

OFFICER'S BATTERY REPORT  
CHICAGO POLICE DEPARTMENT

RD NO. HV264189

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"

<b>OFFICER INFORMATION</b>				<b>INCIDENT INFORMATION</b>			
NAME (LAST - FIRST - M.I.) <b>PAPIN, MICHAEL J</b>				<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE <b>2356 W 25TH ST</b>			
STAR NO. <b>3020</b>		POSITION <b>POLICE OFFICER</b>		CITY <input checked="" type="checkbox"/> CHICAGO		STATE (if outside Chicago)	
DATE OF APPOINTMENT <b>25-AUG-2003</b>		EMPLOYEE NO. [REDACTED]		LOCATION CODE <b>303-SIDEWALK</b>		BEAT OF OCCURRENCE <b>1034</b>	
UNIT OF ASSIGNMENT <b>010</b>		BEAT/CALL NO. <b>1011R</b>		DATE OF OCCURRENCE <b>30-APR-2012</b>		TIME <b>02:51:00</b>	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F		RACE <b>WHITE</b>		DOB [REDACTED]		DAY OF WEEK <b>MONDAY</b>	
HEIGHT <b>608</b>		WEIGHT <b>185</b>		NO. OF OFFICERS BATTERED <b>12</b>			
<b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b>				<b>MANNER OF ATTACK</b>			
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" 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 checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____  PATROL TYPE: <input checked="" 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 _____		<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)			
				WERE THERE ASSISTING UNITS ON SCENE?    1. <input checked="" type="checkbox"/> YES    2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <b>10</b>			
<b>TYPE OF ACTIVITY</b>				<b>TYPE OF WEAPON/THREAT</b>			
<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 checked="" type="checkbox"/> K. OTHER				(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <input type="checkbox"/> D. HANDS/FISTS _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> E. FEET <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> H. OTHER (SPECIFY) _____			
				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			
<b>TYPE OF INJURY TO OFFICER</b>				<b>OFFENDER INFORMATION</b>			
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE				SEX                      RACE                      DOB <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F <b>BLACK</b> [REDACTED]			
LIGHTING CONDITIONS AT INCIDENT <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD				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 <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN			
				NO. OF OFFENDERS PRESENT? <b>3</b>			
<b>WEATHER CONDITIONS</b>				<b>APPROXIMATE OUTDOOR TEMPERATURE: 35 °F</b>			
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND				<b>Attachment # 140</b> <b>100# 1053667</b>			

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

REPORTING MEMBER - SIGNATURE  
PAPIN, MICHAEL J

STAR NO.  
3020

WATCH COMMANDER /UNIT  
JOHNSON, EDDIE T

COMMANDING OFFICER- SIGNATURE STAR NO.  
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