



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 UOF "occurrences" that cause serious injury or death:

Refer to the [Canine Model Policy](#), the K9 definition of "serious injury":

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 (First Middle Last):		Agency Name:		Acadis ID:
Certification type:	Canine's Name:	K9 Team Discipline:	Date of Last Team Certification:	
Choose an item.				
Requesting to disband?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Disbanded:		

Section 2: Occurrence Details:

Check type of UOF:	<input type="checkbox"/> Serious Injury <input type="checkbox"/> Death	Date of Occurrence:	
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Brief factual summary

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

Was there previous UOF reported...	Yes*	No	* Number of occurrences
with this handler?	<input type="checkbox"/>	<input type="checkbox"/>	
previous UOF reported with this K9 with a different handler?	<input type="checkbox"/>	<input type="checkbox"/>	

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

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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 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: