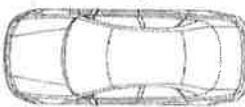
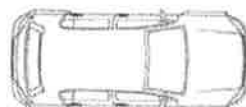

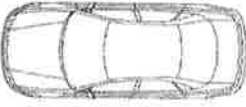

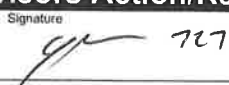


Port Orchard Police Department Pursuit Review Report

| Information | | | | | |
|---|---|---|---|---|---|
| Incident # D21-000760 | Date 4.23.21 | Time 1139 | Shift DAY | Initiating Officer Name OFFICER BEN # 733 | Assisting Officers OFFICER SCHAEIBLY #730 |
| Subject Information | | | | | |
| Age 25 yrs | Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Race W | Suspect information known to Officer at time of pursuit? <input type="checkbox"/> Officer Safety <input type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Wanted (PC) <input checked="" type="checkbox"/> Other: Explain _____ <input type="checkbox"/> Warrants | | |
| Pursuit Information | | | | | |
| Type: <input checked="" type="checkbox"/> Attempt to Elude <input checked="" type="checkbox"/> Pursuit On Duty Supervisor # \$727 | Conditions during pursuit: <input checked="" type="checkbox"/> Daylight <input 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 | | Pursuit Units: <input checked="" type="checkbox"/> Marked patrol units <input type="checkbox"/> Un-marked units: Explain _____ | | Agency Assisted: Type of assist? <input type="checkbox"/> Pursuit <input type="checkbox"/> Spike <input checked="" type="checkbox"/> Other: Explain NONE |
| Reason for Contact: <input type="checkbox"/> Traffic Offense <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Stolen Vehicle <input type="checkbox"/> Other (describe) _____ | Max speed estimation: 70 Approx. distance 5.1 | Use of Force involved? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Use of Force report attached? <input type="checkbox"/> yes <input checked="" 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 | | Officer/Subject Injuries-Post Application Procedures <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: _____ <div style="text-align: center; transform: rotate(-45deg); font-weight: bold; font-size: 1.2em;">NOT APPLICABLE</div> | |
| Pursuit Conclusion | | | | | |
| Conclusion of Pursuit: <input type="checkbox"/> Voluntarily stopped <input type="checkbox"/> Officer terminated <input checked="" type="checkbox"/> Supervisor terminated <input type="checkbox"/> Vehicle accident <input type="checkbox"/> Pursuit Intervention: See type <input type="checkbox"/> Other: Explain _____ | Damage to suspect vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (mark damaged area)  Suspect vehicle impounded? <input type="checkbox"/> Yes <input type="checkbox"/> No | Damage to police vehicle? <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 # _____ | Type of Pursuit Intervention <input type="checkbox"/> PIT <input type="checkbox"/> Spikes <input type="checkbox"/> Ramming <input type="checkbox"/> Other: Explain _____ <div style="text-align: center; font-size: 1.5em; font-weight: bold; transform: rotate(-15deg);">NONE</div> | | |
| Other Agencies Involved | 3rd Party Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Collision Report attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Authorized by: _____ | |
| Supervisors Action/Review | | | | | |
| Sergeant <input checked="" type="checkbox"/> Respond to scene <input checked="" type="checkbox"/> Request CenCom Tapes | Date 4-23-21 | Signature  | Comments B. SCHAEIBLY | | |

Port Orchard Police Department Pursuit Review Report

| Information | | | | | |
|---|---|--|--|---|--------------------|
| Incident # | Date | Time | Shift | Initiating Officer Name | Assisting Officers |
| D21-000760 | 4-23-21 | 1139 | Day | M. BELL #733 | W. Schaibly #730 |
| Subject Information | | | | | |
| Age | Sex | Race | Suspect information known to Officer at time of pursuit? | | |
| 25 | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | W | <input type="checkbox"/> Officer Safety <input checked="" type="checkbox"/> Wanted (PC) <input type="checkbox"/> Warrants <input type="checkbox"/> Under the influence <input type="checkbox"/> Other: Explain _____ | | |
| Pursuit Information | | | | | |
| Type: | Conditions during pursuit: | | Pursuit Units: | Agency Assisted: | |
| <input checked="" type="checkbox"/> Attempt to Elude <input checked="" type="checkbox"/> Pursuit On Duty Supervisor # 2 | <input checked="" type="checkbox"/> Daylight <input 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? <input type="checkbox"/> Pursuit <input type="checkbox"/> Spike <input type="checkbox"/> Other: Explain _____ _____ | |
| Reason for Contact: | Max speed estimation: | Use of Force involved? | Officer/Subject Injuries-Post Application Procedures | | |
| <input type="checkbox"/> Traffic Offense <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Stolen Vehicle <input type="checkbox"/> Other (describe) _____ _____ _____ | 70 mph Approx. distance 5.1 miles | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Use of Force report attached? <input type="checkbox"/> yes <input checked="" 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 checked="" 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 checked="" 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 checked="" 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? | Authorized by: | | |
| KCSO | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | | |
| Supervisors Action/Review | | | | | |
| Sergeant | <input checked="" type="checkbox"/> Respond to scene <input type="checkbox"/> Request CenCom Tapes | Date | Signature | Comments | |
| | | 4-23-21 |  | M. BELL | |