

TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2022-02357

INCIDENT	DATE OF INCIDENT 12-AUG-2022	TIME 1511	ADDRESS OF OCCURRENCE 2153 W ADAMS ST CHICAGO, IL 60612	LOCATION CODE 304	BEAT/OCCUR. 1225	VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input checked="" type="checkbox"/> OTHER VIDEO						
	BUSINESS NAME <input type="checkbox"/> DNA	EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM) STREET			ASSIGNMENT TYPE <input checked="" type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER _____ <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE							
	EVENT NO. 2222409038	RD NO. JF354210	UCR CODE 143A	IR NO. [REDACTED]	CB NO. 30168277							
	LIGHTING <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL	WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG	PATROL TYPE? <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> FOOT	SQUADROL <input type="checkbox"/> SQUAD/PLATOON	MEMBER WAS? <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER	ASSIST UNITS ON SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR					
INVOLVED MEMBER	RANK 9161	LAST NAME RUIZ	FIRST NAME FERNANDO	EMPLOYEE NO. [REDACTED]	WATCH 4	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 4	AGE 28	HT. 511	WT. 225		
	DATE OF APPT. 16-MAR-2017	UNIT & BEAT OF ASSIGN. 011 1162d	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	Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion	Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	Gun Shot <input type="checkbox"/> Fatal <input type="checkbox"/> Other (Explain)				
SUBJECT INFORMATION	<input type="checkbox"/> DNA LAST NAME COMER		FIRST NAME RAYMOND		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. [REDACTED] 1985	HT. 511	WT. 180		
	ADDRESS [REDACTED]		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 checked="" 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 checked="" type="checkbox"/> Offered/EMS Requested <input type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify) JOHN H. STROGER, JR. HOSP					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 checked="" type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal						
SUBJECT'S ACTIONS (Check all that apply)	<input checked="" 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 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"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE)					
	<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"/> RIFLE					
<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input checked="" 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"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon						
<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member <input type="checkbox"/> Member at Gunpoint						
<input type="checkbox"/> PHYSICAL OBSTRUCTION						<input checked="" type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member Shot/Shot At						
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
TYPE OF ACTIVITY <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Defense of Self <input type="checkbox"/> Overcome Resistance or Aggression <input checked="" type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Ordered by Supervisor <input checked="" type="checkbox"/> Defense of Department Member <input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Unintentional											
	FORCE MITIGATION EFFORTS					CONTROL TACTICS						
	<input checked="" type="checkbox"/> MEMBER PRESENCE		<input checked="" type="checkbox"/> ZONE OF SAFETY		<input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK		<input checked="" 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"/> CONTROL INSTRUMENT			
	<input type="checkbox"/> OTHER						<input type="checkbox"/> OTHER		<input type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS			
RESPONSE WITHOUT WEAPONS					RESPONSE WITH WEAPON USE							
<input type="checkbox"/> OPEN HAND STRIKE		<input type="checkbox"/> KICKS		<input type="checkbox"/> OC/CHEMICAL WEAPON		<input type="checkbox"/> TASER		<input type="checkbox"/> LESS LETHAL SHOTGUN (DESCRIBE BELOW)		<input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> SEMI-AUTO PISTOL		
<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"/> OTHER IMPACT MUNITIONS (DESCRIBE BELOW)		<input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN		
<input type="checkbox"/> ELBOW STRIKE		<input type="checkbox"/> OTHER		<input type="checkbox"/> LRAD W/ AUTHORIZATION*		<input type="checkbox"/> BATON/EXPANDABLE BATON				<input type="checkbox"/> OTHER		
<input type="checkbox"/> CLOSED HAND STRIKE/ PUNCH												
<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 type="checkbox"/> TASER		<input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER		NO. OF DISCHARGES OF THE WEAPON. 11		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"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input checked="" 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		CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	
	FIREARM DISCHARGE ONLY		WHO FIRED FIRST SHOT? <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)		TOTAL NO. OF SHOTS FIRED 11		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MAKE/ MANUFACTURER GLOCK GMBH		MODEL 17	
										DID MEMBER FIRE AT A VEHICLE? <input checked="" 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) RUIZ, FERNANDO	RANK/TITLE CODE 11	STAR/EMPLOYEE NO. 12935	SIGNATURE
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REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY <input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Minor Contusion <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input checked="" type="checkbox"/> Potential Life-Threatening <input checked="" type="checkbox"/> Gun Shot <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Fatal	INJURY LOCATION <input type="checkbox"/> Leg: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Head/Neck <input type="checkbox"/> Other (Describe) <input checked="" type="checkbox"/> Torso <input checked="" type="checkbox"/> Arm: <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Back
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WITNESSES	<input checked="" 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"/> 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.)
 THIS INVESTIGATION IS HANDLED BY THE IRT TEAM

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) CLARKE, SAMANTHA	RANK/TITLE CODE 9	STAR NO. 1096	SIGNATURE 	DATE/TIME COMPLETED 12-AUG-2022 2306
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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.

TACTICAL RESPONSE REPORT- INVESTIGATION/Chicago Police Department FRD TRACKING NO. 2022-02357

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	12-AUG-2022	1511	2153 W ADAMS ST CHICAGO, IL 60612	2222409038	JF354210		
	RANK 9161	MEMBER LAST NAME RUIZ	MEMBER FIRST NAME FERNANDO	EMPLOYEE NO. [REDACTED]	CB NO. 30168277	CHARGE	
SUBJECT LAST NAME COMER		SUBJECT FIRST NAME RAYMOND		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK	D.O.B. [REDACTED]-1985

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.)

Investigation to be completed by IRT detectives due to police 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.)

This is a police involved shooting from 2153 W Adams. R/DC notified at 1520 hours and arrived on scene at 1550 hours.
RD#JF354210 Log#2022-0003421

Reporting Deputy Chief conducted public safety walkthrough with and COPA
Reporting Deputy Chief relocated to Area 3 Detective Division
Reporting Deputy Chief reviewed BWC of Officer Ruiz #12975 (15:10-05:13) at 1750 hours with COPA
Reporting Deputy Chief reviewed POD Camera (Adams/Leavitt) footage (15:00-03:31) at 1750 hours with COPA
Reporting Deputy Chief witnessed the recovery of discharging member's firearms casings by the Forensics Division personnel with COPA present in A/3.
Reporting Deputy Chief provided Traumatic Incident Stress Management program notification/referral to Officers Ruiz #12975 and Venegas

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

UNITS ON-SCENE OF THE INCIDENT: See detectives sup. report for units on scene.

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>2022-0003421</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>
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<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>
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LT OR ABOVE/INCIDENT COMMANDER NAME (Print) WINES, PATRINA L	RANK/TITLE CODE STAR NO. DEPUTY CH 92	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 12-Aug-2022 2327
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TACTICAL RESPONSE REPORT- INVESTIGATION/Chicago Police Department FRD TRACKING NO. 2022-02357

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	12-AUG-2022	1511	2153 W ADAMS ST CHICAGO, IL 60612	2222409038	JF354210		
	RANK 9161	MEMBER LAST NAME RUIZ	MEMBER FIRST NAME FERNANDO	EMPLOYEE NO. [REDACTED]	CB NO. 30168277	CHARGE	
SUBJECT LAST NAME COMER		SUBJECT FIRST NAME RAYMOND		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK	D.O.B. [REDACTED] 1985

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):

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:
INVOLVED A MENTAL HEALTH COMPONENT?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN	COMMENTS:
MEDICAL AID PROVIDED?	<input type="checkbox"/> NO <input checked="" 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: WINES, PATRINA L	EMPLOYEE / STAR NO. 92	DATE/TIME COMPLETED DEPUTY CHIEF
LT OR ABOVE/INCIDENT COMMANDER NAME (Print) WINES, PATRINA L	RANK/TITLE CODE	STAR NO. 92	SIGNATURE
			DATE/TIME COMPLETED 12-Aug-2022 2327

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 12-AUG-2022	TIME 1511	REPORT NO 2022-02357	EVENT NO. 2222409038	RD NO. JF354210	BEAT OF OCCUR. 1225
ADDRESS OF OCCURENCE 2153 W ADAMS ST CHICAGO, IL 60612	CB NO. 30168277	IUCR 143A			
MEMBER RANK 9161	MEMBER LAST NAME RUIZ	MEMBER FIRST NAME FERNANDO			
SUBJECT LAST NAME COMER		SUBJECT FIRST NAME RAYMOND			

INVESTIGATION COMMENTS

#17374.

Reporting Deputy Chief informed Officer Ruiz #19189 of the required administrative duties

Investigation by COPA continues regarding member's use of force under Log# 2022-0003421.

See Detectives sup report for units on scene.

Subject not inspected due to being hospitalized with gunshot wounds/police involved shooting.