

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO **HV476172**

**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.)<br><b>BYRNE, JOSEPH M</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |
| STAR NO.<br><b>5304</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | POSITION<br><b>POLICE OFFICER</b> | ADDRESS OF OCCURRENCE<br><b>249 W 110TH PL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |
| DATE OF APPOINTMENT<br><b>27-AUG-2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | EMPLOYEE NO.<br>[REDACTED]        | CITY <input checked="" type="checkbox"/> CHICAGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STATE (if outside Chicago)        |
| UNIT OF ASSIGNMENT<br><b>005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | BEAT/CALL NO.<br><b>0563C</b>     | LOCATION CODE<br><b>303-SIDEWALK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BEAT OF OCCURRENCE<br><b>0513</b> |
| SEX<br><input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RACE<br><b>WHITE</b>              | DATE OF OCCURRENCE<br><b>14-SEP-2012</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TIME<br><b>21:32:00</b>           |
| HEIGHT<br><b>601</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | WEIGHT<br><b>165</b>              | DAY OF WEEK<br><b>FRIDAY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED<br><input checked="" type="checkbox"/> 1. ON DUTY<br><input type="checkbox"/> A. UNIFORM, PATROL DUTY<br><input type="checkbox"/> B. UNIFORM, OTHER DUTY<br>Describe _____<br><input checked="" type="checkbox"/> C. CITIZEN'S DRESS<br><input type="checkbox"/> D. TACTICAL<br><input type="checkbox"/> E. B.I.S. UNIT<br><input type="checkbox"/> F. SPECIAL EMPLOYMENT<br><input type="checkbox"/> G. OTHER _____<br><input type="checkbox"/> 2. OFF DUTY<br><input type="checkbox"/> 3. SPECIAL EMPLOYMENT<br><input type="checkbox"/> 4. SECONDARY / OTHER                                                                                                                                                                          |                                   | NO. OF OFFICERS BATTERED <u>  2  </u><br><br>WERE THERE ASSISTING UNITS ON SCENE?    1. <input checked="" type="checkbox"/> YES    2. <input type="checkbox"/> NO<br>IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>  2  </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |
| WORKING<br><input type="checkbox"/> A. ALONE<br><input checked="" type="checkbox"/> B. WITH ONE PARTNER<br><input type="checkbox"/> C. WITH MULTIPLE PARTNERS<br>How many? _____<br>PATROL TYPE<br><input checked="" type="checkbox"/> A. SQUAD CAR<br><input type="checkbox"/> B. FOOT<br><input type="checkbox"/> C. BICYCLE<br><input type="checkbox"/> D. APV/MOTORCYCLE<br><input type="checkbox"/> E. SQUADROL<br><input type="checkbox"/> F. OTHER _____                                                                                                                                                                                                                                                                                                                   |                                   | MANNER OF ATTACK<br><input type="checkbox"/> 01. SHOT<br><input type="checkbox"/> 02. SHOT AT<br><input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)<br><input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)<br><input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |
| TYPE OF ACTIVITY<br><input type="checkbox"/> A. AMBUSH - NO WARNING<br><input type="checkbox"/> B. TRAFFIC STOP/PURSUIT<br><input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON<br><input type="checkbox"/> D. DISTURBANCE - DOMESTIC<br><input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT<br><input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER<br><input type="checkbox"/> G. DISTURBANCE - OTHER<br><input checked="" type="checkbox"/> H. MAN WITH A GUN<br><input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify)<br>CHARGE _____ IUCR CODE _____<br><input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)<br>ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____<br><input type="checkbox"/> K. OTHER |                                   | TYPE OF WEAPON/THREAT<br>(Check all that apply):<br><input checked="" type="checkbox"/> A. FIREARM CALIBER<br><b>UNKNOWN</b><br><input type="checkbox"/> 1. REVOLVER<br><input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC<br><input type="checkbox"/> 3. RIFLE<br><input type="checkbox"/> 4. SHOTGUN<br><input type="checkbox"/> B. VEHICLE<br><input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE<br><input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE<br><input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT<br><input type="checkbox"/> D. HANDS/FISTS<br><input type="checkbox"/> E. FEET<br><input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.)<br><input type="checkbox"/> G. VERBAL THREAT (ASSAULT)<br><input type="checkbox"/> H. OTHER (SPECIFY) _____ |                                   |
| TYPE OF INJURY TO OFFICER<br><input type="checkbox"/> A. FATAL<br><input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries)<br><input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)<br><input checked="" type="checkbox"/> D. NONE APPARENT/NONE                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | OFFENDER INFORMATION<br>SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F    RACE <b>BLACK</b> DOB    [REDACTED]<br>CB NO. <b>00000000</b> IR NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |
| LIGHTING CONDITIONS AT INCIDENT<br><input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK<br><input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT<br><input type="checkbox"/> 1. POOR<br><input checked="" type="checkbox"/> 2. GOOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | WEATHER CONDITIONS<br><input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER<br><input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL<br><input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND<br>APPROXIMATE OUTDOOR TEMPERATURE <b>65° E</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |
| WAS THE OFFENDER'S ACTIVITY:<br>DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN<br>GANG RELATED? <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN<br>NO. OF OFFENDERS PRESENT? <u>  1  </u>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | APPROXIMATE OUTDOOR TEMPERATURE <b>65° E</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |

**000# 1057079**  
**Attachment 9**

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

LOG# 1057079  
Attachment 9

REPORTING MEMBER - SIGNATURE  
BYRNE, JOSEPH M

STAR NO.  
5304

WATCH COMMANDER / UNIT COMMANDING OFFICER - SIGNATURE STAR NO.  
ALEXANDER, DANA 531