

# GREER POLICE DEPARTMENT PURSUIT REPORT

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

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

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

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

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

**OFFICER(S)** 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

## PURSUIT AFTER-ACTION REPORT

| PRIMARY OFFICER | SECONDARY OFFICER | SUPERVISOR |
|-----------------|-------------------|------------|
|                 |                   |            |

| REASON FOR PURSUIT                                                                                                                                                                  |                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VIOLENT FELONY <input type="checkbox"/> OTHER SERIOUS CRIME <input type="checkbox"/><br>IDENTIFY VIOLENT FELONY/SERIOUS CRIME<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ | RECKLESS DRIVING PRE-PURSUIT <input type="checkbox"/> DUI <input type="checkbox"/><br>DESCRIBE RECKLESS DRIVING/SUSPICION OF DUI<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |

| 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>Traffic</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy<br><input type="checkbox"/> Pedestrians <input type="checkbox"/> Road Construction                                | <b>Road Type</b> <input type="checkbox"/> Freeway <input type="checkbox"/> Divided Highway<br><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<br><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<br><input type="checkbox"/> Night-No Lighting                                                  |
| VEHICLE FACTORS                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                           |
| <b>Police Vehicle</b>                                                                                                                                                                                                            | <b>Condition:</b> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor <input type="checkbox"/> <b>Type:</b> Car <input type="checkbox"/> Truck <input type="checkbox"/> SUV <input type="checkbox"/>                                     |
| <b>Suspect Vehicle</b>                                                                                                                                                                                                           | <b>Condition:</b> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor <input type="checkbox"/> <b>Type:</b> Car <input type="checkbox"/> Truck <input type="checkbox"/> SUV <input type="checkbox"/> Motorcycle <input type="checkbox"/> |

| CONTROL TECHNIQUE USED TO TERMINATE (CHECK ALL THAT APPLY)                                                                                                                                |                             |                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------|
| <input type="checkbox"/> Lights <input type="checkbox"/> Stationary Roadblock<br><input type="checkbox"/> Siren <input type="checkbox"/> Firearms<br><input type="checkbox"/> Stop Sticks | Tactic Authorized By: _____ |                                            |
| DISTANCE/DURATION                                                                                                                                                                         |                             |                                            |
| MILES _____                                                                                                                                                                               | DURATION _____ MINUTES      | <input type="checkbox"/> LEFT JURISDICTION |

| TERMINATION                                                                                                                        |                                    |                                                             |                                           |                                  |                                |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------|-------------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Terminated by Primary Officer                                                                             |                                    | <input type="checkbox"/> Suspect Crash without Use of Force |                                           |                                  |                                |
| <input type="checkbox"/> Terminated by Supervisor                                                                                  |                                    | <input type="checkbox"/> Suspect Voluntarily Stopped        |                                           |                                  |                                |
| <input type="checkbox"/> Suspect Stopped by Force                                                                                  |                                    |                                                             |                                           |                                  |                                |
| WERE INJURIES SUSTAINED IN A COLLISION?    YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES CHECK APPROPRIATE BOXES |                                    |                                                             |                                           |                                  |                                |
| 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"/> |
| Suspect (Passenger)                                                                                                                | Complaint <input type="checkbox"/> | Visible <input type="checkbox"/>                            | Medical Required <input type="checkbox"/> | Serious <input type="checkbox"/> | Fatal <input type="checkbox"/> |
| Suspect (Passenger)                                                                                                                | 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"/> |
| Third Party (Passenger)                                                                                                            | Complaint <input type="checkbox"/> | Visible <input type="checkbox"/>                            | Medical Required <input type="checkbox"/> | Serious <input type="checkbox"/> | Fatal <input type="checkbox"/> |
| Third Party (Passenger)                                                                                                            | 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 by this jurisdiction entered: |

REVIEWED BY / SIGNATURE / COMMENTS

**SUPERVISOR:**

**DATE:**

**ON-SCENE**  **YES**     **NO**

COMMENTS

**DIVISION COMMANDER:**

**DATE:**

COMMENTS

**PROFESSIONAL STANDARDS:**

**DATE:**

COMMENTS

**CHIEF OF POLICE:**

**DATE:**

COMMENTS