

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HY393761**

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.) JANTKE, ANTHONY F | | <input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR | |
| STAR NO. | POSITION DETENTION AIDE | ADDRESS OF OCCURRENCE 2452 W BELMONT AVE | |
| DATE OF APPOINTMENT 02-APR-2012 | EMPLOYEE NO. | CITY <input checked="" type="checkbox"/> CHICAGO <input type="checkbox"/> | STATE (If outside Chicago) |
| UNIT OF ASSIGNMENT 019 | BEAT/CALL NO. 1902 | LOCATION CODE 281-JAIL / LOCK-UP FACILITY | BEAT OF OCCURRENCE 1921 |
| SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F | RACE WHITE | DOB | DATE OF OCCURRENCE 23-AUG-2015 |
| HEIGHT 604 | WEIGHT 280 | TIME 02:00:00 | DAY OF WEEK SUNDAY |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED | | NO. OF OFFICERS BATTERED <u> 1 </u> | |
| | | WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO | |
| <input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input checked="" type="checkbox"/> B. UNIFORM, OTHER DUTY Describe <u>DETENTION AIDE</u> <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 | | IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u> 2 </u> | |
| | | MANNER OF ATTACK | |
| WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ 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 <u>LOCK-UP</u> | | <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS) | |
| | | TYPE OF WEAPON/THREAT | |
| 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 type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ | | (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> 1. REVOLVER <input checked="" 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 type="checkbox"/> H. OTHER (SPECIFY) _____ <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 | |
| | | 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 | |
| <input checked="" type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE <u>720 ILCS 5.0/12-3-A-2- BATTERY - MAKE PHYSICAL CONTACT</u> ORIGINAL IUCR CODE <u>BATTERY - SIMPLE</u> <input type="checkbox"/> K. OTHER | | OFFENDER INFORMATION | |
| | | SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F | RACE BLACK |
| | | CB NO. 19174500 | IR NO. |
| TYPE OF INJURY TO OFFICER <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 | | WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG 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? <u> 1 </u> | |
| LIGHTING CONDITIONS AT INCIDENT | | WEATHER CONDITIONS | |
| <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD | | <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTSIDE TEMPERATURE _____ | |

LOG# 1076844

Attachment 7

WHILE ESCORTING SUBJECT INTO LOCK-UP HE BEGAN TO STIFFEN UP AND THEN BEGAN TO KICK DETENTION AIDE.DETENTION AIDE PERFORMED EMERGENCY TAKE DOWN TO CONTROL PRISONER.

REPORTING MEMBER - SIGNATURE
JANTKE, ANTHONY F

STAR NO.

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
SKALA, JOSEPH R 297