

TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2025-00495

INCIDENT	DATE OF INCIDENT 02-FEB-2025		TIME 1047	ADDRESS OF OCCURRENCE 1800 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) STREET			ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input checked="" 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"/> SNOW/ICE <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	PATROL TYPE? <input type="checkbox"/> BICYCLE <input type="checkbox"/> SQUADROL <input type="checkbox"/> SQUAD/PLATOON <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/VAN/BUS <input type="checkbox"/> FOOT PAPV <input type="checkbox"/> OTHER:		MEMBER WAS? <input type="checkbox"/> ALONE <input checked="" 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 OSWALD		FIRST NAME MICHAEL	EMPLOYEE NO. [REDACTED]	WATCH 2	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	AGE 24	HT. 600	WT. 215		
	DATE OF APPT. 16-MAY-2024	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 type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling	<input type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion	<input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	<input type="checkbox"/> Gun Shot <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Other (Explain)					
SUBJECT INFORMATION	LAST NAME KILBERT		FIRST NAME KURT		M.I. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. [REDACTED]-1996	HT. 600	WT. 170			
	ADDRESS		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 checked="" type="checkbox"/> Offered/EMS Requested		<input type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify) <input checked="" type="checkbox"/> Performed by CFD EMS MOUNT SINAI HOSPITAL		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 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 checked="" 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"/> TASER/STUN GUN	<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 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)	WEAPON USE:										
<input type="checkbox"/> PHYSICAL OBSTRUCTION	<input type="checkbox"/> OTHER (DESCRIBE)	<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									
DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <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 checked="" 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													
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"/> Fleeing Subject <input type="checkbox"/> Other (Describe)				Ordered by Supervisor								
	<input checked="" type="checkbox"/> Defense of Department Member <input type="checkbox"/> Overcome Resistance or Aggression <input checked="" type="checkbox"/> Subject Armed with Weapon				Name _____ Star No. _____								
	FORCE MITIGATION EFFORTS		CONTROL TACTICS										
	<input checked="" type="checkbox"/> MEMBER PRESENCE <input checked="" type="checkbox"/> ZONE OF SAFETY	<input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK	<input checked="" type="checkbox"/> TACTICAL POSITIONING	<input type="checkbox"/> NONE	<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 checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS	<input type="checkbox"/> OTHER	<input type="checkbox"/> WRISTLOCK	<input type="checkbox"/> PRESSURE SENSITIVE AREAS	<input type="checkbox"/> ARMBAR						
RESPONSE WITHOUT WEAPONS		RESPONSE WITH WEAPON USE											
<input type="checkbox"/> OPEN HAND STRIKE	<input type="checkbox"/> KICKS	<input type="checkbox"/> OC/CHEMICAL WEAPON	<input type="checkbox"/> TASER	<input type="checkbox"/> LESS LETHAL SHOTGUN (DESCRIBE BELOW)	<input type="checkbox"/> REVOLVER	<input checked="" type="checkbox"/> SEMI-AUTO PISTOL							
<input type="checkbox"/> TAKE DOWN	<input type="checkbox"/> PUSH/PHYSICAL REDIRECTION	<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION*	<input type="checkbox"/> CANINE	<input type="checkbox"/> RIFLE	<input type="checkbox"/> SHOTGUN								
<input type="checkbox"/> ELBOW STRIKE	<input type="checkbox"/> OTHER	<input type="checkbox"/> LRAD W/ AUTHORIZATION*	<input type="checkbox"/> BATON/EXPANDABLE BATON	<input type="checkbox"/> 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 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"/> 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. 4	WEAPON SERIAL NO. [REDACTED]	WEAPON CERT. NO. [REDACTED]								
	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-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 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 <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 checked="" type="checkbox"/> UNKNOWN								
	<input checked="" type="checkbox"/> 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					
	<input checked="" type="checkbox"/> 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 MEMBER FIRED 4	WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MAKE/ MANUFACTURER SAUER, J. P. (SAUER & SOHN)	MODEL P320	DID MEMBER FIRE AT A VEHICLE? <input checked="" 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.)

REPORTING MEMBER (Print Name)	RANK/TITLE CODE	STAR/EMPLOYEE NO.	SIGNATURE
OSWALD, MICHAEL	11	3796	[REDACTED]

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 type="checkbox"/> Gun Shot <input checked="" 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		<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 type="checkbox"/> Head/Neck <input checked="" type="checkbox"/> Other (Describe) <input type="checkbox"/> Torso <input type="checkbox"/> Back				
WITNESSES <input checked="" type="checkbox"/> UNK	LAST NAME		FIRST NAME		M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	DATE OF BIRTH
	ADDRESS CHICAGO, IL		TELEPHONE NO.		WITNESS INTERVIEW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT <input type="checkbox"/> REFUSED		<input type="checkbox"/> OTHER (Specify) AVAILABLE	
	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. SEE DETECTIVE SUPP REPORT.

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	DATE/TIME COMPLETED
PULIA, STEVE	9	1938	[REDACTED]	02-FEB-2025 2058

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. 2025-00495

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	02-FEB-2025	1047	1800 S LAWNDALE AVE CHICAGO, IL 60623	2503305167	JJ135718		
	RANK 9161	MEMBER LAST NAME OSWALD	MEMBER FIRST NAME MICHAEL	EMPLOYEE NO. [REDACTED]	CB NO.	CHARGE	
	SUBJECT LAST NAME KILBERT		SUBJECT FIRST NAME KURT		M.I. [REDACTED]	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. Member notified of the 30-day administrative duty requirement and approved for a duty replacement weapon.		

UNITS ON-SCENE OF THE INCIDENT: See GOCR	
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WAS AN INVESTIGATION EXTENSION REQUESTED? <input type="checkbox"/> NO <input type="checkbox"/> YES, DENIED <input type="checkbox"/> YES, APPROVED BY:	STAR NO.:
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LT OR ABOVE/INCIDENT COMMANDER:	<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: 2025-000547</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>		

INVOLVED MEMBER ACTIONS RECOMMENDED?	REVIEWING SUPERVISOR ACTIONS RECOMMENDED?			
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW:	<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.	SIGNATURE	DATE/TIME COMPLETED
O CONNOR, DANIEL J	DEPUTY CI	605	[REDACTED]	02-Feb-2025 2159

TACTICAL RESPONSE REPORT-INVESTIGATION/Chicago Police Department

FRD TRACKING NO. 2025-00495

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.	
	02-FEB-2025	1047	1800 S LAWNDALE AVE CHICAGO, IL 60623	2503305167	JJ135718	
	RANK 9161	MEMBER LAST NAME OSWALD	MEMBER FIRST NAME MICHAEL	EMPLOYEE NO. [REDACTED]	CB NO.	CHARGE
	SUBJECT LAST NAME KILBERT	SUBJECT FIRST NAME KURT		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 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):

2025-000495 to 00501	0503	0504	

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 type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNKNOWN	COMMENTS:
MEDICAL AID PROVIDED?	<input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" 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 SOLELY 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: O CONNOR, DANIEL J	EMPLOYEE / STAR NO. 605	DATE/TIME COMPLETED DEPUTY CHIEF
LT OR ABOVE/INCIDENT COMMANDER NAME (Print) O CONNOR, DANIEL J	RANK/TITLE CODE 605	SIGNATURE	DATE/TIME COMPLETED 02-Feb-2025 2159