

TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2024-04826

INCIDENT	DATE OF INCIDENT 12-SEP-2024	TIME 0724	ADDRESS OF OCCURRENCE 8435 S RACINE AVE CHICAGO, IL 60620	LOCATION CODE 303	BEAT/OCCUR. 0613	VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input checked="" type="checkbox"/> IN-CAR VIDEO <input checked="" type="checkbox"/> OTHER VIDEO						
	BUSINESS NAME <input type="checkbox"/> DNA EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM) SIDEWALK 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. 2425602888	RD NO. JH425315	IUCR CODE 5081	IR NO.	CB NO.							
INVOLVED MEMBER	RANK 9161	LAST NAME ALLEN	FIRST NAME DOMINIQUE	EMPLOYEE NO.	WATCH 2	SEX <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> F	RACE 1	AGE 37	HT. 508	WT. 170		
	DATE OF APPT. 02-FEB-2015	UNIT & BEAT OF ASSIGN. 006 0611	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"/> 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 type="checkbox"/> Other (Explain)				
SUBJECT INFORMATION	<input checked="" type="checkbox"/> DNA LAST NAME		FIRST NAME		M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	D.O.B.	HT.	WT.		
	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 type="checkbox"/> Injured by Member <input type="checkbox"/> Under Influence of Alcohol <input type="checkbox"/> Emotional Disorder								
	MEDICAL TREATMENT? <input type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested <input type="checkbox"/> Performed by CFD EMS				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 type="checkbox"/> Fatal							
SUBJECT'S ACTIONS (Check all that apply)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> UNABLE TO UNDERSTAND VERBAL DIRECTION <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> FLED <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> PHYSICAL OBSTRUCTION			<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY) <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> GRAB/HOLD/RESTRAIN <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> OTHER (DESCRIBE)			<input type="checkbox"/> THROWN OBJECT (DESCRIBE) <input type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> OTHER (DESCRIBE)			WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW: <input type="checkbox"/> BLUNT OBJECT (DESCRIBE) <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> SHOTGUN <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> EXPLOSIVE DEVICE <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE) <input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> RIFLE <input type="checkbox"/> VEHICLE		
	DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input type="checkbox"/> YES			SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input type="checkbox"/> NO Gang-Related? <input type="checkbox"/> YES <input type="checkbox"/> NO			WEAPON/OBJECT PERCEIVED AS:			WEAPON USE: <input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon <input type="checkbox"/> Possessed <input 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 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											
	REASON FOR RESPONSE? <input type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Defense of Department Member <input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional <input type="checkbox"/> Other (Describe) _____ Name _____ Star No. _____											
MEMBER'S RESPONSE (Check all that apply)	FORCE MITIGATION EFFORTS					CONTROL TACTICS						
	<input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input type="checkbox"/> 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						
	RESPONSE WITHOUT WEAPONS					RESPONSE WITH WEAPON USE						
	<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 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 type="checkbox"/> NO <input type="checkbox"/> YES IF YES, DESCRIBE SUBJECT'S ACTIONS AND MEMBER'S RESPONSE IN THE NARRATIVE SECTION.											INVOLVED IN A PURSUIT? <input type="checkbox"/> NO <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER	
WEAPON USE	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. 1	WEAPON SERIAL NO. YTF943	WEAPON CERT. NO.						
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> YES <input checked="" 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 checked="" type="checkbox"/> YES <input 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 type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input checked="" type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN							
	TASER USE ONLY TASER CARTRIDGE ID NO.(S) _____ PROPERTY INVENTORY NO. _____ CARTRIDGES DISCHARGED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER _____ ADDITIONAL ENERGY CYCLES <input type="checkbox"/> TRIGGER <input type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER _____ <input type="checkbox"/> ARC <input type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER _____ CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER _____ SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER _____											
FIREARM DISCHARGE ONLY WHO FIRED FIRST SHOT? <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) _____ TOTAL NO. OF SHOTS FIRED 1 WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO MAKE/ MANUFACTURER GLOCK GMBH MODEL 19 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.)

EVENT#02888, THIS INCIDENT OCCURRED ON SEPTEMBER 12 2024 AT APPRPOX 0724HRS.

I WAS DRIVING SOUTH BOUND AT APPROXIMATELY 8435 S. RACINE AND WAS FLAGGED DOWN BY CITIZEN [REDACTED] [REDACTED] [REDACTED] ([REDACTED] 86) WHO RELATED TO ME THAT A FEMALE ([REDACTED] [REDACTED] [REDACTED] 68) WAS BEING ATTACKED BY TWO LARGE DOGS. I GOT OUT OF MY POLICE CAR IN AN ATTEMPT TO HELP THE FEMALE WHILE SHE WAS BEING VICIOUSLY ATTACKED BY A BROWN AND BLACK DOG. MR. [REDACTED] FIRED THREE ROUNDS AT LARGE BROWN DOG, WHO RELATED THAT THE DOG WAS COMING TOWARDS HIM. WHILE THIS WAS OCCURRING, I OBSERVED THE LAREGE BLACK PITBULL STILL MAULING MS. [REDACTED]. AFTER OBSERVING THIS, I CONSIDERED THE SANCTITY OF LIFE AND FIRED ONE ROUND TOWARD THE BLACK DOG TO STOP THE DOG FROM CAUSING GREAT BODILY HARM TO MS. [REDACTED]. THIS INCIDENT OCCURRED SO FAST, BUT I WAS ABLE TO REQUEST FOR AN AMBULANCE TO COME AND RENDER AID. MS. [REDACTED] WAS TRANSPORTED TO CHRIST HOSPITAL IN FAIR CONDITION BY CFD AMB#30. MS. [REDACTED] SUFFERED BROKEN LEFT ARM, RIGHT FRACTURED WRIST [REDACTED] [REDACTED] WAS SEEN BY DR. [REDACTED] IN STABLE CONDITION.

REPORTING MEMBER (Print Name) ALLEN, DOMINIQUE	RANK/TITLE CODE 11	STAR/EMPLOYEE NO. 13510	SIGNATURE [REDACTED]
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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 checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Laceration/Abrasion <input type="checkbox"/> Laceration Requiring Sutures <input 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 type="checkbox"/> Fatal	INJURY LOCATION <input type="checkbox"/> Head/Neck <input 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
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WITNESSES	LAST NAME [REDACTED]	FIRST NAME [REDACTED]	M.I. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 1	DATE OF BIRTH [REDACTED]-1986
	ADDRESS [REDACTED]		TELEPHONE NO. [REDACTED]		WITNESS INTERVIEW <input type="checkbox"/> OTHER (Specify) <input checked="" type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REFUSED	
	WITNESS STATEMENT [REDACTED]					

ADDITIONAL WITNESSES

STATEMENT CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM

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 REPORT IS BASED ON INFORMATION AVAILABLE AT THE TIME OF THIS REPORT. WHILE THERE MAY OR MAY NOT BE ADDITIONAL INFORMATION INCLUDING 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 SUBMITTING, THIS REPORT IS MADE ON INFORMATION R/LT HAS BEEN TOLD AND INFORMATION R/LT HAS BEEN ABLE TO REVIEW. THE COMPLETION OF THIS SECTION OF THE TRR DOES NOT MEAN THAT I AM ABLE TO DETERMINE THE INFORMATION INCLUDED IN THE TRR HAS NOT BEEN VERIFIED. MY ACKNOWLEDGEMENT MEANS THE "REVIEWING SUPERVISOR" SECTION OF THE TRR BASED ON THE PRELIMINARY INFORMATION, WHICH WAS AVAILABLE TO R/LT 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. 2024-0007132

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) PIECHOCKI, JOHN	RANK/TITLE CODE 7	STAR NO. 775	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 12-SEP-2024 1414
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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. 2024-04826

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	12-SEP-2024	0724	8435 S RACINE AVE CHICAGO, IL 60620	2425602888	JH425315		
	RANK 9161	MEMBER LAST NAME ALLEN	MEMBER FIRST NAME DOMINIQUE	EMPLOYEE NO. [REDACTED]	CB NO.	CHARGE	
SUBJECT LAST NAME			SUBJECT FIRST NAME	M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	D.O.B.

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.)

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.)
 This is an initial administrative approval process, based on the information provided at the time of this report. There may be the possibility of additional information, not known to the R/Captain, at this time of this report, such as audio and video evidence, written reports, unknown and/or undocumented witness/victim/offender statements, and/or other pertinent information, not recorded at this time, with a connection to this incident. The completion of the TRR-I section is based on the available preliminary information as well as the R/Captain's knowledge, training, and experience. This interpretation of the incident may later be modified by another investigative agency if additional information or resources not available to R/Captain at the time of this report are utilized in the analysis of the incident. This determination was based on the interpretation of the available information at the time of completion of the report.

Reporting Captain learned that Officers Allen on-viewed two dogs mauling a female on the sidewalk in

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

UNITS ON-SCENE OF THE INCIDENT: 611, 613

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>CL 2024-0007132</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 checked="" type="checkbox"/> <u>IN COMPLIANCE</u> WITH DEPARTMENT POLICY AND DIRECTIVES.</p> <p><input type="checkbox"/> <u>NOT IN COMPLIANCE</u> WITH DEPARTMENT POLICY AND DIRECTIVES.</p> <p><input 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)	RANK/TITLE CODE	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
DEANE, JOHN B	CAPTAIN O	13	[REDACTED]	12-Sep-2024 1737

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):

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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

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 12-SEP-2024	TIME 0724	REPORT NO 2024-04826	EVENT NO. 2425602888	RD NO. JH425315	BEAT OF OCCUR. 0613
ADDRESS OF OCCURENCE 8435 S RACINE AVE CHICAGO, IL 60620	CB NO.			IUCR 5081	
MEMBER RANK 9161	MEMBER LAST NAME ALLEN	MEMBER FIRST NAME DOMINIQUE			
SUBJECT LAST NAME		SUBJECT FIRST NAME			

WITNESS STATEMENT

MR. [REDACTED] RELATED THAT AS HE WAS OTW TO WORK, HE OBSERVED TWO DOGS MAULING A WOMAN. MR. [REDACTED] A CCL HOLDER, EXITED HIS VEHICLE AND FLAGGED DOWN PO ALLEN #13510. MR. [REDACTED] RELATED HE DISCHARGED HIS WEAPON TO SAVE THE WOMAN BEING ATTACKED.

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 12-SEP-2024	TIME 0724	REPORT NO 2024-04826	EVENT NO. 2425602888	RD NO. JH425315	BEAT OF OCCUR. 0613
ADDRESS OF OCCURENCE 8435 S RACINE AVE CHICAGO, IL 60620	CB NO.			IUCR 5081	
MEMBER RANK 9161	MEMBER LAST NAME ALLEN	MEMBER FIRST NAME DOMINIQUE			
SUBJECT LAST NAME		SUBJECT FIRST NAME			

INVESTIGATION COMMENTS

front of 8435 S. Racine. A citizen with a CCL also had stopped to help and fired his weapon three times, striking both dogs. The larger brown dog ran into the house and the smaller dog remained sitting next to the mauling victim. PO Allen fired her weapon to destroy the previously wounded smaller dog sitting by the victim so EMS could provide medical treatment. The larger dog was later found inside of the house deceased. It appears that all fired rounds struck the dogs. Three shell casings were recovered and inventoried by Beat 621, FTO Williams #10574 and PPO Curry #2765. No visual inspection of the deceased dogs was conducted because they were removed by Animal Control before R/C's arrival. The mauling victim sustained severe injuries from the dogs but was not struck by gunfire. The citizen and PO Allen should be commended for saving the victim's life.

R/Capt. viewed the relevant portions of following BWC videos and reviewed the attached reports: PO Allen, Dominique #13510, Employee # [REDACTED], BWC #X60AD7326 & PO Thompson, Ricky #18889, Employee # [REDACTED], BWC #X60AD7114. Officer Allen's BWC captured the CCL holder firing his weapon three times at 02:28 (07:23:35) and PO Allen firing one shot at 09:51 (07:30:59) mark of the video. PO Thompson's BWC captured PO Allen firing her weapon at the 09:15 (07:30:59) mark.

R/C interviewed the CCL holder over the phone who verified the previously described facts of the incident. No other witnesses were identified.

CL#2024-0007132 obtained for weapon discharge. BIA Sgt. Strazzante #1896 responded to the 006th District for weapon discharge protocol.