



Louisville Metro Police Department Failure to Activate Wearable Video System (WVS)



Submit form through the chain of command to the appropriate Bureau Commander.

Name: Jason McNeil Code #: 7139

Incident Date: 09/17/2019 Incident Location: Glengarry Drive

Incident Time: 17:11 CAD Run #: _____

Report #: 80-19-068903 Defendant: Cardenas, Sergio

Criminal Charges: Pocs Meth, TWPE, PDP

Phone #: [REDACTED] WVS Equipment #: X63052719

Reason/Explanation for Not Recording: Camera was activated as soon as tactically safe to do so once it didn't activate due to power being in off position.

Explanation of What Would Have Been Captured: Apprehension which was recorded by other officers.

Approval Section

Immediate Supervisor's Recommendations/Comments:

If you answer "yes" to any of the following, please enter a comment in the section below.

Policy Violation? Yes No Equipment Issue? Yes No
 Training Issue? Yes No Other: _____

 Immediate Supervisor's Signature Printed Name Code # Date

Lieutenant's Recommendations/Comments:

If you answer "yes" to any of the following, please enter a comment in the section below.

Policy Violation? Yes No Equipment Issue? Yes No
 Training Issue? Yes No Other: _____

Approval Section (continued)

Lieutenant's Signature	Printed Name	Code #	Date

Division Commander's Recommendations/Comments:

If you answer "yes" to any of the following, please enter a comment in the section below.

Policy Violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Equipment Issue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Training Issue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other:	_____	

Division Commander's Signature	Printed Name	Code #	Date

Bureau Commander's Recommendations/Comments:

If you answer "yes" to any of the following, please enter a comment in the section below.

Policy Violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Equipment Issue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Training Issue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other:	_____	

Bureau Commander's Signature	Printed Name	Code #	Date