

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.) TRANSKI, GREGORY L		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
IR NO. 7907	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 2943 N NEW ENGLAND AVE	
DATE OF APPOINTMENT 19-FEB-2013	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago) [REDACTED]
DATE OF ASSIGNMENT 024	BEAT/CALL NO. 2461E	LOCATION CODE 092-ALLEY	BEAT OF OCCURRENCE 2511
SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE WHITE	DATE OF OCCURRENCE 06-JUN-2017	TIME 23:54:00
HEIGHT 600	WEIGHT 200	DAY OF WEEK TUESDAY	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED 2	
1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input checked="" 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 checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ 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	
2. OFF DUTY		<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)	
3. SPECIAL EMPLOYMENT		TYPE OF WEAPON/THREAT	
4. SECONDARY / OTHER		(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER 9 MM <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <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 ACTIVITY		1. OFFICER STRUCK WITH VEHICLE 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE	
<input checked="" type="checkbox"/> A. AMBUSH - NO WARNING	<input type="checkbox"/> B. TRAFFIC STOP/PURSUIT	<input type="checkbox"/> I. BLUNT INSTRUMENT	
<input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON	<input type="checkbox"/> D. DISTURBANCE - DOMESTIC	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	
<input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT	<input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER	OFFENDER INFORMATION	
<input type="checkbox"/> G. DISTURBANCE - OTHER	<input checked="" type="checkbox"/> H. MAN WITH A GUN	SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE HISPANIC
<input checked="" type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE 720 ILCS 5.0/9-1-A-2-MURDER - STRONG PROBABILITY DEATH/INJURE	IUCR CODE ASSAULT - AGGRAVATED PO: HANDGUN	DOB [REDACTED] 1994	IR NO. 19491036
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____	<input type="checkbox"/> K. OTHER	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	
TYPE OF INJURY TO OFFICER		NO. OF OFFENDERS PRESENT? 2	
<input type="checkbox"/> A. FATAL	<input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries)	WEATHER CONDITIONS	
<input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)	<input type="checkbox"/> D. NONE APPARENT/NONE	<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 CROSSWIND	
LIGHTING CONDITIONS AT INCIDENT		APPROXIMATE OUTDOOR TEMPERATURE: 63° F	
<input type="checkbox"/> A. DAYLIGHT	<input type="checkbox"/> D. DUSK	LOG# 1085496	
<input type="checkbox"/> B. NIGHT	<input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT		
<input type="checkbox"/> C. DAWN	<input checked="" type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD		

LOG# 1085494

Attachment 10

REPORTING MEMBER - SIGNATURE
STRANSKI, GREGORY L

STAR NO.
7907

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
O DONNELL, JAMES C 13