

ALLIED AGENCY PURSUIT REPORT
CHP 187A (Rev. 5-16) OPI 033

SUPERVISOR'S INITIALS

VEHICLE PURSUIT NUMBER
(For your agency's use only, if applicable)

ALL MOTOR VEHICLE PURSUIT DATA SHALL BE SUBMITTED NO LATER THAN 30 DAYS AFTER PURSUIT. SEE PAGE TWO FOR DETAILED INSTRUCTIONS.

SECTION I - Mandatory for all California Law Enforcement Agencies involved in vehicle pursuit.

| | | | |
|---|---|--|--|
| 1. AGENCY NCIC | 2. AGENCY NAME <i>(Specify district, i.e., LAPD Newton)</i> | 3. DATE VEHICLE PURSUIT WAS INITIATED | 4. TIME VEHICLE PURSUIT WAS INITIATED <i>(24 hr., e.g., 1430)</i> |
| 5. PURSUED VEHICLE LICENSE PLATE NUMBER | 6. STATE | 7. VIN NUMBER <i>(Complete only if 'cold plated' or no license plate available)</i> | 8. TIME YOUR AGENCY BECAME INVOLVED IN VEHICLE PURSUIT <i>(24 hr., e.g., 1430)</i> |
| 9. CHECK THE CATEGORY THAT BEST DESCRIBES THE VEHICLE TYPE <input type="checkbox"/> Passenger Vehicle (Car, SUV, Mini-Van) <input type="checkbox"/> Passenger Vehicle (Car, SUV, Mini-Van) with Trailer <input type="checkbox"/> Motorcycle, Motor Driven Cycle, Motor Scooter <input type="checkbox"/> Pickup Truck <input type="checkbox"/> Pickup Truck with Trailer <input type="checkbox"/> Truck Tractor <input type="checkbox"/> Truck Tractor with Trailer <input type="checkbox"/> School Bus <input type="checkbox"/> Other Bus <input type="checkbox"/> Emergency Vehicle <input type="checkbox"/> Other | | | |
| 10. TOTAL TIME YOUR AGENCY WAS INVOLVED VEHICLE PURSUIT <i>(Minutes)</i> | | 11. TOTAL DISTANCE YOUR AGENCY WAS INVOLVED IN VEHICLE PURSUIT <i>(Miles)</i> | |
| 12. COUNTY WHERE YOUR AREA INVOLVEMENT BEGAN | | 13. AGENCY INITIATING VEHICLE PURSUIT | |
| 14. DID YOUR AGENCY TURN THE PURSUIT OVER? <i>(If yes, indicate agency below)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes: | | 15. DID YOUR AGENCY CONCLUDE VEHICLE PURSUIT? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(complete SECTION II)</i> | |
| 16. LIST I.D. NUMBERS OF YOUR AGENCY'S OFFICERS INVOLVED IN VEHICLE PURSUIT <i>(Do not list names)</i> | | | |
| 17. HIGHEST NUMBER OF INVOLVED UNITS AT ONE TIME IN YOUR AREA Ground: Air: | | 18. CHECK ONE CONDITION THAT BEST DESCRIBES WEATHER DURING THE PURSUIT <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Windy <input type="checkbox"/> Other <i>(Specify):</i> | |
| 19. MAXIMUM SPEEDS ATTAINED Freeway: Surface Streets: | | 20. INDICATE ATTEMPTED FORCIBLE STOP(S) AND NUMBER OF TIMES ATTEMPTED Spike Strip: PIT: Other Ramming: Boxed In: Remote Engine Disabler: Other <i>(Specify):</i> | |
| 21. INDICATE THE NUMBER OF COLLISIONS THAT OCCURRED IN YOUR AREA Fatal: Injury: Property Damage Only: | | | |
| 22. ORIGINAL VIOLATION OBSERVED BY AGENCY INITIATING THE VEHICLE PURSUIT <i>(Leave blank if your agency did not initiate pursuit)</i> Section & Code: <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Infraction <input type="checkbox"/> BOL / Warrant / Wanted <input type="checkbox"/> Other <i>(Specify):</i> | | | |

If injuries were incurred as a result of collision during your agency's involvement in the vehicle pursuit and your agency did not conclude the pursuit, complete only item 23 in Section II below.

SECTION II - Complete only if your agency brought vehicle pursuit to conclusion (includes aborting of pursuit).

| | | | | | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|----------------|----------------------|----------------|----------------------|
| 23. WERE INJURIES INCURRED AS A RESULT OF A COLLISION? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, indicate number of each type below)</i> | | | | 24. WERE INJURIES INCURRED AFTER THE VEHICLE PURSUIT? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, indicate the number of each type below)</i> | | | | | |
| Police Officer(s) | Suspect Driver | Suspect Passenger(s) | Uninvolved 3rd Party | Police Officer(s) | Suspect Driver | Self-Inflicted | Suspect Passenger(s) | Self-Inflicted | Uninvolved 3rd Party |
| Fatal Injury | | | | Fatal Injury | | | | | |
| Severe Injury | | | | Severe Injury | | | | | |
| Other Visible Injury | | | | Other Visible Injury | | | | | |
| Complaint of Injury | | | | Complaint of Injury | | | | | |
| 25. SUSPECT <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT APPREHENDED. WHICH <u>ONE</u> OF THE FOLLOWING MOST NEARLY DESCRIBES THE EVENT CONCLUDING THE VEHICLE PURSUIT? <input type="checkbox"/> Suspect vehicle voluntarily stopped <input type="checkbox"/> Pursuit aborted by law enforcement agency <input type="checkbox"/> Suspect vehicle escaped patrol vehicle <input type="checkbox"/> Forcible stop <input type="checkbox"/> Suspect vehicle and patrol vehicle collided <input type="checkbox"/> Suspect abandoned vehicle and fled on foot <input type="checkbox"/> Suspect vehicle became disabled <input type="checkbox"/> Suspect vehicle became involved in a collision <input type="checkbox"/> Other <i>(Specify):</i> <input type="checkbox"/> Patrol vehicle became disabled <input type="checkbox"/> Patrol vehicle became involved in a collision | | | | | | | | | |
| 26. VIOLATION(S) SUSPECT(S) CHARGED WITH UPON CONCLUSION OF VEHICLE PURSUIT <i>(List most serious offense first followed by additional charges)</i> | | | | | | | | | |
| Section / Code | Felony | Misdemeanor | Infraction | BOL / Warrant / Wanted | Other <i>(Specify)</i> | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 27. D.O.B. OF PERSON PURSUED | | 28. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female | | 29. DRIVING UNDER THE INFLUENCE? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(Specify):</i> <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Combination of both | | | | | |
| 30. ETHNICITY <input type="checkbox"/> White <input type="checkbox"/> Vietnamese <input type="checkbox"/> Cambodian <input type="checkbox"/> Other Asian <input type="checkbox"/> Guamanian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Not Listed <input type="checkbox"/> Black <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaskan | | | | | | | | | |

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SEND OR FAX COMPLETED FORMS TO:
CALIFORNIA HIGHWAY PATROL
Support Services Section, Data Analysis Unit
P.O. Box 942898, Sacramento, CA 94298-001
Fax: (916) 843-4228 or E-mail to:

ALL CALIFORNIA LAW ENFORCEMENT AGENCIES

Carefully read the following information regarding completion of this form.

Vehicle Pursuit Data

Vehicle Code Section 14602.1 requires that "every state and local law enforcement agency, including but not limited to, city police departments and county sheriff's offices, shall report to the Department of the California Highway Patrol, on an approved form, all vehicle pursuit data." The form CHP 187A, Allied Agency Vehicle Pursuit Report, has been developed to record this information.

Vehicle Pursuit - Definition

A vehicle pursuit is an event involving one or more law enforcement officers attempting to apprehend a suspect operating a motor vehicle while the suspect is attempting to avoid arrest by using high speed or other evasive tactics such as driving off a highway, turning suddenly, or driving in a legal manner but willfully failing to yield to the officer's signal to stop.

INSTRUCTIONS - READ CAREFULLY

SECTION I - Mandatory for all California Law Enforcement Agencies

1. **AGENCY NCIC** - Your agency's four-digit NCIC number.
2. **AGENCY NAME** - Your agency's name.
3. **DATE VEHICLE PURSUIT WAS INITIATED** - The date of the vehicle pursuit your agency was involved in. Use mm/dd/yyyy format.
4. **TIME VEHICLE PURSUIT WAS INITIATED** - The exact time the vehicle pursuit actually began. If your agency did not initiate the pursuit, contact the initiating agency to verify this information. Use 24 hour notation.
5. **PURSUED VEHICLE LICENSE PLATE NUMBER** - The vehicle license plate number on the suspect vehicle.
6. **STATE** - The state of the suspect vehicle license plate number (i.e., CA, NV).
7. **VIN NUMBER** - The vehicle identification number of the pursued vehicle. Complete this item if the vehicle was 'cold-plated' or no license plate number was available.
8. **TIME YOUR AGENCY BECAME INVOLVED IN VEHICLE PURSUIT** - If your agency initiated the pursuit, enter the time from item four. If your agency took over the pursuit from another agency, enter that time instead. Use 24 hour notation.
9. **CHECK THE CATEGORY THAT BEST DESCRIBES THE VEHICLE TYPE** - Of the listed categories, check the type that best describes the vehicle.
10. **TOTAL TIME YOUR AGENCY WAS INVOLVED IN VEHICLE PURSUIT** - The time, in minutes, that your agency was in the primary position for the pursuit.
11. **TOTAL DISTANCE YOUR AGENCY WAS INVOLVED IN VEHICLE PURSUIT** - Length, in miles, that your agency was in the primary position for the pursuit.
12. **COUNTY WHERE YOUR AREA INVOLVEMENT BEGAN** - The county your Agency was in when involved in the pursuit.
13. **AGENCY INITIATING VEHICLE PURSUIT** - Name of the Agency which initiated the pursuit.
14. **DID YOUR AGENCY TURN THE PURSUIT OVER?** - If your agency turned the vehicle pursuit over to another allied agency, indicate that agency's name and station or office.
15. **DID YOUR AGENCY CONCLUDE VEHICLE PURSUIT?** - Your agency concluded the pursuit if you did not turn it over to another agency.
16. **LIST I.D. NUMBERS OF YOUR AGENCY'S OFFICERS INVOLVED IN VEHICLE PURSUIT** - Include only officers actually involved in the vehicle pursuit.
17. **HIGHEST NUMBER OF INVOLVED UNITS AT ONE TIME IN YOUR AREA** - Enter the highest number of ground enforcement vehicles (including motorcycles and sedans) as well as air units (including helicopters and airplanes) actively involved in the vehicle pursuit at one time.
18. **CHECK ONE CONDITION THAT BEST DESCRIBES WEATHER DURING THE PURSUIT** - Check the dominant condition for the majority of the pursuit.
19. **MAXIMUM SPEEDS ATTAINED** - The highest rate of speed attained during the vehicle pursuit on a freeway and/or surface streets. If the suspect did not enter the freeway OR exit to surface streets, enter 0 in the corresponding space.
20. **INDICATE ATTEMPTED FORCIBLE STOP(S) AND NUMBER OF TIMES ATTEMPTED** - Enter the number of attempts a forcible stop was initiated to terminate the vehicle pursuit. By definition, a forcible stop is the use or presence of a physical force to end a vehicle pursuit (e.g., roadblock, ramming, boxing-in, channelization, pursuit immobilization technique [PIT]).
21. **INDICATE THE NUMBER OF COLLISIONS THAT OCCURRED IN YOUR AREA** - Enter the number of collisions for each type (Fatal, Injury, Property Damage Only). If none, enter 0.
22. **ORIGINAL VIOLATION OBSERVED BY AGENCY INITIATING THE VEHICLE PURSUIT** - Enter the single, most serious violation which led to an enforcement stop on the vehicle and the degree of the violation, i.e., 10851(a) VC and check the felony box.

SECTION II - Complete only if your agency brought vehicle pursuit to conclusion (includes aborting of pursuit).

23. **WERE INJURIES INCURRED AS A RESULT OF A COLLISION?** - If a collision occurred during your pursuit which resulted in injuries to any person, check the 'yes' box and indicate the highest degree of injury for each person injured. Suspect driver is considered the driver of the suspect vehicle. Suspect Passengers includes any passengers which were in the suspect vehicle, regardless if any charges are filed against them. Uninvolved Third Party would include any persons not in the suspect vehicle or any peace officers.
24. **WERE INJURIES INCURRED AFTER THE VEHICLE PURSUIT?** - If any injuries were incurred by peace officers, the suspected driver, passengers in the suspect vehicle, or innocent third parties as a result of any event occurring after the vehicle pursuit (e.g., foot pursuit, arrest, shooting) while your agency was concluding the pursuit, check the "yes" box and indicate the highest degree of injury for each person injured. If the injury was self-inflicted (e.g., the suspect cut their hands while climbing a chain-link fence, self-inflicted gunshot wound), indicate in the self-inflicted field for the respective injury.
25. **SUSPECT WAS / WAS NOT APPREHENDED** - Check if the suspect was or was not apprehended during the pursuit.
26. **VIOLATION(S) SUSPECT(S) CHARGED WITH UPON CONCLUSION OF VEHICLE PURSUIT** - List the five most serious charges and their degree of violation in descending order filed against the driver. Do not include 2800.1, 2800.2 or 2800.3 VC in any of these fields unless it is the only violation charged.
27. **D.O.B. OF PERSON PURSUED** - The date of birth of the driver of the suspect vehicle. Use mm/dd/yyyy format.
28. **GENDER** - Indicate whether the driver of the suspect vehicle was male or female.
29. **DRIVING UNDER THE INFLUENCE?** - Check if the driver was under the influence. If yes, indicate alcohol, drugs, or a combination of both.
30. **ETHNICITY** - Indicate the ethnicity that most clearly resembles the driver of the suspect vehicle.

Questions concerning the completion of this form should be directed to the California Highway Patrol,
Office of Risk Management, at (916) 843-3020.