

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

RD NO. **HX202951**

**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.) <b>SANCHEZ, RUBEN</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. <b>11256</b>	POSITION <b>POLICE OFFICER</b>	ADDRESS OF OCCURRENCE <b>6224 S RHODES AVE</b>	
DATE OF APPOINTMENT <b>05-DEC-2005</b>	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> <b>CHICAGO</b>	STATE (If outside Chicago) [REDACTED]
UNIT OF ASSIGNMENT <b>003</b>	BEAT/CALL NO. <b>0306E</b>	LOCATION CODE <b>330-OTHER</b>	BEAT OF OCCURRENCE <b>0313</b>
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>HISPANIC</b>	DOB [REDACTED]	DATE OF OCCURRENCE <b>29-MAR-2014</b>
HEIGHT <b>509</b>	WEIGHT <b>185</b>	TIME <b>08:49:00</b>	DAY OF WEEK <b>SATURDAY</b>
<b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b>		NO. OF OFFICERS BATTERED <u>1</u>	
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input checked="" 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 type="checkbox"/> YES   2. <input checked="" type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>0</u>	
<b>TYPE OF ACTIVITY</b>		<b>MANNER OF ATTACK</b>	
<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		<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/OUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
<b>TYPE OF INJURY TO OFFICER</b>		<b>TYPE OF WEAPON/THREAT</b>	
<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/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER <u>40 S&amp;W</u> <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"/> B. VEHICLE <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	
<b>LIGHTING CONDITIONS AT INCIDENT</b>		<b>OFFENDER INFORMATION</b>	
<input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> <input type="checkbox"/> 2. GOOD		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F      RACE <b>BLACK</b> DOB [REDACTED] CB NO. <b>00000000</b> IR NO. _____	
<b>WEATHER CONDITIONS</b>		<b>TYPE OF WEAPON/THREAT</b>	
<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		(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	
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN		NO. OF OFFENDERS PRESENT? <u>1</u>	
APPROXIMATE OUTDOOR TEMPERATURE: <b>30°F</b>		LOG# <b>1068271</b>	

**LOG#** 1068271  
**Attachment**

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

REPORTING MEMBER - SIGNATURE  
SANCHEZ, RUBEN

STAR NO.  
11256

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
ANDREWS, CONSTANTIN 664