




# Port Orchard Police Department Pursuit Review Report

Information					
Incident #	Date	Time	Shift	Initiating Officer Name	Assisting Officers
20-2000	10/06/20	0343	GRAVE	Wofford # 715	KCSO/WSP
Subject Information					
Age	Sex	Race	Suspect information known to Officer at time of pursuit?		
25	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	W	<input checked="" type="checkbox"/> Officer Safety <input checked="" type="checkbox"/> Wanted (PC) <input type="checkbox"/> Warrants <input checked="" type="checkbox"/> Under the influence <input checked="" type="checkbox"/> Other: Explain <u>POSSIBLY PICKED UP BY ASSAULT 2<sup>nd</sup>-DV SUSPECT</u>		
Pursuit Information					
Type:	Conditions during pursuit:		Pursuit Units:		Agency Assisted: <u>POPD</u>
<input type="checkbox"/> Attempt to Elude <input type="checkbox"/> Pursuit  On Duty Supervisor # <u>715</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 type="checkbox"/> None		<input checked="" type="checkbox"/> Marked patrol units <input checked="" type="checkbox"/> Un-marked units: Explain <u>KCSO SGT. BASS #19</u> <u>BEHIND ME - TRYING TO</u> <u>GET A MARKED UNIT TO</u> <u>TAKE OVER FOR ME.</u>		Type of assist? <input type="checkbox"/> I tried to <input type="checkbox"/> Pursuit <input checked="" 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 type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Stolen Vehicle <input type="checkbox"/> Other (describe) _____	<u>90 MPH</u> Approx. distance <u>2 MILES</u>	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: <u>N/A</u>		
Pursuit Conclusion					
Conclusion of Pursuit:	Damage to suspect vehicle?	Damage to police vehicle?	Type of Pursuit Intervention		
<input checked="" type="checkbox"/> Voluntarily stopped <input type="checkbox"/> Officer terminated <input type="checkbox"/> Supervisor terminated <input type="checkbox"/> Vehicle accident <input checked="" type="checkbox"/> Pursuit Intervention: See type <input checked="" type="checkbox"/> Other: Explain <u>ROLLING SLOWDOWN</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (mark damaged area)  Suspect vehicle impounded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>UNKNOWN</u>	<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 checked="" type="checkbox"/> Other: Explain <u>ROLLING SLOWDOWN</u>		
Other Agencies Involved	3 <sup>rd</sup> Party Damage?	Collision Report attached?	Authorized by:		
KCSO/WSP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/A</u>	<u>715 (ME)</u>		
Supervisors Action/Review					
Sergeant	<input type="checkbox"/> Respond to scene <input checked="" type="checkbox"/> Request CenCom Tapes	Date	Signature	Comments	
		10/15/20		709 IR # 20-070	