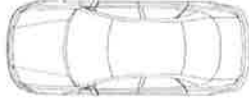



Port Orchard Police Department Pursuit Review Report

Information					
Incident #	Date	Time	Shift	Initiating Officer Name	Assisting Officers
D20-001491	7-15-20	0957	DAY	M. BELL # 733	A. Walton # 736
Subject Information					
Age	Sex	Race	Suspect information known to Officer at time of pursuit?		
21	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	W	<input type="checkbox"/> Officer Safety <input type="checkbox"/> Wanted (PC) <input checked="" 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 # \$710	<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 type="checkbox"/> None		<input checked="" type="checkbox"/> Marked patrol units <input type="checkbox"/> Un-marked units: Explain _____	Type of assist? <input checked="" 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 checked="" type="checkbox"/> Other (describe) Felony warrants	80 Approx. distance 1.32 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 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (mark damaged area)  Vehicle out of service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vehicle # _____	<input type="checkbox"/> PIT <input type="checkbox"/> Spikes <input type="checkbox"/> Ramming <input type="checkbox"/> Other: Explain _____ _____ _____ _____		
Other Agencies Involved	3 rd Party Damage?	Collision Report attached?	Authorized by:		
NONE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____		
Supervisors Action/Review					
Sergeant	<input type="checkbox"/> Respond to scene <input type="checkbox"/> Request CenCom Tapes	Date	Signature	Comments	