

Los Angeles Police Department
VEHICLE PURSUIT REPORT

DR NO.:
(Required on all pursuits)

Page 1 of

DURATION OF PURSUIT		SPEED OF PURSUIT		USE OF FORCE	INCIDENT NO. (Attach printout)
Estimated Minutes _____ Min.	Estimated Miles _____ Miles	Estimated Officer's Highest Speed: _____ MPH	Estimated Suspect's Highest Speed: _____ MPH	Categorical <input type="checkbox"/> Yes <input type="checkbox"/> No Non-Categorical <input type="checkbox"/> Yes <input type="checkbox"/> No	

PURSUIT AVERAGE SPEED (Miles/Minutes X 60 = Average Speed) _____			Number of Traffic Collisions? _____ (If any, attach a copy of report.)		
Date and Time Pursuit Initiated: _____ : _____ : _____	Day of Week: _____	Date and Time Pursuit Terminated: _____ : _____ : _____	Total Number of people involved in collision(s): Officer(s) _____ Suspect(s) _____ 3rd Parties _____		

Vehicle Intervention Technique (VIT) Utilized: <input type="checkbox"/> Pursuit Intervention Technique (PIT) <input type="checkbox"/> Tire Deflation Device (TDD) <input type="checkbox"/> None			Air Unit Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Unit's Designation: _____	
Location Pursuit Initiated	City	RD:	Time of Arrival _____ : _____ Tracking Mode Initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location Pursuit Terminated	City	RD:		

PRIMARY UNIT	Driver (Last Name, First, M.I.)			Serial No.	Div./Detail	SECOND UNIT	Driver (Last Name, First, M.I.)			Serial No.	Div./Detail
	Passenger (Last Name, First, M.I.)			Serial No.	Div./Detail		Passenger (Last Name, First, M.I.)			Serial No.	Div./Detail
	Shop No.		Digital In-Car Video System Used? _____ Digital In-Car Video Viewed? _____				Shop No.		Digital In-Car Video System Used? _____ Digital In-Car Video Viewed? _____		
	<input type="checkbox"/> Black & White <input type="checkbox"/> Dual Purpose <input type="checkbox"/> Hybrid <input type="checkbox"/> Motor Cycle <input type="checkbox"/> Plain						<input type="checkbox"/> Black & White <input type="checkbox"/> Dual Purpose <input type="checkbox"/> Hybrid <input type="checkbox"/> Motor Cycle <input type="checkbox"/> Plain				
THIRD UNIT	Driver (Last Name, First, M.I.)			Serial No.	Div./Detail	SUPERVISOR UNIT	Driver (Last Name, First, M.I.)			Serial No.	Div./Detail
	Passenger (Last Name, First, M.I.)			Serial No.	Div./Detail		Passenger (Last Name, First, M.I.)			Serial No.	Div./Detail
	Shop No.		Digital In-Car Video System Used? _____ Digital In-Car Video Viewed? _____				Shop No.		Digital In-Car Video System Used? _____ Digital In-Car Video Viewed? _____		
	<input type="checkbox"/> Black & White <input type="checkbox"/> Dual Purpose <input type="checkbox"/> Hybrid <input type="checkbox"/> Motor Cycle <input type="checkbox"/> Plain						<input type="checkbox"/> Black & White <input type="checkbox"/> Dual Purpose <input type="checkbox"/> Hybrid <input type="checkbox"/> Motor Cycle <input type="checkbox"/> Plain				
SUSPECT'S VEHICLE			Year	Make	Model			License No.		State	

VEHICLE PURSUIT REPORT

DR NO.: _____

INJURIES

(Document in the narrative section of the Arrest Report, Investigative Report, or Employee's Report, under "Injuries/Medical Treatment")

Injuries as a result of a collision? ☐ Yes ☐ NoInjuries occurring after vehicle pursuit? ☐ Yes ☐ No

Indicate number of injuries: Police Officer(s) Suspect(s) 3rd Parties

Fatal Injury

Serious Injury

Other Visible Injury

Complaint of Injury

Indicate number of injuries: Police Officer(s) Suspect(s) 3rd Parties

Fatal Injury

Serious Injury

Other Visible Injury

Complaint of Injury

REASON FOR INITIATION

(Articulate Probable Cause/Reasonable Suspicion in narrative.)

BOOKING CHARGE

☐ Felony☐ Misdemeanor☐ Other☐ Felony☐ Misdemeanor☐ Other

Complete for box checked above:

Complete for box checked above:

Section: _____

Section: _____

Code: _____

Code: _____

ARRESTEE INFORMATION

Driver Arrested?

☐

Yes

☐

No

Passenger(s) Arrested?

☐

Yes

☐

No

How many passengers arrested?

Total No. _____

PURSUIT DISPOSITION

Choose (one) of the following actions that best describes the event terminating the pursuit:

☐

A. Pursued driver voluntarily stopped.

☐

B. Driver abandoned stopped vehicle and fled on foot.

☐

C. Driver abandoned moving vehicle and fled on foot.

☐

D. Forcible stop (except for PIT and TDD).

☐

E. Pursued or pursuing vehicle became disabled.

☐

F. Pursuit discontinued by LAPD.

☐

G. Pursuit continued by other agency.

☐

H. Pursued vehicle and pursuing vehicle collided.

☐

I. Pursued vehicle collided with non-pursuing vehicle/object.

☐

J. Pursuing vehicle collided with non-pursuing vehicle/object.

☐

K. Pursued vehicle escaped pursuing vehicles.

☐

L. Tire Deflation Device.

☐

M. PIT Maneuver.

☐

N. Other: (Explain) _____

All related Reports & Booking/DR No(s). (list and attach)

Booking Number(s) _____

Employee's Report - 15.07.00 _____

Incident Number(s) Related _____

Property Report(s) _____

Traffic Collision(s) _____

UOF Case Number(s) _____

Vehicle Report(s) _____

Investigative Report(s) _____

Supervisor Comments: _____

PITTDD

Number of VITs executed _____

Did a VIT stop the pursuit? _____

Number of Officers Injured (ABC) resulting from VITs _____

Number of Suspect(s) Injured (ABC) resulting from VITs _____

Number of 3rd Parties Injured (ABC) resulting from VITs _____

Number of Officer(s) deaths (K) resulting from VITs _____

Number of Suspect(s) deaths (K) resulting from VITs _____

Number of 3rd Party deaths (K) resulting from VITs _____

Number of Traffic Collisions resulting from VITs _____

Synopsis of property damage as a result of VITs (use additional paper, if needed) _____

Number of photos _____

Was additional Divisional Training or Directed Training recommended as the result of VITs? _____

PURSUIT DEBRIEF

Name of Supervisor conducting debrief: _____

Serial No.: _____ Date Completed: _____

(If debrief not completed or completed on differing dates, explain in narrative.)

Supvr Controlling/
Monitoring Pursuit

Serial No. Date

Supervisor
Completing Report

Serial No. Date

Watch Cmdr/
OIC Reviewing

Serial No. Date

Signature _____

Signature _____

Signature _____

PRIMARY UNIT IN PURSUIT

Driver (Last Name, First)		Serial No.	Div./Detail	Shop No.	
Passenger (Last Name, First)		Serial No.	Div./Detail	<input type="checkbox"/> Black & White	<input type="checkbox"/> Dual Purpose
				<input type="checkbox"/> Hybrid	<input type="checkbox"/> Motorcycle
				<input type="checkbox"/> Plain	

PRIMARY UNIT - DRIVER

RECOMMENDED CLASSIFICATION:

Pursuit Initiation

☐ In Policy - (Select One)
☐ No Further Action
☐ Training
☐ Administrative Disapproval - Out of Policy (Select One)
☐ Formal Training
☐ Notice to Correct Deficiencies
☐ Personnel Complaint

Involvement/ Pursuit Tactics

☐ Administrative Approval - (Select One)
☐ No Further Action
☐ Training
☐ Administrative Disapproval - (Select One)
☐ Formal Training
☐ Notice to Correct Deficiencies
☐ Personnel Complaint

Area/Division Commanding Officer (Name/Signature)

Serial No.

Date

RECOMMENDED CLASSIFICATION:

Pursuit Initiation

☐ I concur with Area/Div Recommendations.
☐ I disagree with Area/Div Recommendations. (See attached 15.02.00.)

Involvement/ Pursuit Tactics

☐ I concur with Area/Div Recommendations.
☐ I disagree with Area/Div Recommendations. (See attached 15.02.00.)

Bureau/Group Commanding Officer (Name/Signature)

Serial No.

Date

FINAL CLASSIFICATION:

Pursuit Initiation

☐ I concur with Bureau/Group Recommendations.
☐ I disagree with Bureau/Group Recommendations. (See attached 15.02.00.)

Involvement/ Pursuit Tactics

☐ I concur with Bureau/Group Recommendations.
☐ I disagree with Bureau/Group Recommendations. (See attached 15.02.00.)

DTC or designee staff officer (Name/Signature)

Serial No.

Date

PRIMARY UNIT - PASSENGER

RECOMMENDED CLASSIFICATION:

Pursuit Initiation

☐ In Policy - (Select One)
☐ No Further Action
☐ Training
☐ Administrative Disapproval - Out of Policy (Select One)
☐ Formal Training
☐ Notice to Correct Deficiencies
☐ Personnel Complaint

Involvement/ Pursuit Tactics

☐ Administrative Approval - (Select One)
☐ No Further Action
☐ Training
☐ Administrative Disapproval - (Select One)
☐ Formal Training
☐ Notice to Correct Deficiencies
☐ Personnel Complaint

Area/Division Commanding Officer (Name/Signature)

Serial No.

Date

RECOMMENDED CLASSIFICATION:

Pursuit Initiation

☐ I concur with Area/Div Recommendations.
☐ I disagree with Area/Div Recommendations. (See attached 15.02.00.)

Involvement/ Pursuit Tactics

☐ I concur with Area/Div Recommendations.
☐ I disagree with Area/Div Recommendations. (See attached 15.02.00.)

Bureau/Group Commanding Officer (Name/Signature)

Serial No.

Date

FINAL CLASSIFICATION:

Pursuit Initiation

☐ I concur with Bureau/Group Recommendations.
☐ I disagree with Bureau/Group Recommendations. (See attached 15.02.00.)

Involvement/ Pursuit Tactics

☐ I concur with Bureau/Group Recommendations.
☐ I disagree with Bureau/Group Recommendations. (See attached 15.02.00.)

DTC or designee staff officer (Name/Signature)

Serial No.

Date

SECONDARY UNIT IN PURSUIT

Driver (Last Name, First)	Serial No.	Div./Detail	Shop No.	
Passenger (Last Name, First)	Serial No.	Div./Detail	<input type="checkbox"/> Black & White <input type="checkbox"/> Dual Purpose <input type="checkbox"/> Hybrid <input type="checkbox"/> Motorcycle <input type="checkbox"/> Plain	

SECOND UNIT - DRIVER	RECOMMENDED CLASSIFICATION:			
	Pursuit Initiation <input type="checkbox"/> In Policy - (Select One) <input type="checkbox"/> No Further Action <input type="checkbox"/> Training <input type="checkbox"/> Administrative Disapproval - Out of Policy (Select One) <input type="checkbox"/> Formal Training <input type="checkbox"/> Notice to Correct Deficiencies <input type="checkbox"/> Personnel Complaint		Involvement/ Pursuit Tactics <input type="checkbox"/> Administrative Approval - (Select One) <input type="checkbox"/> No Further Action <input type="checkbox"/> Training <input type="checkbox"/> Admin Dissapproval - (Select One) <input type="checkbox"/> Formal Training <input type="checkbox"/> Notice to Correct Deficiencies <input type="checkbox"/> Personnel Complaint	
	Area/Division Commanding Officer (Name/Signature)		Serial No.	Date
	RECOMMENDED CLASSIFICATION:			
	Pursuit Initiation <input type="checkbox"/> I concur with Area/Div Recommendations. <input type="checkbox"/> I disagree with Area/Div Recommendations. (See attached 15.02.00.)		Involvement/ Pursuit Tactics <input type="checkbox"/> I concur with Area/Div Recommendations. <input type="checkbox"/> I disagree with Area/Div Recommendations. (See attached 15.02.00.)	
Bureau/Group Commanding Officer (Name/Signature)		Serial No.	Date	
FINAL CLASSIFICATION:				
Pursuit Initiation <input type="checkbox"/> I concur with Bureau/Group Recommendations. <input type="checkbox"/> I disagree with Bureau/Group Recommendations. (See attached 15.02.00.)		Involvement/ Pursuit Tactics <input type="checkbox"/> I concur with Bureau/Group Recommendations. <input type="checkbox"/> I disagree with Bureau/Group Recommendations. (See attached 15.02.00.)		
DTC or designee staff officer (Name/Signature)		Serial No.	Date	

SECOND UNIT - PASSENGER	RECOMMENDED CLASSIFICATION:			
	Pursuit Initiation <input type="checkbox"/> In Policy - (Select One) <input type="checkbox"/> No Further Action <input type="checkbox"/> Training <input type="checkbox"/> Administrative Disapproval - Out of Policy (Select One) <input type="checkbox"/> Formal Training <input type="checkbox"/> Notice to Correct Deficiencies <input type="checkbox"/> Personnel Complaint		Involvement/ Pursuit Tactics <input type="checkbox"/> Administrative Approval - (Select One) <input type="checkbox"/> No Further Action <input type="checkbox"/> Training <input type="checkbox"/> Admin Dissapproval - (Select One) <input type="checkbox"/> Formal Training <input type="checkbox"/> Notice to Correct Deficiencies <input type="checkbox"/> Personnel Complaint	
	Area/Division Commanding Officer (Name/Signature)		Serial No.	Date
	RECOMMENDED CLASSIFICATION:			
	Pursuit Initiation <input type="checkbox"/> I concur with Area/Div Recommendations. <input type="checkbox"/> I disagree with Area/Div Recommendations. (See attached 15.02.00.)		Involvement/ Pursuit Tactics <input type="checkbox"/> I concur with Area/Div Recommendations. <input type="checkbox"/> I disagree with Area/Div Recommendations. (See attached 15.02.00.)	
Bureau/Group Commanding Officer (Name/Signature)		Serial No.	Date	
FINAL CLASSIFICATION:				
Pursuit Initiation <input type="checkbox"/> I concur with Bureau/Group Recommendations. <input type="checkbox"/> I disagree with Bureau/Group Recommendations. (See attached 15.02.00.)		Involvement/ Pursuit Tactics <input type="checkbox"/> I concur with Bureau/Group Recommendations. <input type="checkbox"/> I disagree with Bureau/Group Recommendations. (See attached 15.02.00.)		
DTC or designee staff officer (Name/Signature)		Serial No.	Date	

THIRD UNIT IN PURSUIT

Driver (Last Name, First)	Serial No.	Div./Detail	Shop No.	
Passenger (Last Name, First)	Serial No.	Div./Detail	<input type="checkbox"/> Black & White <input type="checkbox"/> Dual Purpose <input type="checkbox"/> Hybrid <input type="checkbox"/> Motorcycle <input type="checkbox"/> Plain	

THIRD UNIT - DRIVER

RECOMMENDED CLASSIFICATION:			
Pursuit Initiation <input type="checkbox"/> In Policy - (Select One) <input type="checkbox"/> No Further Action <input type="checkbox"/> Training <input type="checkbox"/> Administrative Disapproval - Out of Policy (Select One) <input type="checkbox"/> Formal Training <input type="checkbox"/> Notice to Correct Deficiencies <input type="checkbox"/> Personnel Complaint	Involvement/ Pursuit Tactics <input type="checkbox"/> Administrative Approval - (Select One) <input type="checkbox"/> No Further Action <input type="checkbox"/> Training <input type="checkbox"/> Administrative Disapproval - (Select One) <input type="checkbox"/> Formal Training <input type="checkbox"/> Notice to Correct Deficiencies <input type="checkbox"/> Personnel Complaint		
Area/Division Commanding Officer (Name/Signature)		Serial No.	Date

RECOMMENDED CLASSIFICATION:			
Pursuit Initiation <input type="checkbox"/> I concur with Area/Div Recommendations. <input type="checkbox"/> I disagree with Area/Div Recommendations. (See attached 15.02.00.)	Involvement/ Pursuit Tactics <input type="checkbox"/> I concur with Area/Div Recommendations. <input type="checkbox"/> I disagree with Area/Div Recommendations. (See attached 15.02.00.)		
Bureau/Group Commanding Officer (Name/Signature)		Serial No.	Date

FINAL CLASSIFICATION:			
Pursuit Initiation <input type="checkbox"/> I concur with Bureau/Group Recommendations. <input type="checkbox"/> I disagree with Bureau/Group Recommendations. (See attached 15.02.00.)	Involvement/ Pursuit Tactics <input type="checkbox"/> I concur with Bureau/Group Recommendations. <input type="checkbox"/> I disagree with Bureau/Group Recommendations. (See attached 15.02.00.)		
DTC or designee staff officer (Name/Signature)		Serial No.	Date

THIRD UNIT - PASSENGER

RECOMMENDED CLASSIFICATION:			
Pursuit Initiation <input type="checkbox"/> In Policy - (Select One) <input type="checkbox"/> No Further Action <input type="checkbox"/> Training <input type="checkbox"/> Administrative Disapproval - Out of Policy (Select One) <input type="checkbox"/> Formal Training <input type="checkbox"/> Notice to Correct Deficiencies <input type="checkbox"/> Personnel Complaint	Involvement/ Pursuit Tactics <input type="checkbox"/> Administrative Approval - (Select One) <input type="checkbox"/> No Further Action <input type="checkbox"/> Training <input type="checkbox"/> Administrative Disapproval - (Select One) <input type="checkbox"/> Formal Training <input type="checkbox"/> Notice to Correct Deficiencies <input type="checkbox"/> Personnel Complaint		
Area/Division Commanding Officer (Name/Signature)		Serial No.	Date

RECOMMENDED CLASSIFICATION:			
Pursuit Initiation <input type="checkbox"/> I concur with Area/Div Recommendations. <input type="checkbox"/> I disagree with Area/Div Recommendations. (See attached 15.02.00.)	Involvement/ Pursuit Tactics <input type="checkbox"/> I concur with Area/Div Recommendations. <input type="checkbox"/> I disagree with Area/Div Recommendations. (See attached 15.02.00.)		
Bureau/Group Commanding Officer (Name/Signature)		Serial No.	Date

FINAL CLASSIFICATION:			
Pursuit Initiation <input type="checkbox"/> I concur with Bureau/Group Recommendations. <input type="checkbox"/> I disagree with Bureau/Group Recommendations. (See attached 15.02.00.)	Involvement/ Pursuit Tactics <input type="checkbox"/> I concur with Bureau/Group Recommendations. <input type="checkbox"/> I disagree with Bureau/Group Recommendations. (See attached 15.02.00.)		
DTC or designee staff officer (Name/Signature)		Serial No.	Date

ADDITIONAL UNIT IN PURSUIT

Driver (Last Name, First)	Serial No.	Div./Detail	Shop No.	
Passenger (Last Name, First)	Serial No.	Div./Detail	<input type="checkbox"/> Black & White <input type="checkbox"/> Dual Purpose <input type="checkbox"/> Hybrid <input type="checkbox"/> Motorcycle <input type="checkbox"/> Plain	

ADDITIONAL UNIT # - DRIVER	RECOMMENDED CLASSIFICATION:			
	Pursuit Initiation <input type="checkbox"/> In Policy - (Select One) <input type="checkbox"/> No Further Action <input type="checkbox"/> Training <input type="checkbox"/> Administrative Disapproval - Out of Policy (Select One) <input type="checkbox"/> Formal Training <input type="checkbox"/> Notice to Correct Deficiencies <input type="checkbox"/> Personnel Complaint	Involvement/ Pursuit Tactics	<input type="checkbox"/> Administrative Approval - (Select One) <input type="checkbox"/> No Further Action <input type="checkbox"/> Training <input type="checkbox"/> Administrative Disapproval - (Select One) <input type="checkbox"/> Formal Training <input type="checkbox"/> Notice to Correct Deficiencies <input type="checkbox"/> Personnel Complaint	
	Area/Division Commanding Officer (Name/Signature)		Serial No.	Date
	RECOMMENDED CLASSIFICATION:			
	Pursuit Initiation <input type="checkbox"/> I concur with Area/Div Recommendations. <input type="checkbox"/> I disagree with Area/Div Recommendations. (See attached 15.02.00.)	Involvement/ Pursuit Tactics	<input type="checkbox"/> I concur with Area/Div Recommendations. <input type="checkbox"/> I disagree with Area/Div Recommendations. (See attached 15.02.00.)	
Bureau/Group Commanding Officer (Name/Signature)		Serial No.	Date	
FINAL CLASSIFICATION:				
Pursuit Initiation <input type="checkbox"/> I concur with Bureau/Group Recommendations. <input type="checkbox"/> I disagree with Bureau/Group Recommendations. (See attached 15.02.00.)	Involvement/ Pursuit Tactics	<input type="checkbox"/> I concur with Bureau/Group Recommendations. <input type="checkbox"/> I disagree with Bureau/Group Recommendations. (See attached 15.02.00.)		
DTC or designee staff officer (Name/Signature)		Serial No.	Date	

ADDITIONAL UNIT # - PASSENGER	RECOMMENDED CLASSIFICATION:			
	Pursuit Initiation <input type="checkbox"/> In Policy - (Select One) <input type="checkbox"/> No Further Action <input type="checkbox"/> Training <input type="checkbox"/> Administrative Disapproval - Out of Policy (Select One) <input type="checkbox"/> Formal Training <input type="checkbox"/> Notice to Correct Deficiencies <input type="checkbox"/> Personnel Complaint	Involvement/ Pursuit Tactics	<input type="checkbox"/> Administrative Approval - (Select One) <input type="checkbox"/> No Further Action <input type="checkbox"/> Training <input type="checkbox"/> Administrative Disapproval - (Select One) <input type="checkbox"/> Formal Training <input type="checkbox"/> Notice to Correct Deficiencies <input type="checkbox"/> Personnel Complaint	
	Area/Division Commanding Officer (Name/Signature)		Serial No.	Date
	RECOMMENDED CLASSIFICATION:			
	Pursuit Initiation <input type="checkbox"/> I concur with Area/Div Recommendations. <input type="checkbox"/> I disagree with Area/Div Recommendations. (See attached 15.02.00.)	Involvement/ Pursuit Tactics	<input type="checkbox"/> I concur with Area/Div Recommendations. <input type="checkbox"/> I disagree with Area/Div Recommendations. (See attached 15.02.00.)	
Bureau/Group Commanding Officer (Name/Signature)		Serial No.	Date	
FINAL CLASSIFICATION:				
Pursuit Initiation <input type="checkbox"/> I concur with Bureau/Group Recommendations. <input type="checkbox"/> I disagree with Bureau/Group Recommendations. (See attached 15.02.00.)	Involvement/ Pursuit Tactics	<input type="checkbox"/> I concur with Bureau/Group Recommendations. <input type="checkbox"/> I disagree with Bureau/Group Recommendations. (See attached 15.02.00.)		
DTC or designee staff officer (Name/Signature)		Serial No.	Date	

PURSUIT FINDINGS INTERNAL PROCESS RECEIPT

EMPLOYEE (LAST NAME, FIRST, MIDDLE):	SERIAL NO.:	CURRENT DIVISION:	PURSUIT CASE NO.:
	DIVISION OF OCCURENCE		DATE OF OCCURENCE:
FINAL REVIEW AND ADJUDICATION			
<input type="checkbox"/> SEE ATTACHED RATIONALE (OR PROVIDE BRIEF DESCRIPTION OF RATIONALE BELOW).			
INITIATION			
INVOLVEMENT/PURSUIT TACTICS			
COMMANDING OFFICER			
(Check all that apply)			
<input type="checkbox"/> DISCUSSED FINDINGS WITH EMPLOYEE			
PURSUIT INITIATION - ADMINISTRATIVE DISAPPROVAL - OUT OF POLICY (Select One)			
<input type="checkbox"/> NOTICE TO CORRECT		DATE SERVED	_____
<input type="checkbox"/> FORMAL TRAINING		DATES SCHEDULED/COMPLETED:	_____ / _____
<input type="checkbox"/> PERSONNEL COMPLAINT		CF#	_____
INVOLVEMENT/PURSUIT TACTICS - ADMINISTRATIVE DISAPPROVAL (Select One)			
<input type="checkbox"/> NOTICE TO CORRECT		DATE SERVED	_____
<input type="checkbox"/> FORMAL TRAINING		DATES SCHEDULED/COMPLETED:	_____ / _____
<input type="checkbox"/> PERSONNEL COMPLAINT		CF#	_____
COMMANDING OFFICER (PRINT NAME):	SIGNATURE:		DATE:
EMPLOYEE			
EMPLOYEE (PRINT NAME):	SIGNATURE: *		DATE:
PURSUIT REVIEW DIVISION			
DATE OF RECEIPT: _____			
COMMENTS:			

* A request to appeal a finding of Administrative Disapproval shall be filed within 20 calendar days after the employee was served by the employee's commanding officer. The request shall be filed on an Administrative Appeal, Form 01.84.00, with the Advocate Section, Internal Affairs Group. The original signed receipt shall be sent to Pursuit Review Division.

1 - Original, Pursuit Review Unit

01.14.03 (7/02/2019)

1 - Copy, Division

1 - Copy, Employee