TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2025-00500

INCIDENT

DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT
02-FEB-2025	1048	1649 S LAWNDALE AVE CHICAGO, IL 60623	200	1014	[X] BWC [ ] IN-CAR VIDEO [ ] OTHER VIDEO

BUSINESS NAME [ ] DNA | EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM): STREET | ASSIGNMENT TYPE: [ ] ON-VIEW [ ] OTHER ____ [ ] SUPERVISOR DIRECTED [X] CALL FOR SERVICE

EVENT NO.	RD NO.	IUCR CODE	IR NO.	CB NO.
2503305167	JJ135718	0550	2154986	

LIGHTING: [X] DAYLIGHT [ ] DARKNESS [ ] DUSK [ ] DAWN [ ] ARTIFICIAL
WEATHER: [X] CLEAR [ ] CLOUDY [ ] RAIN [ ] SNOW/ICE [ ] FOG
PATROL TYPE?: [X] POLICE CAR [ ] FOOT [ ] BICYCLE [ ] MOTORCYCLE/ PAPV [ ] SQUADROL [ ] VAN/BUS [ ] OTHER: [ ] SQUAD/ PLATOON
MEMBER WAS?: [X] ALONE [ ] WITH PARTNER
ASSIST UNITS ON SCENE?: [X] YES [ ] NO
INCIDENT: [ ] INDOOR [X] OUTDOOR

INVOLVED MEMBER

RANK	LAST NAME	FIRST NAME	EMPLOYEE NO.	WATCH	SEX	RACE	AGE	HT.	WT.
9161	RUBIO	ALEX	[redacted]	2	[X] M [ ] F		52	509	170

DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?
26-JAN-2004	010 / 1012	[X] ON [ ] OFF	[X] YES [ ] NO

TYPE OF MEMBER INJURY: [X] None / None Apparent [ ] Minor Swelling [ ] Minor Contusion/Laceration [ ] Complaint of Substantial Pain [ ] Significant Contusion [ ] Laceration Requiring Sutures [ ] Broken/Fractured Bone(s) [ ] Heart Attack/Stroke/Aneurysm [ ] Gun Shot [ ] Fatal [ ] Other (Explain)

SUBJECT INFORMATION

[ ] DNA

LAST NAME	FIRST NAME	M.I.	SEX	RACE	D.O.B.	HT.	WT.
KILBERT	KURT	K	[X] M [ ] F	BLACK	[redacted]1996	600	170

ADDRESS: [redacted] | TELEPHONE NO.

CONDITION: [X] UNK [ ] Apparently Normal [ ] Injured by Member [ ] Injured Not by the Member's Force [ ] Alleges Injury by Member [ ] Under Influence of Alcohol [ ] Under Influence of Drugs [ ] Mental Illness / Emotional Disorder [ ] Disability (Describe) [ ] Other (Specify)

MEDICAL TREATMENT?: [ ] Refused Medical Aid [ ] Offered/EMS Requested [ ] Performed by Member [X] Performed by CFD EMS [X] Taken to Hospital (Specify) MT.SINAI HOSPITAL [ ] OTHER (Specify)

SUBJECT INJURY BY MEMBER'S USE OF FORCE?: [X] None/None Apparent [ ] Subject Alleged Injury [ ] Non-Fatal - Minor Injury [ ] Non-Fatal - Major Injury [ ] UNK [ ] Fatal

SUBJECT'S ACTIONS (Check all that apply)

[ ] DNA [ ] UNK

- [X] DID NOT FOLLOW VERBAL DIRECTION
- [ ] UNABLE TO UNDERSTAND VERBAL DIRECTION
- [ ] VERBAL THREATS
- [ ] STIFFENED (DEAD WEIGHT)
- [ ] PULLED AWAY
- [X] FLED
- [ ] IMMINENT THREAT OF BATTERY - NO WEAPON
- [ ] PHYSICAL OBSTRUCTION
- [ ] PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY)
- [ ] HAND/ARM/ELBOW STRIKE
- [ ] KNEE/LEG STRIKE
- [ ] MOUTH/TEETH/SPIT
- [ ] PUSH/SHOVE/PULL
- [ ] GRAB/HOLD/RESTRAIN
- [ ] WRESTLE/GRAPPLE
- [ ] OTHER (DESCRIBE)
- [ ] THROWN OBJECT (DESCRIBE)
- [X] IMMINENT THREAT OF BATTERY WITH WEAPON
- [ ] ATTEMPT TO OBTAIN MEMBER'S WEAPON
- [ ] PHYSICAL ATTACK WITH WEAPON
- [X] USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM
- [ ] OTHER (DESCRIBE)

WAS SUBJECT ARMED WITH WEAPON? [ ] NO [X] YES, DESCRIBE BELOW:
- [ ] BLUNT OBJECT (DESCRIBE)
- [ ] KNIFE/CUTTING INSTRUMENT
- [ ] SHOTGUN
- [X] SEMI-AUTO PISTOL
- [ ] EXPLOSIVE DEVICE
- [ ] CHEMICAL WEAPON
- [ ] TASER/STUN GUN
- [ ] VEHICLE
- [ ] REVOLVER
- [ ] RIFLE
- [ ] OTHER (DESCRIBE)

[ ] WEAPON/OBJECT PERCEIVED AS:

WEAPON USE:
- [ ] DNA
- [ ] Possessed
- [ ] Displayed, Not Used
- [ ] Used - Attempt to Attack Member
- [ ] Used - Attacked Member
- [ ] Obtained Member's Weapon
- [ ] Member at Gunpoint
- [X] Member Shot/Shot At

DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? [ ] NO [X] YES

SUBJECT ACTIVITY: Drug-Related? [ ] YES [X] NO | Gang-Related? [ ] YES [X] NO

TYPE OF ACTIVITY:
- [ ] Ambush - No Warning
- [ ] Traffic Stop
- [ ] Disturbance - Domestic
- [ ] Investigatory Stop
- [ ] Person with a Gun
- [ ] Mental Health Related Incident
- [ ] Disturbance - Riot/Mob Action/Civil Disorder
- [ ] Disturbance - Other
- [X] Other - Describe in Narrative
- [ ] Processing/Transporting/Guarding Arrestee
- [ ] Pursuing/Arresting Subject

MEMBER 'S RESPONSE (Check all that apply)

[X] DNA [ ] UNK

REASON FOR RESPONSE?
- [ ] Defense of Self
- [ ] Defense of Department Member
- [ ] Defense of Member of Public
- [ ] Overcome Resistance or Aggression
- [ ] Stop Self-Inflicted Harm
- [ ] Fleeing Subject
- [ ] Subject Armed with Weapon
- [ ] Unintentional
- [ ] Other (Describe)
- [ ] Ordered by Supervisor — Name ____ Star No. ____

FORCE MITIGATION EFFORTS

- [ ] MEMBER PRESENCE
- [ ] ZONE OF SAFETY
- [ ] MOVEMENT TO AVOID ATTACK
- [ ] TACTICAL POSITIONING
- [ ] NONE
- [ ] VERBAL DIRECTION/ CONTROL TECHNIQUES
- [ ] SPECIALIZED UNITS
- [ ] ADDITIONAL UNIT MEMBERS
- [ ] OTHER

CONTROL TACTICS

- [ ] ESCORT HOLDS
- [ ] WRISTLOCK
- [ ] ARMBAR
- [ ] CONTROL INSTRUMENT
- [ ] PRESSURE SENSITIVE AREAS
- [ ] OTHER
- [ ] HANDCUFFS/PHYSICAL RESTRAINTS

RESPONSE WITHOUT WEAPONS

- [ ] OPEN HAND STRIKE
- [ ] TAKE DOWN
- [ ] ELBOW STRIKE
- [ ] CLOSED HAND STRIKE/ PUNCH
- [ ] KNEE STRIKE
- [ ] KICKS
- [ ] PUSH/PHYSICAL REDIRECTION
- [ ] OTHER

RESPONSE WITH WEAPON USE

- [ ] OC/CHEMICAL WEAPON
- [ ] OC/CHEMICAL WEAPON W/ AUTHORIZATION*
- [ ] LRAD W/ AUTHORIZATION*
- [ ] TASER
- [ ] CANINE
- [ ] BATON/EXPANDABLE BATON
- [ ] LESS LETHAL SHOTGUN (DESCRIBE BELOW)
- [ ] OTHER IMPACT MUNITIONS (DESCRIBE BELOW)
- [ ] REVOLVER
- [ ] RIFLE
- [ ] OTHER
- [ ] SEMI-AUTO PISTOL
- [ ] SHOTGUN

*AUTHORIZED BY (NAME) | RANK | STAR NO. | UNIT NO.

WAS ANY REPORTABLE FORCE USED AGAINST THE SUBJECT WHILE HANDCUFFED OR OTHERWISE IN PHYSICAL RESTRAINTS? [ ] NO [ ] YES IF YES, DESCRIBE SUBJECT'S ACTIONS AND MEMBER'S RESPONSE IN THE NARRATIVE SECTION.

INVOLVED IN A PURSUIT? [ ] NO [X] FOOT [ ] VEHICLE [ ] OTHER

WEAPON USE

[X] DNA

WEAPON TYPE: [ ] CHEMICAL WEAPON [ ] TASER [ ] SEMI-AUTO PISTOL [ ] REVOLVER [ ] RIFLE [ ] SHOTGUN [ ] OTHER	NO. OF DISCHARGES OF THE WEAPON.	WEAPON SERIAL NO.	WEAPON CERT. NO.

DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? [ ] YES [ ] NO [ ] UNK

DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? [ ] NO [ ] YES-SUBJECT [ ] YES-MEMBER

WAS SUBJECT VEHICLE USE AS A WEAPON? [ ] NO [ ] YES - AGAINST MEMBER [ ] YES - AGAINST OTHER PERSON

WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? [ ] YES [ ] NO

WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? [ ] YES [ ] NO

PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): [ ] SUBJECT [ ] OTHER PERSON [ ] DEPARTMENT MEMBER [ ] ANIMAL [ ] VEHICLE [ ] NONE [ ] UNKNOWN [ ] OTHER OBJECT

TASER USE ONLY

TASER CARTRIDGE ID NO.(S)	PROPERTY INVENTORY NO.	CARTRIDGES DISCHARGED	ADDITIONAL ENERGY CYCLES	CONTACT STUN	SPARK DISPLAY
		[ ] 1 [ ] 2 [ ] DNA [ ] OTHER	[ ] TRIGGER [ ] DNA [ ] 1 [ ] 2 [ ] OTHER [ ] ARC [ ] DNA [ ] 1 [ ] 2 [ ] OTHER	[ ] 1 [ ] 2 [ ] DNA [ ] OTHER	[ ] 1 [ ] 2 [ ] DNA [ ] OTHER

FIREARM DISCHARGE ONLY

WHO FIRED FIRST SHOT? [ ] MEMBER [ ] OFFENDER [ ] OTHER (Specify)	TOTAL NO. OF SHOTS MEMBER FIRED	WAS FIREARM RELOADED DURING INCIDENT? [ ] YES [ ] NO	MAKE/ MANUFACTURER	MODEL	DID MEMBER FIRE AT A VEHICLE? [ ] NO [ ] YES

NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): [X] IMMEDIATE SUPERVISOR [X] DISTRICT OF OCCURRENCE | **NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE):** [X] OEMC [X] CPIC

VIEWED BEFORE COMPLETING REPORT: [ ] BWC [ ] IN-CAR VIDEO [ ] OTHER [X] NONE

NARRATIVE (DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS OR OTHER CIRCUMSTANCES NECESSITATING THE FORCE USED, AND (3) THE INVOLVED MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER **WILL NOT COMPLETE THE NARRATIVE SECTION** FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)

THIS TRR IS BEING COMPLETED PER GENERAL ORDER.

REPORTING MEMBER (Print Name)	RANK/TITLE CODE	STAR/EMPLOYEE NO.	SIGNATURE
RUBIO, ALEX	11	10904	[redacted]

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY: [ ] None / None Apparent [ ] Minor Swelling [ ] Minor Contusion [ ] Minor Laceration/Abrasion [ ] Complaint of Substantial Pain [ ] Significant Contusion [ ] Laceration Requiring Sutures [ ] Broken/Fractured Bone(s) [ ] Potential Life-Threatening [ ] Gun Shot [ ] Fatal [X] Other (Explain)

INJURY LOCATION: [ ] Leg: [ ] Left [ ] Right [ ] Arm: [ ] Left [ ] Right [ ] Head/Neck [ ] Torso [ ] Back [X] Other (Describe) SEE DETECTIVE SUPP

WITNESSES [X] UNK

LAST NAME	FIRST NAME	M.I.	SEX	RACE	DATE OF BIRTH
			[ ] M [ ] F		

ADDRESS	TELEPHONE NO.	WITNESS INTERVIEW
CHICAGO, IL		[ ] INTERVIEWED [ ] NOT AVAILABLE [ ] REFUSED [ ] OTHER (Specify)

WITNESS STATEMENT [ ] 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.)

COMPLETION OF THIS SECTION OF THE TRR DOES NOT MEAN THAT I AM ABLE TO DETERMINE THAT THE INFORMATION INCLUDED IN THE TRR HAS NOT BEEN VERIFIED. MY ACKNOWLEDGMENT MEANS ONLY THE R/SGT IS COMPLETING THE "REVIEWING SUPERVISOR" SECTION OF THE TRR BASED ON THE PRELIMINARY INFORMATION WHICH WAS AVAILABLE TO R/SGT AT THE TIME OF THIS REPORT. ADDITIONALLY, AND PURSUANT TO 50 ILCS 706/10-20, EFFECTIVE JULY 1, 2021, I HAVE NOT REVIEWED ANY BODY-WORN CAMERA OF THIS SECTION OF THE TRR.

THIS INCIDENT IS AN OFFICER INVOLVED SHOOTING. IRT TO CONDUCT CANVAS AND ATTEMPT TO LOCATE WITNESSES.

SUPERVISOR ON-SCENE RESPONSE? [ ] NO [X] YES | EVIDENCE TECHNICIAN? [ ] NOTIFIED [X] RESPONDED [ ] DNA

ATTACHMENTS: [ ] CASE REPORT [ ] ARREST REPORT [ ] SUPPLEMENTARY REPORT [ ] INVENTORY [ ] IOD REPORT [ ] TASER DOWNLOAD [ ] OTHER

REVIEWING SUPERVISOR:

[X] **I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.**

[X] **I DID NOT USE REPORTABLE FORCE OR ORDER THE USE OF REPORTABLE FORCE DURING THIS INCIDENT.**

[ ] **LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA).**

LOG NO. OBTAINED.

[X] **I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.**

REVIEWING SUPERVISOR NAME (Print)	RANK/TITLE CODE	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
PULIA, STEVE	9	1938	[redacted]	02-FEB-2025 2130

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. 2025-00500

INCIDENT INFORMATION

DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.
02-FEB-2025	1048	1649 S LAWNDALE AVE CHICAGO, IL 60623	2503305167	JJ135718

RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE
9161	RUBIO	ALEX	[redacted]		

SUBJECT LAST NAME	SUBJECT FIRST NAME	M.I.	SEX	RACE	D.O.B.
KILBERT	KURT	K	☒ M ☐ F	BLK	[redacted]-1996

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.)

OIS, COPA reviewing use of force, Offender 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.)

This is an OIS level 3 use of force incident to be reviewed by COPA under Log #2025-0000547. R/DC responded to the scene at 1800 S. Lawndale. Prior to R/DC's arrival the offender was transported to Mt. Sinai hospital from the scene where he was subsequently pronounced. D/C reviewed BWC of relevant portions of involved Members.

D/C reviewed private video from a witness driver's dash cam. IRT will document any witness statements and recovered evidence. A Walk-thru of the scene was conducted with COPA. Members entered into the Traumatic Incident Stress Management Program by LT O'Sullivan #682.

UNITS ON-SCENE OF THE INCIDENT: See GOCR

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

LT OR ABOVE/INCIDENT COMMANDER:

☒ I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

☒ I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES A NOTIFICATION TO THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED: 2025-000547

☒ I DID NOT USE REPORTABLE FORCE OR ORDER THE USE OF REPORTABLE FORCE DURING THIS INCIDENT.

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:

☐ IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☒ A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

INVOLVED MEMBER ACTIONS RECOMMENDED?

☒ NO ☐ YES, DESCRIBE BELOW:

☐ INDIVIDUAL DEBRIEFING WITH SUPERVISOR ☐ REVIEW LEGAL/TRAINING BULLETIN

☐ REVIEW STREAMING VIDEO ☐ STRESS REDUCTION SEMINAR

☐ REVIEW DEPARTMENT DIRECTIVES ☐ OTHER: _____

REVIEWING SUPERVISOR ACTIONS RECOMMENDED?

☒ NO ☐ YES, DESCRIBE BELOW:

☐ INDIVIDUAL DEBRIEFING WITH SUPERVISOR ☐ REVIEW LEGAL/TRAINING BULLETIN

☐ REVIEW STREAMING VIDEO ☐ STRESS REDUCTION SEMINAR

☐ REVIEW DEPARTMENT DIRECTIVES ☐ OTHER: _____

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	RANK/TITLE CODE	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
O CONNOR, DANIEL J	DEPUTY CH	605	[redacted]	02-Feb-2025 2206

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 ☐ M ☐ F	RACE	D.O.B.

LEVEL 3 REPORTABLE USE OF FORCE INCIDENT SUPPLEMENTAL

TYPE OF LEVEL 3 REPORTABLE USE OF FORCE: ☐ DEADLY FORCE, FIREARMS DISCHARGE ☐ DEADLY FORCE, CHOKEHOLD ☐ DEADLY FORCE, OTHER
☐ DEADLY FORCE, IMPACT WEAPON STRIKE TO THE HEAD OR NECK ☐ HOSPITAL ADMISSION ☐ FORCE CAUSED DEATH TO A PERSON

LIST ALL THE TACTICAL RESPONSE REPORTS (TRR) FOR THE INCIDENT (INCLUDING TRRS OF MEMBERS WHO DID NOT ENGAGE IN A LEVEL 3 REPORTABLE USE OF FORCE BUT COMPLETED A TRR FOR A REPORTABLE USE OF FORCE FOR THE INCIDENT):

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

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

ADDITIONAL INFORMATION:

REQUIRED NOTIFICATION TO: ☐ COPA ☐ CPIC ☐ NONE	NAME:	EMPLOYEE / STAR NO.	DATE/TIME COMPLETED

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	RANK/TITLE CODE	STAR NO.	SIGNATURE	DATE/TIME COMPLETED