

TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2025-02297

| | | | | | | | | | | | |
|---|--|--|---|--|---|--|---|---|--|---|--|
| INCIDENT | DATE OF INCIDENT 05-MAY-2025 | TIME 0250 | ADDRESS OF OCCURRENCE [REDACTED] | LOCATION CODE 090 | BEAT/OCCUR. 0324 | VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO | | | | | |
| | BUSINESS NAME [REDACTED] | <input type="checkbox"/> DNA | EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM) KITCHEN | 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. 2512501012 | RD NO. JJ242755 | UCR CODE 0552 | IR NO. | CB NO. | | | | | | |
| INVOLVED MEMBER | RANK 9171 | LAST NAME VELEZ | FIRST NAME ALEXANDER | EMPLOYEE NO. [REDACTED] | WATCH 1 | SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F | RACE [REDACTED] | AGE 52 | HT. 507 | WT. 225 | |
| | DATE OF APPT. 28-APR-2008 | UNIT & BEAT OF ASSIGN. 003 0320 | 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 | <input type="checkbox"/> DNA | | LAST NAME WRIGHT | FIRST NAME ALFONZO | M.I. L | SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F | RACE BLACK | D.O.B. [REDACTED]-1977 | HT. 509 | WT. 196 | |
| | ADDRESS [REDACTED] | | TELEPHONE NO. [REDACTED] | | 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 / <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Injured by Member <input type="checkbox"/> Under Influence of Alcohol <input type="checkbox"/> Emotional Disorder | | | | | | |
| | MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested <input checked="" type="checkbox"/> Performed by CFD EMS | | | | | SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input checked="" type="checkbox"/> Non-Fatal - Minor Injury <input 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) | | 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 checked="" type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> SHOTGUN | | | | |
| | <input checked="" type="checkbox"/> VERBAL THREATS | | <input type="checkbox"/> KNEE/LEG STRIKE | | <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON | | <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> EXPLOSIVE DEVICE | | | | |
| MEMBER'S RESPONSE (Check all that apply) | <input type="checkbox"/> STIFFENED (DEAD WEIGHT) | | <input type="checkbox"/> MOUTH/TEETH/SPIT | | <input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON | | <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE) | | | | |
| | <input type="checkbox"/> PULLED AWAY | | <input type="checkbox"/> GRAB/HOLD/RESTRAIN | | <input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM | | <input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> RIFLE | | | | |
| | <input type="checkbox"/> FLED | | <input type="checkbox"/> WRESTLE/GRAPPLE | | <input type="checkbox"/> OTHER (DESCRIBE) | | <input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS: | | | | |
| <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON | | <input type="checkbox"/> OTHER (DESCRIBE) | | <input type="checkbox"/> OTHER (DESCRIBE) | | WEAPON USE: <input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon <input type="checkbox"/> Possessed <input checked="" type="checkbox"/> Used - Attacked Member <input type="checkbox"/> Member at Gunpoint <input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member Shot/Shot At | | | | | |
| <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 checked="" type="checkbox"/> Mental Health Related Incident <input type="checkbox"/> Other - Describe in Narrative <input type="checkbox"/> Pursuing/Arresting Subject | | | | | | | |
| REASON FOR RESPONSE? <input checked="" type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Department Member | | <input type="checkbox"/> Defense of Member of Public <input checked="" 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. _____ | | | | | |
| FORCE MITIGATION EFFORTS | | | | | | CONTROL TACTICS | | | | | |
| <input checked="" type="checkbox"/> MEMBER PRESENCE | | <input type="checkbox"/> ZONE OF SAFETY | | <input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK | | <input type="checkbox"/> TACTICAL POSITIONING | | <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"/> NONE | | <input type="checkbox"/> WRISTLOCK | | | |
| <input type="checkbox"/> OPEN HAND STRIKE | | <input type="checkbox"/> KICKS | | <input type="checkbox"/> OC/CHEMICAL WEAPON | | <input checked="" type="checkbox"/> TASER | | <input type="checkbox"/> LESS LETHAL SHOTGUN (DESCRIBE BELOW) | | | |
| <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"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL | | | |
| <input type="checkbox"/> ELBOW STRIKE | | <input type="checkbox"/> OTHER | | <input type="checkbox"/> LRAD W/ AUTHORIZATION* | | <input type="checkbox"/> BATON/EXPANDABLE BATON | | <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN | | | |
| <input type="checkbox"/> CLOSED HAND STRIKE/ PUNCH | | | | *AUTHORIZED BY (NAME) _____ RANK _____ STAR NO. _____ UNIT NO. _____ | | <input type="checkbox"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW) | | <input type="checkbox"/> OTHER | | | |
| <input type="checkbox"/> KNEE STRIKE | | | | | | | | | | | |
| 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 checked="" type="checkbox"/> TASER | | <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER | | NO. OF DISCHARGES OF THE WEAPON. 2 | | WEAPON SERIAL NO. [REDACTED] | | WEAPON CERT. NO. | | |
| | DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input 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 checked="" type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> VEHICLE <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER OBJECT | | | | | | |
| | TASER USE ONLY | | TASER CARTRIDGE ID NO.(S) [REDACTED] | | PROPERTY INVENTORY NO. [REDACTED] | | CARTRIDGES DISCHARGED <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER | | ADDITIONAL ENERGY CYCLES <input checked="" type="checkbox"/> TRIGGER <input type="checkbox"/> DNA <input type="checkbox"/> ARC <input checked="" 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 checked="" type="checkbox"/> DNA <input type="checkbox"/> OTHER |
| FIREARM DISCHARGE ONLY | | WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) _____ | | 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): 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.)
THIS IS A FIREARM DISCHARGE RELATED INCIDENT THEREFORE A NARRATIVE WILL NOT BE ENTERED.

| | | | |
|---|----------------------|---------------------------|-------------------------|
| REPORTING MEMBER (Print Name) VELEZ, ALEXANDER | RANK/TITLE CODE 9 | STAR/EMPLOYEE NO. 2671 | SIGNATURE [REDACTED] |
|---|----------------------|---------------------------|-------------------------|

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 <input type="checkbox"/> Arm: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Back SEE IRT REPORT |
|--|---|

| | | | |
|------------------|--|--|---|
| WITNESSES | <input 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 AVAILABLE <input type="checkbox"/> OTHER (Specify) _____ <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.)
THIS IS A POLICE RELATED SHOOTING. SEE IRT 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:
 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) MURZYN, MICHAEL | RANK/TITLE CODE 7 | STAR NO. 183 | SIGNATURE [REDACTED] | DATE/TIME COMPLETED 05-MAY-2025 0807 |
|--|----------------------|-----------------|-------------------------|---|

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. 2025-02297

| | | | | | | |
|-----------------------------|--------------------|------------------|-----------------------|--|----------|-------------|
| INCIDENT INFORMATION | DATE OF INCIDENT | TIME | ADDRESS OF OCCURRENCE | EVENT NO. | RD NO. | |
| | 05-MAY-2025 | 0250 | ████████████████████ | 2512501012 | JJ242755 | |
| | RANK | MEMBER LAST NAME | MEMBER FIRST NAME | EMPLOYEE NO. | CB NO. | CHARGE |
| 9171 | VELEZ | ALEXANDER | ██████ | | | |
| SUBJECT LAST NAME | SUBJECT FIRST NAME | | M.I. | SEX | RACE | D.O.B. |
| WRIGHT | ALFONZO | | L | <input checked="" type="checkbox"/> M <input type="checkbox"/> F | BLK | ██████-1977 |

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.)
 Officer Involved Shooting

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 #: JJ 242755 Event # 2512501012

Address of Use of Force: ████████████████████

Dist/Beat: 003 / 313 / 334

Date / Time 05 MAY 25 / 252 hrs

Involved Member: Case JR, Brian #4214, UOA 003

Involved Member: Reynolds, Darius #16725, UOA

****COMMENTS CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM****

UNITS ON-SCENE OF THE INCIDENT: 320, 313, 334

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: <u>2025-0002115</u></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> |
|---|---|

| | |
|--|---|
| <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> |
|--|---|

| | | | | |
|---|-----------------|----------|------------|---------------------|
| LT OR ABOVE/INCIDENT COMMANDER NAME (Print) | RANK/TITLE CODE | STAR NO. | SIGNATURE | DATE/TIME COMPLETED |
| MC KENZIE, PATRICK J | DEPUTY CI | 46 | ██████████ | 05-May-2025 0949 |

TACTICAL RESPONSE REPORT-INVESTIGATION/Chicago Police Department

FRD TRACKING NO. 2025-02297

| | | | | | | | |
|-----------------------------|------------------|---------------------------|--------------------------------|----------------------------|---|-------------|---------------------------|
| INCIDENT INFORMATION | DATE OF INCIDENT | TIME | ADDRESS OF OCCURRENCE | EVENT NO. | RD NO. | | |
| | 05-MAY-2025 | 0250 | [REDACTED] | 2512501012 | JJ242755 | | |
| | RANK 9171 | MEMBER LAST NAME VELEZ | MEMBER FIRST NAME ALEXANDER | EMPLOYEE NO. [REDACTED] | CB NO. | CHARGE | |
| SUBJECT LAST NAME WRIGHT | | | SUBJECT FIRST NAME ALFONZO | M.I. L | SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F | RACE BLK | D.O.B. [REDACTED]-1977 |

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):

| | | | |
|------------|------------|------------|------------|
| 2025002297 | 2025-02300 | 2025-02301 | 2025-02302 |
| | | | |

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: Taser deployment during OIS |
| 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: MC KENZIE, PATRICK J | EMPLOYEE / STAR NO. 46 | DATE/TIME COMPLETED DEPUTY CHIEF |
| LT OR ABOVE/INCIDENT COMMANDER NAME (Print) MC KENZIE, PATRICK J | RANK/TITLE CODE | STAR NO. 46 | SIGNATURE |
| | | | DATE/TIME COMPLETED 05-May-2025 0949 |

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

| | | | | | |
|---|----------------------------------|---------------------------------------|--------------------------------|---------------------------|-------------------------------|
| DATE OF INCIDENT 05-MAY-2025 | TIME 0250 | REPORT NO 2025-02297 | EVENT NO. 2512501012 | RD NO. JJ242755 | BEAT OF OCCUR. 0324 |
| ADDRESS OF OCCURENCE [REDACTED] | CB NO. | | | IUCR 0552 | |
| MEMBER RANK 9171 | MEMBER LAST NAME VELEZ | MEMBER FIRST NAME ALEXANDER | | | |
| SUBJECT LAST NAME WRIGHT | | SUBJECT FIRST NAME ALFONZO | | | |

INVESTIGATION COMMENTS

003

Involved Beat #'s (At Actual Use of Force): 313 / 334

Deputy Chief McKenzie was notified by CPIC at 0258 hrs.

R/DC McKenzie arrived at the scene of [REDACTED] at 0315 hrs.

COPA notified at 0307 hrs.

BIA Sgt Darko #1914 was notified by CPIC at 0315 hours.

Walk-thru of the scene was conducted with COPA Ressinger #42, Neal #11, and White #28 at 0556 hrs.

D/C reviewed BWC of Empl # [REDACTED] from 03:45 to 08:12 ? Sgt. Velez #2671.

D/C reviewed BWC of Empl # [REDACTED] from 04:19 to 11:23 ? PO Reynolds #16725.

D/C reviewed BWC of Empl # [REDACTED] from 12:27 to 13:53- PO Case #4214.

Taser downloaded for Sgt. Velez #2671 at 0521 hrs by LT Murzyn #183.

Taser downloaded for PO Saucedo #10368 at 0526 hrs by LT Murzyn #183.

Weapon downloaded for PO Case #4214 at 0830 hrs by Beat 5832 ET Connolly #11873 and Beat 5842 ET Glowacki #15452, in the presence of COPA Ressinger #42.

Weapon downloaded for PO Reynolds #16725 at 0845 hrs by Beat 5832 ET Connolly #11873 and Beat 5842 ET

INVESTIGATION COMMENTS CONTINUED ON PAGE 5

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

| | | | | | |
|---|----------------------------------|---------------------------------------|--------------------------------|---------------------------|-------------------------------|
| DATE OF INCIDENT 05-MAY-2025 | TIME 0250 | REPORT NO 2025-02297 | EVENT NO. 2512501012 | RD NO. JJ242755 | BEAT OF OCCUR. 0324 |
| ADDRESS OF OCCURENCE [REDACTED] | CB NO. | | | IUCR 0552 | |
| MEMBER RANK 9171 | MEMBER LAST NAME VELEZ | MEMBER FIRST NAME ALEXANDER | | | |
| SUBJECT LAST NAME WRIGHT | | SUBJECT FIRST NAME ALFONZO | | | |

INVESTIGATION COMMENTS

Glowacki #15452, in the presence of COPA Ressinger #42.

R/DC relocated from [REDACTED] to Area 1 at 0650 hrs.

The offender's weapon recovered on-scene in the presence of COPA and recovered by Beat 5832 ET Connolly #11873 and Beat 5842 ET Glowacki #15452.

Case Report JJ-431872, Supplemental Reports, TRR 2025-02297, 2025-02300, 2025 -02302, and 2024-02301.

Sgt. Velez #2671, PO Reynolds, Darius #16725, PO Case JR, Brian #4214, and PO Saucedo, Reginaldo #10368 has been entered into the Traumatic Incident Stress Management Program by LT Murzyn #183.

Use of Force Investigation is being conducted by COPA under CL Number 2025 - 2115 generated via CPIC for administrative purposes only.