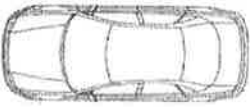
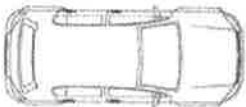



# Port Orchard Police Department Pursuit Review Report

Information					
Incident #	Date	Time	Shift	Initiating Officer Name	Assisting Officers
D21-002783	4-27-21	2248	Graves	Huibrechtse	
Subject Information					
Age	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Race  B	Suspect information known to Officer at time of pursuit? <input type="checkbox"/> Officer Safety <input type="checkbox"/> Under the influence <input type="checkbox"/> Wanted (PC) <input checked="" type="checkbox"/> Other: Explain <u>Theft 2</u> <input type="checkbox"/> Warrants		
Pursuit Information					
Type: <input type="checkbox"/> Attempt to Elude <input checked="" type="checkbox"/> Pursuit On Duty Supervisor # 5731	Conditions during pursuit: <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 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 type="checkbox"/> Other: Explain _____
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: <u>90</u> Approx. distance <u>1.1 miles</u>	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: _____ _____ _____	
Pursuit Conclusion					
Conclusion of Pursuit: <input checked="" type="checkbox"/> Voluntarily stopped <input 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 _____	Damage to suspect vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (mark damaged area)  Suspect vehicle impounded? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 _____ _____ _____ _____		
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 4/28/21	Signature 	Comments IR #21-013		