

TACTICAL RESPONSE REPORT/Chicago Police Department

TRR REPORT NO. 2024-03168

INCIDENT	DATE OF INCIDENT 23-JUN-2024	TIME 1712	ADDRESS OF OCCURRENCE 8114 S HERMITAGE AVE CHICAGO, IL 60620	LOCATION CODE 092	BEAT/OCCUR. 0614	VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input checked="" 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) ALLEYWAY			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. 2417510482	RD NO. JH318399	IUCR CODE 143A	IR NO. 2444571	CB NO. 30365007						
	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 checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> FOG	PATROL TYPE? <input checked="" 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 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 MURPHY	FIRST NAME TYLER	EMPLOYEE NO. [REDACTED]	WATCH 3	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 1	AGE 25	HT. 601	WT. 175	
	DATE OF APPT. 10-OCT-2023	UNIT & BEAT OF ASSIGN. 006 0622	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 <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 CURRY		FIRST NAME DAVID	M.I. C	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLACK	D.O.B. [REDACTED]-2002	HT. 510	WT. 185		
	ADDRESS [REDACTED]		TELEPHONE NO. [REDACTED]	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 checked="" type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify) <input checked="" type="checkbox"/> Performed by CFD EMS <u>CHRIST MEDICAL CENTER</u>				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 checked="" type="checkbox"/> THROWN OBJECT (DESCRIBE) GLOCK 19 W/ AUTOMATIC SWITCH.		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 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"/> TASER/STUN GUN <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"/> VEHICLE <input type="checkbox"/> RIFLE				
<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		WEAPON USE: <input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon					
<input checked="" type="checkbox"/> FLED		<input type="checkbox"/> WRESTLE/GRAPPLE		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member <input type="checkbox"/> Member at Gunpoint					
<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)		<input checked="" type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member Shot/Shot At					
<input type="checkbox"/> PHYSICAL OBSTRUCTION		DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
TYPE OF ACTIVITY <input type="checkbox"/> Ambush - No Warning <input checked="" 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 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"/> Overcome Resistance or Aggression <input type="checkbox"/> Stop Self-Inflicted Harm <input checked="" type="checkbox"/> Fleeing Subject <input checked="" type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional <input type="checkbox"/> Other (Describe) <input type="checkbox"/> Ordered by Supervisor Name _____ Star No. _____										
	FORCE MITIGATION EFFORTS					CONTROL TACTICS					
	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> MOVEMENT TO AVOID ATTACK					<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input checked="" type="checkbox"/> HANDCUFFS/PHYSICAL RESTRAINTS					
	<input checked="" type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input type="checkbox"/> ADDITIONAL UNIT MEMBERS					<input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> ARMBAR <input type="checkbox"/> OTHER					
	<input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS										
RESPONSE WITHOUT WEAPONS					RESPONSE WITH WEAPON USE						
<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 checked="" type="checkbox"/> OTHER <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE					<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						
UNINTENTIONAL COLLISION *AUTHORIZED BY (NAME) _____ RANK _____ STAR NO. _____ UNIT NO. _____											
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 type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> FOOT <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER	
WEAPON USE	<input checked="" type="checkbox"/> DNA 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 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.)

EVENT#2417510482, RD# JH318399. THIS WAS A IN CAR CAMERA EVENT AND BODY WORN CAMERA EVENT. IN SUMMARY, I OBSERVED A CALL COME OVER THE RADIO VIA OEMC FOR A DOMESTIC DISTURBANCE INCLUDING A POSSIBLE GUN INVOLVED. UPON ARRIVAL TO THE LOCATION OF 83RD AND HERMITAGE, I BEGAN CANVASSING THE WESTBOUND ALLEY'S FROM SOUTH HERMITAGE RD. I OBSERVED A MALE MATCHING THE DESCRIPTION OF THE SUBJECT IN THE DOMESTIC THAT WAS BROADCAST OVER THE RADIO VIA OEMC AT 17:11:20. THE MALE WAS WEARING A WHITE T-SHIRT, AND BLACK SWEATPANTS WITH A GUN IN THE BAG ACCORDING TO OEMC. I THEN HAD MY PARTNER TURN NORTHBOUND ON THE WEST ALLEY OF SOUTH HERMITAGE FROM 8242 S. HERMITAGE. I HAD MY PARTNER IMMEDIATELY ACTIVATE THE VEHICULAR EMERGENCY EQUIPMENT WITH SIRENS AND EMERGENCY LIGHTS; USING MEMBERS PRESENCE, AND STATED "STOP PUT YOUR HANDS UP" THROUGH MY OPEN PASSENGER DOOR WINDOW AT 17:11:53. WHILE STILL IN THE EMERGENCY VEHICLE, I OBSERVED THE SUBJECT RUNNING WHILE HOLDING ONTO A BLACK / BROWN BAG. I THEN OBSERVED THE SUBJECT OPEN HIS BAG AND DISPLAY A FIREARM WITH A EXTENDED MAGAZINE IN HIS RIGHT HAND. I THEN OBSERVED THE SUBJECT THROW THE FIREARM WITH THE EXTENDED MAGAZINE ONTO THE ROOF OF THE ALLEY [REDACTED]

REPORT NARRATIVE CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM

REPORTING MEMBER (Print Name) MURPHY, TYLER	RANK/TITLE CODE 11	STAR/EMPLOYEE NO. 17179	SIGNATURE [REDACTED]
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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 checked="" 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 checked="" 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	LAST NAME [REDACTED]	FIRST NAME [REDACTED]	M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE 1	DATE OF BIRTH
	ADDRESS [REDACTED]		TELEPHONE NO. [REDACTED]		WITNESS INTERVIEW <input type="checkbox"/> OTHER (Specify) <input checked="" type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REFUSED	
	WITNESS STATEMENT **STATEMENT CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM**					

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.)

THE INJURIES R/SGT OBSERVED ON THE OFFENDER APPEAR TO BE BLEEDING FROM THE LEFT EAR AND NOT RESPONDING VERBALLY, HOWEVER THE SUBJECT WAS AWAKE AND BREATHING ON HIS OWN WITH APPARENT VOLUNTARY MOVEMENTS OF ALL HIS EXTREMITIES.

THE REPORT IS BASED ON INFORMATION AVAILABLE AT THE TIME OF THIS REPORT. WHILE THERE MAY OR MAY NOT BE ADDITIONAL INFORMATION INCLUDING AUDIO, VIDEO, WRITTEN REPORTS, OR OTHER STATEMENTS MADE IN CONNECTION WITH THIS INCIDENT THAT CAN EITHER CORROBORATE OR CONTRADICT THE CURRENT REPORT R/SGT IS SUBMITTING, THIS REPORT IS MADE ON INFORMATION R/SGT HAS BEEN TOLD AND INFORMATION R/SGT HAS BEEN ABLE TO

COMMENTS CONTINUED ON ATTACHED ADDITIONAL INFORMATION FORM

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) DURKIN, THOMAS	RANK/TITLE CODE 9	STAR NO. 1265	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 23-JUN-2024 2054
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DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

- THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, ADMINISTRATIVE SUPPORT DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
- A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:
 - THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
 - CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
 - 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. 2024-03168

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.		
	23-JUN-2024	1712	8114 S HERMITAGE AVE CHICAGO, IL 60620	2417510482	JH318399		
	RANK 9161	MEMBER LAST NAME MURPHY	MEMBER FIRST NAME TYLER	EMPLOYEE NO. [REDACTED]	CB NO. 30365007	CHARGE	
SUBJECT LAST NAME CURRY		SUBJECT FIRST NAME DAVID		M.I. C	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE BLK	D.O.B. [REDACTED]-2002

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.)

The offender was admitted into the hospital and intubated.

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.)

Reason:

Investigation to be completed by IRT Detectives.

IC Review:

This is Level 3 Use of Force incident that occurred at 8114 S. Hermitage at approximately 1712 hours.

RD# JH-318399 / Log # 2024-0005768.

Reporting Deputy Chief relocated to the 006th District at approximately 2250 hours due to late notification given to CPIC by District personnel.

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

UNITS ON-SCENE OF THE INCIDENT: See IRT Detectives Supplementary Reports.

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>2024-0005768</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) MUHAMMAD, RAHMAN S	RANK/TITLE CODE STAR NO. DEPUTY CH 313	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 24-Jun-2024 0123
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TACTICAL RESPONSE REPORT-INVESTIGATION/Chicago Police Department FRD TRACKING NO. 2024-03168

INCIDENT INFORMATION	DATE OF INCIDENT 23-JUN-2024		TIME 1712	ADDRESS OF OCCURRENCE 8114 S HERMITAGE AVE CHICAGO, IL 60620		EVENT NO. 2417510482	RD NO. JH318399	
	RANK 9161	MEMBER LAST NAME MURPHY		MEMBER FIRST NAME TYLER		EMPLOYEE NO. [REDACTED]	CB NO. 30365007	CHARGE
	SUBJECT LAST NAME CURRY			SUBJECT FIRST NAME DAVID			M.I. C	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F

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):

None.			

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: MUHAMMAD, RAHMAN S	EMPLOYEE / STAR NO. 313	DATE/TIME COMPLETED DEPUTY CHIEF
LT OR ABOVE/INCIDENT COMMANDER NAME (Print) MUHAMMAD, RAHMAN S		RANK/TITLE CODE 313	SIGNATURE [REDACTED]
		STAR NO. 313	DATE/TIME COMPLETED 24-Jun-2024 0123

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

APPLICATION NAME

TACTICAL RESPONSE REPORT

DATE OF INCIDENT 23-JUN-2024	TIME 1712	REPORT NO 2024-03168	EVENT NO. 2417510482	RD NO. JH318399	BEAT OF OCCUR. 0614
ADDRESS OF OCCURENCE 8114 S HERMITAGE AVE CHICAGO, IL 60620	CB NO. 30365007			IUCR 143A	
MEMBER RANK 9161	MEMBER LAST NAME MURPHY	MEMBER FIRST NAME TYLER			
SUBJECT LAST NAME CURRY		SUBJECT FIRST NAME DAVID			

REPORT NARRATIVE

██████████. I THEN FOLLOWED THE STATED SUBJECT INTO THE ALLEY CONTINUING NORTHBOUND AT ██████████
██████████. I THEN HAD MY PARTNER, WHO WAS DRIVING THE VEHICLE STOP IN A TACTICAL POSITION AND
LET ME CONTINUE PURSUING ON FOOT AT 17:11:55. MY PARTNER THEN STOPPED AND I EXITED THE VEHICLE THROUGH
THE PASSENGER FRONT DOOR. I CONTINUED OBSERVING THE SUBJECT RUN NORTHBOUND ON THE WEST ALLEY OF
HERMITAGE. I THEN CONTINUED PURSUING THE SUBJECT AND STARTED TO CATCH UP TO THE SUBJECT AT THE ALLEY
OF 8114 S. HERMITAGE. AS I CAUGHT UP TO THE SUBJECT, THE SUBJECT THEN STARTED TURNING AROUND AND
STOPPING ABRUPTLY AS I WAS ABOUT TO GRAB THE SUBJECT WITH BOTH OF MY HANDS WITH MY ARMS EXTENDED. I
WAS STILL RUNNING WHEN THE SUBJECT STOPPED ABRUPTLY. THE FORWARD MOTION OF ME RUNNING TOWARDS AN
ABRUPTLY STOPPED SUBJECT, AND MYSELF NOT BEING ABLE TO STOP ON TIME CAUSED THE SUBJECT TO GET FORCED
TO THE GROUND FROM MY BODY WEIGHT AT 17:12:04. THE SUBJECT THEN LANDED ON THE GROUND AND STRUCK HIS
HEAD ON THE GROUND AT THE TIME OF 17:12:05; AT WHICH TIME I IMMEDIATELY NOTICED BLEEDING FROM THE LEFT
EAR. I ATTEMPTED TO PLACE DEPARTMENT APPROVED HANDCUFFS ON THE SUBJECTS RIGHT WRIST AT 17:12:18. I
THEN IMMEDIATELY BEGAN RENDERING AID TO THE SUBJECT AT 17:12:39 AFTER OBSERVING THE SUBJECT NOT
RESPONDING TO VERBAL COMMANDS. I CONTINUOUSLY DID A STERNUM RUB AND BACK RUB ON THE SUBJECTS CHEST TO
CHECK FOR RESPONSIVENESS . THE SUBJECT WAS IN A SEIZURE LIKE STATE WHILE NOT RESPONDING TO MY COMMANDS
AND BEGAN LOCKING UP HIS ARMS, AND LEGS. I THEN PLACED THE SUBJECT IN A RECOVERY POSITION ONTO HIS
LEFT SIDE TO MAKE SURE THE SUBJECT DID NOT BEGIN CHOKING ON HIS OWN BLOOD OR OTHER BODILY FLUIDS AT
17:13:15. I THEN OBSERVED THE SUBJECT WAKE UP AND LOOKING AROUND WHILE ATTEMPTED TO GRAB ONTO MY RIGHT
ANKLE AT 17:16:25. I SAT THE SUBJECT UP SINCE I OBSERVED HIM IN DISCOMFORT WHILE LAYING IN THE
RECOVERY POSITION. I REMOVED THE DEPARTMENT ISSUED HANDCUFFS FROM THE SUBJECTS WRIST AT 17:18:00. I
THEN OBSERVED CFD AMBULANCE #18 ARRIVE ON SCENE AFTER CALLING FOR THE AMBULANCE AT 17:12 HOURS. IT
TOOK CFD AMBULANCE #18 10 MINUTES TO ARRIVE ON SCENE. I STATED THE CONDITION OF THE SUBJECT TO THE
AMBULANCE MEMBERS BEFORE THEY BEGAN EMERGENCY MEDICAL CARE ON THE SUBJECT. AMBULANCE #18 STATED THEY
WILL BE TAKING THE SUBJECT TO ADVOCATE CHRIST MEDICAL HOSPITAL.

THE INCIDENT WAS ENTIRELY RECORDED ON BODY WORN CAMERA AND IN CAR CAMERA.

CLEARNET - ADDITIONAL INFORMATION

CHICAGO POLICE DEPARTMENT

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WITNESS STATEMENT

R/SGT SPOKE TO THE ABOVE WITNESS WHO RELATED, NOT VERBATIM, THAT WHILE WASHING HIS BIKE IN THE ALLEY BEHIND HIS RESIDENCE HE OBSERVED A SUBJECT IN A WHITE T-SHIRT WEARING A BAG "TOSS THE GUN" WHILE ALSO OBSERVING A POLICE VEHICLE AND POLICE OFFICERS ON FOOT IN PURSUIT OF THE SUBJECT. THE WITNESS THEN RELATED HE MOVED OUT OF THE ALLEY IN AN EFFORT TO GET OUT OF THE WAY OF THE SUBJECT AND POLICE. HE FURTHER RELATES HE DID NOT SEE THE SUBJECT GET PUSHED.

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REVIEWING SUPERVISOR COMMENTS

REVIEW.

THE COMPLETION OF THIS SECTION OF THE TRR DOES NOT MEAN THAT R/SGT IS ABLE TO DETERMINE THE INFORMATION INCLUDED IN THE TRR HAS NOT BEEN VERIFIED. MY ACKNOWLEDGEMENT MEANS THE "REVIEWING SUPERVISOR" SECTION OF THE TRR BASED ON THE PRELIMINARY INFORMATION, WHICH WAS AVAILABLE TO R/SGT AT THE TIME OF THIS REPORT. THE R/SGT ENSURED THAT PROPER NOTIFICATIONS WERE MADE. THE R/SGT ENSURED DETAILS ARE COMPLETE, CORRECT AND CONSISTENT. THE R/SGT COMPLETED ALL FIELDS AND COMMENTS IN THE REVIEWING SUPERVISOR SECTION.

CLEARNET - ADDITIONAL INFORMATION

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INVESTIGATION COMMENTS

Reporting Deputy Chief reviewed BWC of Officer Murphy at approximately 2305 hours.

Investigation by COPA continues regarding member's use of force under Log# 2024-0005768.

See Detectives Supplementary Reports for units on scene.

Subject not inspected/interviewed due to being hospitalized and intubated for his injuries.