

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.) BOJOCNEAN, DAN M | | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR | |
| AR NO. 15003 | POSITION POLICE OFFICER | ADDRESS OF OCCURRENCE 2237 S KOSTNER AVE | |
| DATE OF APPOINTMENT 02-FEB-2015 | EMPLOYEE NO. [REDACTED] | CITY <input checked="" type="checkbox"/> CHICAGO | STATE (If outside Chicago) |
| DIVISION OF ASSIGNMENT 010 | BEAT/CALL NO. 1065B | LOCATION CODE 291-RESIDENTIAL YARD (FRONT/BAC | BEAT OF OCCURRENCE 1013 |
| SEX 1. M <input type="checkbox"/> 2. F | RACE WHITE | DATE OF OCCURRENCE 01-JUL-2017 | TIME 22:51:00 |
| HEIGHT 511 | WEIGHT 175 | DAY OF WEEK SATURDAY | |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED | | NO. OF OFFICERS BATTERED <u> 1 </u> | |
| 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 _____ 2. OFF DUTY 3. SPECIAL EMPLOYMENT 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> 5 </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> 2 </u> PATROL TYPE: <input checked="" 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 | |
| TYPE OF ACTIVITY | | <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) | |
| <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 _____ | | TYPE OF WEAPON/THREAT | |
| <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input checked="" type="checkbox"/> K. OTHER | | (Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER UNKNOWN <input type="checkbox"/> 1. REVOLVER <input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC <input checked="" type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input 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 type="checkbox"/> H. OTHER (SPECIFY) _____ | |
| TYPE OF INJURY TO OFFICER | | <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 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 | | 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 | |
| LIGHTING CONDITIONS AT INCIDENT | | OFFENDER INFORMATION | |
| <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"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD | | SEX RACE DOB <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F BLACK 27-AUG-1980 | |
| | | CB NO. IR NO. | |
| | | 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 | |
| | | NO. OF OFFENDERS PRESENT? <u> 1 </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: <u> 75 °F </u> | |

REPORTING MEMBER - SIGNATURE
COJOCNEAN, DAN M

STAR NO.
15003

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
O DONNELL, JAMES C

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