



# HENDERSON POLICE DEPARTMENT

## PURSUIT REPORT

Revised: 5/4/11

*\*This report is to be completed by the officer involved in the "PURSUIT" before the end of the duty day.\**

OFFICER INFORMATION									
AGENCY CASE NUMBER	DATE	TIME	INITIATING OFFICER NAME / ID			SECONDARY OFFICER NAME / ID			
STARTING POINT OF PURSUIT			ENDING POINT OF PURSUIT			ON-DUTY COMMANDER			
ORIGINAL CAUSE FOR PURSUIT <input type="checkbox"/> TRAFFIC <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY			DISTANCE TRAVELED		WEATHER CONDITIONS		LIGHT CONDITIONS		
TRAFFIC CONDITIONS		MAXIMUM SPEED OF PURSUIT		PIT MANEUVER USED <input type="checkbox"/> YES <input type="checkbox"/> NO		PIT AUTHORIZED BY		DID PIT MANEUVER END PURSUIT <input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS A TIRE DEFLATION DEVICE USED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS OFFICER INVOLVED IN COLLISION? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS PATROL VEHICLE TOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF TOWED, INDICATE TOWING COMPANY		LOCATION PATROL UNIT TOWED TO	
DEFENDANT INFORMATION									
DEFENDANT LAST NAME		DEFENDANT FIRST NAME		DEFENDANT MIDDLE NAME		DATE OF BIRTH		RACE	SEX
ADDRESS			CITY		STATE	ZIP CODE		SOCIAL SECURITY #	
<b>AT THE TIME OF ENCOUNTER WAS THE SUBJECT; (CHECK ALL THAT APPLY)</b>  <input type="checkbox"/> SUSPECTED UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS <input type="checkbox"/> UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS  <div style="margin-left: 200px;">           WAS A BREATH TEST ADMINISTERED?   <input type="checkbox"/> YES   <input type="checkbox"/> NO   <input type="checkbox"/> REFUSED            IF SO, INDICATE RESULTS   <input style="width: 50px; height: 20px;" type="text"/>             WAS A BLOOD TEST ADMINISTERED?   <input type="checkbox"/> YES   <input type="checkbox"/> NO   <input type="checkbox"/> REFUSED         </div> <input type="checkbox"/> MENTALLY IMPAIRED (MENTAL COMMITMENT OR OTHERWISE)									
WAS SUBJECT INVOLVED IN COLLISION? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS SUBJECT VEHICLE TOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF TOWED, INDICATE TOW COMPANY		LOCATION SUBJECT VEHICLE TOWED TO		CONDITION OF SUBJECT VEHICLE	
VEHICLE YR	VEHICLE MAKE		VEHICLE MODEL		COLOR	PLATE NO	STATE	VIN NO	
INJURIES									
<b>DID OFFICER SUSTAIN ANY INJURY AS A RESULT OF THE PURSUIT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, EXPLAIN BELOW</b>									
<b>DID OFFICER REQUIRE MEDICAL ATTENTION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, EXPLAIN BELOW (EMS, HOSPITAL, BASIC FIRST AID)</b>									
<b>DID SUBJECT SUSTAIN ANY INJURY AS A RESULT OF THE PURSUIT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, EXPLAIN BELOW</b>									
<b>DID SUBJECT REQUIRE MEDICAL ATTENTION?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, EXPLAIN BELOW (EMS, HOSPITAL, BASIC FIRST AID)</b>									
<b>DID ANY OTHER SUBJECT SUSTAIN INJURIES AS A DIRECT/INDIRECT RESULT OF THE PURSUIT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, EXPLAIN BELOW</b>									
CHARGES									
<b>WAS OPERATOR APPREHENDED AND CHARGED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, LIST CHARGES. IF NO, EXPLAIN BELOW</b>									

# TERMINATION

## REASON FOR TERMINATION

- |  |   |
|--|---|
| <input type="checkbox"/> PURSUED VOLUNTARILY STOPPED / SURRENDERED       | <input type="checkbox"/> PURSUED STOPPED AS A RESULT OF A COLLISION |
| <input type="checkbox"/> PURSUED ESCAPED IN VEHICLE                      | <input type="checkbox"/> OFFICER VEHICLE INVOLVED IN COLLISION      |
| <input type="checkbox"/> OFFICER DECISION TO TERMINATE                   | <input type="checkbox"/> SUPERVISOR DECISION TO TERMINATE           |
| <input type="checkbox"/> PURSUED FORCED TO STOP / VEHICLE DISABLED (PIT) | <input type="checkbox"/> OTHER:                                     |
| <input type="checkbox"/> PURSUED VOLUNTARILY STOPPED                     |   |
| <input type="checkbox"/> APPREHENDED <input type="checkbox"/> ESCAPED    |   |

## USE OF FORCE

- AT TIME OF APPREHENSION WAS USE OF FORCE APPLIED  YES  NO  
IF SO, WAS A "USE OF FORCE" REPORT COMPLETED  YES  NO

## SYNOPSIS:

OFFICER NAME / ID

OFFICER SIGNATURE

SUPERVISOR SIGNATURE

**SECTION COMMANDER REVIEW**

CHECK ONE OF THE FOLLOWING

I CONCUR WITH THE OFFICER'S ACTIONS AS DETAILED IN THIS "PURSUIT" REPORT AND THE FACTS CONTAINED HEREIN. THE OFFICER INVOLVED FOLLOWED THE HENDERSON POLICE DEPARTMENT GENERAL ORDER 200-8 "USE OF DEFENSIVE ACTIONS".

I DO NOT CONCUR WITH THE OFFICER'S ACTIONS AS DETAILED IN THIS "PURSUIT" REPORT AND THE FACTS CONTAINED HEREIN. AS A RESULT I HAVE SUBMITTED A LETTER ATTACHED TO THIS FORM WITH MY CONCERNS AND RECOMMENDATIONS TO THE APPROPRIATE AND AFFECTED COMMANDER FOR HIS REVIEW AND EVALUATION.

COMMENTS:

REVIEWING COMMANDER NAME / ID

DATE AND TIME REVIEWED

REVIEWING COMMANDER SIGNATURE

**DIVISION COMMANDER REVIEW**

REVIEWING DIVISION COMMANDER NAME

REVIEWING DIVISION COMMANDER SIGNATURE

**CHIEF OF POLICE REVIEW**

CHIEF OF POLICE SIGNATURE

**SECTION COMMANDER INSTRUCTIONS:**

After review, all completed forms and reports shall be forwarded to the Division Commander the next business day. This form is designed to be completed and electronically signed and forwarded by email to the appropriate division personnel.