



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: _____

Please submit completed forms to: PursuitForms@ct.gov