

TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2024-06010

INCIDENT	DATE OF INCIDENT 16-NOV-2024	TIME 0345	ADDRESS OF OCCURRENCE 51 W POLK ST CHICAGO, IL 60605	LOCATION CODE 259	BEAT/OCCUR. 0123	VIDEO RECORDED INCIDENT <input 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) INSIDE PERSONAL VEHICLE			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. 2432102135	RD NO. JH509746	UCR CODE 031B	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 type="checkbox"/> POLICE CAR <input type="checkbox"/> FOOT <input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> SQUADROL <input type="checkbox"/> SQUAD/PLATOON <input checked="" type="checkbox"/> OTHER: PERSONAL		MEMBER WAS? <input checked="" type="checkbox"/> ALONE <input 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					
INVOLVED MEMBER	RANK 9161	LAST NAME ALVAREZ	FIRST NAME KARLA	EMPLOYEE NO.	WATCH 3	SEX <input checked="" type="checkbox"/> F <input type="checkbox"/> M	
	DATE OF APPT. 01-FEB-2023	UNIT & BEAT OF ASSIGN. 012	DUTY STATUS <input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF	IN UNIFORM? <input type="checkbox"/> YES <input checked="" 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 type="checkbox"/> DNA LAST NAME UNKNOWN		FIRST NAME UNKNOWN		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
	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 / Emotional Disorder <input type="checkbox"/> Injured by Member <input type="checkbox"/> Under Influence of Alcohol			
	MEDICAL TREATMENT? <input type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify) <input checked="" 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 checked="" 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"/> PHYSICAL ATTACK WITHOUT WEAPON (SPECIFY)		<input type="checkbox"/> THROWN OBJECT (DESCRIBE)		
	<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"/> VERBAL THREATS		<input type="checkbox"/> KNEE/LEG STRIKE		<input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON			
<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> PUSH/SHOVE/PULL		<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON			
<input type="checkbox"/> FLED		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> OTHER (DESCRIBE)			
<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> OTHER (DESCRIBE)			
<input type="checkbox"/> PHYSICAL OBSTRUCTION		<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			
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 checked="" 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 type="checkbox"/> Other (Describe) <input type="checkbox"/> Ordered by Supervisor						
	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 checked="" type="checkbox"/> NONE <input type="checkbox"/> OTHER			<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS			
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> ADDITIONAL UNIT MEMBERS			<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 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		
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"/> OTHER <input type="checkbox"/> RIFLE		NO. OF DISCHARGES OF THE WEAPON. 1	WEAPON SERIAL NO.	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 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 type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> VEHICLE <input type="checkbox"/> NONE <input checked="" 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 TRIGGER <input type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER 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
FIREARM DISCHARGE ONLY		WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) <input checked="" type="checkbox"/> OFFENDER	TOTAL NO. OF SHOTS FIRED 1	WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAKE/ MANUFACTURER S.I.G. (SWISS INDUSTRIEL GE	MODEL P365	
				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) ALVAREZ, KARLA	RANK/TITLE CODE 11	STAR/EMPLOYEE NO. 18544	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 UNK [REDACTED]	FIRST NAME [REDACTED]	M.I. 	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 4	DATE OF BIRTH [REDACTED]-1999
	ADDRESS [REDACTED]		TELEPHONE NO. [REDACTED]		WITNESS INTERVIEW <input checked="" type="checkbox"/> OTHER (Specify) <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REFUSED <u>LEVEL 3 - IRT IN</u>	
	WITNESS STATEMENT SEE IRT SUPPLEMENTAL REPORTS					

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.)
N/A

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. 2024-0008396
 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) KENTER, JACK	RANK/TITLE CODE 7	STAR NO. 665	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 16-NOV-2024 0912
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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. 2024-06010

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	16-NOV-2024	0345	51 W POLK ST CHICAGO, IL 60605	2432102135	JH509746		
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE	
9161	ALVAREZ	KARLA	██████				
SUBJECT LAST NAME		SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
UNKNOWN		UNKNOWN			<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	

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.)
 RD# JH-509746 UCR: 031B, 0551
 Event #2432102135
 Address of Use of Force: 50 W. Polk St
 Dist/Beat of Occurrence: 001 / 0123
 Date / Time 16 Nov 24 / 0345 hrs
 Involved Member: Police Officer Alvarez, Karla D. Star #18544 UOA 012

 Deputy Chief Chung was notified by CPIC at 0403 hrs.

 R/DC arrived at the scene Polk and Federal at 0415 hrs.
 Ensured perimeter was established, crime scene was secured and evidence

 COMMENTS CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM

UNITS ON-SCENE OF THE INCIDENT: _____

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: 2024-0008396</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)	RANK/TITLE CODE	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
CHUNG, STEPHEN C	DEPUTY CI	96	██████	16-Nov-2024 0949

TACTICAL RESPONSE REPORT-INVESTIGATION/Chicago Police Department FRD TRACKING NO. 2024-06010

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	16-NOV-2024	0345	51 W POLK ST CHICAGO, IL 60605	2432102135	JH509746		
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE	
9161	ALVAREZ	KARLA					
SUBJECT LAST NAME			SUBJECT FIRST NAME	M.I.	SEX	RACE	D.O.B.
UNKNOWN			UNKNOWN		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	

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):

TRR 2024-06010			

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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
CHOKEHOLD USED?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
CAROTID ARTERY RESTRAINT USED?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
WAS THERE AN INTENTIONAL BATON STRIKE TO HEAD OR NECK?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
WARNING SHOT FIRED?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
FIREARM DISCHARGED AT A PERSON WHO WAS A THREAT ONLY TO SELF?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
FIREARM DISCHARGED SOLEY IN DEFENSE OR PROTECTION OF PROPERTY?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
FIREARM DISCHARGED INTO A CROWD?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
FIREARM DISCHARGED AT OR INTO A BUILDING?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
FIREARM DISCHARGED AT OR INTO A MOVING MOTOR VEHICLE?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
FIREARM DISCHARGED FROM A MOVING MOTOR VEHICLE?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:

ADDITIONAL INFORMATION:

REQUIRED NOTIFICATION TO: <input checked="" type="checkbox"/> COPA <input checked="" type="checkbox"/> CPIC <input type="checkbox"/> NONE	NAME: CHUNG, STEPHEN C	EMPLOYEE / STAR NO. 96	DATE/TIME COMPLETED DEPUTY CHIEF
LT OR ABOVE/INCIDENT COMMANDER NAME (Print) CHUNG, STEPHEN C	RANK/TITLE CODE 96	SIGNATURE	DATE/TIME COMPLETED 16-Nov-2024 0949

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 16-NOV-2024	TIME 0345	REPORT NO 2024-06010	EVENT NO. 2432102135	RD NO. JH509746	BEAT OF OCCUR. 0123
ADDRESS OF OCCURENCE 51 W POLK ST CHICAGO, IL 60605	CB NO.			IUCR 031B	
MEMBER RANK 9161	MEMBER LAST NAME ALVAREZ	MEMBER FIRST NAME KARLA			
SUBJECT LAST NAME UNKNOWN		SUBJECT FIRST NAME UNKNOWN			

INVESTIGATION COMMENTS

identified.

R/DC relocated from Polk and Federal to 001st District at 0450 hrs.

Ensured perimeter was established, crime scene was secured and evidence identified.

BIA Sgt T. Finegan Beat 8069 was notified by CPIC at 0412 hours and responded to 001 District. Sgt T. Finegan conducted Breathalyzer at 0634hrs, results .000

POD 6146W 0345hrs to 0346hrs reviewed observed possible offender's vehicle and later observed possible ODPO vehicle going east on Polk.

Officer#18544 entered into the Traumatic Incident Stress Management Program by Lt. Kenter # 665 at 0649hrs.

R/DC relocated from 001st District to 50 W. Polk at 0722 hrs

Walk-thru of 50 W. Polk conducted with Officer# 18544 at 0728 hrs.

Walk-thru of 50 W. Polk conducted with COPA Investigators S. Hayes, T. Kalantzis #36 and G. Masters #13 at 0735 hrs

Officer #18544 weapon recovered from Sgt Ceji #1005, in Command Van at 0748hrs in the presence of DC S.Chung #96, COPA Investigators S. Hayes, T. Kalantzis #36, G. Masters #13 and Detective Campbell #21279 and FOP representative Brown.

R/DC relocated from Polk and Federal to 001st District

Case Report JH-509746, TRR 2024-06010, was reviewed.

Officer advised of Thirty Day Administrative Duty program by the undersigned.

Use of Force Investigation is being conducted by COPA under CL Number 2024-0008396 generated via CPIC at 0720 hours for administrative purposes only.