

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. HZ531419

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.) WALLACE, CURTIS L		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 16827	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 4529 W WASHINGTON BLVD	
DATE OF APPOINTMENT 05-DEC-1994	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
UNIT OF ASSIGNMENT 313	BEAT/CALL NO. 6735C	LOCATION CODE 330-OTHER	BEAT OF OCCURRENCE 1113
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB [REDACTED]	DATE OF OCCURRENCE 27-NOV-2016
HEIGHT 506	WEIGHT 150	TIME 23:35:00	DAY OF WEEK SUNDAY
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED 5	
<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 _____	WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? 3 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>UNMARKED</u>	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)? 5	
TYPE OF ACTIVITY		MANNER OF ATTACK	
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		<input type="checkbox"/> 01. SHOT <input checked="" 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 type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF INJURY TO OFFICER		TYPE OF WEAPON/THREAT	
<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 checked="" type="checkbox"/> G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN <input checked="" type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE 720 ILCS 5.0/12-3.05-E-1-AGG BATTERY/DISCHARGE FIREARM IUCR CODE BATTERY - AGGRAVATED: HANDGUN	<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____	(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input 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 <input checked="" type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) <u>/FIREARM</u>	
LIGHTING CONDITIONS AT INCIDENT		FIREARM USE INFORMATION (Check all that apply):	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT 1. POOR <input checked="" type="checkbox"/> 2. GOOD	<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		
WEATHER CONDITIONS		OFFENDER INFORMATION	
<input type="checkbox"/> A. CLEAR <input checked="" type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: 45°F	SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK DOB 18-DEC-1982 CB NO. _____ IR NO. _____		
TYPE OF INJURY TO OFFICER		WAS THE OFFENDER'S ACTIVITY:	
<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	DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? 1		

Handwritten notes and signatures:
1097
083171
11/24
28
[Signature]

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

U# 1624
LOG # 1083171
Attachment # 28

REPORTING MEMBER - SIGNATURE
WALLACE, CURTIS L

STAR NO.
16827

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
BAY, ROGER J 35