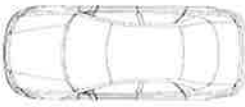



Port Orchard Police Department Pursuit Review Report

Information					
Incident #	Date	Time	Shift	Initiating Officer Name	Assisting Officers
20-1427	7-4-20	0620	GRAVE	Wofford # 715	NONE
Subject Information					
Age	Sex	Race	Suspect information known to Officer at time of pursuit?		
UNK	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	W	<input type="checkbox"/> Officer Safety <input type="checkbox"/> Under the influence <input type="checkbox"/> Wanted (PC) <input checked="" type="checkbox"/> Other: Explain <u>RAN FROM # 733</u> <input type="checkbox"/> Warrants OFFICER BELL		
Pursuit Information					
Type:	Conditions during pursuit:		Pursuit Units:	Agency Assisted:	
<input checked="" type="checkbox"/> Attempt to Elude	<input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark		<input checked="" type="checkbox"/> Marked patrol units (1)	Type of assist? <u>N/A</u>	
<input type="checkbox"/> Pursuit	Weather: <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Rain <input type="checkbox"/> Snow		<input type="checkbox"/> Un-marked units: Explain	<input type="checkbox"/> Pursuit	
On Duty Supervisor #	Traffic: <input checked="" type="checkbox"/> Light <input type="checkbox"/> Med <input type="checkbox"/> Heavy <input type="checkbox"/> None			<input type="checkbox"/> Spike	
715(DIC)				<input type="checkbox"/> Other: Explain _____	
Reason for Contact:	Max speed estimation:	Use of Force involved? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Officer/Subject Injuries-Post Application Procedures <u>N/A</u>		
<input checked="" type="checkbox"/> Traffic Offense	<u>77 MPH</u>	Use of Force report attached? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Photos (to document injuries or lack of)		
<input type="checkbox"/> Misdemeanor	Approx. distance	Did Officer sustain injury <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> No Treatment <input type="checkbox"/> Declined		
<input type="checkbox"/> Felony	<u>4.5 miles</u>	Did subject sustain injury <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> On-scene Aid		
<input type="checkbox"/> Stolen Vehicle			<input type="checkbox"/> Hospitalization		
<input checked="" type="checkbox"/> Other (describe)			Describe Injuries / Procedures:		
<u>RECKLESS DRIVING</u>			_____		
<u>W/733</u>			_____		
<u>+ POSS THEFT (Burg.)</u>			_____		
Pursuit Conclusion					
Conclusion of Pursuit:	Damage to suspect vehicle?	Damage to police vehicle?	Type of Pursuit Intervention		
<input type="checkbox"/> Voluntarily stopped	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (mark damaged area)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (mark damaged area)	<input type="checkbox"/> PIT <u>N/A</u>		
<input checked="" type="checkbox"/> Officer terminated			<input type="checkbox"/> Spikes		
<input type="checkbox"/> Supervisor terminated	Suspect vehicle impounded?	Vehicle out of service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Ramming		
<input type="checkbox"/> Vehicle accident	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vehicle # <u>1015</u>	<input type="checkbox"/> Other: Explain _____		
<input type="checkbox"/> Pursuit Intervention: See type			_____		
<input type="checkbox"/> Other: Explain _____			_____		
Other Agencies Involved	3rd Party Damage?	Collision Report attached?	_____		
<u>NONE - REQUESTED</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Authorized by: _____		
<u>EGO KCSO BUT NO ANSWER</u>		<u>N/A</u>	_____		
Supervisors Action/Review					
Sergeant	<input type="checkbox"/> Respond to scene <input type="checkbox"/> Request CenCom Tapes	Date	Signature	Comments	