

VEHICLE PURSUIT- POST INCIDENT REVIEW

Appendix G

*CONFIDENTIAL DOCUMENT
ATTORNEY/CLINENT PRIVILEGED WORK PRODUCT*

Route form through Supervisor to the Undersheriff to the Sheriff.

Pursuit Date: _____ Time: _____ AM PM

Deputy initiating pursuit: _____

INCIDENT

Reason for initiating pursuit (traffic violation, reckless driving, suspected DWI, misdemeanor, felony, suspected felon, violent felony, other: _____

Explain: _____

Prior to initiating pursuit, did offender present a clear and immediate serious threat to the safety of the public or Deputy(s), or did offender commit/committing a violent felony: YES NO

Explain: _____

If pursuit continued, did Deputies continually question whether the seriousness of the crime(s) reasonably warranted continuation of the pursuit? YES NO

Explain: _____

Number of units involved in pursuit? _____ Units

SUPERVISOR

Was supervisor notified and understood justification for pursuit? YES NO

Did supervisor terminate or authorize continuation of pursuit? Terminate Continuation

If terminated, did all Deputies terminate pursuit per supervisor and SOP? YES NO

Explain: _____

CONSEQUENCES

Number of SO units damaged/wrecked as a result of pursuit: _____ Units

Number of other vehicle's damaged/wrecked as a result of pursuit: _____ Vehicle(s)

Did offender wreck during pursuit? YES NO

List other property damaged as a result of pursuit: _____

Number of Deputies injured in pursuit or during apprehension: _____ Deputy(s)

Number of citizens injured as a result of pursuit: _____ Citizen(s)

Number of offender(s) injured in pursuit or during apprehension: _____ Offender(s)

DOCUMENTATION

CAD #: _____

Case #: _____

Tape and log included in packet?	YES	NO
Report(s) included in packet?	YES	NO
Accident report(s) included, if applicable?	YES	NO
Injury report(s) included, if applicable?	YES	NO

SUPERVISORY REVIEW

Supervisor's determination (was pursuit justified, e.g., authorized & within policy?) YES NO

Supervisor's signature: _____

Date: _____

ADMINISTRATIVE REVIEW

Undersheriff Determination (was pursuit justified, e.g., authorized & within SOP?) YES NO

Undersheriff signature: _____

Date: _____

SHERIFF REVIEW/ACTION

- Sheriff Review/Action:
- Pursuit authorized & in compliance with SOP
 - Pursuit not in compliance with SOP
 - Pursuit not in compliance with Nationally recognized standards
 - SOP revision's
 - Disciplinary action

Sheriff Signature: _____

Date: _____