



Vehicular Pursuit Report

Columbus Division of Police



General Information

Pursuit # (Pursuit Recording Secretary Only):		Incident #:		Helicopter Unit Assisted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location Initiated:			Zone/Precinct: <input type="checkbox"/> Foreign Jurisdiction (specify):		
Starting Date/Time:			Termination Date/Time:		
Actively Managed: <input type="checkbox"/> Yes <input type="checkbox"/> No*		*If No, Reason:			
Managing Supervisor Name and Rank/IBM		Years of Service	Cruiser	Pursuing Unit <input type="checkbox"/> Yes <input type="checkbox"/> No	Immediate Supervisor of Pursuing Unit <input type="checkbox"/> Yes <input type="checkbox"/> No
# CPD Units:		# Other Agency Units:		# Total Police Units:	

Reason for Pursuit

Policy Considerations (mark all that apply)	
<input type="checkbox"/> There was reasonable, articulable suspicion: <ul style="list-style-type: none"> <input type="checkbox"/> The driver or occupant attempted, threatened, or inflicted serious physical harm to a person; or <input type="checkbox"/> The driver or occupant displayed, threatened to use, or used a deadly weapon; or <input type="checkbox"/> The driver or occupant committed, or had an active felony warrant for, an offense involving serious physical harm to a person; or <input type="checkbox"/> The vehicle contained evidence of a crime involving serious physical harm to a person. 	
<input type="checkbox"/> The driver's actions created an immediate danger to human life that was greater than the potential danger of pursuing the suspect. <input type="checkbox"/> The CPD unit(s) assisted a foreign agency (must conform to Division policy) <input type="checkbox"/> Other (explain in Incident Summary)	
<input type="checkbox"/> Traffic:	<input type="checkbox"/> OVI <input type="checkbox"/> Speeding <input type="checkbox"/> Reckless Operation of a Motor Vehicle <input type="checkbox"/> Wrong Way Driver <input type="checkbox"/> Other Traffic Violation
<input type="checkbox"/> Criminal Misdemeanor:	<input type="checkbox"/> Assault <input type="checkbox"/> Firearm Related <input type="checkbox"/> Other:
<input type="checkbox"/> Non-Violent Felony:	<input type="checkbox"/> Burglary <input type="checkbox"/> Stolen Automobile <input type="checkbox"/> White Collar <input type="checkbox"/> Narcotics <input type="checkbox"/> Other:
<input type="checkbox"/> Violent Felony:	<input type="checkbox"/> Homicide <input type="checkbox"/> Robbery <input type="checkbox"/> Violent Assault <input type="checkbox"/> Rape <input type="checkbox"/> Other:

Environment/Conditions During Pursuit

Area of Pursuit: <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Interstate <input type="checkbox"/> Residential		Vehicular Traffic: <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	
Lighting: <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk/Dawn <input type="checkbox"/> Dark <input type="checkbox"/> Lighted Roadway		Pedestrian Traffic: <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	
Road/Weather Conditions:			
Total Distance in Miles*:		Total Length in Time:	Maximum Speed:

*If it can be easily calculated

Primary Suspect Information

Name (if known):			
Apprehended: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB:	Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Multi-ethnic <input type="checkbox"/> Unknown <input type="checkbox"/> Other:			
Impairment: <input type="checkbox"/> None Suspected <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mentally Impaired <input type="checkbox"/> Medical Issue <input type="checkbox"/> Unknown			
Vehicle Type: <input type="checkbox"/> Sedan <input type="checkbox"/> SUV <input type="checkbox"/> Van <input type="checkbox"/> Pickup Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> Other:			
Charges:			

Termination Conclusion

(mark the most prevailing reason pursuit was terminated)

Reason for Termination: <input type="checkbox"/> Suspect Stopped <input type="checkbox"/> Collision—Officer <input type="checkbox"/> Collision—Suspect <input type="checkbox"/> Exited Jurisdiction <input type="checkbox"/> Officer Terminated <input type="checkbox"/> Supervisor Terminated <input type="checkbox"/> Suspect Eluded <input type="checkbox"/> Suspect Eluded on Foot <input type="checkbox"/> Vehicle Disabled <input type="checkbox"/> Stopping Tactic Used*	
*Stopping Tactic Used: <input type="checkbox"/> PIT <input type="checkbox"/> Road Spikes <input type="checkbox"/> Boxing-in <input type="checkbox"/> Stationary Roadblock <input type="checkbox"/> Swoop <input type="checkbox"/> Other:	
*Stopping Tactic Effective: <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Multiple Stopping Tactics Used: <input type="checkbox"/> Yes <input type="checkbox"/> No Specify number and type:	

Pursuing Unit Information: Unit # _____

CPD: Patrol Traffic Bureau SWAT Strategic Response Bureau Other: _____ Foreign Agency:

Cruiser #	Rank	Driver's Name/Badge #	Gender	Age	Years of Service
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Rank	Passenger's Name/Badge #	Gender	Age	Years of Service
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Police Vehicle Type: Sedan PTV SUV Motorcycle Other: _____ Marked Unit: Yes No

Emergency Equipment Activated: Overhead Beacons Siren/Horn Intermittent _____ Ride-Along Present: Yes No

CVS Used: Yes No N/A Filename/Location: _____
 Policy Violations Observed: Yes No
 Describe Violations (reference recording time): _____

BWC Used: Yes No N/A Filename/Location: _____
 Audio Interview: Yes No N/A Filename/Location: _____
 Policy Violations Observed: Yes No
 Describe Violations (reference recording time): _____

Witness Information

Witnesses Interviewed: Yes* No N/A
 *Complete Witness Continuation Page(s)
 Additional Comments: _____

Traffic Crashes, Injuries/Fatalities, and Property Damage

Category	Traffic Crash	Number of Injuries	Property Damage
CPD	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Minor _____ Serious _____ Fatal _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	*# Units _____ <input type="checkbox"/> OH-1	Description: _____	Description: _____
Other Agency	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Minor _____ Serious _____ Fatal _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	*# Units _____ <input type="checkbox"/> OH-1	Description: _____	Description: _____
Fleeing Vehicle/Suspect	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Minor _____ Serious _____ Fatal _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	*# Units _____ <input type="checkbox"/> OH-1	Description: _____	Description: _____
Third Party/Pedestrian	<input type="checkbox"/> Yes* <input type="checkbox"/> No	Minor _____ Serious _____ Fatal _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	*# Units _____ <input type="checkbox"/> OH-1	Description: _____	Description: _____

Estimated/Approximate Property Damage Amount _____ Total Number of Traffic Crashes Occurred During Pursuit _____

Additional Information

Photos: Yes No # _____ File Location: _____

Related Forms/Reports	Yes	No	Incident Report #	File Location
U-10.100 Arrest Information	<input type="checkbox"/>	<input type="checkbox"/>		
U-10.194 Stopping Tactic Report	<input type="checkbox"/>	<input type="checkbox"/>		
OH-1 Traffic Crash Report	<input type="checkbox"/>	<input type="checkbox"/>		
Incident Report(s)	<input type="checkbox"/>	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	<input type="checkbox"/>		

Investigative Summary

Form Completed By:

Rank/Name

IBM

Assignment

Date Completed

Signature:

Investigative Summary Continuation

Form Completed By:

Rank/Name

IBM

Assignment

Date Completed

Signature:

Pursuing Unit Continuation
Pursuing Unit Information: Unit # _____

CPD: <input type="checkbox"/> Patrol <input type="checkbox"/> Traffic Bureau <input type="checkbox"/> SWAT <input type="checkbox"/> Strategic Response Bureau <input type="checkbox"/> Other:					<input type="checkbox"/> Foreign Agency:	
Cruiser #	Rank	Driver's Name/Badge #	Gender	Age	Years of Service	
Rank		Passenger's Name/Badge #	Gender	Age	Years of Service	
Police Vehicle Type: <input type="checkbox"/> Sedan <input type="checkbox"/> PTV <input type="checkbox"/> SUV <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other:					Marked Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Equipment Activated: <input type="checkbox"/> Overhead Beacons <input type="checkbox"/> Siren/Horn <input type="checkbox"/> Intermittent				Ride-Along Present: <input type="checkbox"/> Yes <input type="checkbox"/> No		
CVS Used: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Filename/Location:				
Policy Violations Observed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe Violations (reference recording time):				

Pursuing Unit Information: Unit # _____

CPD: <input type="checkbox"/> Patrol <input type="checkbox"/> Traffic Bureau <input type="checkbox"/> SWAT <input type="checkbox"/> Strategic Response Bureau <input type="checkbox"/> Other:					<input type="checkbox"/> Foreign Agency:	
Cruiser #	Rank	Driver's Name/Badge #	Gender	Age	Years of Service	
Rank		Passenger's Name/Badge #	Gender	Age	Years of Service	
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CVS Used: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Filename/Location:				
Policy Violations Observed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe Violations (reference recording time):				

Pursuing Unit Information: Unit # _____

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Cruiser #	Rank	Driver's Name/Badge #	Gender	Age	Years of Service	
Rank		Passenger's Name/Badge #	Gender	Age	Years of Service	
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Emergency Equipment Activated: <input type="checkbox"/> Overhead Beacons <input type="checkbox"/> Siren/Horn <input type="checkbox"/> Intermittent				Ride-Along Present: <input type="checkbox"/> Yes <input type="checkbox"/> No		
CVS Used: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Filename/Location:				
Policy Violations Observed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Describe Violations (reference recording time):				

Form Completed By:	Rank/Name	IBM	Assignment	Date Completed
Signature:				

Witness Continuation

Witness Information: Witness # _____

Name:	DOB:
Address:	Phone:
Interview Summary:	

Witness Information: Witness # _____

Name:	DOB:
Address:	Phone:
Interview Summary:	

Witness Information: Witness # _____

Name:	DOB:
Address:	Phone:
Interview Summary:	

Witness Information: Witness # _____

Name:	DOB:
Address:	Phone:
Interview Summary:	

Witness Information: Witness # _____

Name:	DOB:
Address:	Phone:
Interview Summary:	

Form Completed By:	Rank/Name	IBM	Assignment	Date Completed
Signature:				