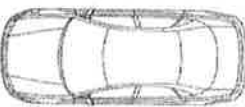
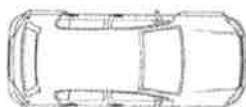


Port Orchard Police Department Pursuit Review Report

Information					
Incident #	Date	Time	Shift	Initiating Officer Name	Assisting Officers
D20-002514	12-23-2020	2219	Graveyard	J. Grapsch	D.J. Huibregtse
Subject Information					
Age	Sex	Race	Suspect information known to Officer at time of pursuit?		
Unknown	<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 type="checkbox"/> Warrants <input checked="" type="checkbox"/> Other: Explain <u>Reasonable Suspicion</u>		
Pursuit Information					
Type:	Conditions during pursuit:		Pursuit Units:	Agency Assisted:	
<input type="checkbox"/> Attempt to Elude <input checked="" type="checkbox"/> Pursuit <hr/> On Duty Supervisor # <u>N/A</u>	<input type="checkbox"/> Daylight <input checked="" type="checkbox"/> Dark Weather: <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Rain <input type="checkbox"/> Snow Traffic: <input checked="" type="checkbox"/> Light <input type="checkbox"/> Med <input type="checkbox"/> Heavy <input checked="" type="checkbox"/> None		<input checked="" type="checkbox"/> Marked patrol units <input type="checkbox"/> Un-marked units: Explain _____ _____ _____	Type of assist? <u>N/A</u> <input type="checkbox"/> Pursuit <input type="checkbox"/> Spike <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		
<input type="checkbox"/> Traffic Offense <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Stolen Vehicle <input type="checkbox"/> Other (describe) <u>Possible</u>	<u>70</u> Approx. distance <u>2.21 miles</u>	Use of Force report attached? <input type="checkbox"/> yes <input type="checkbox"/> no Did Officer sustain injury <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Did subject sustain injury <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Photos (to document injuries or lack of) <input type="checkbox"/> No Treatment <input type="checkbox"/> Declined <input type="checkbox"/> On-scene Aid <input type="checkbox"/> Hospitalization Describe Injuries / Procedures: _____ _____ _____		
Pursuit Conclusion					
Conclusion of Pursuit:	Damage to suspect vehicle?	Damage to police vehicle?	Type of Pursuit Intervention		
<input type="checkbox"/> Voluntarily stopped <input checked="" type="checkbox"/> Officer terminated <input type="checkbox"/> Supervisor terminated <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Pursuit Intervention: See type <input type="checkbox"/> Other: Explain _____ _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (mark damaged area)  Suspect vehicle impounded? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (mark damaged area)  Vehicle out of service? <input type="checkbox"/> Yes <input type="checkbox"/> No Vehicle # _____	<input type="checkbox"/> PIT <input type="checkbox"/> Spikes <input type="checkbox"/> Ramming <input type="checkbox"/> Other: Explain _____ _____ _____ _____		
Other Agencies Involved	3rd Party Damage?	Collision Report attached?	<input type="checkbox"/> Authorized by: _____		
<u>N/A</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Supervisors Action/Review					
Sergeant	<input type="checkbox"/> Respond to scene <input checked="" type="checkbox"/> Request CenCom Tapes	Date	Signature	Comments	
		12/24/20	