NO.(S)		PROPERTY INVENTORY NO.		CARTRIDGES DISCHARGED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		ADDITIONAL ENERGY CYCLES <input type="checkbox"/> TRIGGER <input type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER		CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	
FIREARM DISCHARGE ONLY		WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)		TOTAL NO. OF SHOTS FIRED 17		WAS FIREARM RELOADED DURING INCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		MAKE/ MANUFACTURER GLOCK GMBH		MODEL 17		
								DID MEMBER FIRE AT A VEHICLE? <input type="checkbox"/> NO <input checked="" 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) WEBB, AUBREY	RANK/TITLE CODE 11	STAR/EMPLOYEE NO. 5105	SIGNATURE
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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 MULTIPLE GUN SHOTS
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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 checked="" 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.)

THIS IS AN OFFICER INVOLVED SHOOTING, THIS TRR IS BEING FORWARD TO THE DEPUTY.
 THE COMPLETION OF THIS SECTION OF THE TRR DOES NOT MEAN THAT R/SGT. IS ABLE TO DETERMINE THAT THE INFORMATION INCLUDED IN THE TRR HAS NOT BEEN VERIFIED. R/SGT.'S ACKNOWLEDGMENT MEANS ONLY THAT THE R/SGT. IS COMPLETING THE "REVIEWING SUPERVISOR" SECTION OF THE TRR BASED ON THE PRELIMINARY INFORMATION WHICH WAS AVAILABLE TO THE R/SGT. AT THE TIME OF THIS REPORT.

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) RIZZI, JOSEPH	RANK/TITLE CODE 9	STAR NO. 1104	SIGNATURE 	DATE/TIME COMPLETED 22-MAR-2024 0116
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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. 2024-01360

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	21-MAR-2024	1806	3836 W FERDINAND ST CHICAGO, IL 60624	2408110919	JH196780		
	RANK 9161	MEMBER LAST NAME WEBB	MEMBER FIRST NAME AUBREY	EMPLOYEE NO. [REDACTED]	CB NO.	CHARGE	
SUBJECT LAST NAME REED		SUBJECT FIRST NAME DEXTER		M.I. A	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK	D.O.B. [REDACTED] 1997

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 is 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.)
 IC Review

This is a police involved shooting from 3836 W. Ferdinand. R/DC notified at 1811 hours and arrived on scene at approximately 1845 hours.
 RD# JH-196679

Reporting Deputy Chief conducted public safety walk-throughs with Officers Pacheco, Spanos, Giampapa, Webb and COPA.
 Reporting Deputy Chief relocated to A/4 Detective

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

UNITS ON-SCENE OF THE INCIDENT: See Detective Supplementary Reports.

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

<p>LT OR ABOVE/INCIDENT COMMANDER:</p> <p><input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.</p> <p><input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES A NOTIFICATION TO THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED: <u>2024-0003052</u></p> <p><input checked="" type="checkbox"/> I DID NOT USE REPORTABLE FORCE OR ORDER THE USE OF REPORTABLE FORCE DURING THIS INCIDENT.</p>	<p>BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE MEMBER'S USE OF FORCE RESPONSE APPEARS TO BE:</p> <p><input type="checkbox"/> IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.</p> <p><input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.</p> <p><input checked="" type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.</p>
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<p>INVOLVED MEMBER ACTIONS RECOMMENDED?</p> <p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW:</p> <p><input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN</p> <p><input type="checkbox"/> REVIEW STREAMING VIDEO <input type="checkbox"/> STRESS REDUCTION SEMINAR</p> <p><input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES <input type="checkbox"/> OTHER: _____</p>	<p>REVIEWING SUPERVISOR ACTIONS RECOMMENDED?</p> <p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW:</p> <p><input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN</p> <p><input type="checkbox"/> REVIEW STREAMING VIDEO <input type="checkbox"/> STRESS REDUCTION SEMINAR</p> <p><input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES <input type="checkbox"/> OTHER: _____</p>
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LT OR ABOVE/INCIDENT COMMANDER NAME (Print) MUHAMMAD, RAHMAN S	RANK/TITLE CODE STAR NO. DEPUTY CH 313	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 22-Mar-2024 0257
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TACTICAL RESPONSE REPORT-INVESTIGATION/Chicago Police Department FRD TRACKING NO. 2024-01360

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	21-MAR-2024	1806	3836 W FERDINAND ST CHICAGO, IL 60624	2408110919	JH196780		
	RANK 9161	MEMBER LAST NAME WEBB	MEMBER FIRST NAME AUBREY	EMPLOYEE NO. [REDACTED]	CB NO.	CHARGE	
SUBJECT LAST NAME REED		SUBJECT FIRST NAME DEXTER		M.I. A	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK	D.O.B. [REDACTED] 1997

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):

2024-1363	1362	1361	1359.

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: MUHAMMAD, RAHMAN S	EMPLOYEE / STAR NO. 313	DATE/TIME COMPLETED DEPUTY CHIEF
LT OR ABOVE/INCIDENT COMMANDER NAME (Print) MUHAMMAD, RAHMAN S	RANK/TITLE CODE	STAR NO. 313	SIGNATURE
			DATE/TIME COMPLETED 22-Mar-2024 0257

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 21-MAR-2024	TIME 1806	REPORT NO 2024-01360	EVENT NO. 2408110919	RD NO. JH196780	BEAT OF OCCUR. 1122
ADDRESS OF OCCURENCE 3836 W FERDINAND ST CHICAGO, IL 60624	CB NO.			IUCR 0450	
MEMBER RANK 9161	MEMBER LAST NAME WEBB	MEMBER FIRST NAME AUBREY			
SUBJECT LAST NAME REED		SUBJECT FIRST NAME DEXTER			

INVESTIGATION COMMENTS

Division.

Reporting Deputy Chief reviewed available BWC footage at 2040 hours with COPA.

Reporting Deputy Chief witnessed the recovery of discharging member's firearms casings by the Forensics Division personnel with COPA present in the conference room of the Area 4 Detective Division at 2315 hours.

Reporting Deputy Chief ensured Traumatic Incident Stress Management program notification/referrals were made by Lt. Harris.

Negative results by IAD at 1915 hours.

Investigation by COPA continues regarding member's use of force under Log# 2024-0003052.

Subject not inspected or interviewed due to fatal injuries.