

CCN #15162142 - INCIDENT REPORT

REPORT TAKEN DATE / TIME Oct 12, 2015 19:48	DISTRICT / PSA First District / 107	EVENT START DATE / TIME - EVENT END DATE / TIME Oct 12, 2015 18:14 - Oct 12, 2015 18:25	INCIDENT STATISTICS
RESPONDING OFFICER [REDACTED] MPD	WEATHER Clear		
ASSISTING OFFICER (ASSIST TYPE) [REDACTED] (Assisting Officer), [REDACTED] (Advising Officer), [REDACTED] (Assisting Officer)			
TELETYPE DATE / TIME	TELETYPE #	WHO NOTIFIED TELETYPE	SHOTS FIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SHOTS EFFECT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

LOCATION REPORT TAKEN
800 E ST SE, B/T 8TH ST SE & 9TH ST SE, WASHINGTON, DC 20003 Public/Private: Public PSA: 107 District: First District

POSITION (BEHIND, FRONT, INSIDE, SIDE) Front	LOCATION DESCRIPTION Sidwalk
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REPORTING PERSON

COMPLAINANT-1 (LAST, FIRST MIDDLE) R-1 [REDACTED]		DOB / ESTIMATED AGE RANGE	
SEX Male	RACE / ETHNICITY	PHONE	EMAIL
HOME ADDRESS			

INCIDENT INFO

INCIDENT TYPE
Stop & Frisk

SUBJECTS

SUBJECT-1 NAME (LAST, FIRST MIDDLE) SUB-1 [REDACTED]		DOB / ESTIMATED AGE RANGE	
SEX Male	RACE / ETHNICITY Black / Not Hispanic Or Latino	PHONE	EMAIL
HOME ADDRESS [REDACTED] PSA: [REDACTED] District: [REDACTED]			
SUBJECT-2 NAME (LAST, FIRST MIDDLE) SUB-2 [REDACTED]		DOB / ESTIMATED AGE RANGE	
SEX Male	RACE / ETHNICITY Black	PHONE [REDACTED] (Home Phone)	EMAIL
HOME ADDRESS [REDACTED] PSA: [REDACTED] District: [REDACTED]			

WITNESSES

PROPERTY & ITEMS

Attachment 13

Medical Addendum

CCN # 15162142			
INJURED PERSON NAME (LAST, FIRST MIDDLE) [REDACTED]		DATE OF BIRTH / AGE RANGE [REDACTED]	
INJURY LOCATION-1 None	INJURY TYPE None	INJURY DESCRIPTION	
MEDICAL TREATMENT STATUS	TRANSPORTED BY	AMBULANCE #	
MEDICAL FACILITY	ATTENDING PHYSICIAN(S) (NAME AND ID#)		
INJURED PERSON NAME (LAST, FIRST MIDDLE) [REDACTED]		DATE OF BIRTH / AGE RANGE [REDACTED]	
INJURY LOCATION-1 None	INJURY TYPE None	INJURY DESCRIPTION	
MEDICAL TREATMENT STATUS	TRANSPORTED BY	AMBULANCE #	
MEDICAL FACILITY	ATTENDING PHYSICIAN(S) (NAME AND ID#)		
INJURED PERSON NAME (LAST, FIRST MIDDLE) [REDACTED]		DATE OF BIRTH / AGE RANGE [REDACTED]	
INJURY LOCATION-1 None	INJURY TYPE None	INJURY DESCRIPTION	
MEDICAL TREATMENT STATUS	TRANSPORTED BY	AMBULANCE #	
MEDICAL FACILITY	ATTENDING PHYSICIAN(S) (NAME AND ID#)		

CCN #15162142 - PUBLIC NARRATIVE

On the listed date, time and location, C1 and C2 were stopped and detained as a result of matching the lookout for possible robbery or attempted robbery suspects. Upon further investigation and questioning by assisting units, it was determined no crime was committed and C1 and C2 were advised and sent on their way.

CCN #15162142 - INTERNAL NARRATIVE

On the listed date, time and location, a police call for service was voiced in PSA 107 by the First District dispatcher on behalf of a caller who felt three individuals were possibly going to attempt to "rob someone" in the vicinity of the ATM at 601 Pennsylvania Avenue SE. A lookout was gathered by 1071 which included a "black male, wearing a jean jacket, jean pants and brightly colored blue head phones and blue backpack." Upon attempting to make contact with this individual, hereby known as C1, he fled on foot southbound into the 400 block of 8th Street SE, crossing into numerous lanes of actively flowing traffic with little regard for his safety or the safety of others. It was at this time that I attempted to make contact with C1 who then fled on foot in unprovoked flight. I immediately issued repeated loud, clear commands that I was a police officer and that he was to stop immediately. In the course of the foot pursuit, C1 continued to look back at me, making eye contact and observing my fully marked police uniform in daylight conditions while ignoring my loud and clear commands to stop from approximately ten feet away. C1 also crossed into on-coming traffic ignoring his own safety and the safety of others at least three more times. It was also during the course of the foot pursuit that C1 removed the backpack from both shoulders on his back, rotated it to the front of his body, began opening zippers on it and then placed his right hand into the back pack as if searching for an object. The foot pursuit terminated approximately twenty seconds after it began at which point C1 stopped, turned his back to me and again began searching through his backpack for an unknown object. It was at this time I physically contacted C1 and ordered him to the ground. I used a single-person take down while issuing commands for him to "get on the ground, place your hands behind your back and stop resisting" loudly and clearly. At this point, C2 approached from an unknown direction and started screaming at me to "let him go, get off him!" and physically attempted to remove me from C1 with one hand while grabbing at my uniform and equipment. I then kept positive control upon C1 with a lower extremity and used both of my hands to shove C2 away, loudly and clearly stating "Get Back, Back up now!". At this time, [redacted] arrived on-scene to assist and did so by detaining C2 for officer safety. The original 911 caller was contacted by [redacted] and it was determined no crime occurred. C1 and C2 were advised and sent on their way with no complaint of pain and refusing DCFEMS to respond.

REPORTING OFFICER SIGNATURE / DATE [redacted] 10/12/2015 (e-signature)	SUPERVISOR SIGNATURE / DATE [redacted] 10/12/2015 (e-signature)
PRINT NAME [redacted]	PRINT NAME [redacted]

APPROVAL HISTORY

Report Submitted by [redacted]
Oct 12, 2015 21:35

Report Returned to Draft by [redacted]
Oct 12, 2015 21:38

Grammatical error in narrative.
Report Submitted by [redacted]
Oct 12, 2015 21:39

Report Rejected by [redacted]
Oct 12, 2015 21:47

Report Returned to Draft by [redacted]
Oct 12, 2015 22:24

Changes made as requested per [redacted]
Report Submitted by [redacted]

#13

15162142 - Relationships Addendum

NAME	RELATIONSHIP	SUBJECT
[REDACTED]	[REDACTED]	[REDACTED]

#13



TRUE NAME

DATE OF BIRTH / AGE RANGE

PDID # / FBI #

CAUTIONS

PROFILE INFO

BIRTH INFO

SEX Male

RACE / ETHNICITY

MAIDEN NAME

NEEDS INTERPRETER

LANGUAGES SPOKEN

MARITAL STATUS

SSN #

DRIVER'S LICENSE

HEIGHT

WEIGHT

SKIN TONE

EYES

HAIR

FACIAL HAIR

VISION

BUILD

PHYSICAL CHAR.

IDENTIFYING MARKS

BEHAVIORAL CHAR.

MOOD

MODUS OPERANDI

SKILLS

PROBATION TYPE

MISC. DESCRIPTION

EMAIL

PHONES

ADDRESS (HOME)

ADDRESS (WORK)

FIRST DISTRICT POLICE SUBSTATION, 500 E STREET
SE, WASHINGTON, DC 20003
PSA: 107
District: First District
Private
Government/ Public Building

EMERGENCY CONTACT

RESIDENT OF JURIS

MILITARY SERVICES

EMPLOYMENT

CLOTHING

#13



[Redacted]

TRUE NAME

DATE OF BIRTH / AGE RANGE

PDID # / FBI #

CAUTIONS

[Redacted]

PROFILE INFO

BIRTH INFO

SEX

Male

RACE / ETHNICITY

Black / Not Hispanic Or Latino

MAIDEN NAME

NEEDS INTERPRETER

LANGUAGES SPOKEN

MARITAL STATUS

SSN #

DRIVER'S LICENSE

HEIGHT

WEIGHT

SKIN TONE

Medium

EYES

HAIR

FACIAL HAIR

VISION

BUILD

PHYSICAL CHAR.

IDENTIFYING MARKS

BEHAVIORAL CHAR.

MOOD

MODUS OPERANDI

SKILLS

PROBATION TYPE

MISC. DESCRIPTION

EMAIL

PHONES

ADDRESS (HOME)

PSA:

District:

ADDRESS (WORK)

EMERGENCY CONTACT

RESIDENT OF JURIS

MILITARY SERVICES

EMPLOYMENT

CLOTHING

#13



[Redacted]

TRUE NAME

DATE OF BIRTH / AGE RANGE
[Redacted]

PDID # / FBI #

CAUTIONS

PROFILE INFO

BIRTH INFO [Redacted]

SEX Male

RACE / ETHNICITY Black

MAIDEN NAME

NEEDS INTERPRETER

LANGUAGES SPOKEN

MARITAL STATUS

SSN #

DRIVER'S LICENSE

HEIGHT

WEIGHT

SKIN TONE

EYES

HAIR

FACIAL HAIR

VISION

BUILD

PHYSICAL CHAR.

IDENTIFYING MARKS

BEHAVIORAL CHAR.

MOOD

MODUS OPERANDI

SKILLS

PROBATION TYPE

MISC. DESCRIPTION

EMAIL

PHONES [Redacted] (Home Phone)

ADDRESS (HOME) [Redacted]

PSA
District: [Redacted]

ADDRESS (WORK)

EMERGENCY CONTACT

RESIDENT OF JURIS

MILITARY SERVICES

EMPLOYMENT

CLOTHING

#13

CCTV Camera Canvass reference IS # 15002547

800 block of E Street, SE (alongside of DCFD Engine 18/ Truck 7 Station) - no cameras

417 9th Street, SE (Tried Stone Church of Christ) - no answer, several attempts made to contact

8th and E Street, SE (Subway Sandwich Shop) - no exterior cameras

500 8th Street, SE (Banana Café) - no exterior cameras

[REDACTED] CCTV does not record, only for viewing [REDACTED]

[REDACTED] viewed footage (nothing captured)

[REDACTED] cameras not working

Citibank ATM – footage was not captured due to malfunctioning equipment

Attachment #15

Transcribed Call for 6th & Pennsylvania Ave SE; 10-12-15

Automated Recording

DC 911 What is your emergency?

CALLER

Hi yes umm I want to report that there are 3 umm teenagers in the Citibank on Pennsylvania Avenue and Seventh... that are waiting at the door to let people in, but aren't doing anything inside of the bank. Uh we just left but we felt like if we had taken money out we might've gotten robbed. Umm so...

CALL TAKER

For verification, repeat that location for me

CALLER

It's uh, Pennsylvania Avenue and Seventh Street... I'm sorry Sixth Street. Pennsylvania and 6th; Citibank on Pennsylvania and 6th South (Inaudible)

CALL TAKER

You said it's three of them?

CALLER

There is three, yeah three adolescences hanging out inside of the ATM section of the bank.

CALL TAKER

Okay, we'll have the police respond out. Were you able to get a description of any of them?

CALLER

Uhh, three umm African American boys with uhh like flat-top haircuts. One was about five-seven; one was about five-eleven. One had metal work in his teeth, umm all three had backpacks.

CALL TAKER

And did you want to leave your name and number?

CALLER

Sure, it's [REDACTED]

CALL TAKER

Your phone number?

Attachment 16

Transcribed Call for 6th & Pennsylvania Ave SE; 10-12-15

CALLER

[REDACTED]
CALL TAKER

Ok, we'll have the police to respond out to check them out

CALLER

Ok, thank you. And I have to reiterate the only issue that really made it stand out was that they were just... they weren't doing anything in the bank and as soon as we left they stayed. So, umm that was suspicious.

CALL TAKER

No problem, we're just going to check them out

CALLER

Alright, thank you

CALL TAKER

You're welcome

CALLER

Bye bye

(disconnected)

#16

Background Event Chronology

Event Number: I20150592164

<u>Date</u>	<u>Time</u>	<u>Term</u>	<u>Operator</u>	<u>Action</u>
10/12/15	18:14:31	d113	1323	EVENT CREATED: Location= 800 PENNSYLVANIA AVE SE DC , Cross Streets= 8TH ST SE / D ST SE INITIAL CALL: , Source= OFFICER Agency= MPD , Group= 1D , Beat= 109 , Status= P , Priority= 3 , ETA= 0 , Hold Type= 0 , Current= F , Open = T , Type Code= ASSS - ASSIST Agency= MPD , Group= 1D , Beat= 109 , Status= P , Priority= 3 , ETA= 0 , Hold Type= 0 , Current= F , Open = T , Type Code= ASSS - ASSIST Agency= MPD , Group= 1D , Beat= 109 , Status= A , Priority= 3 , ETA= 0 , Hold Type= 0 , Current= F , Open = T , Type Code= ASSS - ASSIST Agency= MPD , Group= 1D , Beat= 109 , Status= A , Priority= 3 , ETA= 0 , Hold Type= 0 , Current= F , Open = T , Type Code= ASSS - ASSIST Unit= [REDACTED] , Status= DP , Location= 800 PENNSYLVANIA AVE SE DC , Employee= [REDACTED]
10/12/15	18:14:32	d113	1323	EVENT COMMENT= Field Event Agency= MPD , Group= 1D , Beat= 109 , Status= A , Priority= 3 , ETA= 0 , Hold Type= 0 , Current= F , Open = T , Type Code= ASSS - ASSIST Unit= [REDACTED] Status= AR , Location= 800 PENNSYLVANIA AVE SE DC , Employee= [REDACTED]
10/12/15	18:14:32	oucucaddbs0	1323	EVENT COMMENT= ** LOI search completed at 10/12/15 18:14:32
10/12/15	18:14:39	d113	1323	Agency= MPD , Group= 1D , Beat= 109 , Status= A , Priority= 3 , ETA= 0 , Hold Type= 0 , Current= F , Open = T , Type Code= ASSS - ASSIST Unit= [REDACTED] Status= DP , Location= 800 PENNSYLVANIA AVE SE DC , Employee= [REDACTED]
10/12/15	18:14:50	d113	1323	EVENT COMMENT= ===== [REDACTED]
10/12/15	18:15:08	d113	1323	EVENT COMMENT= 8th st e/st se
10/12/15	18:15:21	d113	1323	Agency= MPD , Group= 1D , Beat= 109 , Status= A , Priority= 3 , ETA= 0 , Hold Type= 0 , Current= F , Open = T , Type Code= ASSS - ASSIST Unit= [REDACTED] Status= DP , Location= 800 PENNSYLVANIA AVE SE DC , Employee= [REDACTED]
10/12/15	18:15:23	d113	1323	Unit= [REDACTED] Status= AR , Location= 800 PENNSYLVANIA AVE SE DC , Employee= [REDACTED]
10/12/15	18:15:37	d113	1323	EVENT UPDATED: Location= 800 PENNSYLVANIA AVE SE DC , Cross Streets= 8TH ST SE / D ST SE UPDATED/ADDITIONAL CALL: Name= [REDACTED] CAME OVER THE AIR , Source= OFFICER

Attachment 17

<u>Date</u>	<u>Time</u>	<u>Term</u>	<u>Operator</u>	<u>Action</u>
10/12/15	18:16:14	d113	1323	Agency= MPD , Group= 1D , Beat= 109 , Status= A , Priority= 3 , ETA= 0 , Hold Type= 0 , Current= F , Open = T , Type Code= ASSS - ASSIST Agency= MPD , Group= 1D , Beat= 109 , Status= A , Priority= 3 , ETA= 0 , Hold Type= 0 , Current= F , Open = T , Type Code= ASSS - ASSIST Unit= [REDACTED] Status= DP , Location= 800 PENNSYLVANIA AVE SE DC , Employee= [REDACTED]
10/12/15	18:16:17	d113	1323	EVENT COMMENT= ONE STOP
10/12/15	18:16:22	d113	1323	Unit= [REDACTED] Status= AR , Location= 800 PENNSYLVANIA AVE SE DC , Employee= [REDACTED]
10/12/15	18:16:26	d113	1323	EVENT COMMENT= BLACK JEANS,
10/12/15	18:16:28	d113	1323	EVENT COMMENT= JACKET
10/12/15	18:16:39	oucucaddbs00		Unit= [REDACTED] Status= ~ , Comment= System Unit Alarm , Location= 800 PENNSYLVANIA AVE SE DC , Employee= [REDACTED]
10/12/15	18:20:51	d113	1323	Agency= MPD , Group= 1D , Beat= 109 , Status= A , Priority= 3 , ETA= 0 , Hold Type= 0 , Current= F , Open = T , Type Code= ASSS - ASSIST Unit= [REDACTED] Status= AM , Location= 800 PENNSYLVANIA AVE SE DC , Employee= [REDACTED]
10/12/15	18:20:54	d113	1323	Unit= [REDACTED] Status= AR , Location= 800 PENNSYLVANIA AVE SE DC , Employee= [REDACTED]
10/12/15	18:23:52	[REDACTED]		Unit= [REDACTED] Status= UC , Comment= Unit Inf Issue Ory 0 to= name= node= user= name= Employee=
10/12/15	18:25:08	[REDACTED]		Unit= [REDACTED] Status= UC , Comment= Unit [CP107E] Inf Issue Ory 0 to= name= node= user= name= Employee=
10/12/15	18:25:23	cad-trans1040		Unit= [REDACTED] Status= ~ , Comment= System Unit Alarm , Location= 800 PENNSYLVANIA AVE SE DC , Employee= [REDACTED]
10/12/15	18:26:22	oucucaddbs00		Unit= [REDACTED] Status= ~ , Comment= System Unit Alarm , Location= 800 PENNSYLVANIA AVE SE DC , Employee= [REDACTED]
10/12/15	18:27:07	d113	1323	EVENT UPDATED: Location= 800 PENNSYLVANIA AVE SE DC , Cross Streets= 8TH ST SE / D ST SE Agency= MPD , Group= 1D , Beat= 107 , Status= A , Priority= 3 , ETA= 0 , Hold Type= 0 , Current= F , Open = T , Type Code= STOP - STOP / FRISK , SubType Code= NOS3 - NUMBERS ONLY EVENT COMMENT= ** Event Type changed from ASSS to STOP(NOS3) at: 10/12/15 18:27:07 ** >>>> by: [REDACTED] on terminal: d113

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<u>Date</u>	<u>Time</u>	<u>Term</u>	<u>Operator</u>	<u>Action</u>
10/12/15	18:27:10	d113	1323	Agency= MPD , Group= 1D , Beat= 107 , Status= A , Priority= 3 , ETA= 0 , Hold Type= 0 , Primary Unit= [REDACTED] Primary Member= [REDACTED] Current= F , Open = T , Type Code= STOP - STOP / FRISK , SubType Code= NOS3 - NUMBERS ONLY CASE NUMBER ASSIGNED= R2015162142 Disposition Assigned= ASSNCASE EVENT COMMENT= ** Case number R2015162142 has been assigned to event I20150592164 ** >>>> by: [REDACTED] on terminal: d113
10/12/15	18:27:17	d113	1323	EVENT COMMENT= [REDACTED] RECD
10/12/15	18:27:41	d113	1323	EVENT UPDATED: Location= 800 E ST SE DC , Cross Streets= 8TH ST SE / 9TH ST SE Agency= MPD , Group= 1D , Beat= 107 , Status= A , Priority= 3 , ETA= 0 , Hold Type= 0 , Primary Unit= [REDACTED] Primary Member= [REDACTED] Current= F , Open = T , Type Code= STOP - STOP / FRISK , SubType Code= NOS3 - NUMBERS ONLY EVENT COMMENT= ** Event Location changed from "800 PENNSYLVANIA AVE SE DC" to "800 E ST SE DC" at: 10/12/15 18:27:41 ** >>>> by: [REDACTED] on terminal: d113
10/12/15	18:27:41	oucucaddbs0	1323	** LOI search completed at 10/12/15 18:27:41
10/12/15	18:30:54	oucucaddbs00		Unit= CP107E , Status= ~ , Comment= System Unit Alarm , Location= 800 PENNSYLVANIA AVE SE DC , Employee= [REDACTED]
10/12/15	18:31:37	d113	1323	Agency= MPD , Group= 1D , Beat= 107 , Status= A , Priority= 3 , ETA= 0 , Hold Type= 0 , Primary Unit= CP107E , Primary Member= [REDACTED] Current= F , Open = T , Type Code= STOP - STOP / FRISK , SubType Code= NOS3 - NUMBERS ONLY Unit= [REDACTED] Status= AM , Location= 800 E ST SE DC , Employee= [REDACTED] Disposition Changed= ACA
10/12/15	18:50:23	d113	1323	Agency= MPD , Group= 1D , Beat= 107 , Status= A , Priority= 3 , ETA= 0 , Hold Type= 0 , Primary Unit= [REDACTED] Primary Member= [REDACTED] Current= F , Open = T , Type Code= STOP - STOP / FRISK , SubType Code= NOS3 - NUMBERS ONLY Agency= MPD , Group= 1D , Beat= 107 , Status= A , Priority= 3 , ETA= 0 , Hold Type= 0 , Primary Unit= [REDACTED] Primary Member= [REDACTED] Current= F , Open = T , Type Code= STOP - STOP / FRISK , SubType Code= NOS3 - NUMBERS ONLY Agency= MPD , Group= 1D , Beat= 107 , Status= A , Priority= 3 , ETA= 0 , Hold Type= 0 , Primary Unit= [REDACTED] Primary Member= [REDACTED] Current= T , Open = F , Type Code= STOP - STOP / FRISK , SubType Code= NOS3 - NUMBERS ONLY EVENT CLOSED: Unit= [REDACTED] Status= AM , Location= 800 E ST SE DC , Employee= [REDACTED] Unit= CP107E , Status= AM , Location= 800 E ST SE DC , Employee= [REDACTED]

#17

<u>Date</u>	<u>Time</u>	<u>Term</u>	<u>Operator</u>	<u>Action</u>
				Disposition Changed= RT



PD 775 REFERENCE DIRECTIVE GO-SPT-301.01

METROPOLITAN POLICE DEPARTMENT | WASHINGTON, DC

Daily Patrol Activity Report

MILEAGE (END OF SHIFT)	52254
MILEAGE (BEGINNING OF SHIFT)	52237
TOTAL MILES	17

Section A: Activity Log

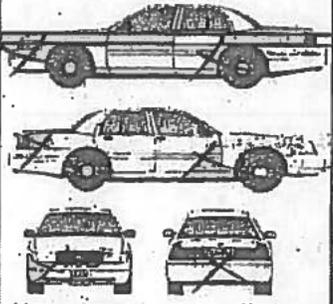
CALL SIGN	HOURS IN SERVICE	DAY OF WEEK	DATE	CAR USED	TAG#	GAS	QIL	ANTI-FREEZE
	All	Mon	10-12			7.0		

Time Received	Time Arrived	Back In Service	Time Expired	Location	Nature/Type of Run R/R: Radio Run S/I: Self-Initiated	Disposition/CCN	Body-Worn Camera Activated?
1505	1505	1520	15				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1525	1525	1535	10				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1814	1814	1850	36	800 E SE	<input checked="" type="checkbox"/> R/R <input type="checkbox"/> S/I STOP / ERISK	10-B 162 142	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2155	2155	2200	5				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input type="checkbox"/> No
				(4)	<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input type="checkbox"/> No

Attachment 18

Section B: Daily Vehicle Inspection Check List

INSTRUCTIONS: Check a box to indicate item discrepancy, missing item, or item that needs repair, replacement, etc. // Leave check box blank to indicate item is in good serviceable condition and/or equipped. // * Indicates item is applicable to motor scooters/HD Motorcycles
 Notify an official when items are missing and/or damaged. // Explain deficiencies in REMARKS section.

1. Cleanliness <input type="checkbox"/> Exterior Washed <input type="checkbox"/> Interior Washed <input type="checkbox"/> Trunk Cleaned <input type="checkbox"/> Check for Leaks <input type="checkbox"/> Windows Clean 2. Fluids <input type="checkbox"/> Fuel* <input type="checkbox"/> Motor Oil* <input type="checkbox"/> Anti-freeze <input type="checkbox"/> Windshield Washer <input type="checkbox"/> Auto-Transmission <input type="checkbox"/> Radiator <input type="checkbox"/> Battery 3. Tires <input type="checkbox"/> Air pressure* <input type="checkbox"/> General Condition* <input type="checkbox"/> Spare Tire and Tools	4. Emergency Lights* <input type="checkbox"/> 5. Siren (all switch positions) <input type="checkbox"/> 6. Air Conditioning <input type="checkbox"/> 7. Operating Performance <input type="checkbox"/> Engine* <input type="checkbox"/> Chain* <input type="checkbox"/> Transmission* <input type="checkbox"/> Gear Shift* <input type="checkbox"/> Steering* <input type="checkbox"/> Throttle Cable* 8. Emergency Brake and Release <input type="checkbox"/> 9. Brake Adjustment* <input type="checkbox"/> 10. Horn* <input type="checkbox"/> 11. Windshield Wipers and Washers <input type="checkbox"/> 12. Mirrors* <input type="checkbox"/> 13. Fuel Ring <input type="checkbox"/> 14. Fuel Key <input type="checkbox"/>	15. Fuel Key with Vehicle <input type="checkbox"/> Key (if applicable) 16. Lights <input type="checkbox"/> High Beams*/ <input type="checkbox"/> Indicator <input type="checkbox"/> Low Beams <input type="checkbox"/> Turn Signals* <input type="checkbox"/> Spotlights <input type="checkbox"/> Dome/Courtesy Lights <input type="checkbox"/> Gauges/Lights <input type="checkbox"/> Tag Light* 17. MDC <input type="checkbox"/> Equipped <input type="checkbox"/> Dooking Station <input type="checkbox"/> Laptop Screen <input type="checkbox"/> Laptop Keyboard <input type="checkbox"/> Laptop Power <input type="checkbox"/> Intranet Connection Log In? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Damage <input checked="" type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Glass <input checked="" type="checkbox"/> Scratch <input type="checkbox"/> Upholstery  MARK DAMAGED PART WITH AN X ON THE PICTURE.
--	---	---	--

Section C: Daily Vehicle Inspection Check List

Permanent Install: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Lo-Jack <input checked="" type="checkbox"/> AR-15/M4 Rack <input type="checkbox"/> License Plate Reader <input type="checkbox"/> Mobile Radio <input checked="" type="checkbox"/> Breaching Kit (pry bar, sledge hammer, bolt cutter)	Expandable: <input checked="" type="checkbox"/> Report Forms <input type="checkbox"/> PD Form 99 <input type="checkbox"/> Street Guide <input type="checkbox"/> Clip Board <input checked="" type="checkbox"/> Signal Flares <input checked="" type="checkbox"/> Battery Booster <input checked="" type="checkbox"/> Cables <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Fire Extinguisher <input checked="" type="checkbox"/> Drug Test Kits <input type="checkbox"/> Blanket <input type="checkbox"/> Tint Meter	<input checked="" type="checkbox"/> Dosimeter <input type="checkbox"/> Chem-Bio/PPE Gear <input checked="" type="checkbox"/> LIDAR/Radar <input type="checkbox"/> AR 15 and Ammo <input checked="" type="checkbox"/> 12-Ga. Shotgun & Shells <input type="checkbox"/> Crime Scene Tape <input type="checkbox"/> JOC Spray Flush Sol <input checked="" type="checkbox"/> Flex Cuffs <input checked="" type="checkbox"/> Skid Chains (set)
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Discrepancy Notification

OFFICIAL NOTIFIED	DATE	TIME	COMPLAINT NUMBER (IF A REPORT IS MADE)
-------------------	------	------	--

Remarks

(Explain discrepancies; note any rear vehicle damage)

VEHICLE KEY ISSUED BY:	VEHICLE KEY RETURNED BY:	
1. MEMBER ASSIGNED: NAME	CAD	Body-Worn Camera Assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. MEMBER ASSIGNED: NAME	CAD	Body-Worn Camera Assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE	DATE - 10.12.15	TIME 2230

Section B: Daily Vehicle Inspection Check List

INSTRUCTIONS: Check a box to indicate item discrepancy, missing, (omit) or (item that needs repair/replacement, etc.). // Leave check box blank to indicate item is in good serviceable condition and/or equipped. // * Indicates item is applicable to motor scooters/HO Motorcycles. Notify an official when items are missing and/or damaged. // Explain deficiencies in REMARKS section.

<p>1. Cleanliness</p> <input type="checkbox"/> Exterior Washed <input type="checkbox"/> Interior Washed <input type="checkbox"/> Trunk Cleaned <input type="checkbox"/> Check for Leaks <input type="checkbox"/> Windows Clean <p>2. Fluids</p> <input type="checkbox"/> Fuel* <input type="checkbox"/> Motor Oil* <input type="checkbox"/> Anti-freeze <input type="checkbox"/> Windshield Washer <input type="checkbox"/> Auto-Transmission <input type="checkbox"/> Radiator <input type="checkbox"/> Battery <p>3. Tires</p> <input type="checkbox"/> Air pressure* <input type="checkbox"/> General Condition* <input type="checkbox"/> Spare Tire and Tools	<p>4. Emergency Lights*</p> <p>5. Siren (all switch positions)</p> <p>6. Air Conditioning: <input type="checkbox"/></p> <p>7. Operating Performance</p> <input type="checkbox"/> Engine* <input type="checkbox"/> Chain* <input type="checkbox"/> Transmission* <input type="checkbox"/> Gear Shift* <input type="checkbox"/> Steering* <input type="checkbox"/> Throttle Cable* <p>8. Emergency Brake and Release <input type="checkbox"/></p> <p>9. Brake Adjustment* <input type="checkbox"/></p> <p>10. Horn* <input type="checkbox"/></p> <p>11. Windshield Wipers and Washers <input type="checkbox"/></p> <p>12. Mirrors* <input type="checkbox"/></p> <p>13. Fuel Ring <input type="checkbox"/></p> <p>14. Fuel Key <input type="checkbox"/></p>	<p>15. Fuel Key with Vehicle <input type="checkbox"/> Key (if applicable)</p> <p>16. Lights</p> <input type="checkbox"/> High Beams*/Indicator <input type="checkbox"/> Low Beams <input type="checkbox"/> Turn Signals* <input type="checkbox"/> Spotlights <input type="checkbox"/> Dome/Courtesy Lights <input type="checkbox"/> Gauges/Lights <input type="checkbox"/> Tag Light* <p>17. MDC</p> <input type="checkbox"/> Equipped <input type="checkbox"/> Docking Station <input type="checkbox"/> Laptop Screen <input type="checkbox"/> Laptop Keyboard <input type="checkbox"/> Laptop Power <input type="checkbox"/> Intranet Connection Log In? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>18. Damage</p> <input checked="" type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Glass <input checked="" type="checkbox"/> Scratch <input type="checkbox"/> Upholstery <div style="text-align: center;">     </div> <p style="text-align: center; font-size: small;">MARK DAMAGED PART WITH AN X ON THE PICTURE.</p>
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Section C: Daily Vehicle Inspection Check List

<p>Permanent Installation</p> <input type="checkbox"/> Transport <input type="checkbox"/> Lo-Jack <input checked="" type="checkbox"/> AR-15/M4 Rack <input checked="" type="checkbox"/> License Plate Reader <input type="checkbox"/> Mobile Radio <input type="checkbox"/> Breaching Kit (pry bar, sledge hammer, bolt cutter)	<p>Expandable</p> <input checked="" type="checkbox"/> Report Forms <input checked="" type="checkbox"/> PD Form 99 <input checked="" type="checkbox"/> Street Guide <input type="checkbox"/> Clipboard <input type="checkbox"/> Signal Flares <input checked="" type="checkbox"/> Battery Booster	<p>Other</p> <input type="checkbox"/> Cables <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Fire Extinguisher <input checked="" type="checkbox"/> Drug Test Kits <input checked="" type="checkbox"/> Blanket <input checked="" type="checkbox"/> Tint Meter <input checked="" type="checkbox"/> Dosimeter <input type="checkbox"/> Chem-Bio/PPE Gear <input checked="" type="checkbox"/> LIDAR/Radar <input checked="" type="checkbox"/> AR-15 and Ammo <input checked="" type="checkbox"/> 12-Ga. Shotgun & Shells <input type="checkbox"/> Crime Scene Tape <input checked="" type="checkbox"/> OC Spray Flush Sol. <input checked="" type="checkbox"/> Flex Cuffs <input checked="" type="checkbox"/> Skid Chains (set)
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Discrepancy Notification

OFFICIAL NOTIFIED	DATE	TIME	COMPLAINT NUMBER (IF A REPORT IS MADE)
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Remarks

(explain discrepancies and/or actual rear vehicle damage)

LIGHT SCRATCHES AROUND VEHICLE

BLACK MARK ON FRONT LEFT BUMPER

SMALL DENT ON BOTTOM LEFT OF BACK HATCH DOOR

VEHICLE KEY ISSUED BY: [REDACTED]	VEHICLE KEY RELIEVED TO: [REDACTED]
1. MEMBER ASSIGNED: NAME [REDACTED]	CAD [REDACTED] BODY-WORN CAMERA ASSIGNED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. MEMBER ASSIGNED: NAME [REDACTED]	CAD [REDACTED] BODY-WORN CAMERA ASSIGNED? <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE OF REVIEWING OFFICIAL: [REDACTED]	DATE: 10/12/2015 TIME: 2300



PD 775 REFERENCE DIRECTIVE GO-SPT-301.01

METROPOLITAN POLICE DEPARTMENT | WASHINGTON, DC

Daily Patrol Activity Report

MILEAGE (END OF SHIFT)	23209
MILEAGE (BEGINNING OF SHIFT)	23167
TOTAL MILES	42

Section A: Activity Log

CALL SIGN	HOURS IN SERVICE	DAY OF WEEK	DATE	CAR USED	TAG #	GAS	OIL	ANTI-FREEZE
[REDACTED]	1430-2300	MONDAY	12/15	[REDACTED]	[REDACTED]	8-1	gals.	qts.

Time Received	Time Arrived	Back In Service	Time Expired	Location	Nature/Type of Run R/R: Radio Run S/I: Self-Initiated	Disposition/ CCN	Body-Worn Camera Activated?
1505	1510	1525	20	[REDACTED]			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1725	1730	1755	30	[REDACTED]			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1810	1810	1845	35	[REDACTED]			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1935	2005	2035	60	[REDACTED]			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2035	2037	2045	10	[REDACTED]			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2115	2117	2215	60	[REDACTED]			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				(6)	<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input type="checkbox"/> No

Attachment 20

Section B: Daily Vehicle Inspection Check List

INSTRUCTIONS: Check a box to indicate item discrepancy, missing item, or item that needs repair, replacement, etc. // Leave check box blank to indicate item is in good serviceable condition and/or equipped. // * Indicates item is applicable to motor scooters/HD Motorcycles
 Notify an official when items are missing and/or damaged. // Explain deficiencies in REMARKS section.

1. Cleanliness <input type="checkbox"/> Exterior Washed <input type="checkbox"/> Interior Washed <input type="checkbox"/> Trunk Cleaned <input type="checkbox"/> Check for Leaks <input type="checkbox"/> Windows Clean 2. Fluids <input type="checkbox"/> Fuel* <input type="checkbox"/> Motor Oil* <input type="checkbox"/> Anti-freeze <input type="checkbox"/> Windshield Washer <input type="checkbox"/> Auto Transmission <input type="checkbox"/> Radiator <input type="checkbox"/> Battery 3. Tires <input type="checkbox"/> Air pressure* <input type="checkbox"/> General Condition* <input type="checkbox"/> Spare Tire and Tools	4. Emergency Lights* <input type="checkbox"/> 5. Siren (all switch positions) <input type="checkbox"/> 6. Air Conditioning <input type="checkbox"/> 7. Operating Performance <input type="checkbox"/> Engine* <input type="checkbox"/> Chain* <input type="checkbox"/> Transmission* <input type="checkbox"/> Gear Shift* <input type="checkbox"/> Steering* <input type="checkbox"/> Throttle Cable* 8. Emergency Brake and Release <input type="checkbox"/> 9. Brake Adjustment* <input type="checkbox"/> 10. Horn* <input type="checkbox"/> 11. Windshield Wipers and Washers <input type="checkbox"/> 12. Mirrors* <input type="checkbox"/> 13. Fuel Ring <input type="checkbox"/> 14. Fuel Key <input type="checkbox"/>	15. Fuel Key with Vehicle <input type="checkbox"/> Key (if applicable) 16. Lights <input type="checkbox"/> High Beams*/ <input type="checkbox"/> Indicator <input type="checkbox"/> Low Beams <input type="checkbox"/> Turn Signals* <input type="checkbox"/> Spotlights <input type="checkbox"/> Dome/Courtesy Lights <input type="checkbox"/> Gauges/Lights <input type="checkbox"/> Tag Light* 17. MDC <input type="checkbox"/> Equipped <input type="checkbox"/> Docking Station <input type="checkbox"/> Laptop Screen <input type="checkbox"/> Laptop Keyboard <input type="checkbox"/> Laptop Power <input type="checkbox"/> Intranet Connection Log in? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Damage <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Glass <input type="checkbox"/> Scratch <input type="checkbox"/> Upholstery  MARK DAMAGED PART WITH AN X ON THE PICTURE.
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Section C: Daily Vehicle Inspection Check List

Permanent Install <input type="checkbox"/> Transport <input type="checkbox"/> Lo-Jack <input type="checkbox"/> AR-15/M4 Rack <input type="checkbox"/> License Plate Reader <input type="checkbox"/> Mobile Radio <input type="checkbox"/> Breaching Kit (rye bar, sledge hammer, bolt cutter)	Expendable <input type="checkbox"/> Report Forms <input type="checkbox"/> PD Form 99 <input type="checkbox"/> Street Guide <input type="checkbox"/> Clip Board <input type="checkbox"/> Signal Flares <input type="checkbox"/> Battery Booster <input type="checkbox"/> Cables <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Drug Test Kits <input type="checkbox"/> Blanket <input type="checkbox"/> Tint Meter <input type="checkbox"/> Dosimeter <input type="checkbox"/> Chem-Bio/PPE Gear <input type="checkbox"/> LIDAR/Radar <input type="checkbox"/> AR-15 and Ammo <input type="checkbox"/> 12-Ga. Shotgun & Shells	<input type="checkbox"/> Crime Scene Tape <input type="checkbox"/> OC Spray/Flash Sol <input type="checkbox"/> Flex Cuffs <input type="checkbox"/> Skid Chains (set)
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Discrepancy Notification

OFFICIAL NOTIFIED	DATE	TIME	COMPLAINT NUMBER (IF A REPORT IS MADE)
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Remarks

(E) discrepancies; note any rear vehicle damage)

VEHICLE KEY ISSUED BY: [REDACTED]	VEHICLE KEY RELIEVED TO: [REDACTED]
1. MEMBER ASSIGNED: NAME [REDACTED]	CAD [REDACTED] BODY-WORN CAMERA ASSIGNED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. MEMBER ASSIGNED: NAME [REDACTED]	CAD [REDACTED] BODY-WORN CAMERA ASSIGNED? <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE OF REVIEWING OFFICIAL: [REDACTED]	DATE: 12/2/15 TIME: 2300



METROPOLITAN POLICE DEPARTMENT | WASHINGTON, DC

Daily Patrol Activity Report

MILEAGE (END OF SHIFT)	67230
MILEAGE (BEGINNING OF SHIFT)	67008
TOTAL MILES	28.6

Section A: Activity Log

CALL SIGN	HOURS IN SERVICE	DAY OF WEEK	DATE	CAR USED	GAS	OIL	ANTI-FREEZE
	1430-2300	MONDAY	10/12/15		0	0	0

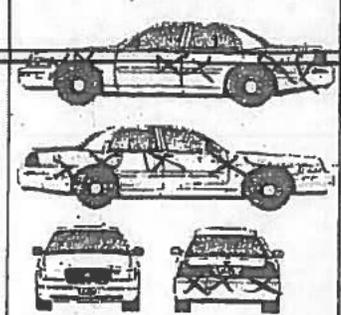
Time Received	Time Arrived	Back In Service	Time Expired	Location	Nature/Type of Run R/R: Radio Run S/I: Self-Initiated	Disposition/CCN	Body-Worn Camera Activated?
15:15	15:20	15:27	12	[REDACTED]			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15:27	15:27	15:32	10				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15:50	15:55	16:20	30				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16:59	16:59	17:09	10				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17:32	17:33	18:09	50 min				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18:10	18:20	19:13	1 hr 3 min				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19:13	19:15	19:30	23				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19:30	19:30	20:00	30				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20:00	20:00	20:05	5				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20:10	20:12	20:21	11				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20:21	20:21	21:21	1 hr				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22:00	22:08	22:40	40				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					<input type="checkbox"/> R/R <input type="checkbox"/> S/I		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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Attachment 21

Section B: Daily Vehicle Inspection Check List

Instructions: Check a box to indicate item discrepancy, missing item, or item that needs repair, replacement, etc. // Leave check box blank to indicate item is in good serviceable condition and/or equipped. // * Indicates item is applicable to moto/ scooters/HD Motorcycles. Notify an official when items are missing and/or damaged. // Explain deficiencies in REMARKS section.

1. Cleanliness <input type="checkbox"/> Exterior Washed <input type="checkbox"/> Interior Washed <input type="checkbox"/> Trunk Cleaned <input type="checkbox"/> Check for Leaks <input type="checkbox"/> Windows Clean 2. Fluids <input type="checkbox"/> Fuel* <input type="checkbox"/> Motor Oil* <input type="checkbox"/> Anti-freeze <input type="checkbox"/> Windshield Washer <input type="checkbox"/> Auto-Transmission <input type="checkbox"/> Radiator <input type="checkbox"/> Battery 3. Tires <input type="checkbox"/> Air pressure* <input type="checkbox"/> General Condition* <input type="checkbox"/> Spare Tire and Tools	4. Emergency Lights* <input type="checkbox"/> 5. Siren (all switch positions) <input type="checkbox"/> 6. Air Conditioning <input type="checkbox"/> 7. Operating Performance <input type="checkbox"/> Engine* <input type="checkbox"/> Chain* <input type="checkbox"/> Transmission* <input type="checkbox"/> Gear Shift* <input type="checkbox"/> Steering* <input type="checkbox"/> Throttle Cable* 8. Emergency Brake and Release <input type="checkbox"/> 9. Brake Adjustment* <input type="checkbox"/> 10. Horn* <input type="checkbox"/> 11. Windshield Wipers and Washers <input type="checkbox"/> 12. Mirrors* <input type="checkbox"/> 13. Fuel Ring <input type="checkbox"/> 14. Fuel Key <input type="checkbox"/>	15. Fuel Key with Vehicle <input type="checkbox"/> Key (if applicable) 16. Lights <input type="checkbox"/> High Beams*/ <input type="checkbox"/> Indicator <input type="checkbox"/> Low Beams <input type="checkbox"/> Turn Signals* <input type="checkbox"/> Spotlights <input type="checkbox"/> Dome/Courtesy Lights <input type="checkbox"/> Gauges/Lights <input type="checkbox"/> Tag Light* 17. MDC <input type="checkbox"/> Equipped <input type="checkbox"/> Docking Station <input type="checkbox"/> Laptop Screen <input type="checkbox"/> Laptop Keyboard <input type="checkbox"/> Laptop Power <input type="checkbox"/> Intranet Connection Log In? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	18. Damage <input checked="" type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Glass <input checked="" type="checkbox"/> Scratch <input type="checkbox"/> Upholstery  MARK DAMAGED PART WITH AN X ON THE PICTURE.
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Section C: Daily Vehicle Inspection Check List

Permanent Install <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ho-Jack <input checked="" type="checkbox"/> AR-15/M4 Rack <input checked="" type="checkbox"/> License Plate Reader <input type="checkbox"/> Mobile Radio <input checked="" type="checkbox"/> Reaching Kit (pry bar, sledge hammer, bolt cutter)	Expandable <input type="checkbox"/> Report Form <input type="checkbox"/> PD Form 99 <input type="checkbox"/> Street Guide <input type="checkbox"/> Clipboard <input type="checkbox"/> Signal Flares <input type="checkbox"/> Battery Booster <input type="checkbox"/> Cables <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Fire Extinguisher <input checked="" type="checkbox"/> Drug Test Kits <input checked="" type="checkbox"/> Blanket <input checked="" type="checkbox"/> Scent Meter	<input checked="" type="checkbox"/> Dosimeter <input type="checkbox"/> Chain-Bl/PPE Gear <input checked="" type="checkbox"/> LIDAR/Radar <input checked="" type="checkbox"/> AR-15 and Ammo <input checked="" type="checkbox"/> 12-Ga. Shotgun & Shells <input type="checkbox"/> Crime Scene Tape <input checked="" type="checkbox"/> OC Spray/Flush Sol <input checked="" type="checkbox"/> Flex Cuffs <input checked="" type="checkbox"/> Skid Chains (set)
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Discrepancy Notification

OFFICIAL NOTIFIED	DATE	TIME	COMPLAINT NUMBER (IF A REPORT IS MADE)
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Remarks

(Explain discrepancies; note any rear vehicle damage)

Scratches all over (minor)

Vehicle Key Issued By	Vehicle Key
1. [Redacted]	CAD [Redacted] Body-Worn Camera Assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. [Redacted]	CAD [Redacted] Body-Worn Camera Assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE OF [Redacted]	DATE 10/12/15 TIME 2300