



Monmouth County Police Pursuit Report

Agency: _____ Reporting Period : _____

Person Completing Report: _____

Telephone Number: _____ Date Completed: _____

| | |
|--|--------------------------|
| 1. Number of pursuits initiated | |
| 2. Number of pursuits resulting in accidents | |
| 3. Number of pursuits resulting in injury (NO DEATHS) | |
| 4. Number of pursuits resulting in death | |
| 5. Number of pursuits resulting in arrest | |
| 6. Number of vehicles in accidents | |
| a. Pursued vehicles | |
| b. Police vehicles | |
| c. Third party vehicles | |
| 7. Number of people injured | |
| a. Pursued vehicles | |
| b. Police vehicles | |
| c. Third party vehicles | |
| d. Pedestrians | |
| 8. Number of people killed | |
| a. Pursued vehicles | |
| b. Police vehicles | |
| c. Third party vehicles | |
| d. Pedestrians | |
| 9. Number of people arrested | |
| 10. Number of pursuits in which a tire deflation device was used | |
| 11. I certify that every police officer employed by this agency received in-service vehicular pursuit training twice this year in compliance with The Attorney General's & the Monmouth County Prosecutor's Office Vehicular Pursuit policies. | <input type="checkbox"/> |

Do not type into dark shaded areas of the form.