

TACTICAL RESPONSE REPORT - REVIEW/Chicago Police Department

FRU TRACKING NO.

INCIDENT INFORMATION	DATE OF INCIDENT		TIME	ADDRESS OF OCCURRENCE		EVENT NO.		RD NO.	
	RANK	MEMBER LAST NAME		MEMBER FIRST NAME		EMPLOYEE NO.	CB NO.		IR NO.
	SUBJECT LAST NAME			SUBJECT FIRST NAME			M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> LEVEL I
<input type="checkbox"/> Use of escort hold, pressure compliance techniques and firm grips which result in an injury or an allegation of injury.
<input type="checkbox"/> Use of control holds, wristlocks, armbars used in conjunction with handcuffing and searching techniques which result in an injury or an allegation of injury.
<input type="checkbox"/> Use of force necessary to overcome passive resistance due to disability or intoxication which results in an injury or an allegation of injury.
<input type="checkbox"/> Other | <input type="checkbox"/> LEVEL II
<input type="checkbox"/> Stunning
<input type="checkbox"/> Use of Taser
<input type="checkbox"/> Impact weapon (baton, asp, other)
<input type="checkbox"/> Direct mechanical strike
<input type="checkbox"/> OC Spray or other chemical agent
<input type="checkbox"/> Canine
<input type="checkbox"/> Impact Munitions
<input type="checkbox"/> LRAD | <input type="checkbox"/> LEVEL III
<input type="checkbox"/> Laceration requiring sutures
<input type="checkbox"/> Broken/fractured bones
<input type="checkbox"/> Injuries requiring a hospital admission
<input type="checkbox"/> Firearm discharge to destroy/deter an animal | <input type="checkbox"/> LEVEL IV
<input type="checkbox"/> Use of force involving a discharge of a firearm
<input type="checkbox"/> Accidental discharge of a firearm
<input type="checkbox"/> Striking of subject's head with impact weapon
<input type="checkbox"/> Application of a chokehold
<input type="checkbox"/> Use of force by an exempt member
<input type="checkbox"/> Other deadly force incident
<input type="checkbox"/> Other incident as determined by the Superintendent |
|--|---|--|---|

☐ I hereby certify that to the best of my knowledge, neither I, nor my spouse or domestic partner, my parent, my sibling or my child (hereinafter my household or immediate family), has a personal, professional or financial relationship with the subject, victim, witness, department member(s), witness department member(s), or civilian witness(es). I further certify that to the best of my knowledge, the resolution of the matter under review will not positively or negatively affect my financial interests or the financial interest of any member of my household or immediate family.

I acknowledge that I must disclose to the First Deputy Superintendent, in writing, the acquisition of any financial interest or the development or the discovery of any personal interest that would directly affect my ability to conduct an impartial objective review and render unbiased decisions concerning the matter under review.

I acknowledge that I must disclose to the First Deputy Superintendent, Office of the First Deputy Superintendent, in writing, the discovery that a member of my household or immediate family has a personal, professional, or financial relationship with the victim(s), subject(s), department member(s), witness department member(s), or civilian witness(es) or if a member of my household or immediate family will be positively or negatively affected by the resolution of the matter under review.

USE OF FORCE INCIDENT REVIEW (FOR FORCE REVIEW UNIT USE ONLY)

REVIEW SUMMARY:

SECONDARY RD NO. GENERATED? ☐ NO ☐ YES | RD NO: _____

U NO. OBTAINED? ☐ NO ☐ YES

U NO: _____

OPINIONS AND RECOMMENDATIONS

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BASED ON THE REVIEW OF THE INCIDENT, THE FOLLOWING IS RECOMMENDED:

☐ NO ADDITIONAL TRAINING RECOMMENDED

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☐ COMPLAINT LOG NO. RECOMMENDED

☐ SUBJECT TO A CURRENT COPA COMPLAINT
INVESTIGATION. CL NO.:

☐ REFER TO FORCE REVIEW PANEL

DISTRICT ACTIONS

☐ INDIVIDUAL DEBRIEFING WITH
SUPERVISOR

☐ REVIEW STREAMING VIDEO

☐ REVIEW DEPARTMENT DIRECTIVES

☐ REVIEW LEGAL/TRAINING BULLETIN

☐ STRESS REDUCTION SEMINAR

☐ OTHER:
(DESCRIBE) _____

EDUCATION AND TRAINING DIVISION ACTIONS

☐ TACTICS TRAINING

☐ EQUIPMENT/WEAPONS TRAINING

☐ FORCE MITIGATION TECHNIQUES

☐ USE OF FORCE POLICY/LAW REVIEW

☐ OTHER: (DESCRIBE) _____

REVIEWING MEMBER: (Print)

STAR NO.

SIGNATURE

DATE/TIME

APPROVING SUPERVISOR COMMENTS:

☐ COMPLAINT LOG NO.
OBTAINED

CL NO: _____

DATE/TIME

OBTAINED: _____

APPROVING SUPERVISOR: (Print)

STAR NO.

SIGNATURE

DATE/TIME

FORCE REVIEW UNIT C/O COMMENTS:

FORCE REVIEW UNIT C/O APPROVAL (Print)

STAR NO.

SIGNATURE

DATE/TIME

FORCE REVIEW PANEL DETERMINATION (FOR LEVEL IV INCIDENTS ONLY)

ACTIONS RECOMMENDED? ☐ NO ☐ YES, DESCRIBE BELOW:

☐ 30-DAY ADMINISTRATIVE DUTIES

☐ EAP REFERRAL

☐ OTHER:
(DESCRIBE) _____

APPROVED BY: (Print)

STAR NO.

SIGNATURE

DATE/TIME