

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

RD NO. **HX293212**

**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>WROBEL, MICHAEL M</b>   |                                   | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR   |   |
| STAR NO.<br><b>11688</b>   | POSITION<br><b>POLICE OFFICER</b> | ADDRESS OF OCCURRENCE<br><b>9301 S WALLACE ST</b>   |   |
| DATE OF APPOINTMENT<br><b>28-APR-2008</b>  | EMPLOYEE NO.<br>[REDACTED]        | CITY <input checked="" type="checkbox"/> CHICAGO  | STATE (if outside Chicago)  |
| UNIT OF ASSIGNMENT<br><b>193</b>   | BEAT/CALL NO.<br><b>6728F</b>     | LOCATION CODE<br><b>304-STREET</b>  | BEAT OF OCCURRENCE<br><b>2223</b>   |
| SEX<br><input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F  | RACE<br><b>WHITE</b>              | DOB<br>[REDACTED]   | DATE OF OCCURRENCE      TIME      DAY OF WEEK<br><b>06-JUN-2014      23:23:00      FRIDAY</b> |
| HEIGHT<br><b>602</b>   | WEIGHT<br><b>160</b>              | NO. OF OFFICERS BATTERED <u>  2  </u>   |   |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED   |                                   | 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>  5  </u>  |   |
| <input checked="" type="checkbox"/> 1. ON DUTY<br><input type="checkbox"/> A. UNIFORM, PATROL DUTY<br><input type="checkbox"/> B. UNIFORM, OTHER DUTY<br>Describe _____<br><input checked="" 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><br><input type="checkbox"/> 2. OFF DUTY<br><input type="checkbox"/> 3. SPECIAL EMPLOYMENT<br><input type="checkbox"/> 4. SECONDARY / OTHER   |                                   | MANNER OF ATTACK  |   |
|  |                                   | WORKING:<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>PATROL TYPE:<br><input checked="" 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 type="checkbox"/> E. SQUADROL<br><input type="checkbox"/> F. OTHER _____   |   |
| TYPE OF ACTIVITY   |                                   | TYPE OF WEAPON/THREAT   |   |
|  |                                   | (Check all that apply):<br><input checked="" type="checkbox"/> A. FIREARM CALIBER <u>  9 MM  </u> <input type="checkbox"/> D. HANDS/FISTS<br><input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> E. FEET<br><input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.)<br><input type="checkbox"/> 3. RIFLE <input type="checkbox"/> G. VERBAL THREAT (ASSAULT)<br><input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> H. OTHER (SPECIFY) _____<br><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><br><input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT |   |
| <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 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 checked="" type="checkbox"/> H. MAN WITH A GUN<br><input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify)<br>CHARGE _____ IUCR CODE _____<br><br><input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)<br>ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____<br><br><input type="checkbox"/> K. OTHER |                                   | FIREARM USE INFORMATION (Check all that apply):   |   |
|  |                                   | <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  |   |
| TYPE OF INJURY TO OFFICER  |                                   | OFFENDER INFORMATION  |   |
|  |                                   | SEX      RACE      DOB<br><input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F <b>BLACK</b> <b>04-JAN-1985</b><br><br>CB NO.      IR NO.<br><b>18909736</b>   |   |
| LIGHTING CONDITIONS AT INCIDENT  |                                   | WAS THE OFFENDER'S ACTIVITY:  |   |
|  |                                   | DRUG RELATED?      GANG RELATED?<br><input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES<br><input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO<br><input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN<br><br>NO. OF OFFENDERS PRESENT? <u>  2  </u>   |   |
| <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 type="checkbox"/> 1. POOR<br><input checked="" type="checkbox"/> 2. GOOD   |                                   | WEATHER CONDITIONS  |   |
|  |                                   | <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><br>APPROXIMATE OUTDOOR TEMPERATURE: <u>  62° F  </u>   |   |

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

Log# 1069651

Attachment# 102

|   |                   |  |                 |
|---|-------------------|--|-----------------|
| REPORTING MEMBER - SIGNATURE<br>WROBEL, MICHAEL M | STAR NO.<br>11688 | WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE<br>DEENIHAN, BRENDAN D | STAR NO.<br>449 |
|---|-------------------|--|-----------------|