

BOARDMAN POLICE DEPARTMENT

Report of Motor Vehicle Pursuit

Date of Pursuit	Time Started	Time Ended	Duration	Report No.
Location Pursuit Started		Location Pursuit Ended		Approx. Distance Traveled
Route Traveled by Pursuit				
Reason for Initiating Pursuit			Charges Filed	
Traffic Conditions <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy			Weather Conditions <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Foggy <input type="checkbox"/> Snowing	
Road Conditions <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow-covered <input type="checkbox"/> Icy			Lighting Conditions <input type="checkbox"/> Daylight <input type="checkbox"/> Twilight <input type="checkbox"/> Night	
Estimated Speed Max. _____ Avg. _____		Evasive Tactics Used <input type="checkbox"/> Speed <input type="checkbox"/> Running Red Lights/Stop Signs <input type="checkbox"/> Passing Vehicles <input type="checkbox"/> Leaving Roadway <input type="checkbox"/> Driving w/o Lights <input type="checkbox"/> Wrong Way on One-Way Street <input type="checkbox"/> Other: _____		
Traffic Crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Injuries <input type="checkbox"/> Property Damage		Crash Report No. Agency:		
Intervention Techniques? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Roadblock <input type="checkbox"/> Stop Sticks <input type="checkbox"/> Boxing-in <input type="checkbox"/> Ramming <input type="checkbox"/> Other: _____		Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No Property Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Unusual Circumstances				
Result of Pursuit: <input type="checkbox"/> Apprehended <input type="checkbox"/> Car Recovered/Suspect Escaped <input type="checkbox"/> Terminated				
Primary Unit		Secondary Unit		Field Supervisor
Other Officers Involved			Other Agencies Involved	
Attachments: <input type="checkbox"/> Offense Report <input type="checkbox"/> Crash Report <input type="checkbox"/> Dispatch Log <input type="checkbox"/> Dispatch Tape <input type="checkbox"/> Photos <input type="checkbox"/> Field Supervisor's Memo <input type="checkbox"/> Primary Unit's Report/Memo <input type="checkbox"/> Secondary Unit's Report/Memo <input type="checkbox"/> Other Reports/Memos: _____				

ADMINISTRATIVE REVIEW

In Compliance With Policy?

Signature

Date

Yes No Lieutenant/Sergeant: _____

Yes No Captain: _____

Yes No Chief of Police _____