

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HW357645**

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.) WEBB, MAUREEN F		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 12525	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 3951 W 103RD ST	
DATE OF APPOINTMENT 22-MAY-2006	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
UNIT OF ASSIGNMENT 212	BEAT/CALL NO. 4210B	LOCATION CODE	BEAT OF OCCURRENCE 2211
SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE 11-JUL-2013
HEIGHT 506	WEIGHT 220	TIME 13:07:00	DAY OF WEEK THURSDAY
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED 6	
<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		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)? 14	

TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED	
<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	WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? 2 PATROL TYPE: <input 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 checked="" type="checkbox"/> F. OTHER SUV

MANNER OF ATTACK	
<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)	

TYPE OF ACTIVITY	
<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 checked="" 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

TYPE OF WEAPON/THREAT	
(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 checked="" type="checkbox"/> H. OTHER (SPECIFY)
<input type="checkbox"/> B. VEHICLE	ANTICIPATED THREAT
<input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE	
<input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE	
<input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT	<input type="checkbox"/> I. BLUNT INSTRUMENT

TYPE OF INJURY TO OFFICER	
<input type="checkbox"/> A. FATAL <input checked="" type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE	WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?
	<input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN
	NO. OF OFFENDERS PRESENT? 1

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	

LIGHTING CONDITIONS AT INCIDENT	
<input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN	<input type="checkbox"/> D. DUSK <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD

OFFENDER INFORMATION		
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]
CB NO.	IR NO.	

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: 70° F		

#13-21
LOG # 1063942
Attachment # 53

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

Reporting Officer perceived offender to be in possession of a firearm and used appropriate level of force necessary to neutralize the threat.

REPORTING MEMBER - SIGNATURE
WEBB, MAUREEN F

STAR NO.
12525

WATCH COMMANDER / UNIT COMMANDING OFFICER - SIGNATURE STAR NO.
FLETCHER, CHRISTOPH D 119