

TACTICAL RESPONSE REPORT/Chicago Police Department

FRD TRACKING NO. _____

INCIDENT	DATE OF INCIDENT		TIME		ADDRESS OF OCCURRENCE			LOCATION CODE	BEAT/OCCUR.	VIDEO RECORDED INCIDENT <input 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 type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER _____ <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE					
	EVENT NO.		RD NO.		UCR CODE	IR NO.		CB NO.						
INVOLVED MEMBER	RANK	LAST NAME		FIRST NAME			EMPLOYEE NO.	WATCH	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	AGE	HT.	WT.	
	DATE OF APPT.	UNIT & BEAT OF ASSIGN.		DUTY STATUS <input type="checkbox"/> ON <input type="checkbox"/> OFF	IN UNIFORM? <input 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 type="checkbox"/> Other (Explain)				
SUBJECT INFORMATION	<input type="checkbox"/> DNA		LAST NAME		FIRST NAME			M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	D.O.B.	HT.	WT.	
	ADDRESS			TELEPHONE NO.		CONDITION <input 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 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"/> 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"/> DNA		<input type="checkbox"/> UNK		<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 type="checkbox"/> YES, DESCRIBE BELOW:			
	<input type="checkbox"/> UNABLE TO UNDERSTAND VERBAL DIRECTION		<input type="checkbox"/> VERBAL THREATS		<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> FLED		<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> PHYSICAL OBSTRUCTION	
	<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY)		<input type="checkbox"/> HAND/ARM/ELBOW STRIKE		<input type="checkbox"/> KNEE/LEG STRIKE		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input type="checkbox"/> PUSH/SHOVE/PULL		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> WRESTLE/GRAPPLE	
	<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		<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 type="checkbox"/> YES				SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input type="checkbox"/> NO		Gang-Related? <input type="checkbox"/> YES <input type="checkbox"/> NO		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 type="checkbox"/> Used - Attacked Member <input type="checkbox"/> Member at Gunpoint <input type="checkbox"/> Displayed, Not Used <input 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 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 type="checkbox"/> Mental Health Related Incident <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 Self <input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Defense of Department Member <input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional <input type="checkbox"/> Other (Describe) _____ 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"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER _____						<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS <input type="checkbox"/> OTHER _____							
	RESPONSE WITHOUT WEAPONS						RESPONSE WITH WEAPON USE							
<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> PUSH/PHYSICAL REDIRECTION <input type="checkbox"/> OTHER _____						<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> TASER <input type="checkbox"/> CANINE <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> LESS LETHAL SHOTGUN (DESCRIBE BELOW) <input type="checkbox"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <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 type="checkbox"/> YES IF YES, DESCRIBE SUBJECT'S ACTIONS AND MEMBER'S RESPONSE IN THE NARRATIVE SECTION.												INVOLVED IN A PURSUIT? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER		
WEAPON USE	<input type="checkbox"/> DNA		WEAPON TYPE: <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> REVOLVER <input type="checkbox"/> TASER <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER <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-INFLICTED 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 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)		PROPERTY INVENTORY NO.		CARTRIDGES DISCHARGED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER _____		ADDITIONAL ENERGY CYCLES TRIGGER <input type="checkbox"/> DNA <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER _____ 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): 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.)

REPORTING MEMBER (Print Name)	RANK/TITLE CODE	STAR/EMPLOYEE NO.	SIGNATURE
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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 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 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
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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 _____ TELEPHONE NO. _____ WITNESS INTERVIEW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REFUSED <input type="checkbox"/> OTHER (Specify) _____
	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.)

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)	RANK/TITLE CODE	STAR NO.	SIGNATURE	DATE/TIME COMPLETED
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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.