

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HY361194**

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.) SANCHEZ JR, ORLANDO		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
BAR NO. 19244	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 4842 S CALUMET AVE	
DATE OF APPOINTMENT 02-DEC-1996	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago) [REDACTED]
UNIT OF ASSIGNMENT 353	BEAT/CALL NO. 4685A	LOCATION CODE 291-RESIDENTIAL YARD (FRONT/BAC)	BEAT OF OCCURRENCE 0224
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE HISPANIC	DOB [REDACTED]	DATE OF OCCURRENCE 30-JUL-2015
HEIGHT 510	WEIGHT 160	TIME 03:10:00	DAY OF WEEK THURSDAY
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED <u>7</u>	
<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)? <u>30</u>	

WORKING:	PATROL TYPE:
<input type="checkbox"/> A. ALONE	<input type="checkbox"/> A. SQUAD CAR
<input type="checkbox"/> B. WITH ONE PARTNER	<input type="checkbox"/> B. FOOT
<input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS	<input type="checkbox"/> C. BICYCLE
How many? <u>30</u>	<input type="checkbox"/> D. APV/MOTORCYCLE
	<input type="checkbox"/> E. SQUADROL
	<input checked="" type="checkbox"/> F. OTHER <u>SWAT</u>

MANNER OF ATTACK

01. SHOT
 02. SHOT AT
 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)
 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)
 05. OTHER (INCLUDING VERBAL THREATS)

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 checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT)
<input type="checkbox"/> 4. SHOTGUN	<input checked="" type="checkbox"/> H. OTHER (SPECIFY)
<input type="checkbox"/> B. VEHICLE	<u>/POINTED HANDGUN</u>
<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

FIREARM USE INFORMATION (Check all that apply):

A. OFFICER AT GUNPOINT
 B. OFFICER'S OWN WEAPON OBTAINED
 C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON

TYPE OF ACTIVITY

A. AMBUSH -NO WARNING
 B. TRAFFIC STOP/PURSUIT
 C. INVESTIGATING SUSPICIOUS PERSON
 D. DISTURBANCE - DOMESTIC
 E. DISTURBANCE - MENTAL PATIENT
 F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER
 G. DISTURBANCE - OTHER
 H. MAN WITH A GUN
 I. PURSUING/ARRESTING OFFENDER (Specify)
 CHARGE _____ IUCR CODE _____
 J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)
 ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____
 K. OTHER

OFFENDER INFORMATION

SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB [REDACTED]
CB NO. 19160462	IR NO.	

TYPE OF INJURY TO OFFICER

A. FATAL
 B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries)
 C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)
 D. NONE APPARENT/NONE

WAS THE OFFENDER'S ACTIVITY:
 DRUG RELATED? GANG RELATED?

<input type="checkbox"/> 1. YES	<input type="checkbox"/> 1. YES
<input type="checkbox"/> 2. NO	<input type="checkbox"/> 2. NO
<input checked="" type="checkbox"/> 3. UNKNOWN	<input checked="" type="checkbox"/> 3. UNKNOWN

NO. OF OFFENDERS PRESENT? 1

LIGHTING CONDITIONS AT INCIDENT

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

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. STRENGTH / DIRECTION OF CROSSWIND	

APPROXIMATE OUTDOOR TEMPERATURE: **80 °F**

LOG # 1076425
Attachment 10

REPORTING MEMBER - SIGNATURE
SANCHEZ JR, ORLANDO

STAR NO.
19244

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