

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

RD NO. **HX155363**

**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>CAULFIELD, ROBERT D</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. <b>11321</b>	POSITION <b>POLICE OFFICER</b>	ADDRESS OF OCCURRENCE <b>3146 S DAN RYAN LOCAL OB</b>	
DATE OF APPOINTMENT <b>27-AUG-2007</b>	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (if outside Chicago)
UNIT OF ASSIGNMENT <b>211</b>	BEAT/CALL NO. <b>4115D</b>	LOCATION CODE <b>259-VEHICLE NON-COMMERCIAL</b>	BEAT OF OCCURRENCE <b>0915</b>
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE</b>	DOB [REDACTED]	DATE OF OCCURRENCE      TIME      DAY OF WEEK <b>18-FEB-2014      11:28:00      TUESDAY</b>
HEIGHT <b>510</b>	WEIGHT <b>190</b>	NO. OF OFFICERS BATTERED <b>3</b>	
<b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b>		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)? <b>0</b>	
<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		<b>MANNER OF ATTACK</b>	
		<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)	
<b>TYPE OF ACTIVITY</b>  <input type="checkbox"/> A. AMBUSH - NO WARNING <input checked="" 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 _____  <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____  <input checked="" type="checkbox"/> K. OTHER		<b>TYPE OF WEAPON/THREAT</b>	
		(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 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	
<b>TYPE OF INJURY TO OFFICER</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		<b>FIREARM USE INFORMATION</b> (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	
<b>LIGHTING CONDITIONS AT INCIDENT</b>		<b>OFFENDER INFORMATION</b>	
<input checked="" type="checkbox"/> A. DAYLIGHT	<input type="checkbox"/> D. DUSK	SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE
<input type="checkbox"/> B. NIGHT	<input type="checkbox"/> E. ARTIFICIAL LIGHT	DOB	
<input type="checkbox"/> C. DAWN	<input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD	CB NO. <b>00000000</b>	IR NO.
<b>WEATHER CONDITIONS</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		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	
		APPROXIMATE OUTDOOR TEMPERATURE: <b>40 °F</b>	

**061067572**  
**U 14-04**  
**AN.17**

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

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REPORTING MEMBER - SIGNATURE  
CAULFIELD, ROBERT D

STAR NO.  
11321

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