

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.		IUCR CODE	IR NO.		CB NO.					
	LIGHTING <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL		WEATHER <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG		PATROL TYPE? <input type="checkbox"/> POLICE CAR <input type="checkbox"/> FOOT <input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> SQUADROL <input type="checkbox"/> SQUAD/PLATOON <input type="checkbox"/> VAN/BUS <input type="checkbox"/> OTHER:		MEMBER WAS? <input type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER		ASSIST UNITS ON SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO	INCIDENT <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR			
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)	
<input type="checkbox"/> DNA <input type="checkbox"/> UNK	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) <input type="checkbox"/> Performed by CFD EMS		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								
<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"/> HAND/ARM/ELBOW STRIKE		<input 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 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)		
<input type="checkbox"/> DNA <input type="checkbox"/> UNK	<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"/> WEAPON/OBJECT PERCEIVED AS:						
	<input type="checkbox"/> FLED		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> OTHER (DESCRIBE)		WEAPON USE:						
	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> OTHER (DESCRIBE)		<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"/> PHYSICAL OBSTRUCTION						<input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member <input type="checkbox"/> Member at Gunpoint						
<input type="checkbox"/> DNA <input type="checkbox"/> UNK	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								
	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												
	REASON FOR RESPONSE? <input type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Department Member <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 type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional <input type="checkbox"/> Other (Describe)		Name Star No.										
	FORCE MITIGATION EFFORTS <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		CONTROL TACTICS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> ARMBAR <input type="checkbox"/> OTHER										
<input type="checkbox"/> DNA <input type="checkbox"/> UNK	RESPONSE WITHOUT WEAPONS <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"/> CLOSED HAND STRIKE/ PUNCH <input type="checkbox"/> KNEE STRIKE		RESPONSE WITH WEAPON USE <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> LESS LETHAL SHOTGUN (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL <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"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <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 TYPE: <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <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-INFLICTED INJURY? <input type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USED AS A WEAPON? <input type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON								
<input type="checkbox"/> DNA <input type="checkbox"/> UNK	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"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <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 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

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY ☐ Minor Contusion ☐ Significant Contusion ☐ Potential Life-Threatening ☐ None / None Apparent ☐ Minor Laceration/Abrasion ☐ Laceration Requiring Sutures ☐ Gun Shot ☐ Other (Explain) ☐ Minor Swelling ☐ Complaint of Substantial Pain ☐ Broken/Fractured Bone(s) ☐ Fatal INJURY LOCATION ☐ Leg: ☐ Left ☐ Right ☐ Head/Neck ☐ Other (Describe) ☐ Torso ☐ Arm: ☐ Left ☐ Right ☐ Back

☐ UNK LAST NAME FIRST NAME M.I. SEX ☐ M ☐ F RACE DATE OF BIRTH ADDRESS TELEPHONE NO. WITNESS INTERVIEW ☐ INTERVIEWED ☐ NOT AVAILABLE ☐ OTHER (Specify) ☐ REFUSED WITNESS STATEMENT ☐ 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

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.