



Stopping Tactic Report

Columbus Division of Police



Complete one form for each unit involved with the stopping tactic

Primary Unit Additional Unit

Date of Incident:	Time:	Incident #:
Location:	<input type="checkbox"/> Foreign Jurisdiction:	Zone/Precinct:
Authorizing Supervisor: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Available <input type="checkbox"/> Insufficient Time to Notify	Rank/Name	Assignment/Call #
IBM		
Total # of CPD Units Involved with this Stopping Tactic:		
<input type="checkbox"/> Tactic Was Used in Response to a Division-Involved Pursuit <input type="checkbox"/> Used With No Pursuit Involved <input type="checkbox"/> Used With Intention of Preventing a Pursuit		
<input type="checkbox"/> Assisted Other Agency <input type="checkbox"/> Agency Requested Assistance List Other Agency:		

Section A. Risk Caused By Suspect Vehicle (mark all that apply)

<input type="checkbox"/> Reckless Operation While Fleeing/Eluding	<input type="checkbox"/> Used or Using Vehicle as a Weapon	<input type="checkbox"/> Occupant in Immediate Danger
<input type="checkbox"/> Occupant Committed or Threatened to Commit a Violent Crime	<input type="checkbox"/> Occupant Armed With a Deadly Weapon	
<input type="checkbox"/> Occupant in Need of Immediate Medical Attention	<input type="checkbox"/> Driver Mentally or Physically Impaired	<input type="checkbox"/> Driver Unable to Control Vehicle
<input type="checkbox"/> Reasonable Belief the Driver Would Flee if a Traffic Stop was Initiated		
<input type="checkbox"/> Wrong Way Driver <input type="checkbox"/> Other		

Section B. Environment/Road Conditions When Stopping Tactic Was Used (mark all that apply)

Area: <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Interstate <input type="checkbox"/> Residential	Traffic: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> None
Lighting: <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk/Dawn <input type="checkbox"/> Dark <input type="checkbox"/> Lighted Roadway	Road Conditions: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Ice <input type="checkbox"/> Snow
Roadway: <input type="checkbox"/> Pavement <input type="checkbox"/> Dirt/Gravel <input type="checkbox"/> Divided Roadway # of Lanes _____ <input type="checkbox"/> Other	
Pedestrian Traffic: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> None	

Section C. Involved Division Personnel

Cruiser #/Actual Equipment Used/Brass Tag #	Rank/Driver's Name	Badge #	Assignment
CVS Used: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Filename:	BWC Used: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Filename:
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	Officer's Speed When Tactic Used:	
Emergency Equipment Used: <input type="checkbox"/> Overhead Lights <input type="checkbox"/> Siren/Horn <input type="checkbox"/> Other			
Stopping Tactic Used: <input type="checkbox"/> Precision Immobilization Technique (PIT) <input type="checkbox"/> Road Spikes <input type="checkbox"/> Boxing-In <input type="checkbox"/> Stationary Roadblock <input type="checkbox"/> Vehicle Swoop <input type="checkbox"/> Other			
<input type="checkbox"/> Immediate Effect-Vehicle Stopped <input type="checkbox"/> Momentary Effect-Vehicle Slowed/Stopped but Able to Continue with Normal Capabilities <input type="checkbox"/> Limited Effect-Vehicle Able to Continue with Limited Capabilities <input type="checkbox"/> Attempted-Missed or Suspect Avoided Tactic			

Section D. Suspect Vehicle

Driver Name:	<input type="checkbox"/> Unknown	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB:
Address:	City:	State:	Zip:
Phone:	Suspect Apprehended: <input type="checkbox"/> Yes <input type="checkbox"/> No		
# of Additional Occupants:	# of Occupants Apprehended:	Suspect's Max. Speed:	
Suspect Vehicle: Year	Make	Model	License #/State
		<input type="checkbox"/> Sedan <input type="checkbox"/> Van <input type="checkbox"/> SUV <input type="checkbox"/> Motorcycle/ATV <input type="checkbox"/> Pickup Truck <input type="checkbox"/> Other	
Suspect 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			Suspect Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Section E. Traffic Crash

Traffic Crash Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Injuries: Minor Serious Fatal	Property Damage: <input type="checkbox"/> Yes <input type="checkbox"/> No
# of Vehicles Involved: Police Suspect Third Party	Traffic Crash Report Incident #	

Section F. Witnesses/Occupants

Name: <input type="checkbox"/> Suspect/Vehicle Occupant <input type="checkbox"/> Third Party/Witness <input type="checkbox"/> Ride-Along	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	Race:	Phone #:
Address:		City:	State:	Zip:
Name: <input type="checkbox"/> Suspect/Vehicle Occupant <input type="checkbox"/> Third Party/Witness <input type="checkbox"/> Ride-Along	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	Race:	Phone #:
Address:		City:	State:	Zip:
Name: <input type="checkbox"/> Suspect/Vehicle Occupant <input type="checkbox"/> Third Party/Witness <input type="checkbox"/> Ride-Along	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	Race:	Phone #:
Address:		City:	State:	Zip:
Name: <input type="checkbox"/> Suspect/Vehicle Occupant <input type="checkbox"/> Third Party/Witness <input type="checkbox"/> Ride-Along	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	Race:	Phone #:
Address:		City:	State:	Zip:

Section G. Officer Narrative/Summary (Provide a Brief Narrative of the Use of the Stopping Tactic, Results, and Justification)

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

Section H. Supervisor's Review (Check All That Apply)

<input type="checkbox"/> I have reviewed all relevant CVS and BWC recordings associated with this stopping tactic.
<input type="checkbox"/> The only stopping tactic used was a vehicle swoop with no property damage or injuries.
<input type="checkbox"/> The only damage was deflated tires due to the use of road spikes.
<input type="checkbox"/> The use of road spikes or a vehicle swoop was within Division policy.
<input type="checkbox"/> The use of road spikes or a vehicle swoop was not within Division policy.
<input type="checkbox"/> An investigative summary is attached.

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

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: