

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HT540320**

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
<p>NAME (LAST - FIRST - M.I.) RENTNER, ROBERT J</p>	
<p>STAR NO. 2052</p>	<p><input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR</p>
<p>POSITION SERGEANT OF POLICE</p>	<p>ADDRESS OF OCCURRENCE 111 N KEDZIE AVE</p>
<p>DATE OF APPOINTMENT 18-MAR-1996</p>	<p>CITY <input checked="" type="checkbox"/> CHICAGO STATE (if outside Chicago)</p>
<p>EMPLOYEE NO. [REDACTED]</p>	<p>LOCATION CODE BEAT OF OCCURRENCE 277-PARKING LOT/GARAGE(NON.RE) 1331</p>
<p>UNIT OF ASSIGNMENT 315</p>	<p>BEAT/CALL NO. 6753</p>
<p>SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE WHITE</p>	<p>DATE OF OCCURRENCE TIME DAY OF WEEK 13-OCT-2011 00:15:00 THURSDAY</p>
<p>DOB [REDACTED]</p>	<p>NO. OF OFFICERS BATTERED <u>2</u></p>
<p>HEIGHT 600</p>	<p>WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO</p>
<p>WEIGHT 195</p>	<p>IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>12</u></p>
<p>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</p>	<p>MANNER OF ATTACK</p>
<p><input checked="" type="checkbox"/> 1. ON DUTY</p> <p><input type="checkbox"/> A. UNIFORM, PATROL DUTY</p> <p><input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____</p> <p><input checked="" type="checkbox"/> C. CITIZEN'S DRESS</p> <p><input type="checkbox"/> D. TACTICAL</p> <p><input type="checkbox"/> E. B.I.S. UNIT</p> <p><input type="checkbox"/> F. SPECIAL EMPLOYMENT</p> <p><input type="checkbox"/> G. OTHER _____</p> <p><input type="checkbox"/> 2. OFF DUTY</p> <p><input type="checkbox"/> 3. SPECIAL EMPLOYMENT</p> <p><input type="checkbox"/> 4. SECONDARY / OTHER</p>	<p>WORKING:</p> <p><input type="checkbox"/> A. ALONE</p> <p><input checked="" type="checkbox"/> B. WITH ONE PARTNER</p> <p><input type="checkbox"/> C. WITH MULTIPLE PARTNERS</p> <p>How many? _____</p> <p>PATROL TYPE:</p> <p><input checked="" type="checkbox"/> A. SQUAD CAR</p> <p><input type="checkbox"/> B. FOOT</p> <p><input type="checkbox"/> C. BICYCLE</p> <p><input type="checkbox"/> D. APV/MOTORCYCLE</p> <p><input type="checkbox"/> E. SQUADROL</p> <p><input type="checkbox"/> F. OTHER _____</p>
<p>TYPE OF ACTIVITY</p> <p><input type="checkbox"/> A. AMBUSH -NO WARNING</p> <p><input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT</p> <p><input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON</p> <p><input type="checkbox"/> D. DISTURBANCE - DOMESTIC</p> <p><input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT</p> <p><input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER</p> <p><input type="checkbox"/> G. DISTURBANCE - OTHER</p> <p><input type="checkbox"/> H. MAN WITH A GUN</p> <p><input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____</p> <p><input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____</p> <p><input type="checkbox"/> K. OTHER</p>	<p>TYPE OF WEAPON/THREAT</p> <p>(Check all that apply):</p> <p><input type="checkbox"/> A. FIREARM CALIBER _____</p> <p><input type="checkbox"/> B. VEHICLE</p> <p><input type="checkbox"/> 1. REVOLVER</p> <p><input type="checkbox"/> 2. SEMI-AUTOMATIC</p> <p><input type="checkbox"/> 3. RIFLE</p> <p><input type="checkbox"/> 4. SHOTGUN</p> <p><input type="checkbox"/> D. HANDS/FISTS</p> <p><input type="checkbox"/> E. FEET</p> <p><input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.)</p> <p><input type="checkbox"/> G. VERBAL THREAT (ASSAULT)</p> <p><input checked="" type="checkbox"/> H. OTHER (SPECIFY) _____</p> <p><input type="checkbox"/> I. BLUNT INSTRUMENT</p> <p><input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT</p> <p>VEHICLE STRUCK OFFICERS VEHICLE IN ATTEMPT TO FLEE</p> <p><input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE</p> <p><input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE</p>
<p>TYPE OF INJURY TO OFFICER</p> <p><input type="checkbox"/> A. FATAL</p> <p><input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries)</p> <p><input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)</p> <p><input type="checkbox"/> D. NONE APPARENT/NONE</p>	<p>FIREARM USE INFORMATION (Check all that apply):</p> <p><input type="checkbox"/> A. OFFICER AT GUNPOINT</p> <p><input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED</p> <p><input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON</p>
<p>LIGHTING CONDITIONS AT INCIDENT</p> <p><input type="checkbox"/> A. DAYLIGHT</p> <p><input type="checkbox"/> B. NIGHT</p> <p><input type="checkbox"/> C. DAWN</p> <p><input type="checkbox"/> D. DUSK</p> <p><input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT</p> <p><input type="checkbox"/> 1. POOR</p> <p><input checked="" type="checkbox"/> 2. GOOD</p>	<p>OFFENDER INFORMATION</p> <p>SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F RACE BLACK</p> <p>DOB [REDACTED]</p> <p>CB NO. IR NO. 18257009</p>
<p>WEATHER CONDITIONS</p> <p><input checked="" type="checkbox"/> A. CLEAR</p> <p><input type="checkbox"/> B. RAIN</p> <p><input type="checkbox"/> C. SNOW</p> <p><input type="checkbox"/> D. FOG / SMOKE / HAZE</p> <p><input type="checkbox"/> E. SLEET / HAIL</p> <p><input type="checkbox"/> F. SEVERE CROSS WIND</p> <p><input type="checkbox"/> G. OTHER</p>	<p>WAS THE OFFENDER'S ACTIVITY:</p> <p>DRUG RELATED?</p> <p><input checked="" type="checkbox"/> 1. YES</p> <p><input type="checkbox"/> 2. NO</p> <p><input type="checkbox"/> 3. UNKNOWN</p> <p>GANG RELATED?</p> <p><input checked="" type="checkbox"/> 1. YES</p> <p><input type="checkbox"/> 2. NO</p> <p><input type="checkbox"/> 3. UNKNOWN</p> <p>NO. OF OFFENDERS PRESENT? <u>2</u></p>
<p>APPROXIMATE OUTDOOR TEMPERATURE: <u>65</u></p>	<p>LOG # <u>1049286</u></p>

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

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REPORTING MEMBER - SIGNATURE
RENTNER, ROBERT J

STAR NO.
2052

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
KARNICK, THOMAS E 74