

## FOOT PURSUIT REPORT

CASE # \_\_\_\_\_

DATE OF PURSUIT \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PURSUIT START LOCATION \_\_\_\_\_

TIME OF PURSUIT \_\_\_\_\_

PURSUIT TERMINATION LOCATION \_\_\_\_\_

- ! **SUPERVISOR** IS TO COMPLETE THIS FORM IN DETAIL
- ! **COPY** OF COMPLETED **INCIDENT REPORT** IS TO BE ATTACHED
- ! **ORIGINAL** (W/ATTACHMENTS) WILL BE FORWARDED **TO THE CHIEF'S OFFICE**, VIA CHAIN OF COMMAND

### FOOT PURSUIT AFTER-ACTION REPORT

PRIMARY OFFICER	SECONDARY OFFICER	SUPERVISOR

### REASON FOR FOOT PURSUIT

IDENTIFY CRIMINAL ACTIVITY SUSPECTED:	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### VIDEO/AUDIO REVIEW

<input type="checkbox"/> Video Available	<input type="checkbox"/> Dispatch Tapes Available
<input type="checkbox"/> Video Reviewed by:	<input type="checkbox"/> Dispatch Tapes Reviewed By
<input type="checkbox"/> Video Preserved	<input type="checkbox"/> Dispatch Tapes Preserved

ENVIRONMENTAL FACTORS	
<b>Notification</b> <input type="checkbox"/> PA officers <input type="checkbox"/> Reverse 911 <input type="checkbox"/> Helicopter <input type="checkbox"/> Vehicle sirens	<b>Area Type</b> <input type="checkbox"/> Wooded <input type="checkbox"/> Business Zone <input type="checkbox"/> Residential <input type="checkbox"/> School Zone
<b>Weather</b> <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Ice	<b>Lighting Condition</b> <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Well-Lit <input type="checkbox"/> Night-No Lighting

ALTERNATIVES CONSIDERED	
<b>Area Containment</b>	<b>Performance:</b>
<b>Additional Officers</b>	<b>Performance:</b>
<b>Surveillance until Backup arrives</b>	<b>Performance:</b>

TERMINATION					
<input type="checkbox"/> Terminated by Primary Officer <input type="checkbox"/> Terminated by Supervisor <input type="checkbox"/> Suspect Voluntarily Stopped <input type="checkbox"/> Suspect Stopped by Force					
INJURIES					
Officer	Complaint <input type="checkbox"/>	Visible <input type="checkbox"/>	Medical Required <input type="checkbox"/>	Serious <input type="checkbox"/>	Fatal <input type="checkbox"/>
Officer 2	Complaint <input type="checkbox"/>	Visible <input type="checkbox"/>	Medical Required <input type="checkbox"/>	Serious <input type="checkbox"/>	Fatal <input type="checkbox"/>
Suspect	Complaint <input type="checkbox"/>	Visible <input type="checkbox"/>	Medical Required <input type="checkbox"/>	Serious <input type="checkbox"/>	Fatal <input type="checkbox"/>
Third Party	Complaint <input type="checkbox"/>	Visible <input type="checkbox"/>	Medical Required <input type="checkbox"/>	Serious <input type="checkbox"/>	Fatal <input type="checkbox"/>

INTER-JURISDICTIONAL
<input type="checkbox"/> Agency (s) Pursuing Into this Jurisdiction:
<input type="checkbox"/> Pursuit initiated this jurisdiction goes into others:

REVIEWED BY / SIGNATURE / COMMENTS	DATE
<b>SUPERVISOR:</b>	
<b>ON-SCENE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS	

[illegible]