

TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2025-00503

INCIDENT	DATE OF INCIDENT 02-FEB-2025		TIME 1059	ADDRESS OF OCCURRENCE 1635 S LAWNDALE AVE CHICAGO, IL 60623			LOCATION CODE 304	BEAT/OCCUR. 1014	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)			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. 2503305167		RD NO. JJ135718	IUCR CODE 0550	IR NO. 2154986				CB NO.				
LIGHTING <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL		WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	PATROL TYPE? <input type="checkbox"/> BICYCLE <input type="checkbox"/> POLICE CAR <input type="checkbox"/> FOOT		<input type="checkbox"/> SQUADROL <input type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/ PAPV	<input type="checkbox"/> SQUAD/ PLATOON <input type="checkbox"/> VAN/BUS <input type="checkbox"/> OTHER:	MEMBER WAS? <input checked="" type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER		ASSIST UNITS ON SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR			
INVOLVED MEMBER	RANK 9161	LAST NAME TAPIA JR		FIRST NAME JUAN		EMPLOYEE NO. [REDACTED]	WATCH 2	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 4	AGE 40	HT. 508	WT. 176	
	DATE OF APPT. 28-FEB-2023	UNIT & BEAT OF ASSIGN. 010	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	LAST NAME KILBERT			FIRST NAME KURT		M.I. K	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B.	HT. 600	WT. 170		
	ADDRESS [REDACTED]		TELEPHONE NO.		CONDITION <input checked="" type="checkbox"/> UNK <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured by Member	<input type="checkbox"/> Injured Not by the Member's Force <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol	<input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Mental Illness / Emotional Disorder	<input type="checkbox"/> Disability (Describe)					
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested		Performed by Member <input type="checkbox"/> Performed by CFD EMS		MOUNT SINAI HOSPITAL		SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input checked="" type="checkbox"/> None/None Apparent <input type="checkbox"/> Subject Alleged Injury						
SUBJECT'S ACTIONS (Check all that apply)	<input checked="" 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 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 checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON		<input type="checkbox"/> SEMI-AUTO PISTOL	<input type="checkbox"/> EXPLOSIVE DEVICE							
	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)	<input type="checkbox"/> MOUTH/TEETH/SPIT	<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		<input type="checkbox"/> CHEMICAL WEAPON	<input type="checkbox"/> REVOLVER							
	<input type="checkbox"/> PULLED AWAY	<input type="checkbox"/> PUSH/SHOVE/PULL	<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> VEHICLE	<input type="checkbox"/> RIFLE							
<input checked="" type="checkbox"/> FLED	<input type="checkbox"/> GRAB/HOLD/RESTRAIN	<input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		WEAPON OBJECT PERCEIVED AS:									
<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)												
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		WEAPON USE: <input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member <input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Obtained Member's Weapon <input type="checkbox"/> Member at Gunpoint <input checked="" 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 <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"/> Action/Civil Disorder <input type="checkbox"/> Other - Describe in Narrative <input type="checkbox"/> Pursuing/Arresting Subject													
MEMBER'S RESPONSE (Check all that apply)	REASON FOR RESPONSE? <input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Department Member			<input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional		CONTROL TACTICS <input type="checkbox"/> Ordered by Supervisor Name _____ Star No. _____							
	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"/> ESCORT HOLDS	<input type="checkbox"/> CONTROL INSTRUMENT	<input type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS			
	<input type="checkbox"/> VERBAL DIRECTION/ CONTROL TECHNIQUES			<input type="checkbox"/> SPECIALIZED UNITS		<input type="checkbox"/> ADDITIONAL	<input type="checkbox"/> OTHER	<input type="checkbox"/> WRISTLOCK	<input type="checkbox"/> PRESSURE SENSITIVE AREAS				
						<input type="checkbox"/> UNIT MEMBERS		<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"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON					<input type="checkbox"/> LESS LETHAL SHOTGUN (DESCRIBE BELOW) <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW) <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 checked="" type="checkbox"/> YES										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"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> TASER <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 type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER			WAS SUBJECT VEHICLE USE AS A WEAPON? <input 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 type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input 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 <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> MEMBER <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 type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> OFFENDER		TOTAL NO. OF SHOTS MEMBER FIRED		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAKE/ MANUFACTURER		MODEL		DID MEMBER FIRE AT A VEHICLE? <input type="checkbox"/> NO <input type="checkbox"/> YES	

NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): <input checked="" type="checkbox"/> IMMEDIATE SUPERVISOR <input checked="" type="checkbox"/> DISTRICT OF OCCURRENCE	NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> CPIC
VIEWED BEFORE COMPLETING REPORT: <input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 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.)
 TRR IS COMPLETED PER GENERAL ORDER

REPORTING MEMBER (Print Name)	RANK/TITLE CODE	STAR/EMPLOYEE NO.	SIGNATURE
TAPIA JR, JUAN	11	15995	

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY		INJURY LOCATION			
<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		<input type="checkbox"/> Leg: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Arm: <input type="checkbox"/> Left <input type="checkbox"/> Right		<input checked="" type="checkbox"/> Head/Neck <input type="checkbox"/> Other (Describe) <input type="checkbox"/> Torso <input type="checkbox"/> Back	
<input checked="" type="checkbox"/> UNK	LAST NAME	FIRST NAME	M.I.	SEX	RACE
				<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH
	ADDRESS CHICAGO, IL	TELEPHONE NO.		WITNESS INTERVIEW	<input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <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.)

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 ACKNOWLEDGEMENT 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.

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

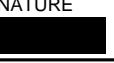
SUPERVISOR ON-SCENE RESPONSE? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		EVIDENCE TECHNICIAN? <input type="checkbox"/> NOTIFIED <input checked="" type="checkbox"/> RESPONDED <input type="checkbox"/> DNA
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ATTACHMENTS: CASE REPORT ARREST REPORT SUPPLEMENTARY REPORT INVENTORY IOD REPORT TASER DOWNLOAD OTHER

REVIEWING SUPERVISOR:

<input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02. <input checked="" type="checkbox"/> I DID NOT USE REPORTABLE FORCE OR ORDER THE USE OF REPORTABLE FORCE DURING THIS INCIDENT.	<input type="checkbox"/> LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED.
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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
PULIA, STEVE	9	1938	
DATE/TIME COMPLETED 02-FEB-2025 2053			

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. 2025-00503

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	02-FEB-2025	1059	1635 S LAWNDALE AVE CHICAGO, IL 60623	2503305167	JJ135718		
	RANK 9161	MEMBER LAST NAME TAPIA JR	MEMBER FIRST NAME JUAN	EMPLOYEE NO. [REDACTED]	CB NO.	CHARGE	
	SUBJECT LAST NAME KILBERT		SUBJECT FIRST NAME KURT		M.I. K	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

MIRANDA WARNINGS GIVEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE/TIME	LOCATION	
VISUAL INSPECTION CONDUCTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DATE/TIME		LOCATION	INJURIES OBSERVED <input type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE IN COMMENTS
SUBJECT'S STATEMENT REGARDING THE USE OF FORCE		<input type="checkbox"/> DNA <input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> 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		<input checked="" type="checkbox"/> 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? <input type="checkbox"/> NO <input type="checkbox"/> YES, DENIED <input type="checkbox"/> YES, APPROVED BY:	STAR NO.:

LT OR ABOVE/INCIDENT COMMANDER:		
<input checked="" type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02. <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>2025-000547</u> <input checked="" type="checkbox"/> 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: <input type="checkbox"/> IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES. <input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES. <input checked="" type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

INVOLVED MEMBER ACTIONS RECOMMENDED?		REVIEWING SUPERVISOR ACTIONS RECOMMENDED?	
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW: <input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN <input type="checkbox"/> REVIEW STREAMING VIDEO <input type="checkbox"/> STRESS REDUCTION SEMINAR <input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES <input type="checkbox"/> OTHER:		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW: <input type="checkbox"/> INDIVIDUAL DEBRIEFING WITH SUPERVISOR <input type="checkbox"/> REVIEW LEGAL/TRAINING BULLETIN <input type="checkbox"/> REVIEW STREAMING VIDEO <input type="checkbox"/> STRESS REDUCTION SEMINAR <input type="checkbox"/> REVIEW DEPARTMENT DIRECTIVES <input type="checkbox"/> OTHER:	
LT OR ABOVE/INCIDENT COMMANDER NAME (Print)		RANK/TITLE CODE	STAR NO.
O CONNOR, DANIEL J		DEPUTY CI	605
SIGNATURE		DATE/TIME COMPLETED	
[REDACTED]		02-Feb-2025 2202	

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):

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 SOLELY 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:	NAME:	EMPLOYEE / STAR NO.	DATE/TIME COMPLETED
<input type="checkbox"/> COPA <input type="checkbox"/> CPIC <input type="checkbox"/> NONE			
LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	RANK/TITLE CODE	STAR NO.	SIGNATURE
DATE/TIME COMPLETED			