



## 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

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

### Section 2: Occurrence Details

<b>Check UOF outcome:</b>	<input type="checkbox"/> Serious Injury <input type="checkbox"/> Death	<b>Date of Occurrence:</b>	
Is there an ongoing investigation related to the occurrence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the officer on administrative leave?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

### 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?	<input type="checkbox"/>	<input type="checkbox"/>	
with a different handler?	<input type="checkbox"/>	<input type="checkbox"/>	

### 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

<b>Printed/Typed Name:</b>	<b>Rank/Title:</b>	<b>Contact Email:</b>	<b>Contact Phone:</b>