



Ohio Department of Natural Resources Emergency Vehicle Pursuit Supervisory Review

Reporting Officer: _____	Date of Incident: _____	Time of Incident: _____
Additional Officers Involved: _____		

Immediate Supervisor

I have reviewed the attached ODNR reports and have determined that additional investigation of this incident is necessary. (Reports and Comments Attached)

I have reviewed the attached ODNR reports and find that the Officer's actions were reasonable based on the facts as outlined in the reports. The Officers actions taken during the pursuit were within Federal and State statutory regulation, current constitutional standards and Department of Natural Resources policy.

Supervisor Name: _____ **Supervisor Signature:** _____ **Date:** _____

Additional Supervisor Review

<input type="checkbox"/> I agree with findings	<input type="checkbox"/> I disagree with findings (See Attached)	<input type="checkbox"/> Additional Investigation Required
		Supervisor Signature: _____ Date: _____
<input type="checkbox"/> I agree with findings	<input type="checkbox"/> I disagree with findings (See Attached)	<input type="checkbox"/> Additional Investigation Required
		Supervisor Signature: _____ Date: _____
<input type="checkbox"/> I agree with findings	<input type="checkbox"/> I disagree with findings (See Attached)	<input type="checkbox"/> Additional Investigation Required
		Supervisor Signature: _____ Date: _____
<input type="checkbox"/> I agree with findings	<input type="checkbox"/> I disagree with findings (See Attached)	<input type="checkbox"/> Additional Investigation Required
		Supervisor Signature: _____ Date: _____

Division Training Officer

I have reviewed the attached ODNR reports and find that the officer failed to follow their training program based on the facts as outlined in the reports.

I have reviewed the attached ODNR reports and find that the officer followed their training program based on the facts as outlined in the reports.

No Training/Equipments needs identified Training or Equipment needs identified (See Attached)

Training Officer Name: _____ **Training Officer Signature:** _____ **Date:** _____