

Port Orchard Police Department Pursuit Review Report

Information

Incident #	Date	Time	Shift	Initiating Officer Name	Assisting Officers
D20-001185	5-29-20	1950	SWING	SGT. D. MAJIN	WSP - GIG HARBOR - LAKEWOOD

Subject Information

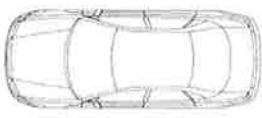

Age	Sex	Race	Suspect information known to Officer at time of pursuit?
56	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	BLACK	<input type="checkbox"/> Officer Safety <input type="checkbox"/> Wanted (PC) <input type="checkbox"/> Warrants <input type="checkbox"/> Under the influence <input type="checkbox"/> Other: Explain _____

Pursuit Information

Type:	Conditions during pursuit:	Pursuit Units:	Agency Assisted:
<input type="checkbox"/> Attempt to Elude <input checked="" type="checkbox"/> Pursuit On Duty Supervisor # _____	<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 1 <input type="checkbox"/> Un-marked units: Explain _____	Type of assist? <input checked="" type="checkbox"/> Pursuit <input checked="" type="checkbox"/> Spike ATTEMPTED <input checked="" type="checkbox"/> Other: Explain AIRCRAFT WSP

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 checked="" type="checkbox"/> Traffic Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Stolen Vehicle <input type="checkbox"/> Other (describe) _____	65(+/-) Approx. distance 1.78 miles	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: N/A

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"/> 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 type="checkbox"/> No (mark damaged area)  Suspect vehicle impounded? <input type="checkbox"/> Yes <input type="checkbox"/> No UNKNOWN - WSP	<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"/> Roadblocks <input type="checkbox"/> Boxing in <input type="checkbox"/> Other: Explain _____ N/A
Other Agencies Involved	3rd Party Damage?	Collision Report attached?	Authorized by:
WSP - GH - LAKEWOOD (20-008610 WSP) CS #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____

Supervisors Action/Review

Sergeant	Respond to scene Request CenCom Tapes	Date	Signature	Comments
		5-29-2020		
Command		Date	Signature	Comments

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PUBLIC RECORDS (MEMBER AGENCIES)

Request Date (format: YYYY-MM-DD example: 2015-02-28)

6-29-2020

Your Name

Sgt Dorita Mann

Phone

360-678-7044

Mailing Address

548 Bay St.
Port Orchard WA 98365

Your Email

Unkn02@cityofseaside.us

Audio for your request will be delivered in Wav File format via email. The CAD Event Chronology for your request is available via your user agency i/Netviewer connection therefore will not be provided by CENCOM unless requested.

Incident Date(s) (format: YYYY-MM-DD example: 2015-02-28)

6-29-2020

Approximate Time

1955 hours

Caller(s) Name

Sgt Mann

Location of Incident

Bellini RD SE

Agency Case No.

D2-001185

Officer's Name & No.(if known)

Sgt Mann 7201

Suspects Name

1RCY ADMIRAL HUMPHREY

Description of Incident

Pursuit started on Bellini RD SE to SR Sedgwick RD to HWY 16 where WSP picked it up.

Other Information

Looking for aural from time of traffic stop call out to what the suspect vehicle you on Hwy 101

Is this information needed for court? Yes ☐ No ☒ If yes, What is your Court Date? (format: YYYY-MM-DD example: 2015-02-28)

mm/dd/yyyy

Please fill out as much information as possible. If more that one call is being requested for this incident, please identify under "Other information" the dates, phone number called from and appropriate time frames.

8 MJ 4

Enter Code Above (Note: Code is Case Sensitive)

8mj4

SEND

KITSAP911

SEARCH

911 Carver St, Bremerton, WA 98312

Search

Business: (360) 307-5800

How to Contact 911 in Kitsap County

If you are reporting an emergency or need a police, fire, or emergency medical response and you are calling from within Kitsap County, please call **911**.

If you need to reach the dispatch floor and you are not reporting an emergency and do not need a police, fire, or emergency medical response, you can call **(360) 308-5400**.

Most of the time, even if there is a telephone service disruption, you should be able to use a different type of phone to reach us by dialing 911. For example if you have a CenturyLink landline phone that is not working, you may be able to call 911 with your cell phone. You should also be able to text 911.

If there is a service interruption and you are not able to reach 911 or if you are outside of Kitsap County but reporting an emergency in our area the best number to call is **(360) 307-5844**

You may send a comment to Kitsap 911 via email below. You cannot report a crime or request a response via email. If you are reporting an emergency or need a police, fire, or emergency medical response please call one of the numbers listed above. This email account is not monitored 24/7.

info@kitsap911.org

