



# CANINE REPORTING

Per the Canine Model Policy and RCW 43.101.135, This form must be submitted to the Washington State Criminal Justice Training Commission **within 15 days of occurrence**. This form must be signed by the agency head or designee. If a designee is assigned, they acknowledge the agency head was briefed on this action.

This form is required when a serious injury or death has occurred from a use of force by a **Canine**.

**Per the canine model policy, serious injury is defined as: 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's Information

<b>Canine Handler FULL Legal Name</b> (as reflected on state issued driver's license) (First Middle Last):	<b>Agency Name:</b>	<b>Acadis ID:</b>
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<b>Handler Badge No.</b>	<b>Status:</b> <input type="checkbox"/> Officer <input type="checkbox"/> Deputy <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Corrections Deputy
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<b>Canine's Name:</b>	<b>Date of Last Team Certification:</b>	<b>Check type of UOF:</b> Serious Injury      Death
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<b>K9 Team Discipline:</b>	<b>Date of Occurrence:</b>	<b>Requesting to disband?</b> Yes* <input type="checkbox"/> No <input type="checkbox"/>	<b>Disbanded: (MM/DD/YYYY):</b>
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Details surrounding this occurrence:

## Section 2: Previous Canine Team UOF Occurrence Details (Check All Boxes That Apply):

Has there been previous UOF reported with this handler? Yes* <input type="checkbox"/> No <input type="checkbox"/>	If so, number of occurrences
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Has there been previous UOF reported with this K9 with a different handler? Yes* <input type="checkbox"/> No <input type="checkbox"/>	If so, number of occurrences
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If "yes" is checked and the occurrence was after July 25, 2021, provide details of each occurrence that has not been previously reported to the commission:



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**Section 3:** 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 law of 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:**