



# STATE OF CONNECTICUT

DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION

Police Officer Standards and Training Council  
Connecticut Police Academy

## Pursuit Tracking Form

Department Name: \_\_\_\_\_

Primary  Secondary

1. Reason for pursuit: \_\_\_\_\_
2. Date and time of pursuit: \_\_\_\_\_
3. Primary pursuit vehicle operator: \_\_\_\_\_
4. Type of vehicle utilized in pursuit: \_\_\_\_\_
5. In car video: Yes/No
6. Body worn camera: Yes/No
7. Location pursuit initiated: \_\_\_\_\_
8. Location pursuit terminated: \_\_\_\_\_
9. Location pursuit concluded, if not terminated: \_\_\_\_\_
10. Who terminated pursuit: \_\_\_\_\_
11. Reason for pursuit termination: \_\_\_\_\_
12. Weather conditions: \_\_\_\_\_
13. Number of police vehicle(s) involved: \_\_\_\_\_
14. Was there a collision as a result of the pursuit: Yes/No
15. Injuries resulting from the pursuit: \_\_\_\_\_
16. Describe damage to vehicles involved if question #14 was answered Yes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Age of offender involved in pursuit: \_\_\_\_\_
18. Does offender have a criminal history? Yes/No
19. External video available: Yes/No
20. Was pursuit reviewed Yes/No, findings of supervisor, provide a brief narrative: \_\_\_\_\_

\_\_\_\_\_

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Please submit completed forms to: [CTpolicepursuit@newtown-ct.gov](mailto:CTpolicepursuit@newtown-ct.gov)