

CLEVELAND DIVISION OF POLICE

VEHICLE PURSUIT REPORT

GPO 3.2.02 Attachment
Revised February 2014



Section I

Pursuit Initiated:

Date _____ Time _____ Location _____ CAD# _____ - _____

Primary Police Unit: Marked Vehicle Unmarked Vehicle

Car # _____ Radio Call # _____ Officer _____
Last Name Badge

Bureau/Unit _____ Officer _____
Last Name Badge

Secondary Police Unit: Marked Vehicle Unmarked Vehicle

Car # _____ Radio Call # _____ Officer _____
Last Name Badge

Bureau/Unit _____ Officer _____
Last Name Badge

Controlling Supervisor:

Car# _____ Bureau/Unit _____ Officer _____
Last Name Badge

Aviation Unit Requested: Yes No Officer _____

Reason Pursuit Initiated: (Choose One)
 Violent Felony OVI Other _____ Other Agency _____

Primary Weather Conditions: (Choose One) Temperature _____ °
 Clear Cloudy Rain Sleet Freezing Rain Snow (Light) Snow (Heavy) Fog

Primary Road Conditions: (Choose One)
 Dry Wet Standing Water Snow Ice Off-Road Salt

Primary Traffic Conditions: (Choose One) **Lighting Conditions: (Choose One)**
 Light Moderate Heavy Rush Hour Dusk Night Dawn Daylight

Extent of Pursuit: (Choose One) **Primary Area of Pursuit: (Choose One)**
 In District Left District Left Jurisdiction Residential Business Industrial Interstate

Did Pursuit Enter?: School Zone Private Property Park-Playground Construction Zone

Section II

Pursuit Concluded: Date _____ Time _____ Location _____

How Pursuit Ended: (Choose One)—If Accident/Intervention complete Section III

Suspect Stopped Suspect Crash Police Intervention Police Vehicle Crash Visual Contact Lost
 Bail Out (Suspect Vehicle Stopped) Bail Out (Suspect Vehicle in Motion) Other _____
 Officer Termination Supervisor Termination

Section III

Accident Information **Injury Information (Check Each Category that Applies & Number of Occupants)**

Police Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fatality _____	<input type="checkbox"/> Confinement _____	<input type="checkbox"/> T&R _____	<input type="checkbox"/> None _____
Suspect Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fatality _____	<input type="checkbox"/> Confinement _____	<input type="checkbox"/> T&R _____	<input type="checkbox"/> None _____
Other Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fatality _____	<input type="checkbox"/> Confinement _____	<input type="checkbox"/> T&R _____	<input type="checkbox"/> None _____
Other Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fatality _____	<input type="checkbox"/> Confinement _____	<input type="checkbox"/> T&R _____	<input type="checkbox"/> None _____

CAD Number #: _____

Section IV

Additional Information	RMS Report Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____
PIT Requested <input type="checkbox"/> Yes <input type="checkbox"/> No	MVA Invest Package Required <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Arrest ORC 2921.331
AIU Requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Injury Invest Required <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> UTT—MC 403.02B
SIU Requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Photographs/Video <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Detective Unit Assigned

OFFICER'S Signature: _____

Badge# _____

SUPERVISORY REVIEW

ENDORSEMENTS/COMMENTS:

Debriefing/review occurred: Yes No (If "No" explain why and explain any corrective action taken above or on additional form(s))

Officers complied with the written directives of the Division: Yes No

Controlling Supervisor Signature/Badge _____

Date _____

Other Supervisor Signature/Badge _____

Date _____

Other Supervisor Signature/Badge _____

Date _____

Commander's Signature _____

Date _____

Deputy Chief's Signature _____

Date _____