

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. **HX284801**

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.) FERGUS, MICHAEL C		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 17370	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 1537 N TALMAN AVE Apt 1	
DATE OF APPOINTMENT 29-NOV-2004	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (if outside Chicago)
UNIT OF ASSIGNMENT 014	BEAT/CALL NO. 1423R	LOCATION CODE 090-APARTMENT	BEAT OF OCCURRENCE 1423
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE 01-JUN-2014
HEIGHT 508	WEIGHT 185	TIME 01:33:00	DAY OF WEEK SUNDAY
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED <u>5</u>	
<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		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>30</u>	
WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <u>30</u> 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 checked="" type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK	
TYPE OF ACTIVITY		<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 checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
<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 checked="" type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input checked="" type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER _____		(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 checked="" type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION <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 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 (Blisters/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		OFFENDER INFORMATION	
LIGHTING CONDITIONS AT INCIDENT		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE WHITE HISPANIC DOB 05-SEP-1981 CB NO. 18905520 IR NO. _____	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD		WAS THE OFFENDER'S ACTIVITY: DRUG 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 GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <u>4</u>	
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: 65°F	

LOG# 1081170
Attachment 20

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REPORTING MEMBER - SIGNATURE
FERGUS, MICHAEL C

STAR NO.
17370

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
MULKERIN, MICHAEL J 713