

TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

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

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

|  |  |  |  |                              |                                  |   |
|--|--|--|--|------------------------------|----------------------------------|---|
| SUBJECT'S STATEMENT REGARDING THE USE OF FORCE |  |  |  | <input type="checkbox"/> DNA | <input type="checkbox"/> REFUSED | <input type="checkbox"/> INTERVIEW NOT CONDUCTED (Specify Reason) |
|  |  |  |  |                              |                                  |   |
|  |  |  |  |                              |                                  |   |
|  |  |  |  |                              |                                  |   |
|  |  |  |  |                              |                                  |   |

|  |   |
|--|---|
| LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS | <input type="checkbox"/> ADDITIONAL ATTACHMENTS |
|  |   |
|  |   |
|  |   |

|   |  |
|---|--|
| LT OR ABOVE/INCIDENT COMMANDER:   |  |
| <input type="checkbox"/> I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.   | 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"/> I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED: |  |
|   |  |
|   | <input type="checkbox"/> IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.  |
|   | <input type="checkbox"/> NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.  |
|   | <input type="checkbox"/> A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.  |

|  |   |   |                                 |
|--|---|---|---------------------------------|
| ACTIONS RECOMMENDED?   | <input type="checkbox"/> NO                             | <input type="checkbox"/> YES, DESCRIBE BELOW: | <input type="checkbox"/> OTHER: |
| <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          |   |   |                                 |

|   |          |           |                     |
|---|----------|-----------|---------------------|
| LT OR ABOVE/INCIDENT COMMANDER NAME (Print) | STAR NO. | SIGNATURE | DATE/TIME COMPLETED |
|   |          |           |                     |