

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HV460181**

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.) NELSON, TIFFANY M				<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR			
STAR NO. 3899		POSITION POLICE OFFICER		ADDRESS OF OCCURRENCE 2 E 74TH ST			
DATE OF APPOINTMENT 25-SEP-2006		EMPLOYEE NO. [REDACTED]		CITY <input checked="" type="checkbox"/> CHICAGO		STATE (If outside Chicago)	
UNIT OF ASSIGNMENT 003		BEAT/CALL NO. 0322R		LOCATION CODE 303-SIDEWALK		BEAT OF OCCURRENCE 0323	
SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F	RACE BLACK	DOB [REDACTED]		DATE OF OCCURRENCE 04-SEP-2012		TIME 03:40:00	DAY OF WEEK TUESDAY
HEIGHT 506		WEIGHT 118		NO. OF OFFICERS BATTERED <u> 4 </u>			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED				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) ? <u> 5 </u>			
<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 _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER				MANNER OF ATTACK			
				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 _____			
TYPE OF ACTIVITY				TYPE OF WEAPON/THREAT			
				(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER <u> 9 MM </u> <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. REVOLVER <input checked="" 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) _____			
<input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input checked="" 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				FIREARM USE INFORMATION (Check all that apply):			
				<input checked="" 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			
				SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK DOB [REDACTED] CB NO. 18487818 IR NO.			
<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/Mirror Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE				WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <u> 1 </u>			
				LIGHTING CONDITIONS AT INCIDENT			
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD				WEATHER CONDITIONS			
<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 APPROXIMATE OUTDOOR TEMPERATURE: <u> 75° </u>				<input checked="" type="checkbox"/> 100 # <u> 1056803 </u> Attachment # <u> 32 </u>			

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

NONE

REPORTING MEMBER - SIGNATURE NELSON, TIFFANY M	STAR NO. 3899	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE JOHNSON, EDDIE T	STAR NO. 366
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CPD-11.451 (REV. 1/04)

LOG # 1056803

Attachment # 32