

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

RD NO. **HW505985**

**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>MURRAH, CHRISTOPH</b>  |                                   | <input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR   |                                   |
| STAR NO.<br><b>18003</b>  | POSITION<br><b>POLICE OFFICER</b> | ADDRESS OF OCCURRENCE<br><b>10931 S EBERHART AVE</b>  |                                   |
| DATE OF APPOINTMENT<br><b>17-MAR-1997</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>0571</b>      | LOCATION CODE<br><b>290-RESIDENCE</b>   | BEAT OF OCCURRENCE<br><b>0513</b> |
| SEX<br><input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F   | RACE<br><b>BLACK</b>              | DATE OF OCCURRENCE<br><b>24-OCT-2013</b>  | TIME<br><b>18:50:00</b>           |
| HEIGHT<br><b>600</b>  | WEIGHT<br><b>162</b>              | DAY OF WEEK<br><b>THURSDAY</b>  | NO. OF OFFICERS BATTERED <u>2</u> |
| <b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b><br><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><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><input type="checkbox"/> 2. OFF DUTY<br><input type="checkbox"/> 3. SPECIAL EMPLOYMENT<br><input type="checkbox"/> 4. SECONDARY / OTHER |                                   | WERE THERE ASSISTING UNITS ON SCENE?    1. <input type="checkbox"/> YES    2. <input checked="" type="checkbox"/> NO<br>IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? _____   |                                   |
|   |                                   | <b>TYPE OF ACTIVITY</b><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 checked="" 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 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  |                                   |
| <b>WORKING:</b><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><b>PATROL TYPE:</b><br><input 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 checked="" type="checkbox"/> E. SQUADROL<br><input type="checkbox"/> F. OTHER _____   |                                   | <b>TYPE OF WEAPON/THREAT</b><br>(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 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 checked="" 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) _____ |                                   |
| <b>TYPE OF INJURY TO OFFICER</b><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  |                                   | <b>TYPE OF WEAPON/THREAT</b><br>(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   |                                   |
| <b>LIGHTING CONDITIONS AT INCIDENT</b><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"/> C. DAWN <input checked="" type="checkbox"/> 1. POOR<br><input type="checkbox"/> <input type="checkbox"/> 2. GOOD   |                                   | <b>OFFENDER INFORMATION</b><br>SEX      RACE      DOB<br><input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F <b>BLACK</b> [REDACTED]<br>CB NO.      IR NO.   |                                   |
| <b>WEATHER CONDITIONS</b><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>35° F</b>  |                                   | WAS THE OFFENDER'S ACTIVITY:<br>DRUG RELATED?      GANG RELATED?<br><input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES<br><input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO<br><input checked="" type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN<br>NO. OF OFFENDERS PRESENT? <b>1</b>   |                                   |

**LOG # 1065714/0413-40**

**Attachment # 13**

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

REPORTING MEMBER - SIGNATURE  
MURRAH, CHRISTOPH

STAR NO.  
18003

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
VELEZ, CARLOS E 211