

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

RD NO. **HV572876**

**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>MANGUERRA, GLENN L</b>  |   | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR   |   |
| STAR NO.<br><b>14098</b>   | POSITION<br><b>PO ASGN EVID. TECHNI</b> | ADDRESS OF OCCURRENCE<br><b>6253 S CALIFORNIA AVE</b>   |   |
| DATE OF APPOINTMENT<br><b>04-OCT-1999</b>  | EMPLOYEE NO.<br>[REDACTED]              | CITY <input checked="" type="checkbox"/> CHICAGO  | STATE (If outside Chicago)<br>[REDACTED]  |
| UNIT OF ASSIGNMENT<br><b>477</b>   | BEAT/CALL NO.<br><b>5813</b>            | LOCATION CODE<br><b>304-STREET</b>  | BEAT OF OCCURRENCE<br><b>0825</b>   |
| SEX<br><input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F  | RACE<br><b>ASIAN/PACIFIC ISLAND</b>     | DOB<br>[REDACTED]   | DATE OF OCCURRENCE      TIME      DAY OF WEEK<br><b>22-NOV-2012      16:05:00      THURSDAY</b> |
| HEIGHT<br><b>508</b>   | WEIGHT<br><b>166</b>                    | NO. OF OFFICERS BATTERED <u>  1  </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>  2  </u>   |   |
| <input checked="" type="checkbox"/> 1. ON DUTY<br><input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY<br><input type="checkbox"/> B. UNIFORM, OTHER DUTY<br>Describe _____<br><br><input 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><br><input type="checkbox"/> 2. OFF DUTY<br><input type="checkbox"/> 3. SPECIAL EMPLOYMENT<br><input type="checkbox"/> 4. SECONDARY / OTHER   |   | MANNER OF ATTACK  |   |
|  |   | WORKING:<br><input checked="" type="checkbox"/> A. ALONE<br><input type="checkbox"/> B. WITH ONE PARTNER<br><input type="checkbox"/> C. WITH MULTIPLE PARTNERS<br>How many? _____<br><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 _____   |   |
| TYPE OF ACTIVITY   |   | TYPE OF WEAPON/THREAT   |   |
|  |   | (Check all that apply):<br><input type="checkbox"/> A. FIREARM CALIBER _____<br><input type="checkbox"/> 1. REVOLVER<br><input type="checkbox"/> 2. SEMI-AUTOMATIC<br><input type="checkbox"/> 3. RIFLE<br><input type="checkbox"/> 4. SHOTGUN<br><input checked="" type="checkbox"/> D. HANDS/FISTS<br><input type="checkbox"/> E. FEET<br><input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.)<br><input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT)<br><input type="checkbox"/> H. OTHER (SPECIFY) _____ |   |
| <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 checked="" type="checkbox"/> G. DISTURBANCE - OTHER<br><input type="checkbox"/> H. MAN WITH A GUN<br><input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify)<br>CHARGE _____ IUCR CODE _____<br><br><input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)<br>ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____<br><br><input type="checkbox"/> K. OTHER |   | <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   |   |
|  |   | FIREARM USE INFORMATION      (Check all that apply):<br><input type="checkbox"/> A. OFFICER AT GUNPOINT<br><input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED<br><input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON  |   |
| TYPE OF INJURY TO OFFICER  |   | OFFENDER INFORMATION  |   |
|  |   | SEX      RACE      DOB<br><input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F <b>BLACK</b> [REDACTED]  |   |
| <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   |   | CB NO.      IR NO.<br><b>18544216</b> [REDACTED]  |   |
|  |   | WAS THE OFFENDER'S ACTIVITY:<br>DRUG RELATED?      GANG RELATED?<br><input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES<br><input checked="" type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO<br><input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN   |   |
| LIGHTING CONDITIONS AT INCIDENT<br><input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK<br><input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT<br><input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR<br><input type="checkbox"/> 2. GOOD   |   | NO. OF OFFENDERS PRESENT? <u>  1  </u>  |   |
|  |   | WEATHER CONDITIONS  |   |
| <input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK<br><input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT<br><input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR<br><input type="checkbox"/> 2. GOOD  |   | <input type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input checked="" 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>50 °F</b>   |   |

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

REPORTING MEMBER - SIGNATURE  
MANGUERRA, GLENN L

STAR NO.  
14098

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
CAROTHERS, ANTHONY J 221