CJTC 1916: CANINE REPORTING

Pursuant to RCW 43.101.135 and WAC 139-06-020, this form must be submitted to the Washington State Criminal Justice Training Commission (WSCJTC) within 15 days of any K9 bite that caused serious injury or death (a K9 "occurrence").

Pursuant to the WSCJTC's Canine Model Policy, "serious injury" includes:
Any injury, other than fatal, that results in one or more of the following: a. severe lacerations resulting in exposure of underlying tissues, muscle, organs, and/or resulting in a significant loss of blood; b. broken and/or distorted extremity; c. crush injuries, suspected skull, chest or abdominal injury other than bruises and/or minor lacerations; and d. unconsciousness when taken from the scene, and/or paralysis.

Section 1: Officer and K9 Information

Canine Handler FULL Legal Name (Last, Middle First):		**Acadis ID:**	**Agency Name:**
Certification type:	**Canine's Name:**	**K9 Team Discipline:**	**Date of Last Team Certification:**
Choose an Item			
Requesting to disband?	☐Yes ☐ No	**Date Disbanded:**	

Section 2: Occurrence Details

Check UOF outcome:	☐Serious Injury ☐ Death	**Date of Occurrence:**	

Brief factual summary

Section 3: Previous Canine Team UOF Occurrence Details (Check All Boxes That Apply)

Are there any previous UOF occurrences for this K9:	Yes*	No	* Number of occurrences
with this handler?	☐	☐	
with a different handler?	☐	☐	

*Provide details of each occurrence that has not been previously reported to the commission:

Section 4: This section must be signed by the agency head or designee indicating the agency is aware of this action.

I understand that the WSCJTC will rely on the information provided in Section 2 for matters pertaining to peace and corrections officer certification, and I declare under penalty of perjury under the laws of the State Washington that the foregoing is true and correct.

Signed this _____ day of _____, 20_____, in _____, Washington.

_____
Signature

Printed/Typed Name:	**Rank/Title:**	**Contact Email:**	**Contact Phone:**