



RUSSELLVILLE POLICE DEPARTMENT

PURSUIT REPORT

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 / ID	SECONDARY OFFICER / ID	
STARTING POINT OF PURSUIT		ENDING POINT OF PURSUIT		ON-DUTY SUPERVISOR	
ORIGINAL CAUSE FOR PURSUIT <input type="radio"/> TRAFFIC <input type="radio"/> MISDEMEANOR <input type="radio"/> FELONY		DISTANCE TRAVELED	WEATHER CONDITIONS		LIGHT CONDITIONS
TRAFFIC CONDITIONS		MAX SPEED	PROPERTY DAMAGE INVOLVED <input type="radio"/> YES <input type="radio"/> NO	ASSISTING AGENCIES	ASSISTING AGENCIES
TIRE DEFLATION DEVICE USED <input type="radio"/> YES <input type="radio"/> NO	WAS OFFICER INVOLVED IN CRASH <input type="radio"/> YES <input type="radio"/> NO	WAS CRUISER TOWED <input type="radio"/> YES <input type="radio"/> NO	IF TOWED, INDICATE COMPANY	LOCATION TOWED TO	

DEFENDANT INFORMATION					
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	RACE	SEX
ADDRESS		CITY	STATE	ZIP CODE	SOCIAL SECURITY NUMBER

AT THE TIME OF ENCOUNTER WAS THE SUBJECT; (CHECK ALL THAT APPLY)

SUSPECTED UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS
 UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS

WAS A PORTABLE BREATH TEST ADMINISTERED? YES NO REF.
 IF SO, INDICATE RESULTS _____

WAS A BREATH TEST ADMINISTERED? YES NO REF.
 IF SO, INDICATE RESULTS _____

WAS A BLOOD TEST ADMINISTERED? YES NO REF.

MENTALLY IMPAIRED (MENTAL COMMITMENT OR OTHERWISE – (MENTAL COMMITMENT OR OTHERWISE EXPLAIN IN NARRATIVE)

SUBJECT INVOLVED IN CRASH? <input type="radio"/> YES <input type="radio"/> NO	WAS SUBJECT VEHICLE TOWED? <input type="radio"/> YES <input type="radio"/> NO	IF TOWED, INDICATE COMPANY	LOCATION TOWED TO	CONDITION OF VEHICLE
VEHICLE YR.	MAKE/MODEL	COLOR	PLATE NO. / STATE	VIN. NO

INJURIES	
DID OFFICER SUSTAIN ANY INJURY AS A RESULT OF THE PURSUIT? <input type="radio"/> YES <input type="radio"/> NO	IF YES, EXPLAIN BELOW
DID OFFICER REQUIRE MEDICAL ATTENTION? <input type="radio"/> YES <input type="radio"/> NO	IF YES, EXPLAIN BELOW (EMS, HOSPITAL, BASIC FIRST AID, ETC.)
DID SUBJECT SUSTAIN ANY INJURY AS A RESULT OF THE PURSUIT? <input type="radio"/> YES <input type="radio"/> NO	IF YES, EXPLAIN BELOW
DID SUBJECT REQUIRE MEDICAL ATTENTION? <input type="radio"/> YES <input type="radio"/> NO	IF YES, EXPLAIN BELOW (EMS, HOSPITAL, BASIC FIRST AID, ETC.)
DID ANY OTHER SUBJECT SUSTAIN INJURIES AS A DIRECT/INDIRECT RESULT OF THE PURSUIT? <input type="radio"/> YES <input type="radio"/> NO IF YES, EXPLAIN BELOW	

CHARGES			
WAS OPERATOR APPREHENDED AND CHARGED? YES NO IF YES, LIST CHARGES BELOW.			
CHARGE 1	CHARGE 2	CHARGE 3	CHARGE 4
CHARGE 5	CHARGE 6	CHARGE 7	CHARGE 8

TERMINATION OF PURSUIT

REASON FOR TERMINATION

- PURSUED VOLUNTARILY STOPPED/SURRENDERED
- PURSUED ESCAPED IN VEHICLE
- OFFICER DECISION TO TERMINATE
- PURSUED FORCED TO STOP / VEHICLE DISABLED
- PURSUED JUMPED AND FLED ON FOOT
 - APPREHENDED
 - ESCAPED

- PURSUED STOPPED AS A RESULT OF A CRASH
- OFFICER VEHICLE INVOLVED IN CRASH
- SUPERVISOR DECISION TO TERMINATE
- OTHER: _____

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 IF NO, EXPLAIN: _____

SYNOPSIS: (BRIEFLY EXPLAIN THE CIRCUMSTANCES WHICH LED TO THE START OF THE PURSUIT. MORE DETAIL SHALL BE USED IN THE PROPER INCIDENT/ARREST REPORT)

OFFICER NAME/ID

OFFICER SIGNATURE

SUPERVISOR SIGNATURE

SHIFT SUPERVISOR 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 RUSSELLVILLE POLICE DEPARTMENT POLICY REGARDING VEHICLE PURSUITS.

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

SUPERVISOR NAME/ID	DATE AND TIME REVIEWED	SUPERVISOR SIGNATURE
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CAPTAIN 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 RUSSELLVILLE POLICE DEPARTMENT POLICY REGARDING VEHICLE PURSUITS.

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CAPTAIN/ID	DATE AND TIME REVIEWED	CAPTAIN SIGNATURE
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CHIEF OF POLICE 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 RUSSELLVILLE POLICE DEPARTMENT POLICY REGARDING VEHICLE PURSUITS.

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CHIEF OF POLICE NAME/ID	DATE AND TIME REVIEWED	CHIEF OF POLICE SIGNATURE
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