



Safety Stopper Inc.
160 West Carmel Drive
Suite 284
Carmel, Indiana 46032
Phone (317) 818-1700 Fax (317) 818-1291
www.safetystopper.net

Agency Name: _____ Telephone _____

Address: _____ City / State / Zip : _____

Date of Offense: _____

1. Originating Agency: _____

2. Assisting Agencies: _____

3. Time Pursuit Started: _____ Time Ended: _____

4. Initial Reason for Pursuit: Traffic OWI / DUI Warrant
 Violent Felony Committed Stolen Vehicle

5. Additional Charges: _____

6. Miles covered during pursuit: _____ MPH when Stop Sticks Deployed _____

7. Weather Conditions: Clear Raining Snowing Ice Extreme Wind

8. Road Surface: Asphalt Concrete Gravel Other

9. How many tires flattened: _____ Rt. Front Lt. Front Rt. Rear Lt. Rear

10. Target vehicle: Make _____ Model _____ Year _____

11. Is the pursuit on video? Y / N if yes, may we obtain a copy Y / N Contact Person _____

12. Property Damage / Personal Injury _____

13. Was there any damage to the S2D2? Y / N if Yes, list serial number of S2D2 and explain which parts were damaged.

Deploying Officer & Agency (please print)

Date