

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **JA117279**

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.) ORTEGA, ELVIS | | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR | |
| STAR NO. 1092 | POSITION SERGEANT OF POLICE | ADDRESS OF OCCURRENCE 4546 N KEDZIE AVE | |
| DATE OF APPOINTMENT 18-DEC-2000 | EMPLOYEE NO. [REDACTED] | CITY <input checked="" type="checkbox"/> CHICAGO | STATE (# outside Chicago) |
| UNIT OF ASSIGNMENT 019 | BEAT/CALL NO. | LOCATION CODE 303-SIDEWALK | BEAT OF OCCURRENCE 1724 |
| SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F | RACE HISPANIC | DATE OF OCCURRENCE 15-JAN-2017 | TIME 19:23:00 |
| HEIGHT 600 | WEIGHT 225 | DAY OF WEEK SUNDAY | |
| | | NO. OF OFFICERS BATTERED <u>1</u> | |
| | | 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)? _____ | |

TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED

| | |
|--|---|
| <input 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 _____ <input checked="" type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER | WORKING: <input type="checkbox"/> A. ALONE <input 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 type="checkbox"/> F. OTHER _____ |
|--|---|

MANNER OF ATTACK

| | |
|---|--|
| <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 WEAPON/THREAT

(Check all that apply):

| | |
|--|--|
| <input checked="" type="checkbox"/> A. FIREARM CALIBER UNKNOWN | <input type="checkbox"/> D. HANDS/FISTS |
| <input checked="" 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 |

FIREARM USE INFORMATION (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 |
|--|---|--|

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 checked="" 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 type="checkbox"/> K. OTHER _____ | | | | | | | | |

OFFENDER INFORMATION

| | | |
|---|------------------------|-----|
| SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F | RACE UNKNOWN | DOB |
| CB NO. 19423385 | 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 checked="" type="checkbox"/> 1. YES |
| <input checked="" type="checkbox"/> 2. NO | <input type="checkbox"/> 2. NO |
| <input type="checkbox"/> 3. UNKNOWN | <input type="checkbox"/> 3. UNKNOWN |

NO. OF OFFENDERS PRESENT? 4

LIGHTING CONDITIONS AT INCIDENT

| | |
|--------------------------------------|---|
| <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 |

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. SEVERE CROSS WIND | |

APPROXIMATE OUTDOOR TEMPERATURE: **40 °F**

LOG # 1083690
 Attachment # 13
 VJ97-04

Offender pointed weapon at two civilian and at officer. Offender shot once at officer.

LOG # 1083690 ^{U*} 17-04

Attachment # 13

REPORTING MEMBER - SIGNATURE
IZA, DEBBIE M

STAR NO.
1458

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
WILLIAMS, TERENCE V 59