

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. _____

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X" APPLICABLE BOXES

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) _____		<input type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. _____	RANK _____	ADDRESS OF OCCURRENCE _____	
DATE OF APPOINTMENT _____	EMPLOYEE NO. _____	CITY <input type="checkbox"/> CHICAGO <input type="checkbox"/> OTHER _____	STATE (If outside Chicago) _____
UNIT OF ASSIGNMENT _____	BEAT/CALL NO. _____	LOCATION CODE _____	BEAT OF OCCURRENCE _____
SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE _____	DOB _____	DATE OF OCCURRENCE _____ TIME _____ DAY OF WEEK _____
HEIGHT _____	WEIGHT _____	NO. OF OFFICERS BATTERED _____	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		WERE THERE ASSISTING UNITS ON SCENE? 1. <input type="checkbox"/> YES 2. <input type="checkbox"/> NO	
<input type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____	WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	MANNER OF ATTACK <input type="checkbox"/> A. SHOT/SHOT AT <input type="checkbox"/> B. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> C. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> D. OTHER (INCLUDING VERBAL THREATS)	
<input type="checkbox"/> 2. OFF DUTY	<input type="checkbox"/> 3. SECONDARY EMPLOYMENT	TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
TYPE OF ACTIVITY		<input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT	
<input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____	<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER - DESCRIBE IN NARRATIVE _____	FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
TYPE OF INJURY TO OFFICER		OFFENDER INFORMATION	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE	LIGHTING CONDITIONS AT INCIDENT <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DAWN <input type="checkbox"/> B. DARKNESS <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DUSK <input type="checkbox"/> 1. GOOD <input type="checkbox"/> 2. POOR	SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE _____ DOB _____
TYPE OF WEAPON/THREAT		CB NO. _____	IR NO. _____
TYPE OF ACTIVITY		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO	
TYPE OF WEAPON/THREAT		NO. OF OFFENDERS PRESENT? (List information for additional offenders in the Narrative). _____	
TYPE OF WEAPON/THREAT		WEATHER CONDITIONS <input type="checkbox"/> A. CLEAR <input type="checkbox"/> C. SNOW/ICE <input type="checkbox"/> B. RAIN APPROXIMATE OUTDOOR TEMPERATURE _____	

