

TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2025-00495

INCIDENT	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE		LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT							
	02-FEB-2025	1047	1800 S LAWDALE AVE CHICAGO, IL 60623		304	1014	<input checked="" type="checkbox"/> BWC <input checked="" 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								
				STREET		<input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input checked="" type="checkbox"/> CALL FOR SERVICE								
INVOLVED MEMBER	EVENT NO.		RD NO.		IUCR CODE	IR NO.		CB NO.						
	2503305167		JJ135718		0550	2154986								
	LIGHTING	<input type="checkbox"/> DUSK <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARKNESS	WEATHER	<input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	PATROL TYPE?	<input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/ PAPV <input type="checkbox"/> FOOT	SQUADROL	<input type="checkbox"/> SQUAD/ PLATOON <input type="checkbox"/> VAN/BUS <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			
	RANK	LAST NAME		FIRST NAME		EMPLOYEE NO.		WATCH	SEX	RACE	AGE	HT.	WT.	
SUBJECT INFORMATION	9161		OSWALD		MICHAEL				2	M	4	24	600	215
	DATE OF APPT.	UNIT & BEAT OF ASSIGN.	DUTY STATUS	IN UNIFORM?	TYPE OF MEMBER INJURY		Minor Contusion/Laceration		Laceration Requiring Sutures		Gun Shot			
	16-MAY-2024	010 1034	<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling		<input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion		<input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm		<input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Other (Explain)			
	LAST NAME		FIRST NAME		M.I.	SEX	RACE	D.O.B.		HT.	WT.			
SUBJECT'S ACTIONS (Check all that apply)	KILBERT		KURT			M	BLACK	-1996		600	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"/> Emotional Disorder <input type="checkbox"/> Disability (Describe)			
	MEDICAL TREATMENT?		<input type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)		SUBJECT INJURY BY MEMBER'S USE OF FORCE?		<input type="checkbox"/> None/None Apparent <input type="checkbox"/> Subject Alleged Injury		<input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> Non-Fatal - Major Injury		<input checked="" type="checkbox"/> UNK <input type="checkbox"/> Fatal			
	<input type="checkbox"/> Refused Medical Aid <input checked="" type="checkbox"/> Offered/EMS Requested		<input checked="" type="checkbox"/> Performed by CFD EMS		MOUNT SINAI HOSPITAL									
MEMBER'S RESPONSE (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 checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON		<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 type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		<input type="checkbox"/> CHEMICAL 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"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> TASER/STUN GUN		<input type="checkbox"/> REVOLVER		<input type="checkbox"/> OTHER (DESCRIBE)			
MEMBER'S RESPONSE (Check all that apply)	<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:		<input type="checkbox"/> WEAPON USE:					
	<input type="checkbox"/> FLED		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> DNA		<input type="checkbox"/> Used - Attempt to Attack Member		<input type="checkbox"/> Obtained Member's Weapon			
	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> Possessed		<input type="checkbox"/> Used - Attacked Member		<input type="checkbox"/> Member at Gunpoint			
	<input type="checkbox"/> PHYSICAL OBSTRUCTION						<input type="checkbox"/> Displayed, Not Used		<input checked="" type="checkbox"/> Member Shot/Shot At					
MEMBER'S RESPONSE (Check all that apply)	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?		Gang-Related?							
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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"/> Traffic Stop		<input checked="" type="checkbox"/> Person with a Gun <input type="checkbox"/> Mental Health Related Incident		<input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder		<input type="checkbox"/> Disturbance - Other <input checked="" type="checkbox"/> Other - Describe in Narrative		<input type="checkbox"/> Processing/Transporting/Guarding Arrestee <input type="checkbox"/> Pursuing/Arresting Subject			
	REASON FOR RESPONSE?		<input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Stop Self-Inflicted Harm		<input type="checkbox"/> Fleeing Subject <input checked="" type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional		<input type="checkbox"/> Other (Describe)		<input type="checkbox"/> Ordered by Supervisor		Name Star No.			
MEMBER'S RESPONSE (Check all that apply)	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 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"/> CONTROL INSTRUMENT			
									<input type="checkbox"/> ARMBAR		<input type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS			
MEMBER'S RESPONSE (Check all that apply)	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"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW)		<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					
MEMBER'S RESPONSE (Check all that apply)					*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"/> NO <input type="checkbox"/> YES - AGAINST MEMBER		<input type="checkbox"/> YES - AGAINST OTHER PERSON			
MEMBER'S RESPONSE (Check all that apply)	WEAPON TYPE:		<input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN		NO. OF DISCHARGES OF THE WEAPON.		WEAPON SERIAL NO.		WEAPON CERT. NO.					
	<input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER		<input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER		4									
	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			
MEMBER'S RESPONSE (Check all that apply)	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"/> OTHER PERSON <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT			
									<input type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> UNKNOWN					
	TASER USE ONLY		TASER CARTRIDGE ID NO.(S)		PROPERTY INVENTORY NO.		CARTRIDGES DISCHARGED		ADDITIONAL ENERGY CYCLES		CONTACT STUN			
							<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		<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		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER			
MEMBER'S RESPONSE (Check all that apply)	FIREARM DISCHARGE ONLY		WHO FIRED FIRST SHOT?		TOTAL NO. OF SHOTS MEMBER FIRED		WAS FIREARM RELOADED DURING INCIDENT?		MAKE/ MANUFACTURER		MODEL		DID MEMBER FIRE AT A VEHICLE?	
			<input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)		4		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SAUER, J. P. (SAUER & SOHN)		P320		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	

NOTIFICATIONS AND NARRATIVE	
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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
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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)
OSWALD, MICHAEL

RANK/TITLE CODE
11

STAR/EMPLOYEE NO.
3796

SIGNATURE

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY	<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

INJURY LOCATION		<input type="checkbox"/> Head/Neck	<input checked="" type="checkbox"/> Other (Describe)
<input type="checkbox"/> Leg: <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Torso	<u>SEE DETECTIVE SUPP</u>	
<input type="checkbox"/> Arm: <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Back		

WITNESSES

LAST NAME	FIRST NAME
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FIRST NAME	
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M.I.

SEX
☐ M ☐ F

RACE

DATE OF BIRTH

ADDRESS	TELEPHONE NO.
CHICAGO, IL	

TELEPHONE NO.

WITNESS INTERVIEW ☐ OTHER (Specify)
☐ INTERVIEWED ☐ NOT
☐ REFUSED 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? ☐ NO ☒ YES

EVIDENCE TECHNICIAN? ☐ NOTIFIED ☒ RESPONDED ☐ DNA

ATTACHMENTS: ☐ CASE REPORT ☐ ARREST REPORT ☐ SUPPLEMENTARY REPORT ☐ INVENTORY ☐ IOD REPORT ☐ TASER DOWNLOAD ☐ OTHER

REVIEWING SUPERVISOR: _____ LOG NO. OBTAINED _____

☒ 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.

☒ 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)
PULIA, STEVE

RANK/TITLE CODE	
9	

STAR NO.
1938

SIGNATURE

[REDACTED]

DATE/TIME COMPLETED
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.

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	D.O.B. [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. Member notified of the 30-day administrative duty requirement and approved for a duty replacement weapon.

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: <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: 2025-000547 <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.
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INVOLVED MEMBER 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:	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:
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LT OR ABOVE/INCIDENT COMMANDER NAME (Print)	RANK/TITLE CODE	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
O CONNOR, DANIEL J	DEPUTY CT	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 LAWDALE AVE CHICAGO, IL 60623		2503305167		JJ135718		
	RANK	MEMBER LAST NAME		MEMBER FIRST NAME		EMPLOYEE NO.	CB NO.		CHARGE	
	9161	OSWALD		MICHAEL						
SUBJECT LAST NAME				SUBJECT FIRST NAME			M.I.	SEX	RACE	D.O.B.
KILBERT				KURT				<input checked="" type="checkbox"/> M <input type="checkbox"/> F	BLK	-1996

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 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:		NAME:		EMPLOYEE / STAR NO.	DATE/TIME COMPLETED
<input checked="" type="checkbox"/> COPA	<input checked="" type="checkbox"/> CPIC	<input type="checkbox"/> NONE	O CONNOR, DANIEL J	605	DEPUTY CHIEF
LT OR ABOVE/INCIDENT COMMANDER NAME (Print)		RANK/TITLE CODE	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
O CONNOR, DANIEL J			605		02-Feb-2025 2159