City of Madison

MINUTES - DRAFT

CCOC Subcommittee on Police & Community Relations

City of Madison
Madison, WI 53703
www.cityofmadison.com

Thursday, April 12, 2017 | **7:00 p.m.** | **Room 201, City-County Building 210 Martin Luther King, Jr. Blvd.**

Website | Handouts at Meetings | Meeting Minutes

Members Present: Ald. Marsha Rummel (chair), Ald. Shiva Bidar-Sielaff (vice-chair), Ald. Sheri Carter, Ald. Denise DeMarb and Ald. Rebecca Kemble (7:02 p.m.)

Staff Present: Capt James Wheeler, MPD Representative, Heather Allen, Council Legislative Analyst, Lisa Veldran, Council Administrative Assistant

Others Present: Ald. Barbara McKinney, Ald. Matt Phair, Greg Gelembiuk,

Call to Order
Chair, Ald. Marsha Rummel, called the meeting to order at 7:01 p.m.

Public Comment

Nathan Royko Maurer — Spoke
Distributed materials and provided a review "A Tale of Two Cities, Rate of Fatal Officer Involved Shootings per 100,000 People".

Greg Gelembiuk, Community Response Team — Spoke
Distributed materials and provided a review "Email: a question about police training", "Fyfe's Principles in relation to Normal Accident Theory", "Policing the Emotionally Disturbed", "Responding to Persons Affected by Mental Illness or in Crisis", "MPD SOP Mental Health Incidents/Crises".

Amelia Royko Maurer — Spoke
Distributed materials and provided a review Three (3) Letters from Community Response Team.

Amy Miller — Supported/Did not speak

Disclosures & Recusals
There were no disclosures or recusals from members of the subcommittee present.

Presentation: Overview of EAP Services for Police Officers – Tresa Martinez, EAP Administrator - Employee Assistance Program (EAP) and Critical Incident Stress Management (CISM)

Tresa Martinez and Lt. Kelly Donahue provided information and answered questions on the employee assistance services available to the Madison Police Department officers. EAP is not meant to be punitive.

Subcommittee members would like to see the peer support program adequately resourced, as well as funding available for a mindfulness program.

Discussion and Drafting of CCOC Subcommittee on Police & Community Relations Report and Recommendations (Legislative File 44674 – Attachments)

Registrations:

Greg Gelembiuk, Citizens Response Team Spoke
Provided materials and provided a review on NYPD Force Guidelines, NYPD Use of Force Patrol Guide, MPD SOP on Deadly Use of Force, Buffalo NY Use of Force policy. Requested that "The primary duty of all members of the service (MOS) is to protect human life, including the lives of individuals being place in police custody" statement from NYPD guidelines be included in the MPD's Use of Force SOP.

Brenda Konkel Spoke
Concerned about $18,000 for drones and cameras in the budget.

Amelia Royko Maurer Spoke
Reiterated her support for the 6 points outlined in the first letter from the Community Response Team.

Deb Rogers Spoke
Troubled by police officer shootings of citizens.

Shadayra Kilfoy-Flores Spoke
Urged the use the technology that is already in place (audio/video).

Claire Tran Spoke
Supported community control over the police department.

Nathan Royko Maurer Spoke
Supported mindfulness training for officers. Did not support the watering down of policies by the subcommittee (example: Rep. Taylor's recommendations)

Subcommittee members discussed the latest draft report. Changes to be made for the next draft:

- Use stronger language in report, example, directing vs. recommending
- Sort by series of issues instead of separating items for the ad hoc committee
- Directives should come from the Council, not from the subcommittee (recommendations)

Discussion: Scheduling Upcoming Meetings & Agenda Items (if needed)
Ald. DeMarb suggested that the subcommittee be reconstituted as a President's Work Group so that the current members continue to serve. All current members agreed to continue if that occurred.

Council staff will contact City Attorney Mike May to ask how the subcommittee can continue to meet after April 18, 2017 with the current subcommittee membership.

Next Meeting:

Monday, April 17, 2017
7:00 p.m.
Room 201, City-County Building

Adjournment
Ald. Denise Demarb moved to adjourn, seconded by Ald. Sheri Carter. Meeting adjourned at 10:17 p.m.

REPORT OF: CCOC Subcommittee on Police and Community Relations

TITLE: Recommendations on police policies and procedures

DATE: April 10, 2017

Introduction

The Common Council Organizational Committee Subcommittee on Police and Community Relations (the Subcommittee) held its first meeting on September 14, 2016 and confirmed the following objectives:

a) Provide a forum for residents and members of the Council to discuss police and community goals, priorities and interactions. Build a deeper understanding of policing for elected officials and members of the public; and,

b) Explore models and options from other communities related to policing and other police policies; and,

c) Provide a forum for information sharing regarding police training, policies, data and trends including detailed presentations from the MPD related to policing; and,

d) Make recommendations to the Council on short-term policy, procedure and training while waiting for the results of the Ad Hoc Review of Police Policies and Procedures.

Ald. Marsha Rummel chairs the Subcommittee and Ald. Shiva Bidar-Sielaff serves as vice chair. Ald. Rebecca Kemble, Ald. Sheri Carter and Ald. Denise DeMarb are members of the Subcommittee.

Overview of Activities

The Subcommittee has received several presentations from experts on policing, including the following:

Internal Investigations and Discipline

On Monday October 17, 2016, Capt. James Wheeler and Sgt. Erik Fuhreman presented information on the City of Madison Police Department (MPD) investigation and discipline process. The officers detailed the process MPD uses to conduct investigations of police misconduct. The vast majority of investigations are handled internally under the leadership of Professional Standards/Internal Affairs (PS/IA). PS/IA is staffed with two officers who rotate into that position for a period of two years.

On occasion, special investigations may be conducted by other departments as ordered by the Chief. All officer involved deaths are investigated by the State Department of Criminal Investigation. MPD compiles summary information regarding sustained complaints that resulted in discipline in a quarterly report to the Police and Fire Commission. The reports include a final

disposition of complaints. However, other information, such as the number of complaints deemed 'non-sustained,' is not readily available to the public.

Legal Authority of the Council Related to the Madison Police Department

On Wednesday November 9, 2016, City Attorney Michael May and Assistant City Attorney Marci Paulson presented information regarding the division of legal authority between the Police Chief, the Mayor and the Council in the operation of the police department. The City Attorney referenced a report concerning the legal authority of the Council to prevent MPD from utilizing tasers. The report to the Mayor and the Common Council dated April 7, 2005 explains that "[t]here is nothing in the law that prohibits the Mayor and Common Council, by means of an adopted resolution, from requesting that the Police Department cease engaging in a particular practice. The Police Chief is then free to consider such request and exercise his discretion to accept or reject it based upon his assessment of its wisdom, usefulness, practicality, hazard and other such relevant criteria." The memo goes on the explain that these are not simple questions.

The memo concluded with the statement that Common Council likely has the authority to adopt a resolution prohibiting the use of tasers, however there are legal reservations. "Having the Council interject itself into areas which call for technical law enforcement expertise … may not ultimately be the most prudent and safest course of action for officers and citizens alike. However, the Council's authority is not limited merely to those actions which outsiders might believe are wise or correct – otherwise its jurisdiction would be unnaturally narrowed indeed."

Implementation of the United Way/MPD Task Force Report on Use of Force

On November 21, 2016, Capt. Kristen Roman presented information about the 2016 Special Community/Police Task Force Recommendations Regarding Police 'Use of Force.' The United Way of Dane County, the Dane County Chiefs of Police Association and the Dane County Branch of the NAACP issued the report. The City of Madison and MPD contributed to the development of the Report and recommendations.

Since the publication in February of 2016, MPD has implemented some of the recommendations of the report including creating a new Use of Force Coordinator position to track all use of force incidents and provide regular reporting to the Chief on these incidents. Sgt. Kimba Tieu is the new Coordinator and he presented to the Subcommittee at a later date. The Department acquired new software, IA Pro, which provides data management for internal investigations. The Department also developed a new foot pursuit policy and a new Standard Operating Procedure (SOP) on de-escalation.

Use of Force Policies from Other Communities

On December 13, 2016, State Representative Chris Taylor presented her research regarding best practices from other communities and her planned legislative proposals to change use of force policies across WI. She highlighted several principles found in policies and procedures in other communities that she deemed important for Wisconsin communities. Representative Taylor highlighted the following principles:

- *A duty to preserve life* is included as part of NYPD policy. The MPD policy recognizes the "value of life" but does not affirm a duty to preserve life.
- *Deadly force as a last resort* is part of the Department of Justice guidelines. The U.S. DOJ guidelines say that deadly force is reasonable when all other means have failed or would

be likely to fail. Madison's deadly force policy says that such force is authorized when "an officer reasonably believes a lesser degree of force would be insufficient."

- *The principle of proportionality* is the requirement to only respond at the level of threat. This principle is not included in MPD's use of force policies.
- *Tailored guidelines for managing resistant subjects who may be mentally ill or intoxicated.* NYPD has an extensive policy related to "emotionally disturbed persons" or EDPs. The NYPD policy provide guidelines for officers to assess, de-escalate, create safety zones, and "if the emotionally disturbed person is armed or violent, no attempt will be made to take the EDP into custody without the specific direction of a supervisor unless there is an immediate threat of physical harm to the EDP or others present."[1]

A Proposal for Community Control of the Police

On Monday January 18, 2016, representatives of Freedom Inc, provided a presentation of their proposal regarding community control of the police. The proposal would restructure policing districts to reflect "existing social cohesion of neighborhoods and communities therein." The residents of those districts would then vote on whether they would like to retain the existing police department or replace the department with a force controlled by district residents. New forces would be run by a Community Police Control Board with the power to establish policies and priorities. Members of the Control Board would be chosen randomly from the districts rather than elected or appointed. Freedom Inc. stated that this proposal is legally plausible under existing state statute § 62.13(2e) which "allows cities to forgo the traditional police department and accompanying board in favor of a Combined Protective Services department."[2]

Surveillance Technologies and Policies

Also on January 18, 2016, representatives from the ACLU provided a presentation on surveillance technologies and related policies. The ACLU shared information about new technologies related to video and audio surveillance as well as GPS and drones now in use by some police departments. The ACLU provided a proposal for the City of Madison to consider clarifying rules related to the acquisition, purchase, and use of technology, as well as the management of surveillance technology and data.

Dane County's Efforts to Reduce Disparities in Arrests

On Thursday February 16, 2017, Colleen Clark-Bernhard, Equity and Criminal Justice Council Coordinator presented information on the initiatives from the Dane County Criminal Justice Council (CJC) to expand collaboration, data driven justice, and innovation. The CJC has focused on improving data management and capabilities as the foundation of their work and in 2016 hired a research analyst in the County Board Office to add analytical capacity to address issues of equity and transparency. Also in 2016 the CJC announced their partnership with the White House Data Driven Justice Initiative to use data to divert people with mental illness away from the criminal justice system and into community based treatment. Additionally, Dane County is expanding the Community Restorative Court to all of Dane County. This is an existing area of collaboration with Madison and Dane County which may have opportunity to grow as the CRC serves more local residents.

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[1] NYPD Patrol Guide Tactical Operations Procedure No: 221-12 Mentally Ill or Emotionally Disturbed Persons. Issued 06/01/2016.

[2] Freedom Inc. Community Control Over the Police Brochure. https://madison.legistar.com/View.ashx?M=F&ID=4970445&GUID=892D6EDB-7B83-4727-90AF-D35A1B70B570

Weapons and Use of Force and Use of Deadly Force Policies at MPD

On March 2, 2016 at a special meting of the Common Council (not a meeting of the Subcommittee), Sgt. Kimba Tieu presented a demonstration of the tools in an officers' belt including a taser, baton, hobble restraints, pepper spray, shotguns with non-lethal rounds and hand guns. Sgt. Kimba Tieu also presented the SOPs and answered questions regarding MPD's Use of Force policies and procedures. Sgt. Tieu explained that MPD believes that policing is done in partnership with the community. All use of force data is now available on the MPD website and that Sgt. Tieu is responsible for these data as the Use of Force Coordinator. He is watching for trends in these tactics and seeking to determine whether officers are getting hurt using a particular type of fore or whether one type of force is more or less effective. When asked about specific scenarios and use of force Sgt. Kimba reiterated that officers are authorized to use force if they are acting "reasonably" given the totality of circumstances.

IA Pro Software (internal investigations software)

On Monday March 20, 2017 Lt. Amy Chamberlin and Assistant Chief Vic Wahl presented detailed information on the implementation of IA Pro Software and the plan to implement an Early Warning System utilizing the IA Pro Software to support internal investigations and personnel management. The program has been in place for one year and all complaints and all use of force data have been entered into the system since 1/1/2016. The data is reviewed daily and the Chief is briefed every Monday on the data. Some of the other data entered into the system include information related to pursuits, squad crashes, use of force, as well as audit results related to squad cars, email and messages. IA Pro allows PS/IA the ability to monitor officers who are on probation or "work rules". IA Pro has a great deal more capability than is currently in use. PSIA is looking at how best to utilize IA Pro to implement an Early Warning System.

Neighborhood Associations Weigh In

The Subcommittee has also reached out to neighborhood associations directly with a short survey. The goal of the survey is to understand the types of cooperative activities neighborhood associations have with MPD and to learn more about existing neighborhood watch programs as well as perceptions of public safety. Over 26 neighborhood associations responded. The most frequent public safety concerns cited were pedestrian safety and traffic/speeding issues as well as petty theft from autos/garages at night. Other public safety concerns cited by more than one neighborhood included gun violence, vagrancy, home burglaries, vandalism, and drug violence/activity. Many neighborhood associations noted that they have frequent positive interactions with MPD though few have certified neighborhood watch programs.

Recommendations

The Subcommittee reviewed a wide range of subjects relating to community and police relations throughout the course of their work. As a result, the Subcommittee noted that some of the issues are most appropriate for consideration by the Madison Police Department Policy and Procedure Review Ad Hoc Committee, while other issues could be addressed to the Common Council of the City of Madison.

The first set of recommendations are intended to be presented to the Common Council of the City of Madison. These recommendations are within the purview of the Common Council to implement in the short-term. The second set of recommendations is intended to be provided to the MPD Policy and Procedure Review Ad Hoc Committee for possible inclusion in their final report and recommendations. These latter recommendations require a more in-depth understanding and familiarity with police policies and procedures to evaluate and refine the recommendations.

Recommendations for the City of Madison Common Council

1. Surveillance Policies

Issue: Surveillance technologies are rapidly expanding governmental capabilities to gather data on individuals. The City of Madison values the principles of transparency, oversight and accountability and seeks to ensure that residents' civil rights and civil liberties are protected even as the city utilizes surveillance technology to protect public safety. A comprehensive policy governing the purchase and use of surveillance technology is required to ensure these protections.

MPD does have a policy governing use of audio and video surveillance. However, the City of Madison does not yet have citywide surveillance policies. Departments outside of MPD may purchase their own surveillance equipment or utilize equipment borrowed from other departments; this usage is not governed by any existing framework. The proposed policies would address all city employees' and departments' purchase and use of surveillance equipment.

Recommendation: The Subcommittee recommends the Common Council develop a policy governing the purchase and use of all surveillance equipment employed by all City Agencies including MPD. The policies will also address data management and storage.

2. Safeguarding People Exhibiting Signs of Mental Illness or Intoxication Who Are Resistant to Medical Assistance or Arrest

Issue: The majority of officer-involved shootings in the last 3 years in the City of Madison have involved a person with a mental health issue or an intoxicated person. The Subcommittee would appreciate further clarification of policies relating to people exhibiting signs of mental illness or intoxication who are resistant to medical assistance or arrest.

The MPD SOP on Mental Health Incidents/Crises (12/22/2016) provides some degree of guidance related to this issue. The SOP describes the value in de-escalating crisis situations, the role of Mental Health Officers and the process to assess a person in crisis. However, the SOP does not detail tactics or procedures to de-escalate the situation or establish safety for all persons affected by the situation. A specific protocol is needed to clarify how an officer should interact with resistant people in crisis.

Recommendation: The Common Council of the City of Madison will request that MPD issue a SOP that explicitly details the goals, tactics, policies, and procedures to deal with a person in crisis who is resistant to medical assistance or arrest. The Subcommittee would request that MPD consider incorporating Fyfe's principles for interacting with resistant incapacitated subjects. Those principles include 1) keeping a safe distance, 2) avoiding unnecessary and provocative displays of force, 3) working with back-up, 4) one office should interact with the subject, others should remain quiet, 5) the officer interacting with the subject is in charge, no one else should take unplanned action, 6) make it clear officers are there to help not threaten, and finally 7) officers should take as much time as necessary for an arrest, even hours or days if that is that is what is required.[3]

3. Use of Force Policies

Issue: The Subcommittee found that the principles of de-escalation and the duty to intercede are included in certain MPD policies but are not incorporated into the MPD Use of Force and Use of Deadly Force policies. Incorporation of these principles into the Use of Force policies would clarify the duties of officers to put these principles into action especially in scenarios that may require force.

De-escalation tactics and techniques are actions used by officers which seek to minimize the likelihood of the need to use force during an incident. Officers shall attempt to slow down or stabilize the situation so that more time, options and resources are available for incident resolution. The duty to intercede is the principle that Officers have a duty to stop other officers who are using excessive force and report them to a supervisor.

Recommendation: The Common Council of the City of Madison will request that the MPD issue updated MPD Use of Force and the Use of Deadly Force policies that explicitly incorporate the duty to intercede and de-escalate.

4. Waiting for Back-Up

Issue: Officers are at higher risk, and may be more likely to use deadly force because of that risk, when they engage alone in a situation in which there may potentially be a resistant subject.

Recommendation: The Subcommittee requests MPD to reinstate a back-up policy most recently utilized in November 2016. That policy required officers to wait for backup before physically

[3] Fyfe, James J. PhD. Policing the Emotionally Disturbed. Journal of American Academy of Psychiatry and the Law. *28:345-7, 2000*

approaching any involved subject(s), unless an officer reasonably believes there is a substantial risk of bodily injury to any person(s).[4]

> *"Officers shall not disregard backup, if so assigned by dispatch. Additionally, officers shall wait for backup before physically approaching any involved subject(s), unless an officer reasonably believes there is a significant risk of bodily injury to any person(s)."*

5. Communication with City Council

Issue: MPD and the Council could work together more closely if communication was enhanced. The Subcommittee found great value in the presentations from MPD relating to internal investigations, use of force, data analysis with IA Pro software and implementation of the community task force recommendations on use of force. The Council recognizes that MPD is a department that generates a high level of interest for members of the public and hopes that increased reporting will allow for greater understanding and transparency of the work of MPD.

Recommendation: Chief of Police will provide quarterly written and verbal updates to City Council (verbal as a standing quarterly agenda item at either Council or the Common Council Organizational Committee) to include the following information: 1) any changes to Code of conduct and SOP, 2) any changes in training, 3) any new initiatives, 4) MPD arrest data by reason for arrest and race/ethnicity, 4) parking enforcement revenues, and 5) use of force incidents.

[4] The current MPD policy related to back-up states, *"Officers shall not disregard backup, if so assigned by dispatch, prior to arrival at the scene and assessment of the situation."*

AD HOC COMMITTEE RECOMMENDATIONS

Oversight of Internal Investigations

Oversight of internal investigations may take many forms. Two ideas presented here include an audit mechanism of internal investigations and external investigations of complaints.

Investigations into police misconduct are traditionally handled internally, however all officer-involved deaths are investigated independently by the State Department of Criminal Investigation. The majority of Madison cases are handled internally in the City of Madison by the MPD PS/IA. The City of Madison PS/IA Office is staffed by officers who serve on two-year rotations before returning to other posts.

Cities such as Portland, Los Angeles and Tucson utilize auditors outside of the police departments[5] to provide reviews and reports of the investigation process by their police departments and to provide recommendations on a regular basis. Such a system provides the benefits of external accountability at a minimal cost. The auditor would regularly review the process for submitting complaints, investigating and disposing of complaints. Such an auditor can help provide the public and elected officials with an impartial analysis of the department's handling of complaints.

Alternatively the City may consider external investigations. Given the public interest surrounding policing and the public's frequent demand for independent investigations into misconduct, a policy which directs an external investigator to investigate certain complaints may enhance community trust. There is also a benefit to innocent officers when they are investigated externally. Officers declared innocent of the complaint charge by an external body are more likely to be considered innocent by the public, rather than those officers declared innocent by their own departments. External investigations may "help reassure a skeptical public that the department already investigates citizen complaints thoroughly and fairly."[6] The City may consider hiring an investigator to investigate complaints submitted to the PFC so that an external report on the facts of a complaint case may be provided to the Police and Fire Commissioners for review.

Early Intervention Warning System

Early Warning Systems, also called Early Intervention Systems, are tools to monitor officers who are frequently the subject of citizen complaints or demonstrate behavioral issues. Early Warning Systems are becoming increasingly popular, as of 1999 the most recent survey on early warning

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[5] The Portland Auditor is tasked with reviewing investigations of police conduct as well as managing reviews for other city agencies. The Portland Auditor Mary Caballero is elected to her position and has a background in auditing performance management. https://www.portlandoregon.gov/auditor/27392. This is not staffed by former law enforcement.
The Tuscon Independent Police Auditor is managed by a long-time city employee who previously investigated equal opportunity claims and has an investigator on staff. This is not staffed by former law enforcement.
https://www.tucsonaz.gov/manager/independent-police-auditor-civilian-investigator
The Los Angeles Audit Division was established in 2001 as a result of the Consent Decree and is now staffed by over 30 sworn officers and civilian professionals including CPAs, fraud examiners, an professional auditors.
http://www.lapdonline.org/inside_the_lapd/content_basic_view/8772

[6] Peter Finn. Citizen Review of Police: Approaches and Implementation. U.S. Department of Justice. National Institute of Justice March 2001. NCJ 184430.

systems, 39% of all police forces serving communities of more than 50,000 have a system in place or are planning to implement one.[7] The City of Madison Police Department has purchased police data tracking system called IA Pro, which includes the capabilities of an Early Intervention Warning System. As the Department prepares to implement the early intervention program within IA Pro, it will be valuable to monitor the use of the tool.

The Ad Hoc Committee may consider working with MPD to further explore the IA Pro capabilities in this regard. In addition, the Ad Hoc Committee may be interested in speaking with the University of Chicago Data Science for Social Good statisticians to better understand the opportunity to collaborate on developing a predictive early warning system.

Root Cause Analysis

The National Transportation Safety Board and many hospitals utilize root cause analysis processes to determine the factors that may have contributed to an adverse event such as a plane crash or an outbreak of disease. The purpose of root cause analysis is not to assign blame but to enable complex organizations to identify opportunities for improvement. The Subcommittee encourages the Ad Hoc Committee to consider the value of a root cause analysis process and protocol for MPD to examine critical incidents and broader trends. Such as system would require robust data analytics, which may be available through expansion of the IA Pro system or other data systems.

Use of Force Policies

Use of Force policies are of particular interest to the Subcommittee. In the near term, the Subcommittee will encourage the Council to request that MPD to incorporate de-escalation and the duty to intervene into the MPD Use of Force Policies (see previous section). These concepts are present in other MPD SOPs. Similarly, the Subcommittee will encourage the Council to request that MPD develop a new policy specifically for interactions with resistant subjects in crisis (see previous section).

In addition, the Subcommittee wanted to make note of the research provided by Representative Chris Taylor. Rep. Taylor highlighted the principles of the a duty to preserve life, use of deadly force only as a last resort, and the principle of proportionality. The Dallas Police have focused on de-escalation, proportionality and preserving life and have seen a drop in excessive force complaints and officer involved shootings from 2010. These principles may prove useful in the evaluation and recommendations of the Ad Hoc Committee.

Increasing Supports for MPD Officers Interacting with Incapacitated Individuals

The Subcommittee identified other possible supports for MPD officers interacting with incapacitated people. The Subcommittee would encourage further investigation into the types of training and on-going training strategies that will improve interactions with intoxicated people or those experiencing a mental health crisis. The ProTraining (Edmonton Model) has been presented to the committee as an effective training model. The Subcommittee would also like to learn more about the opportunities to hire social workers to work with officers to support interactions with incapacitated people.

[7] Shultz, Ashley. Early Warning Systems: What's New? What's Working. CNA Analysis & Solutions. December 2015. https://www.cna.org/cna_files/pdf/CRM-2015-U-012182.pdf

Conclusion

The Subcommittee achieved the objectives established in September 2016 and has created five recommendations for the Common Council. Those recommendations include calling for;

1. a new city-wide surveillance technology and data policy,
2. a policy for interactions with resistant subjects incapacitated by drugs or alcohol or experiencing a mental health crisis,
3. clarifying use of force policies,
4. reinstituting a recent back-up policy, and
5. enhancing and regularizing communication with the Common Council.

These recommendations are short-term policy recommendations which are designed for consideration before the completion of the work of the Ad Hoc Committee. The Subcommittee also evaluated several other areas of interest and hopes that this report will serve as a resource. The Subcommittee learned a great deal through its work and wishes to express its gratitude residents of Madison, the Madison Police Department, the Ad Hoc Committee and the Common Council for their participation and support of this effort.

APPENDIX

Madison Police Oversight Committees

Madison Police and Fire Commission	Public Safety Review Committee	Madison Police Department Policy and Procedure Review Ad Hoc Committee	Common Council Organizational Committee Subcommittee on Police and Community Relations
Permanent, established by WI Statute	Permanent, established by Common Council	Temporary, established by Common Council	Temporary, established by Common Council
Madison General Ordinance Sec. 33.06 and State Statutes 62.13 - Appoints the chief of each department; approves or disapproves promotions and supervision of the hiring process, with certification of an eligibility list and approval of those who are finally hired; holds hearings on disciplinary matters brought to its attention either directly or through appeal and imposes discipline if appropriate.	Madison General Ordinance Sec. 33.22 - The board shall be advisory to the mayor and Common Council to assist them in the performance of their statutory duties. The board may review and make recommendations concerning departmental budgets; review service priorities and capital budget priorities of the Police and Fire Departments; serve as liaison between the community and the city on public safety issues; and review annually and make recommendations to the Common Council regarding the annual work plans and long-range goals of the departments.	The Committee's objective is to complete a thorough review of the Madison Police Department's policies, procedures, culture and training using the consultant report, other resources and testimony. Creating resolution RES-15-00477, File ID# 37863; effective 5/21/2015	The Subcommittee's objective is to provide a forum for residents, to share information on Madison policies and procedures, to explore police polices and procedures from other communities, and to make short-term policy recommendations while waiting for the results of the Madison Police Department Policy and Procedure Review Ad Hoc Committee. Established 9/14/2016.

City of Madison

INTRA-DEPARTMENTAL

Correspondence

DATE: March 7, 2014

TO: Dane County Public Safety Communications Center

FROM: Randall J. Gaber, Interim Chief of Police

SUBJECT: **Madison Police Department CFS Dispatch Guidelines**

This memo outlines guidelines and expectations for Madison Police Department response to calls for service. Any questions about response to a particular call/incident should be directed to the O.I.C. If the O.I.C. is unavailable, the 911 Center should attempt to contact a field supervisor (sergeant) for guidance. If the 911 Center has any question about whether a call should be dispatched and is unable to contact the O.I.C. or a field sergeant for guidance, the call should be dispatched. Shift O.I.C.s (shift lieutenants or sergeants filling in as O.I.C.) and field commanders (Lieutenants, Captains, Chiefs) have the authority to deviate from these guidelines on a case-by-case basis.

Categories of Call Types

Calls/incidents should be categorized as follows for purposes of dispatching MPD officers:

Priority – Priority – Priority calls are urgent, requiring rapid police response. They generally include Echo, Delta and certain Charlie level incidents. However, other incident types should be considered priority calls if one or more of the following criteria are present:

- Injuries requiring immediate medical attention (excluding emergency medical calls)
- Crimes in progress (excluding crimes that are referred to self-reporting)
- Incidents involving physical danger or risk to the public
- Most incidents involving firearms or other weapons
- Incidents where the potential for violence exists without police intervention
- Death investigations

Note that under certain circumstances, some Delta and many Charlie level calls may not require an immediate police response, and should be considered routine calls. These circumstances would include incidents involving no risk to the public, a significant time delay between occurrence and reporting, and no risk that evidence will be lost if response is delayed.

Routine – Routine calls do not typically require an immediate police response, and generally include most Bravo and some Charlie level calls. They typically include minor crimes with no suspects present, incidents not involving violence or a risk to the public, incidents with no apparent potential for escalation, etc. Any call should be considered a priority call if the criteria listed above (under the definition of priority calls) are present.

Low – Low priority calls are minor incidents, where the timeliness of police response is not an issue. These typically include some Bravo and all Alpha level calls.

Dispatching Officers

Calls for service should be dispatched to an officer having responsibility for the sector where the incident is being reported from, if possible. If multiple officers share responsibility for the sector, an officer the dispatcher reasonably believes is closest should be dispatched whenever possible. However, calls for service and workload should be balanced between officers sharing responsibility for a sector or sectors as much as possible (officers in the

first two hours of their shift should be given initial consideration). If no officer having responsibility for the sector is available:

- Priority calls should be dispatched to the nearest available officer, regardless of district assignment.
- Routine and low call types should be dispatched to another district officer, and should only be held for an officer responsible for that sector if he/she asks that the call be held and will be available to respond in a reasonable time (**no more than ten minutes**, except between the hours of 6 a.m. and 7 a.m.).

Supervisors are expected to routinely monitor calls for service to ensure these guidelines and protocols are being followed. It is realized, however, that it may occasionally be necessary, when circumstances dictate, for a supervisor to direct a course of action outside of these guidelines.

Officers with questions about being dispatched to a call should contact the O.I.C. or a field supervisor, and should not question the dispatcher.

Call Reporting Locations

MPD response to incidents is related to the location of the complainant, not the location of the incident being reported. If a citizen is reporting an incident that happened at another location in the City, an officer responsible for the sector where the complainant is reporting the incident from should be dispatched and shall investigate the incident. This includes incidents reported at the CCB or MPD District Stations.

The only exception is for calls to hospital emergency rooms. When calls for service are received from a hospital emergency room an officer responsible for the hospital should initially be dispatched (a district officer should be dispatched if an officer responsible for the hospital is unavailable). The officer should respond and obtain preliminary information from the complainant. If the incident being reported took place in another district and appears as if it will require significant follow-up, or if a supervisor believes based on the type of incident reported that it will likely require significant follow-up, a supervisor may elect to have resources from the district where the incident occurred respond in addition to, or instead of, the officer responsible for the hospital.

If citizens located outside the City of Madison call to report an incident that occurred in the City of Madison, an officer the dispatcher reasonably believes is closest to the citizen's reporting location should generally be dispatched, unless the citizen's reporting location is more than a reasonable driving distance from the City limits (generally, more than 5 minutes driving time). In those instances, an officer responsible for the location where the incident occurred should be assigned to contact the complainant by phone.

Dispatch Protocols at Shift Change

During the period of 6am to 7am, it is expected that 911 Center and patrol personnel will adhere to the following protocols:

- **Priority calls:** Shall be dispatched to an officer the dispatcher reasonably believes is closest regardless of district or shift assignment.

- **Routine calls:** Shall be dispatched for service when an early, first detail officer responsible for the sector or district assigned officer is available. Fifth detail officers may be required to assist as backup in the last hour of the shift.

- **Low priority calls:** Shall be held until late first detail cars are in service.

Officers shall check in by radio with dispatch immediately after citywide briefing.

Officers in the Last Hour of Shift

During the last hour of their shift, officers will be expected to be available in their assigned area. Officers should not be dispatched to low priority calls during the last hour of their shift (except to back up an officer if no other district-officers are available), and should not be dispatched to routine calls in the last 30 minutes of their shift (except to back up an officer if no other district-officers are available). When appropriate, an officer may go into the station prior to the end of their shift to complete necessary tasks when approved by the O.I.C. Approval should be requested via MDC or telephone, rather than through dispatch. Officers are reminded that MPPOA contract provides for eight minutes prior to the end of the tour to file reports, and clean and store equipment.

CFS Response Levels

Generally, MPD commissioned personnel will respond to calls for police service received by the Dane County 911 Center based on officer availability and prioritization of calls. However, on occasion it is necessary for a restricted response protocol. Guidelines to be used by O.I.C.s or field commanders when determining whether to modify MPD response include: call volume, significant incidents/crimes, staffing levels, tactical situations, special events, extreme weather conditions, or other unusual situations requiring significant MPD resources.

MPD will have three levels of response:

Normal: The assignment of police units to calls for service will continue under current guidelines and practices as outlined in this document. Officers will respond to calls for police service (depending on officer availability), and can continue to engage in pro-active activity (traffic stops, foot patrol, etc.).

Priority Call Response: MPD will only respond to priority calls for service as defined on page one of this document. The O.I.C. or a field commander can set this response level city-wide, or limit it to a specific district. Patrol officers should refrain from pro-active activity to be available for calls. The O.I.C. should assess the need for MPD personnel and the available staffing to determine whether additional resources are needed (mutual aid; shift holdover; use of non-patrol personnel; personnel call-in; SET or SWAT activation; etc.). Priority Call Response includes Limited Crash Response.

Limited Crash Response: MPD response to non-accident related calls for service will continue as normal. Officers will not respond to motor vehicle accidents on private property (unless an injury is involved), or to other motor vehicle accidents that do not involve injury or public road blockage (except for accidents involving City owned vehicles or off-duty MPD commissioned personnel). The O.I.C. should be consulted for accidents involving other government owned (non-City) vehicles. If the 911 Center cannot determine whether the accident involves injury or public road blockage, an officer should be dispatched. Limited Crash Response may be activated without Priority Call Response.

911 Center Expectations

Limited Crash Response
During periods when MPD is in limited crash response mode, if the crash is of a nature that MPD will not respond to, the caller should be advised that no MPD response will occur. The caller should be provided information on how to report the crash themselves.

If, at the time MPD transitions to limited crash response mode, there are non-injury/blockage crashes in queue, officers should not be dispatched to those crashes. The 911 Center should – if possible – call the complainants back, advise them that no MPD response will occur and the citizens should be referred to complete a State of Wisconsin Accident Report Form (MV4002), available at any Department of Transportation office, MPD district station, or on the Department of Transportation website.

The call should be canceled from the pending queue and cleared with a disposition code of D. Calls may be dropped even if a particular complainant cannot be re-contacted.

Priority Call Response
During periods where MPD is in priority call response mode, the 911 Center should adhere to the following process when receiving incoming requests for MPD service:

- The call taker should obtain full information from the caller (location of incident, identity of complainant, nature of complaint, etc.) and enter into the CAD as an incident. If the call is of a nature that MPD will not respond to at that time (based on the criteria explained above), the complainant should be advised that MPD response will be delayed. The caller should be advised to call back if the incident escalates or circumstances change in a way that would make police response necessary.

- The dispatcher will, as resources permit, dispatch officers to priority calls in accordance with the criteria explained above. Calls that do not meet the criteria will remain in queue.

- When MPD's response level returns to normal, calls in queue should be dispatched as resources permit.

- If a caller re-contacts the 911 Center and indicates an unwillingness or inability to continue waiting for MPD response, they should be advised to call back at another time and the call should be cleared with a CAD disposition code of D.

- If the 911 Center has **any** questions about whether a particular call should be dispatched, they should consult with the O.I.C. (or a field supervisor if the O.I.C. is unavailable).

If, at the time MPD transitions to priority call response mode, there are calls in queue of a nature that MPD will not respond to under priority call response mode, officers should not be dispatched to those incidents. The 911 Center should – if possible – call the complainants back, and advise them that MPD response will be delayed. Citizens with concerns about MPD's response should be referred to the O.I.C.

When an O.I.C. or field commander determines that MPD response will be temporarily modified to priority call response or limited crash response (or removing the temporary modifications), the O.I.C. should immediately notify the 911 Supervisor by telephone (608) 267-3913 (supervisor phone), or via the direct OIC/911 line if the supervisor line is unavailable. The 911 Supervisor will immediately inform the primary MPD dispatchers who will notify their respective MPD personnel via radio. The O.I.C. should inform the Assistant Chief of Operations by email, advising the times the modified status was in effect and the reason for the change. The 911 Supervisor and O.I.C are encouraged to work together to evaluate the need for priority call or limited crash response status as conditions warrant.

CFS at the Public Safety Building

MPD should not handle any calls for service occurring within the Public Safety Building. This does not prohibit MPD from assisting with crimes/disturbances in progress where a request for assistance has been made to stabilize and control the situation. Once stabilized, the incident should be turned over to the Dane County Sheriff's Office. This restriction does not apply to incidents reported by callers in the Public Safety Building that occurred elsewhere in the City of Madison.

Dane County Courthouse and City County Building

MPD has responsibility for responding to incidents occurring within the City County Building (excluding the jail).

MPD and DCSO share responsibility for the Dane County Courthouse. DCSO has responsibility for courtrooms, courtroom holding cells and other non-public areas. MPD has responsibility for public areas (hallways, offices, entryway, weapons screening, etc.). MPD officers will respond to assist with emergencies occurring in areas of DCSO responsibility.

Detox Conveyances from Hospital Emergency Rooms

Subject Conveyed to Emergency Room by Another Law Enforcement Agency – If a law enforcement agency conveys an individual from their jurisdiction to a Madison emergency room for medical treatment, and that person needs transportation to Detox after being medically treated, it is the responsibility of the agency that conveyed the individual to the hospital in the first place to convey the incapacitated subject to Detox. This applies even if the officer/deputy has returned to their jurisdiction, and applies to jurisdictions outside of Dane County. MPD officers will not make conveyances to Detox under these circumstances.

Subject Conveyed to Emergency Room from Detox – If a person who has been admitted to Detox is conveyed to a Madison emergency room for medical treatment, it is the responsibility of Detox to arrange for that subject to be conveyed back to Detox after they have been medically treated. MPD officers will not make conveyances to Detox under these circumstances. This applies even if the person was originally conveyed to Detox by an MPD officer.

Subject Conveyed to Emergency Room by Other Means – If a subject was conveyed to a Madison emergency room from another jurisdiction by a non-law enforcement agency, MPD officers should respond (if requested) to evaluate the subject and determine whether he/she is incapacitated by alcohol. If the subject is deemed to be incapacitated by alcohol he/she will be placed under protective custody and conveyed to Detox. This includes subjects conveyed to Madison emergency rooms by ambulance from other jurisdictions.

Deviations from these procedures must be approved by a supervisor.

Detox

- MPD officers should not convey individuals from Detox to a hospital or other treatment facility.
- MPD officers should not convey individuals from Detox to jail if the person was originally placed in protective custody by another jurisdiction. MPD officers will convey our arrests to jail from Detox.

JRC

- MPD will respond to JRC to investigate all calls for service occurring within JRC.
- Officers shall conduct assessment of persons taken to JRC and if necessary should have person medically evaluated prior to JRC intake.
- If MPD officers are presenting a person to JRC and at the time of intake or shortly thereafter it is determined that a medical release/clearance is necessary MPD officers should convey to a medical facility for that evaluation.
- MPD officers should not make scheduled conveyances from JRC.

Alarm Response

- MPD officers will continue to be dispatched to residential burglary alarms and burglary alarms from government buildings.
- MPD officers will continue to be dispatched to citizen-reported audible alarms.
- MPD officers will continue to be dispatched to any human-activated alarm, whether it originates from an individual, residence, or a business.
- MPD officers will continue to be dispatched to mechanically activated commercial burglar alarms received between the hours of 10pm and 6am.
- MPD will utilize a "broadcast and file" protocol for mechanically activated commercial
- burglar alarms received between the hours of 6am and 10pm. When calls of this type are received, the 911 Center should broadcast the information to officers working in the vicinity of the address where the alarm occurred. This is information for district officers, with no expectation that a police response will occur. Officers may elect to respond if they choose.
- MPD should only be dispatched to mechanically activated commercial alarms if verification that a problem may exist has been received. There is no expectation that a citizen will be asked to enter a potential crime scene – any observation that leads a reasonable person to believe that a crime may be in progress or may have already taken place will suffice.

Note that an MPD Commander must contact the on-duty 911 Center Supervisor with temporary deviations from this policy. These deviations can specify that officers should be dispatched to alarms from a particular address, in a particular district, during a particular time frame, etc. If the modified response will remain in place for more than a single shift, the request to the 911 Center must be in writing.

Noise Complaints

If it has not been possible for MPD officers to respond to a noise complaint (call type 113C1) for one hour, and the 911 Center has not received any additional calls on the incident, the call should be canceled from the pending queue and cleared with a disposition code of D. Noise complaints should not be dropped if multiple calls are received reporting the same problem, or if a complainant requests contact with an officer.

Serving Warrants for Other Jurisdictions

These guidelines should be adhered to when outside agencies request that MPD officers serve warrants:

Under the following conditions, MPD officers will respond and attempt service as requested, whenever possible:

- Felony warrants, where violence was involved.
- To locate subjects named in a probable cause affidavit if the probable cause affidavit is related to domestic violence.
- To serve a misdemeanor warrant related to domestic violence if exigent circumstances exist related to domestic violence.
- To serve apprehension requests from the Wisconsin Department of Corrections for probation and parole violations.

Under the following conditions, service requests will be forwarded to the OIC via inter-departmental envelope for attempted service, as time/resources are available (officers should not be dispatched in these cases):

- Nonviolent felony warrants.
- Misdemeanor warrants unrelated to domestic cases.
- Traffic warrants from outside jurisdictions.
- Municipal Ordinance violations.

These guidelines may be deviated from with a supervisor's approval.

Outside Agency Translation Requests

Requests from outside agencies for MPD officers to assist with language translation should be cleared through the O.I.C. unless the need for assistance is urgent or requires immediate response. The O.I.C. will determine whether MPD officers will assist and what the scope of their assistance will be.

Crashes Involving City Employees

An MPD supervisor should be dispatched to any motor vehicle accident (in the City) involving an MPD officer (on or off duty) or any on-duty City employee.

Traffic Crashes (including hit and runs)

Officers should be dispatched to **all** crashes (on either private or public property) except as follows:

- All of the vehicles/pedestrians involved in the accident have left the scene prior to contacting police, unless special circumstances prompted their leaving (following a hit and run suspect vehicle, seeking medical treatment, moving out of traffic, etc.)
- During all weather-related emergencies when Limited Crash Response rules are in effect (unless crash involves injuries, blockage, MPD officer on or off duty, or any on-duty City employee)

Note: **traffic crashes are not handled through the MPD self-reporting system**. Under the above circumstances, citizens should be referred to complete a State of Wisconsin Accident Report Form (MV4002), available at any Department of Transportation office, MPD district or other police station, or on the Department of Transportation website.

Dispatch Protocol for Community Policing Teams

The Community Policing Teams (CPTs) are primarily intended to do proactive work in the area of Drugs, Traffic, Community Policing initiatives and other District-related issues. They are available to assist Patrol with Calls for Service in a limited capacity.

The CPTs may be used to assist with Calls for Service under the following circumstances:

1. When so directed by the Officer in Charge (O.I.C.) or District Commander.
2. At the discretion of the CPT Sergeant.

Other personnel may request the use of the CPTs for assistance with issues. These requests should be routed through the District Commanders for planned events and through the OIC for issues arising during the working shift.

Calls most suitable for the CPTs to be utilized are:

1. Calls involving drugs.
2. Calls involving significant threat to officer safety, where the coordinated response by a Team of officers, under the direction of a Sergeant, would facilitate safe handling of the incident.
3. Priority calls at times when Patrol does not have sufficient staffing to adequately handle the situation.

Dispatch Protocols for K9 Teams

MPD K9 teams are assigned to patrol or to a Community Policing Team (CPT).

Patrol K9 teams: should be dispatched to calls where a K9 may be needed. These include burglaries and robberies (in-progress or recent), barricaded subjects, vehicle/foot pursuits, weapons offenses, drug investigations, etc. When not on a K9 incident, patrol K9 officers may be dispatched to back up patrol officers or to respond to minor incidents as needed.

CPT K9 teams: are generally available for response to citywide K9 requests. They should not be dispatched to other calls except as indicated above (under dispatch protocols for CPT's).

Outside agency requests for an MPD K9 team should be approved by the O.I.C. This does not prevent a K9 officer from responding to assist with an emergency request outside the City.

Special Duty Radio Numbers

MPD officers working special duty assignments are required to have a portable radio and to check in with dispatch at the start and end of their assignments. Each special duty assignment will have an accompanying special duty radio number assigned. Officers who are unaware of their assigned radio number, or were not assigned one, should contact the data operator for their special duty radio number.

If a call is received from a location where a special duty officer is working, the appropriate patrol officer(s) should be dispatched. The special duty officer should be notified of the call, and he/she will assist if appropriate (based on expectations for that particular special duty assignment).

Officer Self-Initiated Activity

The 911 Center should generate incident numbers for all "traffic stops" called out by MPD officers. Incident type L60T shall be used to code this type of patrol activity. 911 dispatchers will also create a single incident number (using incident type L60T) for pre-planned traffic initiatives and attach all involved officers to the incident on the CAD. Incident type 132B3 should continue to be utilized for all other traffic incidents.

The 911 Center should generate incident numbers for the below listed "patrol related activities" called out by MPD officers using the corresponding incident type:

Activity Type	Incident Type	
Traffic stop/enforcement	L60T	
Directed foot patrol	L66F	Check Area/Foot Patrol
Property Checks	L66P	Check Property (or 129B3)
Community Policing (meetings, etc.)	L87C	Assist/Comm Policing
Language Translation	L87T	Assist/Translate
Follow up investigations	L88F	Assist/Follow Up
On-Duty Court	L89C	Assist/Court
On Duty Training (MATC shoots, etc)	L88T	On Duty Training
Any other self initiated activity	***	Most applicable call type

Officers who advise they do not want a case number should be cleared with a 'No Report' disposition.

Criteria for Routing to the Self-Reporting System

The following criteria outline the circumstances under which incidents should be routed to the Self-Reporting System. The 911 Center, using these guidelines, should determine whether a particular incident should be routed to the Self-Reporting System or dispatched to a patrol officer. The O.I.C. should be consulted with questions about how to handle a particular incident (what constitutes unusual circumstances, etc.).

Note: any complainants requiring special language assistance (translation, TDD, etc.) should not be referred to the Self-Reporting System; an officer should be dispatched to assist.

Video Evidence

Any incident that involves video evidence which can be used to identify a suspect should be dispatched to an officer except in the case of a theft/retail theft in which the value of the loss is less than $50.00.

Damage to Property and Theft (Including Stolen Bicycles*):

*Bicycles taken from a garage/building may constitute a burglary; should not be referred to Self-Report

Callers should be routed to the Self-Reporting System only if:

1. Not in progress (suspect is no longer on the premises, is not in custody, is not being pursued);
2. Loss/Damage is less than $2,500 in value;
3. No suspect information readily identifies the suspect (name, license plate, video evidence, etc.);
4. The occurrence does not involve multiple offenses by the same suspect or at the same location;
5. Does not involve theft of a firearm.

Thefts from underground parking garages, or entries into locked vehicles parked inside of underground parking garages may constitute a burglary. As a result, an officer should be dispatched to investigate.

In the case of multiple offenses that appear related (multiple autos entered/damaged, etc.), an officer should be dispatched to investigate. The officer should complete a report documenting the pattern and any specific offenses for which a complainant can reasonably be contacted. Self-reporting forms can be left for victims who are not able to be contacted (under a windshield, in a door, etc.).

Officers should be dispatched to all graffiti complaints.

Theft of Electronic Devices

An officer should be dispatched to the theft of an electronic device (phone, tablet, computer, etc.) when the victim/owner of the device has device tracking information which may lead to a suspect.

Retail Theft

Should be routed to the Self-Reporting System only if:

1. Not in progress (suspect is no longer on the premises, is not in custody, is not being pursued)
2. Loss is less than $50, even with video evidence
3. No suspect information that readily identifies the suspect (name, license plate, video evidence)
4. Not multiple offenses
5. Does not involve theft of a firearm
6. Does not involve the use of force or the threat of force

Obscene/Annoying Phone Calls

Should be routed to the Self-Report System only if:

1. No threats were made.
2. The victim has no suspect information.
3. The victim does not wish to see an officer and only wants to document the incident.

Lost Property

All Lost Property calls are routed to the Self-Report System unless unusual circumstances require a police response.

Fraud on Hotel or Restaurant Keeper, Recreational Attraction, Taxicab Operator or Gas Station

Should be routed to the Self-Report System unless other criminal behavior or unusual circumstances require a police response.

Worthless Checks

MPD officers should not be dispatched to Worthless Check complaints unless some unusual, special circumstances exist; all worthless check complaints should be routed to the Self-Report System.

Forgery and Frauds

If the forgery or fraud is related to prescription drugs, the call type should be reclassified as a "Drug Incident" and an officer response is required.

For all other forgery, fraud, phone scams, financial and credit card crimes, the incident should be routed to the Self- Report System only if:

1. The crime is not in progress (suspect is no longer on the premises, is not in custody, is not being pursued)
2. There is no suspect information that readily identifies the suspect (name, license plate, video evidence, etc.)
3. The financial offense is not related to another crime (checks stolen in a burglary, for example);
4. The amount of loss is less than $2,500;
5. There are no special circumstances involving the victim (elderly, disabled, etc.).

If the above criteria are not met, officer response/investigation is required.

Assignment of Officer ID#'s to Self-Report Calls for Service

MPD staff may be generating case numbers for "self-report" calls (e.g., walk-in customers to the district stations). Therefore, should MPD support staff call the 911 Center and request a case number for a self-report, we are requesting the 911 Center staff to use the employee's assigned radio number to generate the case number and upon clearing the call, use a disposition code of S for "self report."

**For PSC staff: place the unit on duty, assign them, clear them, return the unit to off-duty status

If an officer is dispatched to an incident and – after contacting a victim/witness/etc – determines that the incident would have qualified for diversion to the self-reporting system, he/she should continue to investigate the incident and complete a report. Officers should not provide self-report forms to citizens in lieu of performing an investigation and completing a report.

Disposition Codes

The following CAD/LERMS disposition codes should be used as indicated:

A – Accident report (the officer completes an accident report, including MV4000 and MPD4000).

C – Citation issued (the officer completes and issues at least one citation without completing a report)

D – Dropped incident number (used for traffic crashes that officers do not respond to during limited crash response periods, noise complaints that officers are unable to respond to within one hour, or any other incident that officers are unable to respond to due to limited resources, workload, etc. This includes calls cancelled by complainants, if the cancellation is due to lack of a timely MPD response).

F – Field Report (the officer completes a field report)

N – No report (the incident does not require a report)

R – Report (the officer completes a report, excluding accident reports and field reports)

S – Self report (the incident is referred to the self reporting system)

U – Unfounded report (the incident is unfounded; no report is completed)

Officers should enter the disposition code via MDC when clearing from an incident, or – if unable to do so – notify dispatch of the proper disposition code.

Parking Enforcement Dispatch Protocols

The following guidelines are to help assist Dane County 911 Dispatch when dispatching Parking Enforcement Officers (PEO) to parking related calls. It is important to understand that PEOs are not armed law enforcement officers and should not be dispatched to a call requiring a sworn officer. These three guidelines should be followed at all times:

1. **Contesting Citations – A** PEO should never be dispatched to respond to a citizen contesting a citation. All questions should be forwarded to the Traffic Bureau at 266-4622.

2. **Serious Police Incident –** Do not dispatch a PEO into an area of a serious police incident where the PEO's safety might be at risk (weapons offenses, barricaded subjects, etc.).

3. **Police Officer Back up –** There are several addresses tagged in the CAD system that

require a police officer back up when dispatching for a parking call; an officer should be sent to accompany a PEO who is dispatched to these locations. Officers should only be dispatched to private parking complaints if a PEO is not available or not on duty.

4. **Severe Weather –** In the event there is severe weather (i.e. tornado, severe thunderstorm, blizzard, etc.) that would put the officer's safety at risk, dispatch should notify the PEOs of this warning. All parking calls should be held until the warning or severe weather has passed.

Calls For Service

The Madison Police Department utilizes PEO's to respond to parking complaints. Please use the following guidelines when dispatching PEO's to parking complaints. Please include the location and type of call over the air when dispatching a PEO for all complaint types.

- **PRIVATE PROPERTY COMPLAINTS -** In order for the PEOs to be efficient in their jobs and responding to calls please include the location and type of call over the radio. This allows for other PEOs that may be closer to the call to respond.

  When dispatching a private property call make sure the following questions are being asked:

  - Is the person calling authorized to make the complaint (an authorized person is a property manager, owner, maintenance person, or designee)?

    If YES, include in call:
    - First and last name of complainant
    - Include contact number with area code
    - Exact address that complainant will be waiting

    If **NO:**
    - Inform the caller they will need to contact their management company.

  All guidelines for the AM-shift apply with the following exceptions:

  - From the hours of 3pm-6pm (peak hour tow routes) inform complainant that they may have a longer wait for a PEO to respond.
  - PM-Shift PEOs will carry cell phones if callbacks are needed. However, the complainant should be informed to be waiting for PEO at the stated address.

- **FIRE LANE VIOLATIONS**

  These violations can be ticketed on sight and do not require a complainant.

- **DISABLED PARKING VIOLATIONS**

  If the violation is on private property (apartment complex, private lot, etc.) the complainant must be either a manager or resident from the property. Make sure to include the complainant's name and phone number in the call.

  If the violation is on a property open to the public (mall, gas station, restaurant, etc.) no complainant information is needed.

- **BLOCKED DRIVEWAY**

  Ascertain if the complainant wants the vehicle towed.

  If **YES:**
  - Inform complainant to standby to sign report.

  If **NO:**
  - PEO will issue citation only without complainant contact.

- **LESS THAN FOUR FEET OF MAILBOX**

  This type of complaint can only be addressed if it is the property owner/manager/resident calling. US Postal Service does not have the authorization to have vehicles cited.

- **STREET STORAGE COMPLAINTS**

  All complaints regarding abandoned vehicles are to be forwarded to the Abandoned Vehicle line at 266-4624.

- **TEMPORARY POSTING**

  All temporary postings must be checked 48 hrs in advance by a PEO before any action can be taken. If the caller is requesting for the signs to be checked, transfer the call to the Traffic Office at 266-4622.

  If the signs have already been checked and confirmed by contacting the Traffic Office, dispatch the PEO to the call. The complainant must meet the PEO onsite and will be required to sign the report and identify the offending vehicles.

- **SCHOOL ZONE ENFORCEMENT**

  Currently there are two PEOs assigned to enforce school zones violations in the morning and afternoon. When enforcing at the schools they will change over to TEST channel B10.

- **ALTERNATE SIDE PARKING**

  The Alternate Side PEO's are hired as hourly employees during the winter months (November 15 – March 15). These PEO's are scheduled to work between the hours of 1a-7a. There are eleven officers that are comprised of three (3) Lead Workers and eight (8) officers. They are only authorized to issue Alternate Side Parking and Snow Emergency citations, and should not be utilized for other parking complaints.

  All alternate side parking complaints should be forwarded to the Traffic Office at 266-4622. If the citizen wishes to pursue the matter further, feel free to transfer them to the Parking Supervisor at 266-4623.

  Questions regarding Alternate Side Parking or Snow Emergency can be directed to the Winter Parking Hotline – 261-9111 or at www.cityofmadison.com/winter

DANE COUNTY LAW
RADIO COMMUNICATIONS PROTOCOL

Edition 3.0

Police Dispatch & Radio Protocols Workgroup
Dane County Public Safety Communications

Approved: June 20, 2012

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DANE COUNTY LAW
RADIO COMMUNICATIONS PROTOCOL

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DANE COUNTY LAW
RADIO COMMUNICATIONS PROTOCOL

4. INTRODUCTION

The radio communications protocol was developed at the direction of the Dane County Public Safety Communications with the following goals in mind:

- Establish a 'best practice' guide for uniform countywide law radio communications;
- Facilitate effective and professional communications by establishing standards for dispatching all levels of calls for service;
- Improve officer safety.

Effective radio communications for all public safety responders is essential; it provides responders with valuable safety and response information, and it helps dispatchers gain an understanding of the situation. 'Painting a picture' is an important part of the communications link between dispatchers and responders.

Due to the nature and dynamics of law enforcement dispatch, it was decided that all interested parties (communications staff and law enforcement) would be better served by having a consolidated and coordinated radio communications protocol. A protocol development team made up of representatives from Dane County Public Safety Communications and law enforcement agencies representing the City of Madison, Dane County Sheriff, University of Wisconsin, City of Monona, City of Verona, and Village of DeForest, worked for more than a year to create this protocol. Some previously established documents used to guide and assist law communications are referenced or included in recognition of the achievements of other committees.

Subsequent updates have included participation from law enforcement agencies from across Dane County.

5. LAW COMMUNICATIONS PROTOCOL

5A RADIO DISCIPLINE AND ETIQUETTE

The primary responsibility for maintaining organization, smooth flow of communications, and efficient exchange of information belongs to the dispatcher.

Radio communications should be professional, concise, and articulate at all times. Remember that “air time” is a valuable commodity that should not be wasted. To the extent possible, plan and organize thoughts before communicating them via radio.

Lengthy radio broadcasts by police officers should be interrupted by an announcement of ‘break’ and a brief pause in order to give others with priority radio traffic an opportunity to communicate. After a brief pause, announce “continuing” and proceed with the transmission.

Because PSCC console radios are designed with a ‘talk-over’ feature, dispatchers are able to talk over any officer calling and still be heard by other officers in the field. This ‘talk-over’ feature eliminates the need for dispatchers to announce ‘break’ during a lengthy broadcast. Please note the ‘talk-over’ feature does not interrupt an officer with an accidental open microphone because that officer’s radio is in transmit mode, not receive mode. During those incidents, it is acceptable to announce there is an open microphone; however, the officer with the open microphone will not hear the announcement.

When receiving a message, the dispatcher should **repeat a summary of only the key points** such as location, suspect/vehicle description (during active incidents), 10-95 time, etc. The dispatcher shall include the radio number of the unit calling during the acknowledgement of the radio traffic. This will confirm the dispatcher has heard the message correctly. Repeating also provides other officers with an opportunity to confirm the information aired and react accordingly.

A unit calling dispatch should wait for an acknowledgment before proceeding with radio traffic. Units should use radio number when acknowledging dispatch. Reporting a status change is acceptable without waiting for an acknowledgement. (See 5R - Data Requests for additional data-related etiquette.) Waiting for an acknowledgement helps eliminate missed radio traffic and ensures the dispatcher is prepared to act. It is understood that exigent circumstances may prevent a unit from waiting for an acknowledgement from dispatch before airing important radio traffic. In such cases the unit should consider declaring ‘Emergency Traffic’ before airing the information.

Routine telephone calls shall not be made by primary law dispatchers.

5B BEGINNING AND ENDING TOUR OF DUTY

At the beginning of a tour of duty, a **single** resource (one or two-person squad) should announce his/her call sign and indicate whether or not they are available for calls. If applicable, the unit should announce a squad number. If the officer does not have his/her assigned portable radio, they must check in using the spare portable and notify dispatch of the portable ID they are using. This will allow dispatch to verify the radio ID. Officers who have the ability to indicate a contact cell phone number should do so via the mobile data computer log-in screen. The dispatcher should acknowledge the unit's status.

(unit)	*"3 David 1"*
(dispatcher)	*"3 David 1 go ahead"*
(unit)	*"10-41squad C411"*
(dispatcher)	*"Copy, 3 David 1 squad C411"*

At the conclusion of a tour of duty, an officer should announce his/her call sign and indicate off-duty. The dispatcher should acknowledge the unit's status.

(unit)	*"3 David 1"*
(dispatcher)	*"3 David 1, go ahead"*
(unit)	*"3 David 1,10-42"*
(dispatcher)	*"Copy 3 David 1 10-42"*

Each individual officer should be responsible for his/her own duty status, including beginning and ending tours of duty on the radio. If one officer is calling on behalf of a group of others, the officer should forewarn the dispatcher so the dispatcher can prepare for a list of numbers. When airing the shift change, the officer should announce the list of oncoming units first, pause between lists, and announce the units going off duty. To avoid lengthy/complicated broadcasts, special detail teams should check in over the phone.

When a dispatcher begins their shift, he/she should carefully review the incident and equipment monitors and check the status of units that have been at the same location for a lengthy period of time. The dispatcher should avoid clearing the CAD of units without confirmation that the unit is off-duty. If the status of an officer is unknown, and the dispatcher is unable to reach the officer, the OIC for that officer's agency should be consulted for further follow up.

5C CALL PRIORITIZATION

Priority Dispatch (EPD) automatically assigns a default priority (Omega, Alpha, Bravo, Charlie, Delta, Echo) to call codes. The priorities can be upgraded or downgraded by the calltaker or dispatcher as necessary. Dispatchers will be responsible for the final priority of calls based on workload, call comments/remarks, etc.

Dispatchers should view incoming calls for service as soon as possible upon receipt of the call, and review pending calls for service regularly for updated information. If more than one call is pending for any given department, dispatch must notify the officer of all Echo, Delta and other calls that the dispatcher feels may require immediate attention.

5D DISPATCHING CALLS FOR SERVICES

Routine calls for service should be assigned to a patrol officer by giving basic information in the following format:

- Full address/Location (including **common place name**, and closest cross street/intersection if appropriate
- Incident type
- Brief description of situation.
    - Description should include information such as: weapons, officer safety tag on location, suspect description, vehicle information, direction of travel, injuries, history of calls at the location, etc.

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(dispatcher)	*"3 David 1"*
(unit)	*"3 David 1, (current location)"*
(dispatcher)	*"3 David 1, 545 W Doty St, apartment 1, B&E report"*
(unit)	*"3 David 1, copy"*

Dispatchers should assign one patrol officer for routine calls for service. Below are some examples of single officer calls:

Cold Scene Crimes
Incidents w/Suspect Not On Scene *Beat Information*

For calls that may present an elevated level of danger to officers (calls involving contact with a suspect or suspicious person/circumstance), the dispatcher will assign 2 officers.

Below are some examples of two officer calls:

Domestics	*Traffic Crash w/ Injury*
Incident w/ Suspect On Scene	*Noise Complaint*
Disturbance	*Suspicious Death Investigation*

Officers working on low or routine priority calls should be redirected to priority calls, when necessary.

If, at any time, the dispatcher sees a reason for additional resources (i.e. second patrol unit, supervisor, K9, EMS), those resources should be dispatched as soon as possible. When in doubt, the dispatcher should err on the side of caution and send two officers. Although not recommended, the responding officer may, at his/her discretion, disregard backup.
.

(dispatcher)	*"3C1"*
(unit)	*"3C1, (current location)"*
(dispatcher)	*"3C3"*
(unit)	*"3C3, (current location)"*
(dispatcher)	*"3C1, 3C3 with fire, northbound Park St. south of Regent St for an injury accident"*
(unit)	*"3C1 copy"'*
(unit)	*"3C3 copy"*

As the dispatcher receives call updates, that information should be passed on to the patrol officer as soon as possible. Patrol officers should continually refresh their Mobile Data Computer (MDC) to gather new information expeditiously

(dispatcher)	*6630*
(unit)	*6630, (current location)*
(dispatcher)	*6637*
(unit)	*6637 (current location)*
(dispatcher)	*6630, 6637, B&E in progress, 1025 W Badger apt 2*
(unit)	*6630 copy*
(unit)	*6637 copy*
(dispatcher)	*6630 and 6637, caller outside sees two suspects inside the garage now. Both are wearing dark clothing.*
(unit)	*6630 copy*
(unit)	*6637 copy*

Calls which include a request for specific resources (female officer, Spanish-speaking officer, etc.) should be assigned to the officer responsible for the location of the call who will then determine the need for additional resources. Language translation requests made by the investigating officer should be aired for any available and qualified officer to assist and not directed at any specific individual officer. This will help to lessen the undue burden on officers with special skills.

5E SELF-ASSIGNING/SELF-INITIATING CALLS

The initial dispatch of any incident shall occur over the radio. This will not preclude an officer from viewing a pending call and reacting to it.

Officers who self-initiate calls via MDC do not need to notify dispatch unless the incident involves a vehicle contact or may involve officer safety issues. Local agency personnel who self-initiate case numbers via an office computer should use their assigned office radio number (5280, 7180, etc).

When an officer assigns himself/herself to a call, and the dispatcher is aware of a problem with the location noted in CAD, the dispatcher shall verify the location with the officer and update the location appropriately in CAD.

5F 911 DISCONNECTS

Landline and Voice Over Internet Protocol (VOIP) disconnects should be dispatched as priority calls until proven otherwise. The dispatcher should assign two units to the disconnect. It will be the primary unit's option to disregard the second unit.

Phase 2 wireless disconnects will be assigned to one officer. The officer will be given the location indicated by the mapping software in PSCC.

(dispatcher)	*4347*
(unit)	*4347, (current location)*
(dispatcher)	*4347, Phase 2 cell disconnect plots in the area of 7986 Highway 14, cross of Cleveland Rd, Town of Cross Plains. Sounds of a television in the background.*
(unit)	*4347, copy*

Officers will be updated if better location and/or additional information becomes available.

(dispatcher)	*4347*
(unit)	*4347 (current location)*
(dispatcher)	*4347, on call back the caller at Hwy 14/Cleveland Rd is reporting a two-car crash, PDO and no blockage.*
	(unit) 4347 copy

Phase 1 wireless disconnect calls (not abandoned) will be aired for the jurisdictional (district, precinct, municipality) officers, indicating the location of the tower, the direction/sector of the tower, and any description of what was heard prior to the disconnect. Patrol officers will normally make the determination on the need for further follow-up investigation. A dispatcher should bring any obvious signs of a disturbance heard during the call to the attention of a PSCC supervisor immediately.

(dispatcher) *Attention, East City units, a Phase 1 disconnect from the west sector of the tower at 4727 Spaanem Ave. Nothing heard.*

(The call is then assigned to CAD unit CELL1, CELL2, etc)

The dispatcher will only report factual information gathered by the call taker during the call and subsequent call back.

5G SILENT DISPATCHING

Silent dispatching of calls for service will not normally occur. However, the dispatcher should be aware of officer safety information and scanner information associated with an address and consider silent dispatches when appropriate. The following are examples where silent dispatching could be appropriate:

Juvenile Alcohol Party	Scanner Info associated w/residence or suspect
Bomb Threats	Alarm malfunction/work at business or residence
After hours work at a business	Drug information

The dispatcher should avoid delivering access, alarm code information, and key holder names (if available) over the radio unless exigent circumstances exist and there is no other practical way to deliver the information in a timely manner. Access and alarm information may be included in the call remarks or comments areas of the CAD and will normally be accessible by patrol officers via mobile data terminal.

5H ALARMS

5H1. VARDA Type

A Varda-type alarm is a portable alarm that, when activated either by the victim or the suspect, transmits a message announcing the name assigned to the alarm. The message is broadcast instantly over a main law radio channel and should be enough information for both the dispatch and the law enforcement officer to know the location and nature of the alarm.

The following is an example of the type of message that will be broadcast over the radio:

"Varda Madison 1200" (Some may include the word 'emergency')
"Varda William 300" (Some may include the word 'emergency')

An activation of a Varda alarm normally indicates there is a crime in progress and should be assigned to the appropriate jurisdictional officers immediately.

Officers should acknowledge the alarm on the radio as they begin their response. Varda alarm address information should **NEVER** be aired by the dispatch or the responding officers, resulting in a 'silent dispatch' of sorts. The dispatch should assign at least 2 patrol units to investigate the alarm.

(dispatcher)	*4347*
(unit)	*4347 (current location)*
(dispatcher)	*4309*
(unit)	*4309 (current location)*
(dispatcher)	*4347 and 4309 copy Varda William 300?*
(unit)	*4347 copy*
(unit)	*4309 copy*

VARDA alarm activations should be aired on the other main PSCC law dispatch channels as appropriate.

(dispatcher)	*"All units information, VARDA William 300 has been activated"*

If an officer is not familiar with the alarm, details will not be given over the radio. In such cases the MDC or a telephone should be utilized. If a dispatcher is not familiar with the alarm, and nothing appears in CAD, the dispatcher should immediately have someone contact the appropriate jurisdictional OIC to obtain the information.

5H2. COMMERCIAL HOLD UP/PANIC/MANUALLY ACTIVATED

Upon receipt of any manually activated alarm in any jurisdiction for which PSCC dispatches, a call for service shall be generated and sent to the law dispatcher. Immediately after the call is sent to the appropriate dispatcher, the call taker receiving the alarm call shall call the business, ascertain the validity of the alarm, and update the active call appropriately. No voicemail should be left by dispatch.

The dispatcher shall select the 'Hold Up' tab on the radio screen, generate a 2-4 second tone using alert 2 (warble) and announce the alarm (see Appendix II for channel selection). The announcement should include the district/area, address/common place name, and cross street if possible. The dispatcher should assign at least two officers to the alarm.

[Select HOLD UP tab on radio console and activate Alert Tone 2 for 2-4 seconds]

(dispatcher) *"Attention West City units, 5445 University Ave, Stop& Go, Holdup Alarm."*

[Return radio to the original dispatch original channel by unselecting the Hold Up tab]

(dispatcher) *"3A2"*
(unit) *"3A2, (current location), copy"*
(dispatcher) *"3A1"*
(unit) *"3A1, (current location), copy"*

Upon confirmation of an emergency (crime in progress/just occurred), officers should be updated and a tactical channel should be considered.

If it is determined that the alarm is false, the call taker will gather the name and description of an employee who can speak with responding officers. The employee should be instructed to exit the building, with hands in clear view, through a door designated by the dispatcher, employee, or officer. This will allow responding officers to safely identify the employee and confirm the alarm status.

Residential Panic/Duress Alarms will be handled in the same manner as a residential burglary alarm. 2 officers will be assigned and unlike a Commercial Panic/Duress alarm the residential version does not require and alert tone activation.

5H3. RADIO ALARMS

Portable radios on both the City of Madison and the DaneCom radio systems may be equipped with radio alarms that can be manually activated by police officers. Upon activation, the alarm will sound in dispatch at all radio consoles, outlining the affected radio channel in red.. No audible alarm will be heard by officers on the air. The alarm activation will be accompanied by ten (10) seconds of open air which can be monitored for signs of a problem. All radios have individual identification which will be displayed on the radio console . Once it has been determined whose radio alarm has been activated, the radio alarm should be toned and-announced as follows:

[Select HOLD UP tab on radio console and activate Alert Tone 2 for 2-4 seconds]

(dispatcher) *"Attention West City units, 3A2's radio alarm has been activated. 3A2 was last at a traffic stop on Gammon at Schroeder."*

[Return radio to the original dispatch original channel by unselecting the Hold Up tab]

(dispatcher) *"3A3"*
(unit) *"3A3, (current location), copy"*
(dispatcher) *"3A1"*
(unit) *"3A1, (current location), copy"*

Radio alarms will activate on the officer's main dispatch channel. Subsequently, the alarmed radio will revert to the main dispatch channel.

RADIO ALARMS FOR AGENCIES NOT NORMALLY DISPATCHED BY PSCC: PSCC shall immediately notify the appropriate dispatcher/agency of the alarm activation. If it is determined that the officer from the agency is in need of assistance the PSCC dispatcher will activate the alert tone on the holdup tab and notify all agencies that an officer is need of assistance

5I TACTICAL CHANNELS

Tactical channels are effectively radio channels designed to allow officers the ability to freely communicate without interference from primary channel radio traffic. Tac channels for incidents in progress may be assigned by a dispatcher or requested by responding officers. Primary tactical channel designations are as follows: DP05 (MPD channel 1), odd-numbered channels (7, 9, 11 in that order); DP04 (MPD channel 3) even-numbered channels (8, 10, 12 in that order) The channel assignments will help to avoid overlapping incidents. The tactical channels for DaneCom will be DA LTAC 13,14,15. If these channels are in useDANETAC2,DANETAC1 VTAC12, VLAW31 and VTAC 13 can be used. If all other TAC channels are in use, or if there is poor radio reception, VCALL 10, Fitch-Rona PS, McFarland PS, and Sun Prairie PS channels may be used.

Tactical channels may be the result of a crime in progress where a call taker is still talking to a caller on the phone. The tac channel dispatcher will update the responding officers on important issues such as officer safety and suspect information (name, description, vehicle, direction of travel, etc). The tac channel dispatcher will also track responding officer locations and actions, make necessary phone calls, request additional resources, and run basic data requests. A tactical channel can evolve into situations involving vehicle/foot pursuits and suspect apprehensions, so dispatchers should remain alert and ready to act at any time.

Resources such as New World, Spillman, CAD, mapping programs, and others may be utilized as necessary to gather and provide intelligence for responding officers.

Tactical channels may also be used to coordinate responses to large-scale events such as fires, crashes, searches, etc.

It is possible that PSCC may not always have dispatchers available to staff tac channels, depending on the current workload. Officers assigned to a tac channel without a dispatcher should be advised of the situation and to return to the main channel for any requests.

5J VEHICLE/PERSON CONTACTS

Vehicle and person contacts have a potential for elevated risk and can change rapidly. Therefore, it is crucial that patrol officers call out all contacts over the air. The following information should be provided:

- Unit number
- Specific Location of the contact
- License plate information, or, if no license plate displayed
- Vehicle/contact description
- Reason for the contact, number of occupants/persons being contacted, if appropriate

If all necessary information is not provided by the officer, the dispatch should request it; and, if time allows, run the license plate as appropriate.

(unit)	*2A11 Traffic*
(dispatcher)	*2A11, go ahead*
(unit)	*2A11 on Whitney east of Odana with Wisconsin 345JPT*
(dispatcher):	*2A11 Whitney east of Odana*

When an officer self-initiates a traffic stop via CAD, the officer should notify dispatch via radio as follows (or something similar):

(unit)	*6637*
(dispatcher)	*6637, go ahead*
(unit)	*6637, traffic on the CAD*
(dispatcher)	*6637 copy, traffic stop on Kingston*

If there is any indication of potential problem or suspicious circumstance, a backup unit should be dispatched. The contact shall be logged in CAD by the dispatcher and, if appropriate, a case number assigned. Subsequent updates shall also be logged in CAD, including plate, time of contact, other pertinent information.

If a patrol unit fails to provide a status, the dispatcher will prompt a status check from the unit involved with the contact within 3 minutes. If a patrol unit announces a status of 10-2, or another patrol officer arrives on scene, additional status checks may be unnecessary .

If an officer chooses to self-initiate a vehicle contact on their MDC and not notify dispatch via radio, status checks should not be expected. If an officer self initiates a vehicle contact, the officer should, at the very least, notify dispatch that they have self initiated a contact on CAD by using the phrase “Traffic on the CAD”. Dispatchers shall check the status of officers involved in self-initiated contacts when the dispatchers become aware of the contact.

5K EMERGENCY RADIO TRAFFIC

<u>Any time radio traffic is restricted on a main law dispatch channel, the channel marker will be activated for the duration of the event**</u>**

Either a patrol officer or a dispatcher can initiate emergency radio traffic.

If a patrol officer requests emergency radio traffic, for any reason, the dispatcher will activate the channel marker on the channel and announce “Emergency Traffic on Channel (identify specific channel names), routine traffic on Channel (switch to channel designated by dispatcher)” and assign additional resources if needed.

The dispatcher can also initiate emergency radio traffic at his/her discretion if there is any indication of an immediate officer safety issue, or other emergency situation.

Emergency radio traffic and the application of the channel marker should be used for situations such as:

Fights with Officer on Scene	*Resisting Subject*
Sounds of Struggle from Officer Radio	*Officer Failing to Respond to Dispatch While on a Call*
Foot Pursuit	*Vehicle Pursuit*
High Risk Traffic Stop	*Stolen Auto/Stolen Plate*
One at Gun Point	*One at Taser Point/Taser Deployment*
Forcing Entry	

(Unit)	*“7102, one at gunpoint”*
(dispatcher)	*“Emergency traffic on channel 1, routine traffic switch to channel 5”*
	(initiate channel marker)
(dispatcher)	*“7102 advise status when you can?”*

(The above example presumes 7102 is at a known location and already had backup present).

If an officer is alone and requests emergency assistance/backup, 2 officers and a supervisor should be dispatched to the last known location, channel marker activated, and, if not known, request the reason for assistance. The air is then held until backup arrives and advises status. Units enroute should not transmit non-emergency traffic, including requests to be assigned to the call.

The channel marker can be removed when the officer(s) on scene advise routine traffic (which can be prompted by dispatch). An officer stating that their status is 10-2 does not necessarily mean the marker should be removed from the channel.

(unit)	*5F1, I need 10-33 backup at 3033 Darbo*
(dispatcher)	*"Emergency traffic on channel 1, routine traffic on channel 3"*
	(initiate channel marker)
	"4F10, 5F2"
(unit)	*"4F10, copy"*
(unit)	*"5F2, copy"*
(dispatcher)	*"5F1, status?"*
(unit)	*"5F1, a large crowd fighting"*

5L VEHICLE PURSUITS

Upon the initiation of a vehicle pursuit the pursuing officer shall explicitly announce he/she is involved in a "10-80" or "pursuit" and provide the communications center with:

- ***Clear identification by the officer that this is a pursuit***
- Location and direction of travel
- Vehicle description (CYMBALS)
- Speed
- Reason for pursuit
- Description of occupants, if available
- Road, traffic, weather conditions
- Officer safety information, if applicable

Phrases such as "trying to catch up to", "following a speeding vehicle", "vehicle not stopping", etc **will not be** considered an indication that an officer is involved in a pursuit.

The Dispatcher shall immediately activate the channel marker, announce "Emergency Traffic", confirm that a patrol supervisor, if available, is monitoring and assign a backup. The dispatcher will then advise the pursuing officer to go ahead with updates, and refer to the Pursuit Checklist in Appendix III.

(unit) *"8437, 10-80"*

(dispatcher) *"Emergency traffic channel 1"*

-activate channel marker-

(dispatcher) *"8437, go ahead"*
(unit) *"8437, northbound 51 from Siggelkow, green Prius, plate 345AZE, possible 55, speed of 90 mph, one occupant, roads dry*
(dispatcher) *"8410 and 8432, copy?"*
(unit) *"8410, copy"*
(unit) *"8432, copy"*
(dispatcher) *"8437, go ahead"*

Radio channels to be used will be based on availability to the police units involved in the pursuit. Agencies that are dispatched by the Dane County Public Safety Communications (PSCC) will stay on the patrol channel on which the pursuit was initiated. In the case of a pursuit initiated on a channel other than a primary channel, that secondary channel may be patched at the request of either law enforcement or dispatch.

Due to the extraordinary dangers presented during a vehicle pursuit, the pursuing agency should never be told to switch radio channels during the pursuit unless absolutely necessary.

A PSCC dispatcher **not involved** in the pursuit will activate Alert Tone 1 and broadcast the pursuit using Hold Up multi-select (See Appendix II) except the pursuit channel. **This broadcast will be advisory only and will not be considered a blanket request for mutual aid.**

PSCC will establish a patch between the County's VHF trunked DaneCom radio system and the City of Madison's trunked 800 MHz radio system, advise officers of the patch, and instruct them to monitor only.

(*dispatcher)* *"Information all units, McFarland Pd is involved in a 10-80, northbound 51 from Siggelkow, green Prius, plate 345AZE, possible 55(or other reason for the pursuit), speed of 90 mph, City channel 7 is patched with County channel 1 to monitor only at this time. This is not a request for mutual aid at this time*

Maintaining radio communications on an agency's native radio channel via radio console patch will also allow those agencies not dispatched by PSCC to communicate with PSCC by portable radio should the officers exit their vehicles.

If the pursuit channel is one of the primary dispatch channels, other essential business not related to the pursuit will be conducted over an alternate channel designated by the PSCC. (Dane County units will be advised of emergency traffic DALAW 1 or DALAW 3 will be moved

to a channel designated by PSCC. MPD will be advised of emergency traffic on channel 1 (or 3) and routine traffic will be moved to a channel designated by PSCC.. All other jurisdictions dispatched by PSCC will be advised to move to one of the following available channels as directed by PSCC.

PSCC will contact each of the other five communications centers within the County not included in the simulcast alert (FIPD, MIPD, SNPD, STPD, UWPD, MOPD, CAP PD and WSP) to inform these departments of the pursuit, and reason for pursuit, as appropriate. Additionally, notifications for jurisdictions outside of Dane County will take place as appropriate. Each communications center will be responsible for monitoring the pursuit as needed to ensure its preparedness, should the pursuit travel into its jurisdiction. **Simple notification of a pursuit does not constitute a mutual aid request. Assistance must be requested verbally or by TTY by the involved agency in order to be considered mutual aid.**

Agencies not dispatched by the PSCC will normally initiate the vehicle pursuit on their respective radio channel. The agency involved in the pursuit should contact the PSCC as soon as practical if mutual aid will be requested/required, and should share any available information about the vehicle pursuit. PSCC will establish a radio patch with the requesting agency channel and a channel(s) designated by PSCC for the mutual aid response. PSCC may assume the radio communications for the duration of the pursuit, if requested or appropriate.

WSP will remain on their own channel and monitor if possible.

The function of the PSCC will be to facilitate the communications for the pursuit from the time PSCC is made aware of the pursuit until the pursuit is resolved. The initiating agency will retain supervisory authority over the pursuit at all times during the pursuit. It is expected that a supervisor for the initiating agency (if available) will actively monitor, direct and control the pursuit. PSCC will log all details of the pursuit to its CAD system and on the radio recording system.

The channel marker can be removed when the officer(s) on scene advise routine traffic (which can be prompted by dispatch). An officer stating that their status is 10-2 does not necessarily mean the marker should be removed from the channel.

5M FOOT PURSUITS

Foot pursuits pose a substantial risk to patrol officers. When a patrol officer becomes involved in a foot pursuit, the dispatcher will announce emergency traffic and activate the channel marker on the affected channel and assign a backup unit, if needed. Another uninvolved dispatcher will simulcast the current information to other appropriate channels and jurisdictions. **Simple notification of a foot pursuit does not constitute a mutual aid request. Assistance must be requested verbally or by TTY by the involved agency in order to be considered mutual aid.**

The dispatcher should receive or prompt frequent updates on location of the foot pursuit. Additionally, the dispatcher will provide a brief echo of location and suspect description provided by the patrol officer. If the patrol officer fails to respond or sounds of a struggle are heard, the dispatcher should direct other units to the last known location for the officer.

(Unit)	“6637 Foot Pursuit”
(Dispatch)	“Emergency Traffic On Channel 1”
(Dispatch)	“6637 Your Location and Description of Suspect”
(Unit)	“Suspect is North on Pheasant Ridge from Deer Valley he is a Male White Brown Hair White T-Shirt and Blue Jeans”

The channel marker can be removed when the officer(s) on scene advise routine traffic (which can be prompted by dispatch). An officer stating that their status is 10-2 does not necessarily mean the marker should be removed from the channel.

5N HIGH RISK VEHICLE CONTACTS

A High Risk Vehicle Contact is initiated when a substantial safety risk to officers is presumed based on information regarding the occupants of a vehicle (weapons information, felony warrant with caution indicator, etc). High-risk vehicle contacts are dynamic and pose a substantial risk to officers and citizens.

If a patrol officer announces that s/he is following a stolen vehicle, or a vehicle involved in dangerous or violent offense, the dispatcher should immediately:

- Announce emergency traffic
  - All other jurisdictions dispatched by PSCC will be advised to move to one of the following available channels as directed by PSCC-The tactical channels for DaneCom will be DA LTAC 13,14,15. If these channels are in use DANETAC2,DANETAC1 ,VTAC 12, AND VLAW31 can be used. If all other TAC channels are in use, or if there is poor radio reception, VCALL 10, Fitch-Rona PS, McFarland PS, and Sun Prairie PS channels may be used.
- Activate the channel marker
- Assign additional officers in that area to respond and assist
- Provide a brief echo of updates in location and other information
- In the case of a unit following an above-described vehicle, an uninvolved dispatcher will simulcast the information to other channels or jurisdictions following the SIMULCAST 5O.2 Emergency Information procedure.

When the officers are in place and a stop is affected. Officers will advise their status and progress as conditions allow.

The channel marker can be removed when the officer(s) on scene advise routine traffic (which can be prompted by dispatch). An officer stating that their status is 10-2 does not necessarily mean the marker should be removed from the channel.

5O SIMULCAST PROCEDURE

- **5O.1 Routine information**

Getting information to officers in the field is extremely important, particularly if there is weapons/officer safety information associated with a person or vehicle. A patrol unit will request to air information on particular channels or to include multiple jurisdictions. The dispatcher should patch the affected channels and announce to units that a patrol unit will be airing information regarding a stolen vehicle, missing juvenile, etc. The patrol unit will then air that information. At the patrol unit's request, a dispatcher or call taker will relay the information to possible affected non-PSCC users as soon as possible. This request will be made on the data channel.

The dispatcher will be responsible for simulcasting information that comes into the PSCC via teletype phone from non-PSCC users. The dispatcher will multi-select the affected channels

and air the information. The dispatcher will advise units that they should prepare to copy information related to…. The dispatcher will then air the information. Examples of information simulcast by officers or dispatchers, and aired on MPD and Sheriff primary law channels, include:

Missing Juveniles	Missing/Endangered Adults
Amber Alerts (issued by WI or another state)	At-Large Suspect Information
Weapons/Officer Safety Information	Stolen Vehicle

(dispatcher) *Units prepare to copy an attempt to locate for Monona Police regarding an armed robbery that occurred earlier today in their city. (pause) Air the ATL… Dane County/Madison Police clear (time).*

- **5O.2 Emergency information**

Simulcasting can also be used in conjunction with alert tones. When a dispatcher receives a call for service that requires the alert tones, (weapons, echo response, weather, vehicle pursuits) the dispatcher will activate the proper alert tone on the appropriate channels and simulcast the information. (see Appendix II)

5P MUTUAL AID

Mutual aid requests can be made by radio, teletype, or telephone, and may require OIC approval. The requesting agency should advise if an emergency response is required and if an officer from the requesting agency will be responding or is on scene (should that not be obvious). Mutual aid, by Wisconsin State Statute, can be initiated by PSCC in an emergency situation. If a dispatcher believes any police officer is involved in a situation where additional emergency law enforcement assistance is needed, that dispatcher should send additional law enforcement resources immediately. Unless a specific request is made, a mutual aid request is satisfied by sending the closest law enforcement officer(s) to stabilize the situation. If an officer or deputy requests emergency assistance the dispatcher will restrict radio traffic to emergency traffic only. Another law dispatcher will then activate the alert tones on the holdup tab and give the officer's or deputies location and the request for assistance. If needed the PSCC will patch city and county channels until the situation is stabilized.

5Q C.A.P.M.A.R.

CAPMAR (Capitol Area Police Mutual Aid Response) is a pre-planned, automatic mutual aid response system for law enforcement events (MABAS for police). It is designed to provide extra law enforcement personnel and equipment at the scene of law enforcement emergency throughout Dane County. CAPMAR responses will only be requested when a law enforcement emergency has caused an agency to exceed its capabilities and resources.

CAPMAR is a new concept for the Dane County Law Enforcement community. At the time of the completion of this document the process for requesting and dispatching a CAPMAR response was still being discussed, and the specific process will be included in a future update to this document.

5R DATA REQUESTS

Data requests vary in complexity and the time to complete some requests may be lengthy. When an officer calls into data they should use their unit number and wait for a response before proceeding with their request.

When requesting driver status/wanted status information, the format should be as follows:

- State being queried
- Last name (‘common spelling’ if appropriate, spelling if necessary)
- First name (‘common spelling’ if appropriate, spelling if necessary)
- Middle Initial
- Sex/race
- Date of Birth

Phonetic spelling should be done at a normal conversational rate and should include the phonetic designator (Adam, Baker, Charlie, etc).

***In-Progress Responder Request:** If an officer needs information or assistance immediately, that request can be made on the primary channel. Examples of this would include suspect/vehicle descriptions from previously reported crime or a tow request on an extremely chaotic crash scene. In short, if the officer believes his/her safety may be compromised by switching channels, the request can be made on the primary channel.

***Routine Responder Request:** Routine requests for information, driver/vehicle/warrant checks, city/county services, and tow trucks should be made on the data channel. Any other routine requests not mentioned here should be made on the data channel to keep air free on the primary channel. Whenever practical, patrol officers will call the data operator by phone to enter stolen vehicles, missing juveniles, or missing/endangered adults.

5S WEATHER-RELATED BROADCASTS

When PSCC becomes aware of important weather-related information, a dispatcher will simulcast that information to patrol units (see Appendix V). The dispatcher will inform patrol units of severe weather watches and warnings and, if appropriate and available, will provide the current location, direction of travel, ETA, and type of weather associated with the storm.

5T DETOX CONVEYENCES FROM HOSPITAL EMERGENCY ROOMS

Subject Conveyed to Emergency Room by Another Law Enforcement Agency – If a law enforcement agency conveys and individual from their jurisdiction to an Emergency Room for medical treatment, and that person needs transportation to Detox after being medically treated. It is the responsibility of the agency that conveyed the individual to the hospital in the first place to convey the incapacitated subject to Detox. This applies even if the officer/deputy has returned to their jurisdiction, and applies to jurisdictions outside of Dane County.

Subject Conveyed to Emergency Room from Detox – If a person who has been admitted to Detox is conveyed to an emergency room for medical treatment, it is the responsibility of Detox to arrange for that subject to be conveyed back to Detox after they have been medically treated.

Subject Conveyed to Emergency Room by Other Means – If a subject was conveyed to an emergency room from another jurisdiction by a non-law enforcement agency, officers from that specific jurisdiction should respond (if requested) to evaluate the subject and determine whether he/she is incapacitated by alcohol. If the subject is deemed incapacitated by alcohol he/she will be placed under protective custody and conveyed to Detox. This includes subjects conveyed to an emergency room by an ambulance from other jurisdictions.

6. RADIO CHANNELS

6A Channel (Talk Group) Use and Assignment Guide

Operationally, most radios cannot scan between trunked and conventional)

Zone Z-Universal

Channel	Talk Group	Trunked/Conventional	Intended Use
1	DA LAW1	Trunked	Primary Dispatch Channel
2	DA LAW2 TK	Trunked	Simulated Talkaround for DALAW1
3	DA LAW3	Trunked	Primary Dispatch Channel
4	DA LAW4 TK	Trunked	Talkaround for DALAW3
5	Agency Specific	Agency Specific	Agency Specific
6	Agency Specific	Agency Specific	Agency Specific
7	MARC 1	Conventional	Coordination freq. for all incidents - Repeater
8	MARC 2	Conventional	Coordination freq. for all incidents - Simplex
9	VLAW 31	Conventional	Law Analog Tactical - 1st Backup to DA LTACs (New Name For WISPERN)
10	DA John	Trunked	Joint Tactical Channel Fire/Ems/Law
11	DANETAC 1	Conventional	Joint Tactical Channel Fire/Ems/Law
12	DANETAC 2	Conventional	Joint Tactical Channel Fire/Ems/Law
13	DALTAC 13	Trunked	Tactical Channel
14	DALTAC 14	Trunked	Tactical Channel
15	DALTAC 15	Trunked	Tactical Channel
16	VCALL 10	Conventional	Countywide Emergency VHF Channel

Zone E – Events

Talk Group	Trunked/Conventional	Intended Use
DA LAW1	Trunked	Primary Dispatch Channel
DA LAW2 TK	Trunked	Talkaround for DALAW1
DA LAW3	Trunked	Primary Dispatch Channel
DA LAW4 TK	Trunked	Talkaround for DALAW3
DA CAPMAR	Trunked	Response until arriving at staging area
MARC 1	Conventional	Coordination freq. for all incidents - Repeater
VTAC 12	Conventional	County Wide Tactical - Analog - 2nd backup for DALTACs
VLAW31	Conventional	L. E. Primary Analog Tactical New Name For WISPERN
DA EVENT V	Trunked	Lettered to avoid confusion with MPD Events
DA EVENT W	Trunked	Lettered to avoid confusion with MPD Events
DA EVENT X	Trunked	Lettered to avoid confusion with MPD Events
DA EVENT Z	Trunked	Lettered to avoid confusion with MPD Events
DA LTAC 13	Trunked	Tactical Channel
DA LTAC 14	Trunked	Tactical Channel
DA LTAC 15	Trunked	Tactical Channel
VCALL 10	Conventional	Countywide Emergency VHF Channel

Appendix I
Plain Language

The use of plain language to describe an incident is strongly recommended over the use of ten codes. Although ten codes are widely used and accepted among local law enforcement , ten code meanings differ from location to location. Ultimately, the use of ten codes should be avoided if possible. This list should be reviewed annually by the radio protocol committee with the goal being to reduce and/or eliminate the use of ten codes in the future.

In an effort to help reduce the use of ten codes the dispatchers will begin using plain language when acknowledging the officers transmission. Dispatchers will have exceptions when using ten codes in lieu of plain language per operations protocol.

Example:

(unit) 1Charlie1

(dispatch) 1Charlie1 go ahead

(unit) 1Charlie1 10-23

(dispatch) 1Charlie1 copy on scene

Because other ten codes may at times be used by officers dispatchers shall remain knowledgeable, or have quick access to all ten codes so that they can effectively communicate with officers in the field during times of crisis.

If ten codes must be used, the following is a list of acceptable codes and their associated plain language definitions:

Signal good/good status	10-2
Acknowledge/OK/Good copy	10-4
Busy unless urgent	10-6
Out of service	10-7
In service	10-8
Repeat	10-9
Complainant	10-17
Respond quickly (not emergency)	10-18
Location	10-20
Call by phone	10-21
Disregard	10-22
On scene	10-23
Request driver’s license information	10-27
Request vehicle registration information	10-28
Check for wanted status	10-29
Person with gun	10-32
Emergency	10-33
Begin tour of duty	10-41
End tour of duty	10-42
Vehicle crash	10-50
Intoxicated driver	10-55
Intoxicated person	10-56
Conveyance/escort	10-59
In contact with (complainant, suspect, witness, etc)	10-61
Chase in progress	10-80
Subject in custody	10-95
Mental subject	10-96
Wanted person/stolen vehicle	10-99

Appendix II
Alert Tone and Multi-Select Channels

Alert tone Use

Alert tone 1: (Steady Tone)	Weather warnings Officer not answering the radio Vehicle Pursuits
Alert tone 2: (Warble; High/Low)	Weapons offenses (initially or while enroute, these types of calls would include weapons that are being used to causing great bodily harm or death Hold up/Panic/Manually Activated Alarms from a business
Alert tone 3: (Beep, beep, beep)	Echo level medical

Multi-Selects	**County/VHF**	**City/800 Trunking**
Hold Up Alarm:	**DALAW 1** **DALAW 2** **DALAW 3** **DALAW 4**	**MPD A01, A03, A05,A16** **Capitol PD** **Monona PD UWPD**
Echo Level Response:	**DALAW 1** **DALAW 3**	**MPD A01, A03**
ATL/BOLO:	**DALAW 1** **DALAW 2**	**MPD A01, A03**

Appendix III
Pursuit Checklist

PURSUIT CHECKLIST	
	Officer announces/declares pursuit (versus vehicle not stopping/yielding)
	Restrict radio traffic (routine traffic moves to alternate channel)
	Activate channel marker
	Location and direction of travel
	Reason for pursuit
	Plate number and vehicle description
	Speed, road conditions, traffic conditions, weather conditions
	Officer safety issues
	Mutual aid requested/authorized?
	Assign additional officers
	Patch channels as appropriate
	Notify other law dispatchers so they can alert their officers
	Supervisor from originating jurisdiction monitoring
	Number of occupants
	Monitor pursuit with brief echo of details
	Log times, locations, notable events
	Create CAD incident
	Use map resources to follow pursuit
	Spikes/stop strips/PIT/other actions authorized?

APPENDIX IV
COMMUNICATIONS TECHNIQUES

Short-Specific

Before transmitting, know what you are going to say; don't make it up as you go along. Choose precise terms to communicate the desired message as clearly and briefly as possible without wasting airtime.

Pause Slightly Before Speaking

Once you "key" the transmitter (push the transmit button), PAUSE one second before speaking. This ensures that you do not begin speaking before electronically the radio is ready to transmit your message and receiving units are ready to hear your message.

Indicate Objective

Assignments should indicate an objective to the action. The officer(s) should know exactly where to go, whom to contact, and what the problem is. Dispatchers should

indicate what to do -- not how to do it. Officers should be specific about where they are, address, cross street, direction of travel, and what assistance/resource is needed.

Clear Tone -- Self Control -- Effective Rate

Speak clearly at a practiced rate, not too fast or too slow. Deliberately control your emotions and excitement. If you do not consciously control your voice, it will become garbled under stress.

Well Timed/Spaced

Prioritize your messages. Do not use up valuable airtime with unimportant messages and insignificant details. Let critical messages go first. Maintain an awareness of the overall situation and how you fit into it.

Do not interrupt conversations unless you have EMERGENCY TRAFFIC. Listen before transmitting and wait until a message transaction has been completed.

Pause between consecutive or lengthy messages (‘break’). This will make it clear when one has been completed and another message started, or that there is more information to follow. It will give other units a chance to get on the air with important messages.

APPENDIX V
DEFINITIONS

ANALOG - Analog voice transmission is a method of conveying speech using a continuously varying signal. Analog voice radio systems are relatively simple, inexpensive when compared to other types of systems, and have been in use since the early 20th century.
Although time-proven and highly reliable, an analog radio transmission will steadily degrade as the distance from the transmitter increases. Analog radio transmissions are also more susceptible to noise, which eventually overpowers the steadily weakening signal until it can no longer be understood.

CHANNEL - a radio channel is a communications pathway connecting a group of users. Channels are selected by the radio user, and often have names/labels that remind the user of their intended use. Once the user selects the desired channel, the radio and/or system determines the method by which the voice information will be
conveyed. This is generally transparent to the user, and could be Analog or Digital, Conventional or Trunked, Simplex or Repeated, or some combination.

CONVENTIONAL RADIO SYSTEM - in a Conventional radio system, the radios operate on predetermined, fixed frequencies. In the case of radios with multiple channels, each channel has a specific frequency definition that is pre-programmed into the radio. The user manipulates a zone and/or channel selector (dial or buttons) on the radio control panel to pick the appropriate channel, which corresponds to the proper radio frequency.
Conventional radio systems may be simplex, or may use repeaters. They may also be either analog or digital.

DIGITAL - Digital voice transmissions, unlike analog, are conveyed with mathematical precision. In a digital voice system, all speech is reduced to a stream of the binary numbers 0 and 1. This stream of numbers is reconstructed on the receiving end and synthesized back into a voice that humans can understand. Because of the mathematical nature of a digital signal, degradation over the communications path can be detected (and often even corrected) at the receiving end. Digital radio transmissions are also affected by noise, but tend to remain recoverable until the signal is very weak. However, when signal recovery is no longer possible, a digital signal will abruptly cease. Thus, digital transmissions tend to be "all or nothing" in this regard. Digital systems can be problematic in situations with a high level of background noise, such as firefighting, as the digital "vocoder" does not always process the non-verbal background sounds correctly. Digital radios are also more complex, and therefore more costly, than analog radios.

REPEATER - A radio repeater is a combination of a radio receiver and transmitter that receives a weak or low-level signal and simultaneously retransmits it at a higher level or higher power, so that the signal can cover longer distances without degradation. Repeaters are often located on tall towers or buildings to maximize their range.
Repeater radio systems require at least two frequencies to function, a "talk-in" or input frequency, and a "talk-out" our output frequency. This is normally transparent to the user, who simply selects the appropriate zone and/or channel on their radio.
Repeated radios systems may be either analog or digital.

SIMPLEX - Simplex is the most basic type of radio system. In a simplex system, a radio transmission originates with one radio, and is conveyed to the receiving radio without using a repeater or other infrastructure. In a simplex system, only one radio frequency is needed. Simplex is sometimes referred to as "car to car" or "direct". Simplex is often preferred for communications between users inside heavily reinforced buildings, as the signal strength from a nearby user's radio may be stronger than one originating from a distant repeater. Even so, the range of a simplex radio transmission is typically very limited - as little as a few hundred feet inside such a structure. Even outdoors, the range may only be a mile or two.
Simplex radios systems may be either analog or digital.

TRUNKED RADIO SYSTEM - In a trunked radio system, the system automatically picks the radio frequency, not the radio user, from a pool of frequencies used by the trunking system.

Just as in a conventional radio system, The user selects the group of users that he/she wishes to talk to by selecting a zone and/or channel position on their radio. However, the actual frequencies used for any particular transmission are automatically determined by the trunking system. This arrangement makes more efficient use of individual radio frequencies, by allowing an overall smaller total number of frequencies to be shared by many users.
While more spectrum efficient, trunked systems rely on a central controller and complex infrastructure to function properly. They are therefore more complex and expensive than a conventional radio system. In a trunked radio system, repeaters are always used. Simplex operation is not possible. Trunked radio systems may be either analog or digital.

CATEGORIES OF CALL TYPES- The Dane County Communications Center uses the following designators to prioritize call types.

ECHO – Most incidents involving firearms or other weapons that could cause significant injury or death. This would also include medical calls where a patient is not breathing.

DELTA – These types of calls are urgent and requires a rapid police response. Types of calls would include but are not limited to:

- Injuries requiring immediate medical attention
- Crimes in progress
- Incidents involving physical danger or risk to the public
- Incidents where the potential for violence exists without police intervention
- Death investigations

CHARLIE – These types of calls do not typically require immediate police response, they typically include minor crimes with no suspect present. These are incidents not involving violence or risk to the public. Incidents with no potential risk for escalation. If a dispatcher believes that that a specific call could escalate and has some criteria listed above in the DELTA call type that call should then be upgraded and dispatched immediately.

BRAVO – Bravo calls would be categorized as a routine call. There is no potential for risk to the public and an immediate police response is not needed.

ALPHA – Alpha level calls would be considered low priority where timeliness of a police response is not an issue. Some examples would be phone messages and information calls for a specific beat of jurisdiction.

Appendix VI
Med-Flight

Request for Helicopter EMS (HEMS)

Purpose:
To provide general guidelines for the appropriate utilization of Helicopter EMS (HEMS) during routine daily operations.

Policy:
Helicopter EMS activation should be considered in Time Critical Diagnoses (TCDs) when the transport time to definitive care is prolonged, as well as situations when advanced resources and skills may help improve the patient's chances of survival.

Depending on the situation and resources present, it may be prudent to begin transport by ground ambulance and arrange for a rendezvous at an existing airfield or helipad rather than establish a scene Landing Zone (LZ) and wait for HEMS. Please see the next page for a listing of local airfields and hospital-based helipads that would not require establishment of an LZ by Fire or Law Enforcement.

A helicopter may be considered for request under the following circumstances but not limited to:
Patient meets Level I Trauma Center criteria under the Destination Determination Protocol AND ground transport time is estimated to be greater than 15 minutes

Patient is critically ill or injured AND entrapped with extrication expected to last greater than 20 minutes

Patient has unstable Vital Signs (VS) and ALS intercept would further delay arrival at definitive care
Patient has field diagnosed ST-Segment Elevation MI and is not expected to make the goal first medical contact-to-balloon time of <90 minutes without HEMS assistance

Patient requires specialized medical attention in the field that is beyond the scope of the EMS Providers present on scene or available at the time of the emergency (i.e. field amputation, pediatric intubation)

Mass Casualty Incident with multiple critically ill or injured patients, when activation would not put the responding HEMS unit at increased risk (i.e. active shooter without neutralized threat)

Procedure:

When considering air transport, the following terminology should be referenced when speaking with HEMS Dispatch:

"Status Inquiry" or **"Inquiry"** - contact asking whether HEMS is available to fly or not based on current weather conditions, aircraft availability and crew status. An aircraft will NOT be reserved based on an "Inquiry", and if another flight "Request" is received before final decision is made the second "Request" WILL be accepted by HEMS.

"Stand-by" - for all calls *within the borders of Dane County*, an aircraft will be pulled out and prepared for flight, but WILL NOT lift off until final decision is made regarding HEMS use. Anyone in Public Safety may put a helicopter on "Stand-by". If another flight request is received before final decision is made, the second "Request" will NOT be accepted by HEMS.

"Request" - final decision has been made by the EMS Provider(s) on scene to transport the patient by air, and the helicopter will launch to the scene or rendezvous point as soon as possible.
The highest credentialed EMS Provider on scene will determine if a HEMS unit is appropriate for the patient. That EMS Provider will request the Dane County 9-1-1 Center to contact Helicopter EMS and "Request" dispatch of the closest, most appropriate HEMS unit. A safe landing zone (LZ) must be established per protocol prior to HEMS arrival. The highest quality patient care should be continued per Dane County Protocols until HEMS arrival, at which time care may be transitioned to the HEMS patient attendant. Patients coming from a Hazardous Materials (HazMat) scene need to be fully decontaminated prior to HEMS transport. This includes contamination with various fuels as well as ingestions of volatile substances which may cause off-gassing.

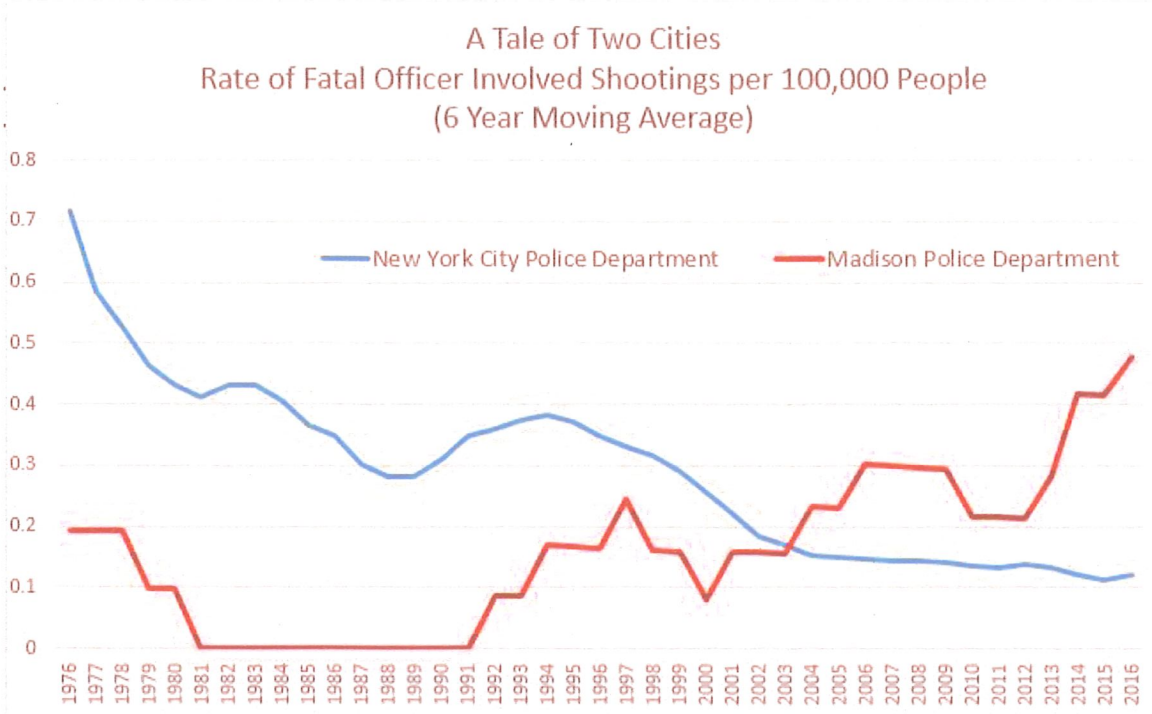
Under NO circumstances should patient transport be delayed to use a helicopter.

There are multiple Helicopter Landing Zones (LZs) in and around Dane County that do NOT require Fire or Law Enforcement establishment. If appropriate for the situation, weather and patient condition, these locations may be considered for rendezvous with the HEMS unit and transfer of patient care. This will take clear communication from the EMS Providers on scene and coordination through the Dane County 9-1-1 Center and the HEMS Dispatcher. Please see the following page for a list of airfields and helipads in the greater Dane County area that may be considered.

Helicopter EMS (HEMS) Landing Zones

Sauk Prairie Airport
St. Mary's Sun Prairie Helipad
Sugar Ridge Airport
Elert Airport
Middleton Airport – Morey Field
Verona Airport
Mathaire Field
Blackhawk Airfield
Sauk Prairie Hospital Helipad
UW at The American Center Helipad
Waunakee Airport
Jana Airport
Stoughton Hospital Helipad
Lodi Lakeland Airport
Edgerton Hospital Helipad
Syvrud Airport

ORT 4.12.17



Per capita rate of fatal officer involved shootings for Madison Police Department versus NYPD.

The graph is normalized to Madison population size at each timepoint (and uses a six-year moving average for smoothing). There's been a statistically significant increase in fatal officer involved shootings from 1990 to present (as well as over the complete time series). The same strong increase is apparent regardless of which variable is used for normalization (e.g. normalizing the number of shootings by the number of MPD officers or by the number of incidents of violent crime shows the same pattern). I provide a graph of New York City Police Department fatal officer involved shootings for comparison. As you'll note, the rate of fatal shootings by NYPD is consistently going down (i.e. in the opposite direction from Madison). The increasing rate of fatal officer involved shootings in Madison is not a response to violent crime rate, which has been essentially flat from 1990 to present.

There is also a pattern of increasing fatality of MPD officer involved shootings over the last two decades. Possible reasons include:

1. More shots fired per incident. I obtained data from MPD on number of shots fired in each incident from 1990 to present. Overall there's a statistically significant increase in number of rounds fired per incident over this time period.

2. Changes in ammunition (e.g. with current types of hollow point bullets doing more damage).

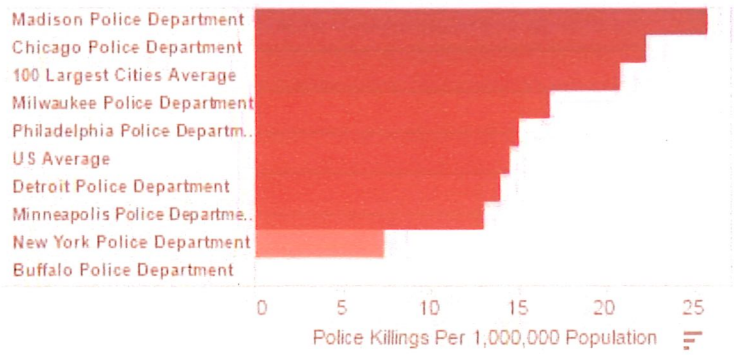
3. Greater proximity (thus hitting vital organs more often). E.g. In the initial years of the time series, MPD officers seemed only to be shooting active shooters, and based on news accounts often seemed to be at greater distance. Since 2003 no MPD officer involved shooting have involved an active shooter.

The nature of the circumstances of the shootings has also changed radically over time. From 1973 to 1992, MPD officers were only shooting active shooters (there were 6 such incidents). From 1992-2003 some (3 out of 9) were active shooters; from 2003 to present none of those being shot at by MPD officers were active shooters (13 incidents), though some held guns (while others held knives or were unarmed). I suspect it has become the norm to shoot in circumstances where MPD officers would not have resorted to deadly force early in the time series.

The racial breakdown of the people being shot at from 1970 to present: 19 White, 1 Asian, 2 Black, 6 Hispanic. I'll note that I used photos and names to determine race for most of the incidents – such a method isn't infallible, but I believe the overall breakdown should be pretty accurate. There's overrepresentation of Hispanic residents relative to proportion in the Madison population.

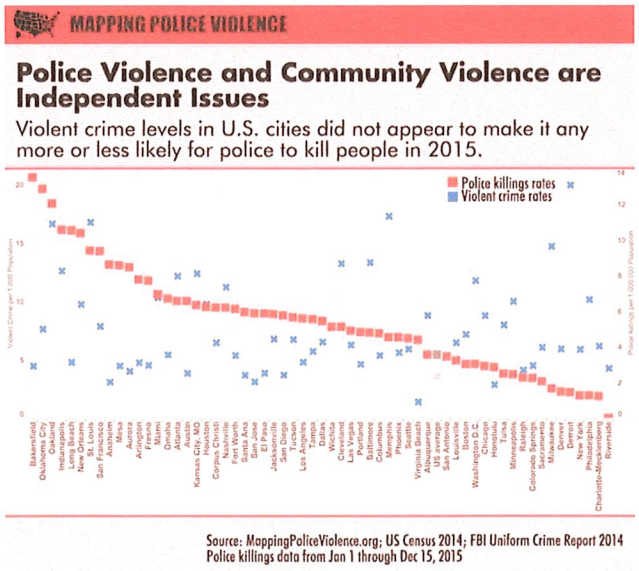
The proportion of people being shot who are in crisis has been steadily rising over time. That's the population that's really being killed now (a strong shift relative to earlier in the time series). All recent shootings (the last 7) were people in crisis (i.e. incapacitated by mental illness or chemically). 11 of the last 12 shootings (going back to 2004) were people in crisis. Those proportions appear to be far higher than in most other cities, presenting perhaps the most urgent need for reform in MPD training and practices regarding deadly force.

The rate of fatal officer involved shootings varies drastically across police departments. For example, a sample of a few cities, using data covering Jan, 2013 through Dec, 2016:

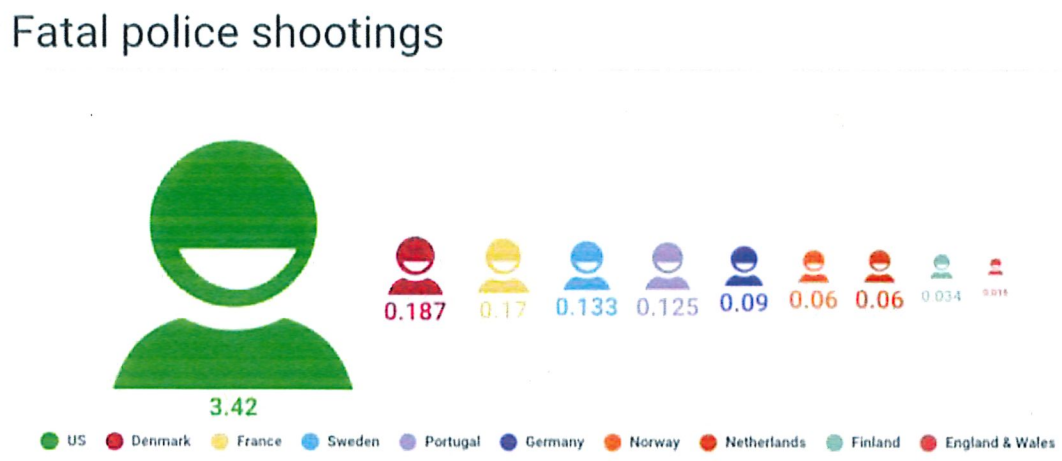


Madison: 25.73
Chicago: 22.26
100 largest U.S. cities average: 20.79
Milwaukee 16.81
Philadelphia: 15.07
U.S. average: 14.54
Detroit: 14.01
Minneapolis: 13.07
New York City: 7.34
Buffalo: 0

The rate of police shootings is only weakly correlated with the rate of violent crime.



There are also huge differences across countries in the rate of fatal police shootings. Note that Finland, which has one of the lowest rates of fatal police shootings, has a high rate of per capita gun ownership, including a lot of handguns, and has one of the higher violent crime rates in the E.U (driven in part by high rates of alcohol use). Moreover, Finish police all carry guns. Yet they kill people at a rate 100 fold lower than U.S. police.



There's been a great deal of research, starting with work by James Fyfe, that has shown that the variation in rates of officer involved shootings across U.S. cities is predominantly a consequence of differences in policies and training. Differences in administrative controls of officer discretion for firearm use account for the variation. This has been shown repeatedly in studies by Fyfe, Geller & Scott, Walker, Aveni, researchers with Campaign Zero, and many others. When the police department of a city dedicates itself to reducing the rate of officer involved shootings, it can do so, without decreasing officer safety, as NYPD and other cities have shown. Researchers have taken officers from different cities, put them into identical scenarios, and shown radical differences in the rates at which they shoot unarmed people. The answers to solve the problem are largely available – this is not a mystery. But in most cities, politicians lack the courage to act and police administrators simply seek to justify their current practices, pretending that little can be done, which as an empirical matter is demonstrably false. That failure to act is shameful.

CRT 4.12.17

From: Yasmeen Krameddine <krameddi@ualberta.ca>
Sent: Thursday, February 18, 2016 12:42 PM
To: Gregory Gelembiuk
Cc: Peter Silverstone
Subject: Re: a question about police training

Gregory,

Thank you very much for your email and for your involvement in your community's police reform.
You ask very excellent questions and I am happy to answer them for you.

What differentiates the training you've developed from typical U.S. CIT training (CIT training that includes role playing)?

Typical Crisis Intervention Team (CIT)	Our program (ProTraining)
Training is a one-time 40-hour program that focuses on training officers about **signs and symptoms** of mental health. Each CIT program usually focuses on the same premise, however each CIT session can be different depending on which organization is offering it. E.g. the topics covered in the lectures can be different. But overall it focuses on 3 things: **1) Power Point lectures to increase knowledge about mental health** (e.g. Clinical Issues Related to Mental Illnesses Medications and Side Effects Alcohol and Drug Assessment Co-Occurring Disorders Developmental Disabilities Family/Consumer Perspective Suicide Prevention and Practicum Aspects Rights/Civil Commitment Mental Health Diversity Policies and Procedures Personality Disorders Post Traumatic Stress Disorders (PTSD) Legal Aspects of Officer Liability Community Resources	Depending on the level of training needed, our program offers 3 units, to be taken in sequential order. It is recommended that officers take unit 1 and 2. **Unit 1. On-line training stage** (90 minutes) using a very novel and interactive approach where learners interact through video based e-learning scenarios and assessment opportunities. There are 4 modules, each portraying a different mental illness. What is unique about our training is that we want to make it as interactive as possible, and we use first-person video where the learner, gets to choose what you want to do. Depending on what you choose, determines how the interaction turns out, so it incorporates gamification into the training. **Unit 2. 4-hour in-person session** designed to allow experiential practice of skills learned in the eLearning Unit 1 where you will be taught how to properly engage individuals with mental illness. **Unit 3. 40-hour intensive unit** is designed for police officers that have frequent interactions with those suffering from mental

2) Onsite visits and exposure **3) De-escalation training and techniques (4 hrs) and role-play training (4hrs)**	illness and crisis negotiators. This is a more advanced course focusing again, on behaviours. (Not all officers will need to take this. We recommend police and crisis teams as well as crisis negotiators).
Length: One – 40 hour training session – taken once All **information** components are taught in a class room using power point slides.	**Length:** **3 units** – based on training need with the option for a refresher every 3 years (online and in person) **Unit 1** – (**information** component) offers the ability to learn the basic behavioural/verbal skills needed in an interaction on your own time, and at your own pace (online). A print out of the specific techniques that should be used in every interaction can be printed out after completion of training. Although our training uses learning slides at some points, we have reinforced our learning by including video's and learner interaction – keeping in engaging and interactive. E.g. In our beginning scenario, learners get to see the worst-case scenario and what could happen if they incorrectly interact (seen from the eyes of the officer) through a 2-3 minute video. Allowing the officer to see how quickly something can go wrong. The officers will have the opportunity to interact with the mentally ill individual at the end of the eLearning session again, to see if they can end with a positive outcome. This final scenario is shown through the eyes of the individual in crisis. This scenario shows some video and allows the officer to choose what they want to do/say. There is a meter on the screen that shows if you have made a correct choice (The correct choice will show the meter on the screen to go down (de-escalation) or the incorrect choice will show the meter going up (escalation).

Refresher training: Most CIT organizations do not do refresher. Since CIT is 40 hours, it takes lots of time to just get all officers through it once, and putting them through a refresher can be very difficult.	**Refresher training:** Our online component makes widespread use easier and allows regular updates to training (including refreshers every 3 years) making it easier to distribute to all police members and associated civilians in a cost - effective manner. We offer refreshers to Unit 1 (online) & Unit 2 (hands-on).
Information is taught to increase knowledge about mental health (focusing on memorization of signs and symptoms of mental illness). Training is taught with the belief that changing attitudes creates a change in behaviour. This is not as true as it sounds (see below)	**Information** and practical experience is trained to improve behaviours of officers, and increase the recognition of behaviours in others. We do not want to train police officers to be psychiatrists. Police officers have to know so much information in their day-to-day, so we feel they only need to know the bare minimum of information that will improve their interactions that will keep both them and those they interact with safe. This is why our training does not focus on teaching all of the symptoms for each mental illness (like CIT does). We only focus on the behaviours that are seen most frequently in police and mental health interactions - and we teach a step by step "how-to" interact, when individuals display certain behaviours. **Thus training is taught with the belief that we must focus on behaviours to change behaviours.** E.g. - De-escalation, verbal and nonverbal communication strategies, empathy techniques to build rapport in mental health interactions, and what to do if someone is threatening, uncooperative or unresponsive. - Information on exact steps that need to be taken during and after an interaction (with practical implementation) - What would make the interaction worse and what would make it better.

	- Depending on the severity, where should the individual should be taken? - If this individual needs to go to the hospital, how do you fill in a mental health form so that this individual will be accepted into the hospital? All of the training units focus extensively on improving officer behaviour, and understanding and practicing how to interact with certain behaviours other exhibit.
Although training tends to focus on increasing knowledge (through lecture based training), there is evidence to show that **increasing knowledge and changing attitudes does not necessarily lead to a change in behaviours** (e.g. If someone knows smoking is bad for their health, they do not necessarily quit smoking) * see attached article (Krameddine & Silverstone, 2015) about attitudes and behaviours. The best way to change behaviours is to focus directly on changing behaviours, instead of training to improve attitudes and hoping that it leads to behavioural change.	
Training Creation: Members of each department usually create the training materials, some in collaboration with NAMI, some without collaboration and not based on evidence-based research.	**Training Creation:** Our training has been created with the help of an International Advisory Board of police officers, police educators, mental health professionals, academic researchers, adult educators, eLearning experts and individuals with lived experiences of mental illness from the UK, the Netherlands, Sweden, Australia, New Zealand, USA and Canada.
Evidence based evaluation: Although CIT has been around for many years (since 1988 in Memphis Tennessee), it only recently is becoming properly evaluated. In a recent (properly evaluated) evaluation by (Compton, 2014) it was found that CIT training does increase the use of de-escalation skill and referral decisions in interactions (which is great!) however, it does not show any differences between those officers who are trained and not trained in use of force, number of arrests and time per call. (I attached the Compton article.)	**Evidence based evaluation:** Our units are based on my PhD research where we trained over 650 Edmonton Police officers in mental health at the University of Alberta with a new program, similar to medical student simulations. We analyzed our program and we found evidence based success 6 months after training: 41% decrease in physical use-of-force 26% decrease in weapon force 19% increase in efficiency 41% increase in mental health awareness 23% increase in officer confidence

	Improved empathy, communication and de-escalation in officers after training. (Krameddine, 2013)
Continued evaluation: Does not exist to my knowledge, however, external groups may evaluate.	**Continued evaluation:** We offer evaluation of our program before and after organizations participate in any level of our course.
Role play component: From my research, the role-play in <u>most</u> CIT programs consists of 2-5 minutes of role-play per person (over a 4 hour period) E.g. There are 20-40 members in CIT for the week. For the 4 hour session, all members are watching one individual that is in the middle of the room, role-playing with an veteran officer for 2-5 minutes. After, all other members give feedback to this individual. It takes time for members to go through the role-play, thus in the 4 hour time it takes all members to go through the role-play training, each will only be role-playing (usually with a veteran officer) for 2-5 minutes. I am not sure if this is true for your organization, but this is the case for most others.	**Role play component:** **Our unit 2** is our role-play training. Officers will go through 4 scenarios (10 minutes of role-play in each) – allowing 40 minutes of role-play in 4 hours. (All 4 scenarios are taking place at the same time and they switch from one to the other). - After they complete their scenario they will be given 3 questions to think about. These questions focus on the 3 main learning points of every scenario (on top of how to talk to them, they learn these points). - No other officers are "watching" them role-play (alleviating stress, and producing realistic responses, and a realistic atmosphere.) **E.g.** In our scenario training, groups of 2 go through a minimum of 10 minutes of scenario role-play every hour, interacting with an actor portraying mental illness. After the role play is over, there is a debrief and feedback portion of the scenario where officers are given feedback from the Supervising facilitator, a mental health facilitator and the actors in the scenario. We focus on behaviour by: - Actors modifying their responses depending on how the officer treats them. E.g. If an actor feels they are not being treated with respect they will not give the officer any information. However, if the officer is sincere then the actor will tell the officer everything they need to know.

	There are some scenarios that end in the actor pulling out a knife (if they are treated poorly) – but the exact same scenario can end with the actor going willingly with the officer and allowing them to be handcuffed, if they are treated with the respect that they need. - Our actors are trained to give feedback to officers (in the debrief) in terms of how the officer made them feel when they acted certain ways: **Example of Actor feedback:** When you stood over me it made me feel very afraid of you. Perhaps next time, if you come down to my level and spoke to me, I would have answered all of your questions because you would have been less of a threat. Or: When you asked me "how long have you been drunk?" – I got very offended by the word "drunk". Perhaps next time you can ask "When did you start drinking" etc.
Role-play: usually veteran officers are acting – this can be difficult, as sometimes officers do not take the training seriously.	**Role-play:** done with trained actors, usually ones that have mental illness themselves, so they can speak towards how individuals with mental illness feel when officers interact with them.
Onsite mental health exposure	We do not have onsite visits however we have actors that are living with mental illness themselves as well as mental health professionals in every scenario facilitating the interaction.

In your publications, I see that your training is designed to alter officer behavior, not just attitudes or knowledge. How exactly is this done, in a way that might differ from standard U.S. CIT training?

Yes, this is true. As mentioned above the focus on behaviours is done in all Units of our training.

E.g. You enter a scene where an aggressive individual is believing that someone is watching him and going to kill him. He acts aggressive towards you.
Our approach: focus on his behaviours: he is acting in a way that shows he is afraid. Therefore what can I do to:

- make him feel less afraid?
- let him know I am here to help?
- let him know I care about his safety?

Once you de-escalate this individual, then you can focus on next steps:

- What to write on the mental health form, if you do end up taking them to the hospital
- Techniques you can use to approach the scene in a calm manner
- Words to speak and to avoid when speaking to someone who is afraid

CIT approach:
This person is having hallucinations & delusions and is suffering from schizophrenia. I know that since he has schizophrenia he needs to be taken to the hospital so my main goal is to get him to come with me to the hospital.

We do not talk about labeling a specific mental illness, we speak of behaviours others are exhibiting.

I'm wondering if there's something that's available (and ideally evidence-based) that might be more effective than the training approach currently being used with Madison police officers.

It sounds like the Madison police officers are doing constant training, which is a very good thing. Evidence suggests that training must happen every 3 years at minimum, so the more training the better - ideally with a focus on behaviours and not on memorization of signs and symptoms.

In regards to evidence based practices, currently we are evaluating our Unit 1 – online training (since it is very new), however as mentioned it has been created with international advisory board input of experts around the world. The benefit of our Unit 1 - online, interactive training is that it can be taken any time, in any place, as long as a computer is available. The easy access is valuable in the sense that no one has to wait to take training. As well it can be taken at low cost - $20 - $34.95 (depending how many units are purchased).

Our Unit 2 – hands on scenario learning using professional actors is evidence based and we travel to all parts of Canada and USA, implementing our training in police organizations. We are traveling to Chicago on August 22 & 23, 2016 to deliver our Unit 2.

With everything being said, I would strongly recommend our Unit 1-3 training programs. I have been working passionately on this project for 5 years and have

complete confidence in it. I know they can improve the relationship and interactions between police and those they interact with.

After informing you of how our program differs from CIT, I am wondering how we can best help you achieve your goals with the Madison Police?
What are your next steps, and how can we help you get there?

I am able to give you access to our Unit 1 - online training, if you wanted to experience it.
I look forward to your response, and hope I have answered your questions.

Sincerely,

Yasmeen Krameddine

Fyfe's Principles in relation to Normal Accident Theory

The rules formulated by James Fyfe for how police should deal with resistant emotionally disturbed persons (including those who might be armed) fit well with recommendations from normal accident theory (a theory - with considerable empirical support - of factors underlying risk of disasters).

Under normal accident theory, the risk of accidents is tied to 1. the interactive complexity of a system (more parts or more people interacting = higher risk) and 2. the degree of coupling in the system (tight coupling, with little capacity to accommodate things going wrong = higher risk). Normal accident theory was first applied to officer involved shootings by David Klinger (2005) and recently more formally by Bryan Vila et al.

Fyfe's rules:

1. Officers should keep a safe distance away from EDPs (emotionally disturbed persons) and otherwise avoid putting themselves in harm's way when handling EDPs.

[more distance = looser coupling. Better able to accommodate errors/unexpected actions]

2. Officers should avoid unnecessary and provocative displays or threats of force.

3. An officer should try to avoid confronting an EDP while alone and should always make sure that back-up assistance is called so that the EDP can be contained at the same time that bystanders are cleared away.

[clearing bystanders reduces complexity of the system, though backup officers increase complexity]

4. One officer (the talker) should be designated to talk to the EDP, and everybody else on the scene should "shut up and listen."

[reduction in complexity]

5. Officers should make sure that the talker is in charge of the scene and that nobody takes unplanned action unless life is in immediate danger.

[reduction in complexity. retain the benefit of backup officers while ameliorating the additional risk created by having more officers present]

6. Officers should make sure that the talker does not threaten the EDP, but instead makes it plain that the police want to help him or her and that the way to accomplish this is for the EDP to put down any weapons and to come with the police for help.

7. Officers should take as much time as necessary to talk EDPs into custody, even if this runs into hours or days.

[allowing as much time as needed = more slack/less pressure/looser coupling]

NYPD policy appears to largely be based on Fyfe's rules, with some additional elements. One key addition - the officer in charge is required to "Establish firearms control.
a. Direct members concerned not to use their firearms or use any other deadly physical force unless their lives or the life of another is in imminent danger."

Policing the Emotionally Disturbed

James J. Fyfe, PhD

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In New York City from 1971 to 1975, only 1.6 percent of all police firearms discharges involved the class of people police have since come to call emotionally disturbed persons (EDPs). Still, because police were comparatively unrestrained in those years, the number of such incidents was quite large: 46, or better than 9 per year.[1] In the years since then, police shootings have declined dramatically; fatal shootings by New York police have decreased from 93 in 1971 to 11 in 1999. There, as in most big cities, police apparently have become much more sophisticated in helping officers to avoid shootings of all kinds, including those involving EDPs.

If the lawyers who call me, in my capacity as a police practices expert, to request a consultation in their cases are any indication, however, the decrease in EDP shootings may not hold true in many smaller and midsized U.S. police jurisdictions. With great regularity, I hear variants of the same story: my client's decedent, the lawyer will tell me, was a troubled young man who had just undergone a great emotional shock. He ran out onto the street with a knife, shouting and frightening people, but never really attacked anyone. The police were called; they saw him, drew their guns, and closed in on him, warning him to drop his knife. He backed up until he was against a wall, then tried to run. Because the police had cut off all his escape routes, he was then running in a police officer's direction with a knife in his hand; consequently, the police shot and killed him to defend their colleague. With only minor differences, I have worked on such cases in suburban, rural, and small city police agencies from Texas, Florida, and New Mexico to Maine and Michigan; from California and Oregon to New Jersey and New York. They are terrible tragedies that victimize police officers as well as EDPs and their families, that strain the relationship between police and community, and that have cost police chiefs and elected officials their careers. Certainly, unlike the not-too-distant past, they no longer go unnoticed or written off as unavoidable "nut-with-a-knife" cases.

The major reason that the big cities have become more sophisticated than smaller jurisdictions in resolving EDP situations is a simple matter of numbers and exposure. The New York City Police Department (NYPD) responds to about 18,000 EDP calls every year, and even the small number that have gone wrong and resulted in tragedy have been enough to embarrass the organization and prompt it to action designed to help officers avoid hurting others and being hurt themselves. The 1985 Bronx police shooting of Elinor Bumpurs, a mentally disturbed 67-year-old, 270-pound grandmother who attacked police with a knife, for example, led to a reexamination and overhaul of the NYPD's policies related to EDPs, which has no doubt saved other lives. Not so in smaller jurisdictions, where volatile street people and deranged seniors are not a part of the routine of policing. Instead, they often come as a surprise to young officers who have been given no relevant training or, even worse, have participated in training likely to lead to overly aggressive police responses.

Consider officers untrained for their work with EDPs. They have been trained to get rational offenders to submit to their authority by approaching them forcefully and making it plain that resistance is only likely to make things worse. This intimidating approach almost always succeeds in gaining criminal

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suspects' compliance. The survival instinct rules among all rational people, and most offenders are in the crime business because they are interested in making themselves comfortable with as little effort as possible. Not so with EDPs; the police are called to handle them precisely because, for reasons that might not affect more stable individuals, they have become frightened and potentially dangerous to themselves and others. In such cases, the forceful police approaches that work so well with rational offenders—threats, intimidation, closing in on personal space—are liable to force unnecessary confrontations and to put officers into perilous circumstances from which they can extricate themselves only by resorting to the most extreme types of force, that is, by shooting. Almost universally, police recognize and act upon this distinction between rational offenders and EDPs in situations in which barricaded subjects and hostage takers are concerned, and they react accordingly. Too often, however, this distinction is overlooked in street-level encounters, and tragedy ensues.

After the fact, police have recently been prone to write off such tragedies as "suicide by cop," a classification that, in my experience, is far more often a *post hoc* justification for sloppy police work than a valid explanation of why and how somebody died. The term "suicide by cop" should describe only situations in which even officers who adhere closely to the industry standard for dealing with EDPs are given no choice but to kill them. Unfortunately, it has become a catchy descriptor for a far larger number of cases in which officers put themselves unnecessarily into harm's way and must then shoot their way out of it.

Worse yet are some of the EDP shootings by usually young and impressionable officers who have been trained to believe that every street encounter leaves them at the mercy of homicidal maniacs and that they must therefore be constantly alert and ready to shoot at an instant's notice. A longtime leader in the business of providing training to officers whose agencies are not sufficiently large or expert to develop their own is the Calibre Press, whose widely distributed videotape, "Surviving Edged Weapons,"[2] is illustrative. It begins with a dramatization of cavemen killing each other with "edged weapons" and proceeds through explanations and demonstrations of how psychopaths armed with swords and multiple knives can easily ambush and kill police officers, moving to a dissertation on an alleged "knife culture" that is purportedly populated by persons of Hispanic distraction. According to former San Diego Police Chief Robert Burgreen, the tape led two of his officers to engage in inappropriate shootings.[3] Burgreen is not alone in his suspicion that there may be a link between training of this nature and officers' propensity to shoot; within weeks after viewing this videotape, two officers in another police department with which I consulted shot and killed EDPs who were carrying edged weapons. One was a butter knife, held by a man who had been sitting at his table eating breakfast when police came into his house to investigate an hours-old domestic complaint. The other was a pen knife, carried by a young man whose girlfriend had broken off with him and who was shot and killed in his front yard in front of his whole family. Both had made the fatal mistake of coming within a 21-foot "zone of safety" prescribed by the Calibre Press video.

There is a message here: some police training on this subject may actually be worse than none. Any police organization or government officials or medical professionals concerned with seeing that police do their work with the least violence necessary should not content themselves with knowing that officers are being trained to interact with EDPs; they must carefully examine such training to assure that it is not sending the wrong message.

Training designed to help officers deal with EDPs should teach that there is a difference between rational offenders and EDPs and that they will be held accountable for treating these situations with the same concern for life that was demonstrated by the Los Angeles Police Department in the nationally televised low speed chase involving O. J. Simpson, a revolver, and a white Bronco. In that case, the police did all they could to avoid forcing a confrontation, even tying up one of the busiest metropolitan areas in the world during the evening rush hour. This approach worked; Simpson was taken into custody, and nobody was hurt. It also stands in sharp contrast to the testimony of the Illinois police trainer who said, after one of his officers had shot and killed a female EDP, that he would cut off negotiations after a half-hour because nothing in the world was worth more than a half-hour of police time.*

The dangers and unpredictability of police encounters with EDPs are significant, but they can be

* Readers interested in the citation for this testimony may contact Professor Fyfe directly.

reduced greatly by adherence to a few simple principles:

1. Officers should keep a safe distance away from EDPs and otherwise avoid putting themselves in harm's way when handling EDPs.

2. Officers should avoid unnecessary and provocative displays or threats of force.

3. An officer should try to avoid confronting an EDP while alone and should always make sure that back-up assistance is called so that the EDP can be contained at the same time that bystanders are cleared away.

4. One officer (the talker) should be designated to talk to the EDP, and everybody else on the scene should "shut up and listen."

5. Officers should make sure that the talker is in charge of the scene and that nobody takes unplanned action unless life is in immediate danger.

6. Officers should make sure that the talker does not threaten the EDP, but instead makes it plain that the police want to help him or her and that the way to accomplish this is for the EDP to put down any weapons and to come with the police for help.

7. Officers should take as much time as necessary to talk EDPs into custody, even if this runs into hours or days.

These principles, which can be taught and absorbed in no more than a couple of days, considerably increase the chances of resolving EDP confrontations without bloodshed; they simply equate to good, street-level police work. Learning these techniques does not guarantee success, but if the police do all of these things and still have to shoot an EDP, the fault does not lie with the police. As doctors know, operations can be successful even though patients die; both the police and doctors can do no better than to act in the ways most likely to succeed, knowing all the while that they cannot absolutely control their clients' fates.

Because the techniques and strategies for resolving EDP situations are relatively simple, all police patrol officers, who are almost invariably the first police responders to such situations, should be trained in them and held accountable for following them. This approach would minimize the need for special units charged with particular responsibility for dealing with EDPs, reducing division within policing, and following the principle, well-known in both policing and medicine, that no specialty should be created unless its members can perform their task significantly better than can generalists. In policing as in medicine, the key to assuring that most cases conclude happily is to enhance the diagnostic and early treatment skills of the general practitioner, the profession's first contact with the great majority of people in need of help.

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PURPOSE To safeguard a mentally ill or emotionally disturbed person who does not voluntarily seek medical assistance.

SCOPE The primary duty of all members of the service is to preserve human life. The safety of ALL persons involved is paramount in cases involving emotionally disturbed persons. If such person is dangerous to himself or others, necessary force may be used to prevent serious physical injury or death. Physical force will be used ONLY to the extent necessary to restrain the subject until delivered to a hospital or detention facility. Deadly physical force will be used ONLY as a last resort to protect the life of the uniformed member of the service assigned or any other person present. If the emotionally disturbed person is armed or violent, no attempt will be made to take the EDP into custody without the specific direction of a supervisor unless there is an immediate threat of physical harm to the EDP or others are present. If an EDP is not immediately dangerous, the person should be contained until assistance arrives. If the EDP is unarmed, not violent and willing to leave voluntarily, a uniformed member of the service may take such person into custody. When there is time to negotiate, all the time necessary to ensure the safety of all individuals will be used.

DEFINITIONS EMOTIONALLY DISTURBED PERSON (EDP) - A person who appears to be mentally ill or temporarily deranged and is conducting himself in a manner which a police officer reasonably believes is likely to result in serious injury to himself or others.

ZONE OF SAFETY - The distance to be maintained between the EDP and the responding member(s) of the service. This distance should be greater than the effective range of the weapon (other than a firearm), and it may vary with each situation (e.g., type of weapon possessed, condition of EDP, surrounding area, etc.). A minimum distance of twenty feet is recommended. An attempt will be made to maintain the "zone of safety" if the EDP does not remain stationary.

PROCEDURE When a uniformed member of the service reasonably believes that a person who is apparently mentally ill or emotionally disturbed, must be taken into protective custody because the person is conducting himself in a manner likely to result in a serious injury to himself or others:

UNIFORMED MEMBER OF THE SERVICE

1. Upon arrival at scene, assess situation as to threat of immediate serious physical injury to EDP, other persons present, or members of the service. Take cover, utilize protective shield if available and request additional personnel, if necessary.
   a. If emotionally disturbed person's actions constitute immediate threat of serious physical injury or death to himself or others:
      (1) Take reasonable measures to terminate or prevent such behavior. Deadly physical force will be used only as a last resort to protect the life of persons or officers present.

NOTE *Damaging of property would not necessarily constitute an immediate threat of serious physical injury or death.*

UNIFORMED MEMBER OF THE SERVICE (continued)

b. If EDP is unarmed, not violent and is willing to leave voluntarily:
   (1) EDP may be taken into custody without the specific direction of a supervisor.

c. In all other cases, if EDP's actions do not constitute an immediate threat of serious physical injury or death to himself or others:
   (1) Attempt to isolate and contain the EDP while maintaining a zone of safety until arrival of patrol supervisor and Emergency Service Unit personnel.
   (2) Do not attempt to take EDP into custody without the specific direction of a supervisor.

2. Request ambulance, if one has not already been dispatched.
   a. Ascertain if patrol supervisor is responding, and, if not, request response.

NOTE *Communications Section will automatically direct the patrol supervisor and Emergency Service Unit to respond to scene in such cases. Patrol supervisors' vehicles are equipped with non-lethal devices to assist in the containment and control of EDP's, and will be used at the supervisor's direction, if necessary.*

3. Establish police lines.
4. Take EDP into custody if EDP is unarmed, not violent and willing to leave voluntarily.

PATROL SUPERVISOR

5. Verify that Emergency Service Unit is responding, if required.
   a. Cancel response of Emergency Service Unit if services not required.
6. Direct uniformed members of the service to take EDP into custody if unarmed, not violent, and willing to leave voluntarily.

NOTE *When aided is safeguarded and restrained comply with steps 25 to 32 inclusive.*

WHEN AIDED IS ISOLATED/CONTAINED BUT WILL NOT LEAVE VOLUNTARILY:

PATROL SUPERVISOR

7. Establish firearms control.
   a. Direct members concerned not to use their firearms or use any other deadly physical force unless their lives or the life of another is in imminent danger.
8. Deploy protective devices (shields, etc.).
   a. Employ non-lethal devices to ensure the safety of all present (see "*ADDITIONAL DATA*" statement).
9. Comply with provisions of *P.G. 221-14, "Hostage/Barricaded Person(s),"* where appropriate.
10. Establish police lines if not already done.

PATROL SUPERVISOR (continued)

11. Request response of hostage negotiation team and coordinator through Communications Section.
12. Notify desk officer that hostage negotiation team and coordinator have been notified and request response of precinct commander/duty captain.
13. Request Emergency Service Unit on scene to have supervisor respond.
14. If necessary, request assistance of:
    a. Interpreter, if language barrier
    b. Subject's family or friends
    c. Local clergyman
    d. Prominent local citizen
    e. Any public or private agency deemed appropriate for possible assistance.

NOTE *The highest ranking uniformed police supervisor at the scene is in command and will coordinate police operations. If the mentally ill or EDP is contained and is believed to be armed or violent but due to containment poses no immediate threat of danger to any person, no additional action will be taken without the authorization of the commanding officer or duty captain at the scene.*

EMERGENCY SERVICE UNIT SUPERVISOR

15. Report to and confer with ranking patrol supervisor on scene.
    a. If there is no patrol supervisor present, request response forthwith, and perform duties of patrol supervisor pending his/her arrival.

NOTE *The presence of a supervisor from any other police agency does not preclude the required response of the patrol supervisor.*

16. Evaluate the need and ensure that sufficient Emergency Service Unit personnel and equipment are present at the scene to deal with the situation.
17. Verify that hostage negotiation team and coordinator are responding, when necessary.
18. Devise plans and tactics to deal with the situation, after conferral with ranking patrol supervisor on scene.

DESK OFFICER

19. Verify that precinct commander/duty captain has been notified and is responding.
20. Notify Operations Unit and patrol borough command of facts.

COMMANDING OFFICER/ DUTY CAPTAIN

21. Assume command, including firearms control.
22. Confer with ranking Emergency Service Unit supervisor on scene and develop plans and tactics to be utilized.
23. Direct whatever further action is necessary, including use of negotiators.
24. Direct use of alternate means of restraint, if appropriate, according to circumstances.

WHEN PERSON HAS BEEN RESTRAINED:

UNIFORMED MEMBER OF THE SERVICE

25. Remove property that is dangerous to life or will aid escape.
26. Have person removed to hospital in ambulance.
    a. Restraining equipment including handcuffs may be used if patient is violent, resists, or upon direction of a physician examiner.
    b. If unable to transport with reasonable restraint, ambulance attendant or doctor will request special ambulance.
    c. When possible, a female patient being transported should be accompanied by another female or by an adult member of her immediate family.
27. Ride in body of ambulance with patient.
    a. At least two uniformed members of the service will safeguard if more than one patient is being transported.

NOTE

If an ambulance is NOT available and the situation warrants, transport the EDP to the hospital by RMP if able to do so with reasonable restraint, at the direction of a supervisor. UNDER NO CIRCUMSTANCES WILL AN EDP BE TRANSPORTED TO A POLICE FACILITY.

28. Inform examining physician, upon arrival at hospital, of use of non-lethal restraining devices, if applicable.
29. Safeguard patient at hospital until examined by psychiatrist.
    a. When entering psychiatric ward of hospital, unload revolver at Firearm Safety Station, if available (see *P.G. 216-07, "Firearms Safety Stations at Psychiatric Wards and Admitting Areas"*).
30. Inform psychiatrist of circumstances which brought patient into police custody:
    a. Inform relieving uniformed member of circumstances if safeguarding extends beyond expiration of tour.
    b. Relieving uniformed member will inform psychiatrist of details.
31. Enter details in **ACTIVITY LOG (PD112-145)** and prepare **AIDED REPORT WORKSHEET (PD304-152b)**.
    a. Indicate on **AIDED REPORT WORKSHEET**, name of psychiatrist.
32. Deliver **AIDED REPORT WORKSHEET** to desk officer.

ADDITIONAL DATA

Refer persons who voluntarily seek psychiatric treatment to proper facility.

Prior to interviewing a patient confined to a facility of the NYC Health and Hospitals Corporation, a uniformed member of the service must obtain permission from the hospital administrator who will ascertain if the patient is mentally competent to give a statement.

Upon receipt of a request from a qualified psychiatrist, or from a director of a general hospital or his/her designee, uniformed members of the service shall take into custody and transport an apparently mentally ill or emotionally disturbed person from a facility licensed or operated by the NYS Office of Mental Health which does not have an inpatient psychiatric service, or from a general hospital which does not have an inpatient psychiatric service, to a hospital approved under Section 9.39 of the Mental Hygiene Law.

ADDITIONAL DATA (continued)

Uniformed members of the service will also comply with the above procedure upon direction of the Commissioner of Mental Health, Mental Retardation and Alcoholism Services or his/her designee.

USE OF NON-LETHAL DEVICES TO ASSIST IN RESTRAINING EMOTIONALLY DISTURBED PERSONS

Authorized uniformed members of the service may use a conducted energy weapon (CEW) to assist in restraining emotionally disturbed persons, if necessary.

Authorized uniformed members of the service will be guided by Patrol Guide 221-08, 'Use of Conducted Electrical Weapons (CEW),' when a CEW has been utilized.

THREAT, RESISTANCE OR INJURY (T.R.I.) INCIDENT WORKSHEET (PD370-154) *will be prepared whenever a less lethal device is used by a uniformed member of the service in the performance of duty.*

RELATED PROCEDURES

Unusual Occurrence Reports (P.G. 212-09)
Hostage/Barricaded Person(s) (P.G. 221-14)
Unlawful Evictions (P.G. 214-12)
Aided Cases General Procedure (P.G. 216-01)
Mental Health Removal Orders (P.G. 216-06)
Use of Conducted Electrical Weapons (CEW) (P.G. 221-08)

FORMS AND REPORTS

ACTIVITY LOG (PD112-145)
AIDED REPORT WORKSHEET (PD304-152b)
THREAT, RESISTANCE OR INJURY (T.R.I.) INCIDENT WORKSHEET (PD370-154)
UNUSUAL OCCURRENCE REPORT (PD370-152)

RESPONDING TO PERSONS AFFECTED BY MENTAL ILLNESS OR IN CRISIS

Model Policy

	Effective Date January 2014	Number	
Subject Responding to Persons Affected by Mental Illness or in Crisis			
Reference		Special Instructions	
Distribution	Reevaluation Date		No. Pages 4

I. PURPOSE

It is the purpose of this policy to provide guidance to law enforcement officers when responding to or encountering situations involving persons displaying behaviors consistent with mental illness or crisis.

II. POLICY

Responding to situations involving individuals who officers reasonably believe to be affected by mental illness or in crisis carries potential for violence; requires an officer to make difficult judgments about the mental state and intent of the individual; and necessitates the use of special police skills, techniques, and abilities to effectively and appropriately resolve the situation, while avoiding unnecessary violence and potential civil liability. The goal shall be to de-escalate the situation safely for all individuals involved when reasonable, practical, and consistent with established safety priorities. In the context of enforcement and related activities, officers shall be guided by this state's law regarding the detention of persons affected by mental illness or in crises. Officers shall use this policy to assist them in determining whether a person's behavior is indicative of mental illness or crisis and to provide guidance, techniques, and resources so that the situation may be resolved in as constructive and humane a manner as possible.

III. DEFINITIONS

Mental Illness: An impairment of an individual's normal cognitive, emotional, or behavioral functioning, caused by physiological or psychosocial factors. A person may be affected by mental illness if he or she displays an inability to think rationally (e.g., delusions or hallucinations); exercise adequate control over behavior or impulses (e.g., aggressive, suicidal, homicidal, sexual); and/or take reasonable care of his or her welfare with regard to basic provisions for clothing, food, shelter, or safety.

Crisis: An individual's emotional, physical, mental, or behavioral response to an event or experience that results in trauma. A person may experience crisis during times of stress in response to real or perceived threats and/or loss of control and when normal coping mechanisms are ineffective. Symptoms may include emotional reactions such as fear, anger, or excessive giddiness; psychological impairments such as inability to focus, confusion, nightmares, and potentially even psychosis; physical reactions like vomiting/stomach issues, headaches, dizziness, excessive tiredness, or insomnia; and/or behavioral reactions including the trigger of a "fight or flight" response. Any individual can experience a crisis reaction regardless of previous history of mental illness.

IV. PROCEDURES

A. Recognizing Abnormal Behavior

Only a trained mental health professional can diagnose mental illness, and even they may sometimes find it difficult to make a diagnosis. Officers are not expected to diagnose mental or emotional conditions, but rather to recognize behaviors that are indicative of persons affected by mental illness or in crisis, with special emphasis on those that suggest potential violence and/or danger. The following are generalized signs and symptoms of behavior that may suggest mental illness or

crisis, although officers should not rule out other potential causes such as reactions to alcohol or psychoactive drugs of abuse, temporary emotional disturbances that are situational, or medical conditions.

1. Strong and unrelenting fear of persons, places, or things. Extremely inappropriate behavior for a given context.
2. Frustration in new or unforeseen circumstances; inappropriate or aggressive behavior in dealing with the situation.
3. Abnormal memory loss related to such common facts as name or home address (although these may be signs of other physical ailments such as injury or Alzheimer's disease).
4. Delusions, the belief in thoughts or ideas that are false, such as delusions of grandeur ("I am Christ") or paranoid delusions ("Everyone is out to get me").
5. Hallucinations of any of the five senses (e.g., hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors); and/or
6. The belief that one suffers from extraordinary physical maladies that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time.

B. Assessing Risk

1. Most persons affected by mental illness or in crisis are not dangerous and some may only present dangerous behavior under certain circumstances or conditions. Officers may use several indicators to assess whether a person who reasonably appears to be affected by mental illness or in crisis represents potential danger to himself or herself, the officer, or others. These include the following:
   a. The availability of any weapons.
   b. Statements by the person that suggest that he or she is prepared to commit a violent or dangerous act. Such comments may range from subtle innuendo to direct threats that, when taken in conjunction with other information, paint a more complete picture of the potential for violence.
   c. A personal history that reflects prior violence under similar or related circumstances. The person's history may already be known to the officer—or family, friends, or neighbors might provide such information.
   d. The amount of self-control that the person, particularly the amount of physical control over emotions of rage, anger, fright, or agitation. Signs of a lack of self-control include extreme agitation, inability to sit still or communicate effectively, wide eyes, and rambling thoughts and speech. Clutching oneself or other objects to maintain control, begging to be left alone, or offering frantic assurances that one is all right may also suggest that the individual is close to losing control.
   e. The volatility of the environment is a particularly relevant concern that officers must continually evaluate. Agitators that may affect the person or create a particularly combustible environment or incite violence should be taken into account and mitigated.
2. Failure to exhibit violent or dangerous behavior prior to the arrival of the officer does not guarantee that there is no danger, but it might diminish the potential for danger.
3. An individual affected by mental illness or emotional crisis may rapidly change his or her presentation from calm and command-responsive to physically active. This change in behavior may come from an external trigger (such as an officer stating "I have to handcuff you now") or from internal stimuli (delusions or hallucinations). A variation in the person's physical presentation does not necessarily mean he or she will become violent or threatening, but officers should be prepared at all times for a rapid change in behavior.

C. Response to Persons Affected by Mental Illness or in Crisis

If the officer determines that an individual is exhibiting symptoms of mental illness or in crisis and is a potential threat to himself or herself, the officer, or others, or may otherwise require law enforcement intervention as prescribed by statute, the following responses should be considered:

1. Request a backup officer. Always do so in cases where the individual will be taken into custody.
2. Take steps to calm the situation. Where possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet nonthreatening manner when approaching or conversing with the individual. Where violence or destructive acts have not occurred, avoid physical contact, and take time to assess the situation. Officers should operate with the understanding that time is an ally and there is no need to rush or force the situation.

3. Move slowly and do not excite the person. Provide reassurance that the police are there to help and that the person will be provided with appropriate care.
4. Communicate with the individual in an attempt to determine what is bothering him or her. If possible, speak slowly and use a low tone of voice. Relate concern for the person's feelings and allow the person to express feelings without judgment. Where possible, gather information on the individual from acquaintances or family members and/or request professional assistance if available and appropriate to assist in communicating with and calming the person.
5. Do not threaten the individual with arrest, or make other similar threats or demands, as this may create additional fright, stress, and potential aggression.
6. Avoid topics that may agitate the person and guide the conversation toward subjects that help bring the individual back to reality.
7. Always attempt to be truthful with the individual. If the person becomes aware of a deception, he or she may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger. In the event an individual is experiencing delusions and/or hallucinations and asks the officer to validate these, statements such as "I am not seeing what you are seeing, but I believe that you are seeing (the hallucination, etc.)" is recommended. Validating and/or participating in the individual's delusion and/or hallucination is not advised.
8. Request assistance from individuals with specialized training in dealing with mental illness or crisis situations (e.g., Crisis Intervention Training (CIT) officers, community crisis mental health personnel, Crisis Negotiator).

D. Taking Custody or Making Referrals to Mental Health Professionals

1. Based on the totality of the circumstances and a reasonable belief of the potential for violence, the officer may provide the individual and/or family members with referral information on available community mental health resources, or take custody of the individual in order to seek an involuntary emergency evaluation. Officers should do the following:
2. Offer mental health referral information to the individual and or/family members when the circumstances indicate that the individual should not be taken into custody.
3. Summon an immediate supervisor or the officer-in-charge prior to taking custody of a potentially dangerous individual who may be affected by mental illness or in crisis or an individual who meets other legal requirements for involuntary admission for mental examination. When possible, summon crisis intervention specialists to assist in the custody and admission process.
4. Continue to use de-escalation techniques and communication skills to avoid provoking a volatile situation once a decision has been made to take the individual into custody. Remove any dangerous weapons from the immediate area, and restrain the individual if necessary. Using restraints on persons affected by mental illness or in crisis can aggravate any aggression, so other measures of de-escalation and commands should be utilized if possible. Officers should be aware of this fact, but should take those measures necessary to protect their safety.
5. Document the incident, regardless of whether or not the individual is taken into custody. Ensure that the report is as detailed and explicit as possible concerning the circumstances of the incident and the type of behavior that was observed. Terms such as "out of control" or "mentally disturbed" should be replaced with descriptions of the specific behaviors, statements, and actions exhibited by the person. The reasons why the subject was taken into custody or referred to other agencies should also be reported in detail.

Every effort has been made by the IACP National Law Enforcement Policy Center staff and advisory board to ensure that this document incorporates the most current information and contemporary professional judgment on this issue. However, law enforcement administrators should be cautioned that no "model" policy can meet all the needs of any given law enforcement agency. Each law enforcement agency operates in a unique environment of federal court rulings, state laws, local ordinances, regulations, judicial and administrative decisions and collective bargaining agreements that must be considered. In addition, the formulation of specific agency policies must take into account local political and community perspectives and customs, prerogatives and demands; often divergent law enforcement strategies and philosophies; and the impact of varied agency resource capabilities among other factors.

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Mental Health Incidents/Crises

Eff. Date 12/22/2016

Purpose

The Madison Police Department (MPD) recognizes that police are not qualified to solve the underlying problems of people who exhibit abnormal behavior due to a mental illness, however, officers can learn to recognize when mental illness may be a contributing factor. The officer's course of action at this first encounter can both calm the existing situation and increase the chance that if subsequent treatment is needed for the individual, it will be more effective. Responses to situations which involve abnormal behavior should reflect sensitivity to the needs of the people involved, concern for officer safety and safety of others at the scene and concern for alleviating the situation in a reasonable manner. The goal in all crises stemming from mental illness is to utilize the least restrictive measures to secure the welfare of all those concerned, connect individuals with mental illness to needed services and divert them from the criminal justice system whenever possible.

Procedure

All officers are trained to recognize behavior that may be attributable to mental illness and to respond to mental health related incidents in such a manner as to de-escalate crisis situations whenever possible. Situations involving individuals believed to be affected by mental illness or in crisis are often unpredictable and volatile. As such, these incidents require officers to make difficult judgments about the mental state and intent of the individual, and necessitate an understanding of the unique circumstances and approach required to resolve these crises safely.

Mental health providers have the primary responsibility to diagnose and treat individuals with mental illness. Due to limited services and the nature of mental illness, officers are increasingly required to respond to situations and crises stemming from mental illness. As a result, the MPD is committed to partnering with mental health providers, community service providers, and those in the justice system, to develop more compassionate and cost-effective approaches that emphasize providing community-based treatment instead of arrest and incarceration of individuals affected by a mental illness.

MENTAL HEALTH LIAISON/OFFICER PROGRAM

The MPD has a longstanding commitment to partnering with mental health providers in order to improve services to those with mental illness. The Mental Health Liaison/Officer Program serves to further supplement our overall response with a specialized approach and provides added support to first-responding officers before, during, and after any mental health crisis occurs.

Mental Health Officer (MHO)

In order to more consistently and comprehensively address mental health issues in our community and mitigate the increasing demands on patrol resources to provide services to people with mental illness, the MHOs will work with the formal and informal supports, Mental Health Liaison Officers, and the individuals affected by mental illness. MHOs will work to address both district-specific and city-wide systems issues related to mental health and individuals within their district areas of responsibility who are generating or are likely to generate police calls for service. While not call-driven or expected to field any and all mental health related calls, when possible the MHOs will respond into the field to address mental health related calls, particularly Emergency Detentions.

Mental Health Liaison Officer (MHLO)

Above and beyond their regular patrol responsibilities, MHLOs work collaboratively with mental health providers, advocates, consumers, and the MHOs to provide individual response plans and follow-up, address system issues/concerns, share information internally and externally as appropriate, and if possible respond to mental health calls for service when they arise.

RESPONSE GUIDELINES

When Mental Health Issues are Suspected

- Observe signs of abnormal behavior and circumstances under which observed (e.g., mental illness, alcohol).
- Attempt to obtain information regarding mental illness diagnosis, medical history, and medications.
- If danger to self or others, assess for Emergency Detention.
- Consult with Journey Mental Health (hereafter referred to as Crisis) for background information and general advice.
- Assess need for further police assistance.
- Route report to Mental Health Officer and Liaisons.

Disposition Options

- Release with referral made to a mental health agency.
- Place individual in the care of family or friends.
- Convey voluntarily to Crisis or hospital for further evaluation.
- Arrest for a statute or city ordinance violation.
- Protective custody to Detox if applicable.

If Harmful Acts are Committed or Threats Made (suicide attempts, overdose, cutting, other overt acts or threats)

- Ascertain whether the subject has consumed alcohol and/or drugs. If alcohol is on board and the subject is medically cleared, or where medical clearance is unnecessary, transport to Detox under protective custody.
  - For suicidal subjects – make sure to request that Crisis is notified, both verbally and in writing, on the Detox admission form and request a copy for your report. Detox staff will coordinate risk assessment by Crisis as needed for suicidal subject when detoxification is completed.
- If transported to hospital by EMS, consult with ER staff regarding medical admission.
  - If admitted medically, release to hospital and get doctor information for report.
  - If medically cleared or not transported to hospital by EMS, assess for Emergency Detention.

Assessing for Emergency Detention

- Consult with Crisis or other mental health practitioners as applicable. (If person is insured, Crisis will generally refer to provider, however, Crisis should still be involved.)
- Gather information regarding person's mental health history and/or support systems utilized in the past.
- When interviewing the subject don't hesitate to ask specific questions about their intent to harm himself or herself (i.e., "Do you want to hurt yourself?" "Did you really want to end your life?")
- If you have any concerns regarding the subject's welfare and they refuse to accept police assistance, you may place them under protective custody and convey them to Crisis or hospital for evaluation.

Emergency Detention (ED)

S.S.51.15(1) – Basis For Detention: A law enforcement officer is authorized to take into custody a subject whom the officer has **cause to believe** is mentally ill, or drug dependent, or developmentally disabled, **and** that person evidences any of the following:

- A substantial probability of physical harm to self or others as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm.
- A substantial probability of physical impairment or injury to self or others due to impaired judgment as manifested by evidence of a recent act or omission.
- SS 51.15(1)(4) and 51.15 (1)(5) discuss lack of self-care issues and refusal to take medication as possible criteria as well.

Final Dispositions

Voluntary admission is generally the preferred option for individuals who are cooperative and need further mental health treatment.

Voluntary Admission – Where ED Criteria is NOT Present

This option is best used when the subject is cooperative and would benefit from further mental health treatment, yet any threats to their welfare do not rise to the level of an ED. In these situations, officers conveying individual to ER may detach from the call once the subject is in the care of hospital ER staff, even if not yet fully admitted. If the individual is brought to ER by someone else (EMS, family member) then officers do not need to accompany them to ER.

Voluntary Admission – Where ED Criteria is Present

Oftentimes, even when the criteria for an ED are clearly present, a voluntary admission is still the preferred outcome because it is the least restrictive, and therefore, most likely to result in productive treatment. In these situations, it is recommended that the officer stay with the subject until they are assured that the subject will follow through with an admission (e.g., signed papers, escorted through the doors of the psychiatric unit, or medical personnel has assumed responsibility for the person and their continued safety.) Officers should request that hospital personnel re-contact their agency should the subject attempt to leave prior to being fully admitted so that an ED can be completed.

Emergency Detention

When the basis for detention exists do the following:

- Contact Crisis on **all** emergency detentions.
- Crisis must approve all placements for Emergency Detention.
- Receive medical clearance prior to conveyance to authorized facility.
- Complete ED form and/or review form if filled out by mental health professional. The form MUST articulate dangerousness, threats, history, behavior, etc. and list names of witnesses.
- Forms: 4 copies of ED form. 1 – Subject, 1 – Law Enforcement Agency, 1 – Crisis, 1 – Detention Facility. Original to probate court – Courthouse Rm 1005, fax 283-4915.
- Complete report as a priority and route it to Mental Health Officer and Liaisons.

Reminders

- It is best to make phone contact with Crisis at the time of the incident, as well as route the report to the MHLOs for your agency.
- Officers may base an emergency detention on statements made by any reliable source, i.e., any mental health professional, or any direct witnesses to the subject's behavior such as family, friends, etc. **Officers do not have to witness dangerous behavior themselves and may rely solely on the opinion of mental health professionals recommending an ED.**
- If you are experiencing problems or have concerns while at the ER, contact the "point person" there who should be up to date on cases and able to communicate with involved parties. These "point persons" are: The Care Team Leader at UW, and the Charge Nurse at St. Mary's or Meriter.
- If other questions or concerns arise, contact your supervisor.
- Officers are not liable for any actions taken in good faith. The good faith of the actor shall be presumed in any civil action.

Helpful Mental Health Definitions

SETTLEMENT AGREEMENT

- A negotiated contract for treatment signed by the individual, his/her attorney, and the County Corporation Counsel, and approved by the court.
- Waives the court hearings for a specified period of time, up to 90 days.
- Cannot be extended at end of time period, if individual is compliant with treatment.
- Can be rescinded by County Corporation Counsel if the individual fails to comply with the treatment conditions.

ORDER TO TREAT

- The court may order that medication may be administered to an individual regardless of his/her consent (involuntarily and/or forcibly).
- This can be, but is not always, a part of a Chapter 51 commitment.

THIRD PARTY PETITION

- Three adults sign a sworn petition that is drafted by the County Corporation Counsel.
- At least one of the 3 petitioners (signers) must have personal knowledge of the individual's dangerous behavior. Petitioners who have not directly observed the individual's dangerous behavior must provide a basis for their belief that the allegations are true.
- Petition must allege that the individual is mentally ill, developmentally disabled, or drug dependent, and dangerous to self or others, and a proper subject for treatment.
- The County Corporation Counsel files the petition with the court. After review, the judge may order detention of the individual by law enforcement to a mental health detention facility, or may just set the case for a probable cause hearing without ordering detention.
- This process may take several days or more, so it should not be used for emergency situations.

DIRECTOR'S HOLD

- The Treatment Director of a mental health facility/unit may file a statement of ED and detain a patient who has already been admitted to the psychiatric facility/unit.
- A Treatment Director ED usually occurs when an individual is voluntarily admitted to a facility/unit, and later refuses treatment and/or requests discharge.

DEALING WITH DEMENTIA PATIENTS (DP) AT ASSISTED LIVING FACILITIES (ALF)

Madison Police Department (MPD) recognizes that combativeness may be a symptom of dementia for some patients and that this behavior is difficult to manage.

MPD will assist with stabilizing a dangerous scene if a DP is combative and is not calming down with staff intervention.

- It is not recommended to transport DP in the back of a squad car. If the DP cannot be calmed, call MFD to transport them to the hospital.
- Once the DP is calmed down, if ALF staff believes the person needs to be evaluated at a hospital, they should arrange a private ambulance.

Once the scene is stabilized, officers are advised to talk with staff about the care plan in place for when this person is combative.

- Does the DP give any signs prior to becoming combative so staff can divert them?
- What calms the DP down?
- Can the DP be safely removed from other patients during the outburst?
- Regarding medications, what is the policy for the DP refusing medications?
- What is the DP's legal status (guardian or activated Power of Attorney for Health?)
- Is this still an appropriate placement for this person?

Criminal charges or citations are not appropriate for combative DP as they are unable to learn/remember to act differently. Instead the facility needs to manage their behavior and work with MPD to keep them and everyone else safe.

WI Department of Human Services, ADRC, and WI Alzheimer's and Dementia Alliance can all be resources for ALFs and families of DPs.

Original SOP: 05/29/2015
(Reviewed Only: 02/15/2016)
(Revised: 12/22/2016)

#1

Dear CCOC Subcommittee members,

I'm writing with some suggestion regarding your draft recommendations. A number of them express very worthwhile ideas (a valid starting point to work from), but require modification to have utility.

I believe it's essential that you extend your current deadline, to give yourselves more time to craft useful recommendations.

1. Some recommendations are attempting to address problems that genuinely need to be addressed, but as currently written are too vague to have utility (to bring about the desired outcomes).

That's true with some of the subrecommendations in "Addressing mental health and substance abuse issues"

11 of the last 12 MPD officer involved shootings have been of people incapacitated by mental illness and/or chemically. It is indeed a very serious problem that needs to be addressed.

Recommendation 1 sounds superficially fine: "Recommendation 1: Increase the level of training for officers to interact with people experiencing a mental health crisis or intoxication."

But what does this recommendation actually mean? What does it actually do? Will it actually improve the problem?

Note that the rate of MPD officer involved shootings of people who are mentally ill or chemically incapacitated has been increasing over the same period of time that MPD has been increasing/expanding Crisis Intervention Training (now required of all incoming recruits). Simply increasing the level of such training is not working.

The officer who engaged in excessive use of force in the Genele Laird case was actually an MPD Mental Health Liaison Officer – he'd received the highest level of Crisis Intervention Training.

Randomized controlled trials of Crisis Intervention Training have, so far, basically failed to show a reduction in use of force as a result of the training.

You need a recommendation that addresses the variables that matter for effective training – the type of training, the frequency, whether all officers receive training, etc. You need to find language that will actually make a difference.

I've been advocating incorporation of ProTraining (the Edmonton Model), since: 1. There's some evidence base for its efficacy in reducing use of force with people with mental health issues, 2. Unlike much standard crisis intervention training, it's specifically designed to change officer behavior (to reduce use of force and improve the quality of interactions). 3. It's time

efficient – only requiring a very limited number of hours (so can be added on to conventional crisis intervention training). 4. It provides a generalized practical skill set for handling people in crisis, rather than emphasizing intellectual knowledge of mental illness.

I've documented ProTraining more in prior e-mails.

If you want more general language, rather than referring to ProTraining per se, you perhaps could ask for training that's evidence-based and specifically designed to modify officer behavior to reduce use of force on people with mental health issues.

The frequency of training is also key. In general crisis intervention training is given once. But the science shows that refresher training is critical. Some police departments are now having all officers do repeat crisis intervention training every three years. And ProTraining is designed to have a refresher every three years.

The last recommendation in the set under "Addressing mental health and substance abuse issues" is also very vague: "Recommendation 3: Establish policies for mental health teams."

What's really needed, to reduce the disastrous use of force outcomes that have been occurring, is policy specifically addressing handling of resistant people with mental health and substance abuse issues. MPD has policy for dealing with mentally ill subjects (e.g. to help guide officers in assessing whether someone needs treatment). But specific policy to prevent tragic use of force outcomes with resistant mentally ill subjects is completely lacking. It's crucial that policy gap be rectified.

Some language from an early policy draft Chris Taylor's office was working on a few months ago:

"Emotional Disturbances: Treat the arrest of a subject exhibiting symptoms of a drug-induced psychosis or a psychotic episode as a medical emergency.[1] Adopt NYPD approach to these situations.[2]
1. Based on Dallas PD language: http://static1.squarespace.com/static/56996151cbced68b170389f4/t/569ad58a0e4c1148e6b1079b/1452987794280/Dallas+Use+of+Force+Policy.pdf
2. http://www.nyc.gov/html/ccrb/downloads/pdf/2016pg/pg221-13-mentally-ill-emotionally-disturbed-persons.pdf "

Here's some alternative draft language for "**Addressing mental health and substance abuse issues**"

> **Issue: The vast majority of officer-involved shootings in the last decade in the City of Madison have involved a person with a mental health issue or intoxication.**

Recommendation 1: Increase the level of training for officers to interact with people experiencing a mental health crisis or intoxication. Specifically:

a. Increase training with mental health training systems that are evidence based and designed to alter behavior of officers to reduce use of force and improve the quality of interactions. [alternative language for this point: Incorporate use of the ProTraining mental health training system, given its evidence of efficacy in improving outcomes.]

b. Provide mental health training to all officers.

c. Provide periodic refresher training to all officers.

Recommendation 2: Hire social workers who have expertise in mental health and substance abuse issues to work with officers in every district on every shift.

Recommendation 3: Develop specific policy for responding to, and averting adverse outcomes with, resistant subjects with mental health or substance abuse issues. Adopt James Fyfe's Principles and NYPD's approach for such situations. Treat the arrest of a subject exhibiting symyoms of a drug-induced psychosis or a psychotic episode as a medical emergency.

2. The "Use of Force" recommendations also need modification. It's not correct that MPD currently has none of these provisions in its policy. Moreover, the current draft language is too vague. Furthermore, the "backup" provision (currently recommendation 2 in this set) would be unrealistic in practice. 7 feet doesn't account for needed reaction time. There's a valid idea that officers should wait for backup before engaging. There's a valid idea that the threshold for use of deadly force should be "immediate threat" rather than the less restrictive "imminent threat" (which MPD currently uses). Though it's internally inconsistent, since both terms are used in the recommendation. It's not viable as written.

Here's alternative language for this section. I've removed language about waiting for backup – it can be addressed elsewhere.

Use of Force Policies

"Issue: The Madison Police Department Use of Force Policies do not include precautionary principles which reduce the likelihood of adverse outcomes and which are contained in similar policies from other police departments.

Recommendation: The Council will direct the Chief of Police to incorporate the following precautionary principles, as identified by Rep. Chris Taylor, into the MPD Use of Force and Use of Deadly Force policies:

1. Duty to Preserve Life: The primary duty of all members of the service is to preserve human life, including the lives of individuals being placed in police custody.

2. Necessity: Deadly force should only be used as a last resort. The necessity to use deadly force arises when all other available means of preventing immediate and grave danger to officers or other persons have failed or would be likely to fail.

3. Proportionality: It is this department's policy to accomplish the police mission with the cooperation of the public, with minimum reliance upon the use of physical force. When force is needed, the force used shall be in proportion to the threat posed.

4. Reassessment: Officers shall reassess the situation after each discharge of their firearm.

5. Totality of officer conduct: The reasonableness of an officer's use of force includes consideration of the officer's tactical conduct and decisions leading up to the use of force. Police officers shall ensure their actions do not precipitate the use of deadly force by placing themselves or others in jeopardy by taking unnecessary, overly aggressive, or improper actions. It is often a tactically superior police procedure to withdraw, take cover or reposition, rather than the immediate use of force.

6. Immediate threat: Deadly force is only authorized if the threat is immediate. A threshold of "immediate threat" reflects language in United States Supreme Court decisions. The latest model use of force policy published by the International Association of Chiefs of Police eliminates the term "imminent".

In addition, the following precautionary principles, which are addressed elsewhere in MPD policy, should be explicitly referenced in the MPD Use of Force and Use of Deadly Force Policies.

7. De-escalation: De-escalation tactics and techniques are actions used by officers which seek to minimize the likelihood of the need to use force during an incident. Officers shall attempt to slow down or stabilize the situation so that more time, options and resources are available for incident resolution.

8. Duty to Intercede: Officers have a duty to intercede to stop other officers who are using excessive force and report them to a supervisor.

3. "Safety in Numbers" states "MPD policy should state that two officers should be working together if at all possible." Though the motive behind this is good (and indeed I think it's important to wait for backup before approaching situations), mandating that everything (patrol, etc.) be done in pairs would decrease coverage and exponentially increase political pressure to hire many more officers (at the expense of other essential city services). Moreover, former Chief David Couper strongly sees such a practice as bad policy because if cops are always in pairs, they'll be talking to each other rather than to residents. One illustration of this problem can be seen in what's happening with MPD's "Community Policing Teams" – MPD converted

most Neighborhood Officer positions into Community Policing Team positions, to the great detriment of its community policing efforts.

I am strongly opposed to this policy recommendation. However, the valid idea behind it is worth noting. Richmond CA greatly decreased its rate of officer involved shootings, and that department believes one key to this was a shift in training in policy to emphasize the need to wait for backups before engaging. MPD now has a policy provision that specifies that officers should wait for backup before engaging.

MPD implemented a policy requiring that officers wait for backup, but then subsequently weakened the policy (i.e. under the newest policy, you can't just disregard backup, but there's no longer language really requiring officers to wait for backup before physically approaching). On Nov 16 the key passage in dispatch policy was changed from this:
"Officers shall not disregard backup, if so assigned by dispatch. Additionally, officers shall wait for backup before physically approaching any involved subject(s), unless an officer reasonably believes there is a significant risk of bodily injury to any person(s)."
to this:
"Officers shall not disregard backup, if so assigned by dispatch, prior to arrival at the scene and assessment of the situation."

Simply verbally acknowledging the backup officer over radio (prior to arrival at the scene), then proceeding to physically approach the subject alone, would appear to satisfy the newest policy. For the "Safety in Numbers" section, you may wish to recommend that MPD revert to its original (more restrictive) backup policy. Of course, some people may complain – why is a responding officer just standing around and not doing anything. But the benefit, in reducing adverse outcomes, may be substantial.

Potential alternative language for the "**Safety in Numbers**" section:

> **Issue: Officers are at higher risk, and may be more likely to use deadly force because of that risk, when they engage alone in a situation in which there may potentially be a resistant subject.**
>
> **Recommendation: Training and policy should strongly emphasize waiting for backup, rather than engaging alone. Policy should specify that officers shall wait for backup before physically approaching any involved subject(s), unless an officer reasonably believes there is a substantial risk of bodily injury to any person(s).**

4. I've previously noted other potential recommendations (e.g. implementing a predictive early intervention system, on top of the IAPro system, by collaborating with University of Chicago's Data Science for Social Good program). I sent you all a compilation of some potential recommendation on 3/1/2017.

One potential recommendation of particular merit that I'd like to again point out. The Police

Executive Research Forum (the premier U.S. policing think tank) has developed a wonderful set of guidelines for reducing the number of deadly force incidents.

Last week, Herman Goldstein (the internationally famous originator of Problem Oriented Policing – a Professor Emeritus at UW Law School, who happens to live right here in Madison) and Cecelia Klingele (also of UW Law School) provided testimony to the Ad Hoc Police Review Committee. One point that was emphasized was, that if there's only one thing committee members should read in full, it should be PERF's 30 Guiding Principles on Use of Force. I've attached a copy to this e-mail.

A potential recommendation:

> **Issue: The rate of officer involved shootings has been increasing in Madison over the last two decades. Very few of these incidents involve an active shooter. The Police Executive Research Forum has developed a set of 30 principles to provide officers with guidance and options, and to reduce unnecessary uses of force in situations that do not involve suspects armed with firearms.**
>
> **Recommendation: The Council will direct the Chief of Police to implement in full the Police Executive Research Forum's Guiding Principles on Use of Force.**

5. I don't have much to add at this point regarding the "Oversight of Internal Investigations" and "Communication with City Council" recommendations in your draft. They both seem appropriate. Perhaps you may wish to add a bit more detail to the "Oversight of Internal Investigations" recommendation.

Sincerely,

Gregory Gelembiuk
Amelia Royko Maurer
Nathan Royko Maurer

2

Dear CCOC Subcommittee members,

Given the presentation and discussion at the last CCOC Subcommittee meeting, I would suggest adding a recommendation to implement a predictive early intervention system. The remainder of the letter discusses the relevant issues, and at the end I include some potential draft language for such a recommendation.

It has long been known that in most police departments, a relatively small proportion of officers are responsible for the bulk of adverse incidents.

For example, see the FiveThirtyEight article: "How To Predict Bad Cops In Chicago". Excerpt:

> *...department data on complaints against officers obtained through a legal challenge shows that police misconduct in Chicago is overwhelmingly the product of a small fraction of officers and that it may be possible to identify those officers and reduce misconduct...*
>
> *Repeaters only make up a small fraction of the more than 12,000 officers on Chicago's force — perhaps 1 percent to 10 percent of the officers in the database, depending on where you draw the line — but are responsible for a huge fraction of the complaints: 10 percent of the officers who had received complaints generated 30 percent of the total departmental complaints since 2011. The 10 individual repeaters with the most complaints in the past five years averaged 23.4 complaints against them in that span....*
>
> *A data-driven mechanism to reduce police misconduct would be extremely valuable to the Chicago Police Department and the city of Chicago. Even laying aside the moral imperative to prevent abuse, the financial cost of police misconduct to the cash-strapped city is immense. Direct costs, in terms of legal fees and the funds disbursed in settlements, exceeded $500 million over 10 years, according to a Better Government Association study. The McDonald case alone was settled for $5 million.....*
>
> *I found that the number of complaints an officer receives in a certain year predicts whether and how many complaints he or she will have in the following year. Over multiple years, the signal becomes even stronger. Officers with a baseline history of one or two complaints in 2011-13 have a 30 percent to 37 percent chance of receiving a complaint in the following two years. But repeaters — those with 15 or 20 incidents in the first part of the data set — are almost certain to have a complaint against them in 2014-15.*
>
> *Spokesmen for the police have explained the high complaint totals of repeaters as a consequence of the "bad neighborhoods" to which some officers are assigned. The logic goes that under constant harassment and threat of violence, police may behave more aggressively (albeit still within the boundaries of the rules) and therefore be accused more frequently of misconduct. After considering the beat an officer was patrolling, I found that some neighborhoods did see an increased number of complaints. Even after*

controlling for neighborhood, however, individual officers with more complaints in 2011-13 remained more likely to have complaints filed against them in 2014-15.

From the Las Vegas Review Journal article "Troubles follow some officers who fire their guns on the job":

> *Involvement in an on-duty shooting isn't necessarily a sign of a troubled officer. Sometimes shootings go with the job, and some of the department's most respected officers have shot at people.*
>
> *But the propensity of troubled officers to shoot has been shown in at least two studies based on internal police records. One, by The RAND Corporation in 2008, looked at the New York Police Department. A year later, Los Angeles County examined its sheriff's office.*
>
> *"It is absolutely legitimate," said Samuel Walker, a professor at the University of Nebraska at Omaha and author of The New World of Police Accountability. "Any time there's a controversial incident, look at that officer's history."*
>
> *Law enforcement experts say police departments need effective early warning systems to identify cops who are sloppy or whose actions in minor incidents presage bigger -- and perhaps more deadly -- things to come.*
>
> *Walker said that police have realized a small number of officers account for a large share of problems.*
>
> *"Historically, the dirty little secret in policing is that police know who the problem officers are," Walker said.*
>
> *In one of Las Vegas' biggest police scandals, some officers knew who the problems were. That information just took too long to get to the top.*

It's known that officers who are involved in one questionable officer involved shooting (e.g. Steve Heimsness' parking garage shooting, Matt Kenny's shooting of Ronald Brandon, etc.) are far more likely to be involved in additional shootings subsequently.

We now have algorithms that can identify officers at high risk of misconduct, involvement in officer involved shootings, etc. This allows intervention (for example, retraining, reassignment to different tasks, etc.) before tragedy strikes.

As I noted in a prior letter to your committee (and as was discussed in your last meeting):

> University of Chicago Data Science for Social Good (DSSG) program will partner and work with police departments to develop superior predictive early intervention systems - systems that use statistical modelling or artificial intelligence approaches to actually predict officers most at risk of adverse events. Such systems provide continuous risk

scores rather than binary flags, can incorporate information on differences between neighborhoods and shifts, and provide a large improvement in sensitivity and specificity.

As one of the DSSG data scientist noted:
"By the end of the summer, our top-performing model (a variation on a Random Forest) was able to correctly flag 80% of officers who would go on to have an adverse interaction, whilst only requiring intervention on 30% of officers in order to do so. Although this was just a first pass, if we had been using a threshold-based system as has been used in other police departments, we would have needed to flag 2 out of every 3 police officers in the department for the same level of accuracy."

Perhaps even more importantly, officers in the top 1% of risk scores for the DSSG system accounted for a full 30% of subsequent adverse incidents. In other words, intervening with only a handful of officers identified by such a system (e.g. ~5 officers for a department Madison's size) could enable a substantial reduction (e.g. 30%) in adverse incidents. Meanwhile, a system that flags half the force annually for intervention would likely be ignored. See Chicago for an example of an intervention system that has been nominally implemented, but that is not functioning as intended.

Here's a paper by DSSG on its police early intervention system work, and here's some additional information (including video presentations). So far, DSSG has developed early intervention systems for the Charlotte-Mecklenburg and Nashville Police Departments.

Furthermore, it's crucial that all relevant data be in used as input for the early intervention system. It's critical not to, for example, exclude data from prior years, unsustained complaints, etc. If you exclude such information from the system, you're deliberately setting up a system designed to find nothing. From the Chicago Reporter article "Program that flags Chicago cops at risk of misconduct misses most officers":

Like many law enforcement agencies, the Chicago Police Department has an early intervention system that is supposed to flag officers at risk of serious misconduct and provide them with training and support to get on the right track.

But of 162 Chicago police officers with 10 or more misconduct complaints in the past four years, just one was enrolled in the department's program as of October, according to a Chicago Reporter analysis of data obtained through a Freedom of Information Act request.

An officer is eligible for the program if he or she receives two sustained complaints or three excessive force complaints within 12 months, though they can also be

recommended for the program based on a pattern of complaints. Less than 4 percent of all complaints filed against CPD officers are sustained.
Overall, there were just 11 officers enrolled in CPD's two primary early intervention programs, out of more than 12,000 sworn officers in the department—the nation's second-largest law enforcement agency.

"Those numbers defy belief," said Samuel Walker, an emeritus professor at the University of Nebraska, and a leading national expert on police early intervention systems. "It says the system isn't working and is designed not to work."

It's no wonder, experts said, that the system failed to effectively intervene before Officer Jason Van Dyke, who had 19 citizen complaints and two misconduct lawsuits against him, shot and killed 17-year-old Laquan McDonald in October 2014....

One of the problems with CPD's system, experts said, is that it can't consider unfounded misconduct complaints or complaints that are more than five years old, a requirement of the police union contract.

Nationally, only about 10 percent of police misconduct complaints are sustained, said Dennis Kenney, a professor at the John Jay College of Criminal Justice in New York. "If you are excluding 90 percent of complaints right off the top, then you have a flawed early warning system," he said.

A high number of prior complaints, even those that are not sustained, is a strong predictor of future misconduct complaints, according to a recent analysis of Chicago police complaint data by the data-journalism website FiveThirtyEight.

None of the complaints against Van Dyke was sustained, and most of them were too old to make him eligible for the intervention programs....

"To have a truly robust [early intervention] system, you want to have as much information as possible," said Ilana Rosenzweig, the former head of Chicago's independent police oversight agency....

Even with the best data, early intervention doesn't work without supervisors who are willing and able to identify the underlying problem that causes the behavior and find the right intervention to address it, experts said.

"What really counts is the mindset of the people running the program," Walker said. "Is there a tendency to excuse the officer's behavior? Or is it to say, 'I think there's something wrong here, we need to look deeper?'"

Chicago's small number of enrolled officers indicates that supervisors are using the program as restrictively as possible, rather than actively trying to intervene when an

officer's behavior seems awry, Walker said.

Including unsustained complaints is especially important in a case like MPD's. MPD officers incur citizen complaints at a rate comparable to other major cities (e.g. the rate of excessive force complaints is identical to that for New York City). However, MPD internal investigations sustain citizen complaints, and especially excessive force complaints, at a very aberrantly low rate – even lower than the sustain rate for the Chicago Police Department (where the failure of the latter to ever sustain complaints is considered a national scandal). In early 2013, after Paulie Heenan was shot, I looked at the data and found that In 2008-2012, MPD sustained only one out of 108 citizen complaints of excessive force, a sustain rate for excessive force complaints that is 8.6 times lower than the national average. Excluding all the unsustained complaints would produce an early intervention system incapable of identifying the officers truly in need of intervention.

Here's some potential draft language for a recommendation:

Early Intervention

Issue: Some officers are at disproportionate risk of adverse incidents. Most major city police departments have implemented early intervention systems. Such programs identify at-risk officers and allow early intervention to avert adverse incidents.

Recommendation: MPD should implement a program for early intervention. MPD should collaborate with University of Chicago's Data Science for Social Good program to implement a predictive early intervention system. The system should be designed to maximize accuracy in predicting risk of adverse incidents and should utilize any data needed for this purpose, including all complaints, even those not sustained, and information from officers' long-term history. Furthermore, for officers identified as requiring intervention, the type and intensity of intervention must be sufficient to fully ameliorate the increase in risk.

Sincerely,

Gregory Gelembiuk
Amelia Royko Maurer
Nate Royko Maurer

3

Dear CCOC Subcommittee members,

I'm writing with yet another suggestion: that your committee recommend that MPD conduct root cause analysis of officer involved shootings.

Since its inception, the Community Response Team has been discussing and advocating the need for root cause analysis of MPD officer involved shootings. Michael Bell, whose son was killed in a Kenosha officer involved shootings has also been advocating this, often referencing the need for NTSB-type investigations. David Couper has also advocated for the implementation of such analyses.

A root cause analysis dissects an adverse event to determine its fundamental causes, enabling learning and corrective action to minimize the risk of further such events and improve public safety. It takes a system-level perspective, and is an accepted technique for guiding continuing quality improvement in complex organizations. Its use is institutionalized in medicine (where it's commonly referred to as sentinel event review), in transportation accidents (where such analyses are conducted by the National Transportation Safety Board), in crime labs, and in many other contexts. For example, a determination that all policies were followed, and that no-one was legally culpable, is not considered an adequate conclusion for an NTSB investigation of an airline accident. Rather, the point is to understand the fundamental causes of the crash, to enable development and implementation of measures to prevent any additional crashes.

Here's an explanation of the concept – from "Reviewing Police Use of Force Through Root Cause Analysis" in RegBlog (a forum for regulatory news and analysis).

> *More recently, law enforcement and criminal justice agencies across the country have begun to embrace a new type of event review, one in which the primary focus is not on blame or punishment, but rather on the creation of a "just culture" of learning, understanding, and education. These "just culture" event reviews go by various names, but whether they are described as root cause analyses or sentinel event reviews, their philosophy is the same: when our law enforcement system generates undesirable events, we should review those events first to understand the true underlying causes of why events unfolded the way they did and how the events could have been avoided, rather than reviewing them to understand who is responsible and should therefore be blamed or punished.*
>
> *Policing is a complex activity, with multiple people involved in fast-paced, dynamic reactions to incomplete information in a high-stress and high-stakes environment. In such a system, it is inevitable that things will not always go as intended. As the National Institute of Justice has noted, organizational accidents "are rarely the result of a single act or event. In medicine, aviation and other high-risk enterprises, serious errors are regarded as system errors or 'organizational accidents.' Organizational accidents are potential 'sentinel events,' incidents that could signal more complex flaws that threaten the integrity of the system as a whole."....*

By contrast, the future is precisely the focus of a sentinel event review, a "nonblaming, all-stakeholder, forward-leaning mechanism—to go beyond disciplining rule-breakers in an effort to minimize the risk of similar errors in the future and improve overall system reliability." Such investigations, epitomized in other industries through structures like health care's morbidity and mortality reviews or the National Transportation Safety Board, have a very different set of priorities by seeking to learn how to prevent the next error, rather than to hold participants of the last error accountable.

Such reviews are not focused on blame or discipline. Rather, they begin from the perspective that virtually no police officer wants to use force on civilians, nor do civilians wish to have force used on them. The question then becomes why the confrontation occurred despite the goals of all involved at the outset. We are no longer arguing about who should be blamed, and instead we are discussing how well-intended people on all sides of the undesired interaction could have avoided the confrontation, while still keeping our communities safe.

See also "How Transportation Safety Review Can Play a Role in Regulating Law Enforcement" for additional discussion of this concept in the context of law enforcement. One useful point to note: *"Often system-level factors that contribute to unwanted outcomes are only apparent after aggregating across multiple incidents, each of which appear unique and idiosyncratic when viewed in isolation."*

Also see here for an article about the National Institute of Justice Sentinel Event Initiative.

Since the 1970's, NYPD has been analyzing officer involved shootings by NYPD officers, with the point of reducing such shootings. The lessons learned from its causal and statistical analyses have enabled it to reduce its per capita rate of officer involved shootings to one of the lowest for any major city in the nation.

From the 2014 NYPD firearms report:

"Department records all officer-related discharges, whether purposeful, accidental, or, more rarely, criminal, as well as discharges of a police firearm by a third party. Analysis of this data over more than four decades has indelibly altered the way that officers respond to, engage in, and assess the need for firearms discharges. By making oversight manifest, the Department has made it clear that each and every discharge is a matter of immediate concern. When recordkeeping began in 1971, 12 officers were shot and killed by another person, and 47 officers were shot and injured. In turn, officers shot and mortally wounded 93 subjects, with a further 221 subjects injured by police gunfire. In 2014, by contrast, two officers were shot and killed by another person, and six were injured (three by gunshot), while police shot and mortally wounded eight subjects and injured 14. Information gleaned from these reports has initiated a Department-wide

tactical, strategic, and cultural shift with regard to how officers use and control their firearms. The Department has made restraint the norm.

Today, these reports serve as a statistical engine for the development of training, the adoption of new technology, and the deployment of Department resources. New instructional scenarios are implemented as a result of this analysis and new hardware—from bullet-resistant vests to conducted energy weapons—has been introduced."

Richmond, CA is another city that has dramatically reduced its rate of fatal officer involved shootings. A point of note (from the article "Use of deadly force by police disappears on Richmond streets"):

"[Chief] *Magnus has done something in Richmond that he believes is not done enough in other departments: He's been willing to second-guess the deadly force used by other cops.*

"We use a case study approach to different incidents that happen in different places. When there is a questionable use-of-force incident somewhere else, we study it and have a lot of dialogue," Magnus said. "It's a model that is used in a range of other professions, but in some police circles, it's seen as judging in hindsight and frowned on. In my mind, that attitude is counterproductive.""

Likewise, the Police Executive Research Forum notes:

"Learning from incidents is not "second-guessing": In the aftermath of a controversial shooting by an officer, it is not unusual to hear police say, "The officer had to make a split-second decision; we shouldn't second-guess that decision." And it is true that police often must respond quickly to complex situations. However, it is not "second-guessing" to learn from tragic incidents in order to prevent the next incident from happening. This is how police departments learn, develop new policies and tactics, and take lessons from each other."

And importantly, President Obama's Task Force on 21st Century Policing has recommended the widespread implementation of such reviews.
"2.3 TASK FORCE RECOMMENDATION: Law enforcement agencies are encouraged to implement non-punitive peer review of critical incidents separate from criminal and administrative investigations."

In its response to this task force recommendation, MPD states: *"MPD CURRENT STATUS: MPD uses a review process that is codified in the SOP Proficiency, Continuous Improvement & After Action Reports. It is believed that MPD can only improve processes through a continuous review of our performance."*

That's great spin. Superficially, it sounds fine. However, if you actually look at the *"Proficiency, Continuous Improvement & After Action Reports"* SOP, 1. It does not actually implement root

cause analysis, and 2. does not specifically reference officer involved shootings (or "critical incidents").
It's referencing an After Action Report to be filled out after certain events. The only real analysis called for is as follows:
"Critical Analysis of Identified Issues: This section analyzes the issues raised during the tactical debriefing. The issues evaluated should be based on the exercise objectives. It should be organized by objective and should address each objective, including those that were performed as expected. Each issue write-up should be organized as described below.
Recommendations for Future Improvement: This section should detail out any and all ideas so as to improve future MPD proficiency and operational effectiveness."

In no way is this an actual root cause analysis. And it's really not designed to address officer involved shootings.

Moreover, I'll note that when analysis aiming to understand and reduce officer involved shootings becomes institutionalized in a police department, it can generate a long-term decline in such shootings (as occurred with NYPD). Once such analysis becomes part of the institutional bureaucracy of the department, and the department is figuring out for itself how to improve the problem, taking on the objective as its own, the department owns the process and internal recommendations, generating buy-in.

Here's some potential draft language for a recommendation:

Root Cause Analysis

Issue: Understanding the root causes of officer involved shootings can enable corrective actions, including changes in training and policy, to reduce the risk of recurrence of such events. Root cause analysis is a method of problem solving used for identifying the root causes of adverse events. It's an accepted technique for guiding continuing quality improvement in complex organizations. President Obama's Task Force on 21st Century Policing has recommended the widespread implementation of such reviews: "Law enforcement agencies are encouraged to implement non-punitive peer review of critical incidents separate from criminal and administrative investigations."

Recommendation: MPD should implement a mechanism for thorough and credible root cause analysis of officer involved shootings. These would be non-punitive reviews, separate from Professional Standards investigations assessing potential policy infractions. The objective of such reviews would be to identify the root causes of officer involved shootings, in order to develop measures to reduce the risk of such shootings, and attendant mortality and injury, to the greatest extent possible. Root cause analysis should be performed on each individual officer involved shooting, and on the aggregate of such events over time.

For a more detailed understanding of the terms "thorough and credible" in the context of root case analysis, see here and here.

Sincerely,

Gregory Gelembiuk

SCOPE

The primary duty of all members of the service (MOS) is to protect human life, including the lives of individuals being placed in police custody. Force may be used when it is reasonable to ensure the safety of a member of the service or a third person, or otherwise protect life, or when it is reasonable to place a person in custody or to prevent escape from custody. In all circumstances, any application or use of force must be reasonable under the circumstances. If the force used is unreasonable under the circumstances, it will be deemed excessive and in violation of Department policy.

When appropriate and consistent with personal safety, members of the service will use de-escalation techniques to safely gain voluntary compliance from a subject to reduce or eliminate the necessity to use force. In situations in which this is not safe and/or appropriate, MOS will use only the reasonable force necessary to gain control or custody of a subject. The use of deadly physical force against a person can only be used to protect MOS and/or the public from imminent serious physical injury or death.

In determining whether the use of force is reasonable, members of the service should consider the following:

a. The nature and severity of the crime/circumstances
b. Actions taken by the subject
c. Duration of the action
d. Immediacy of the perceived threat or harm to the subject, members of the service, and/or bystanders
e. Whether the subject is actively resisting custody
f. Whether the subject is attempting to evade arrest by flight
g. Number of subjects in comparison to the number of MOS
h. Size, age, and condition of the subject in comparison to the MOS
i. Subject's violent history, if known
j. Presence of hostile crowd or agitators
k. Subject apparently under the influence of a stimulant/narcotic which would affect pain tolerance or increase the likelihood of violence.

All MOS are responsible and accountable for the proper use of force. The application of force must be consistent with existing law and with the New York City Police Department's policies, even when Department policy is more restrictive than state or federal law. Depending upon the circumstances, both federal and state laws provide for criminal sanctions and civil liability against MOS when force is deemed excessive, wrongful, or improperly applied.

Excessive force will not be tolerated. MOS who use excessive force will be subject to Department discipline, up to and including dismissal.

SCOPE (continued)

Failure to intervene in the use of excessive force, or report excessive force, or failure to request or to ensure timely medical treatment for an individual is serious misconduct that may result in criminal and civil liability and will result in Department discipline, up to and including dismissal. If a member of the service becomes aware of the use of excessive force or failure to request or to ensure timely medical treatment for an individual, the member must report such misconduct to the Internal Affairs Bureau Command Center. This report can be made anonymously.

NOTE

Obtaining a Confidential Identification Number from the Command Center investigator will satisfy the member's reporting responsibility, if the information is accurate and complete. Subsequent or ongoing reporting is encouraged to ensure the information is timely and complete and may be made by referencing the Confidential Identification Number.

DEFINITIONS

DE-ESCALATION - Taking action in order to stabilize a situation and reduce the immediacy of the threat so that more time, options, and/or resources become available (e.g., tactical communication, requesting a supervisor, additional MOS and/or resources such as Emergency Service Unit or Hostage Negotiation Team, etc.). The goal is to gain the voluntary compliance of the subject, when appropriate and consistent with personal safety, to reduce or eliminate the necessity to use force.

OBJECTIVELY REASONABLE STANDARD - The reasonableness of the use of force is based upon the totality of the circumstances known by the MOS at the time of the use of force. The Department examines the reasonableness of force viewed from the perspective of a member with similar training and experience placed into the same circumstances as the incident under investigation.

EXCESSIVE FORCE - Use of force deemed by the investigating supervisor as greater than that which a reasonable officer, in the same situation, would use under the circumstances that existed and were known to the MOS at the time force was used.

CHOKEHOLD - A chokehold shall include, but is not limited to, any pressure to the throat or windpipe, which may prevent or hinder breathing or reduce intake of air.

PROCEDURE

To provide members of the service with the Department's force/restraint and firearm prohibitions:

PROHIBITIONS

UNIFORMED MEMBER OF THE SERVICE

1. Uniformed members of the service are authorized under New York State law to discharge a firearm to prevent or terminate the unlawful use of force that may cause death or serious physical injury, taking into account the below prohibitions imposed by the Department.

UNIFORMED MEMBER OF THE SERVICE (continued)

Members of the service **SHALL NOT**:

a. Discharge a firearm when, in the professional judgment of a reasonable member of the service, doing so will unnecessarily endanger innocent persons

b. Discharge firearms in defense of property

c. Discharge firearms to subdue a fleeing felon who presents no threat of imminent death or serious physical injury to the MOS or another person present

d. Fire warning shots

e. Discharge firearm to summon assistance, except in emergency situations when someone's personal safety is endangered and no other reasonable means to obtain assistance is available

f. Discharge their firearms at or from a moving vehicle unless deadly physical force is being used against the member of the service or another person present, by means other than a moving vehicle

g. Discharge firearm at a dog or other animal, except to protect a member of the service or another person present from imminent physical injury and there is no opportunity to retreat or other reasonable means to eliminate the threat

h. Cock a firearm. Firearms must be fired double action at all times.

NOTE

Drawing a firearm prematurely or unnecessarily limits a uniformed member's options in controlling a situation and may result in an unwarranted or accidental discharge of the firearm. The decision to display or draw a firearm should be based on an articulable belief that the potential for serious physical injury is present. When a uniformed member of the service determines that the potential for serious physical injury is no longer present, the uniformed member of the service will holster the firearm as soon as practicable.

2. Members of the service **SHALL NOT**:

a. Use a chokehold

b. Use any level of force to punish, retaliate or coerce a subject to make statements

c. Use any level of force on handcuffed or otherwise restrained subjects unless necessary to prevent injury, escape or to overcome active physical resistance or assault

d. Connect or tie rear-cuffed hands to cuffed or restrained ankles or legs

e. Transport a subject facedown

f. Use force to prevent a subject from swallowing alleged controlled substance or other substance, once a subject has placed suspected controlled substance in his or her mouth, or forcibly attempt to remove substance from subject's mouth or other body cavity.

NOTE

Any violations of the above force prohibitions may be reviewed on a case-by-case basis by the Use of Force Review Board to determine whether, under the circumstance, the actions were reasonable and justified. The review may find that, under exigent or exceptional circumstances, the use of the prohibited action may have been justified and within guidelines.

NOTE (continued)

Members who are subject to investigation, the subject of disciplinary action, civil action, or a civilian complaint related to a violation of the above prohibitions may submit a request for review of the circumstances to the Use of Force Review Board. The Use of Force Review Board will review the facts and circumstances and make a final determination of whether the force used was reasonable under the circumstances and within guidelines.

When a uniformed member of the service observes or suspects that a prisoner has ingested a narcotic or other dangerous substance, the prisoner will be transported from the place of arrest DIRECTLY to the nearest hospital facility.

PATROL GUIDE

Section: Tactical Operations		Procedure No: 221-02	
USE OF FORCE			
DATE ISSUED: 06/01/16	DATE EFFECTIVE: 06/01/16	REVISION NUMBER:	PAGE: 1 of 4

PURPOSE To provide guidelines for members of the service (MOS) regarding the use of force, and ensure that each use of force is properly reported and documented.

DEFINITIONS

DE-ESCALATION – Taking action to stabilize the situation and reduce the immediacy of the threat so that more time, options, and/or resources become available (e.g., tactical communication, requesting a supervisor, additional MOS and/or resources such as Emergency Service Unit or Hostage Negotiation Team, etc.). The goal is to gain the voluntary compliance of the subject, when appropriate and consistent with personal safety, to reduce or eliminate the necessity to use force.

ACTIVE RESISTING – Includes physically evasive movements to defeat a member of the service's attempt at control, including bracing, tensing, pushing, or verbally signalling an intention to avoid or prevent being taken into or retained in custody.

ACTIVE AGGRESSION – Threat or overt act of an assault (through physical or verbal means), coupled with the present ability to carry out the threat or assault, which reasonably indicates that an assault or injury to any person is imminent.

PASSIVE RESISTANCE – Minimal physical action to prevent a member from performing their lawful duty. For example, a subject failing to comply with a lawful command and stands motionless and/or a subject going limp when being taken into custody.

RESISTING ARREST (NYS PENAL LAW) - A person is guilty of resisting arrest when he intentionally prevents or attempts to prevent a police officer or peace officer from effecting an authorized arrest of himself or another person.

PROCEDURE When a member of the service must gain compliance, control, or custody of an uncooperative subject, the member should comply with *P.G. 221-01, "Force Guidelines"* and:

UNIFORMED MEMBER OF THE SERVICE

1. Take necessary action to protect life and personal safety of all persons present, including subjects being placed into custody.
2. Utilize de-escalation techniques when appropriate and consistent with personal safety, which may reduce or eliminate the need to use force, and increase the likelihood of gaining the subject's voluntary compliance.
3. Isolate and contain the subject, if appropriate.
4. Immediately request a supervisor to respond, as soon as appropriate and safety permits.
5. Request additional members, as necessary, to control situation.
6. Request the response of the Emergency Service Unit, if appropriate.

NOTE *MOS should consider whether a subject's lack of compliance is a deliberate attempt to resist, or alternatively, an inability to comply, resulting from factors including, but not limited to, medical condition, mental impairment, developmental disability, physical limitation, language barrier, and/or drug interaction.*

UNIFORMED MEMBER OF THE SERVICE (continued)

7. Comply with *P.G. 221-13, "Mentally Ill or Emotionally Disturbed Persons,"* if the subject is acting in a manner that would lead the member of service to believe that the subject is emotionally disturbed or under the influence of a mind-altering substance.

SUPERVISOR ON SCENE

8. Assume command of the incident and coordinate the use of de-escalation techniques, if appropriate and consistent with officer safety.
9. Direct tactics to minimize the possibility of injury to members of the service, the subject, or bystanders.

UNIFORMED MEMBER OF THE SERVICE/ SUPERVISOR ON SCENE

10. If the use of de-escalation and conflict negotiation techniques fail to persuade an uncooperative subject to cooperate, the supervisor/members of the service present should, if appropriate and consistent with officer safety:
    a. Advise the offender that he/she will be charged with the additional offense of resisting arrest
    b. Devise a tactical plan with members present to restrain the subject while minimizing the possibility of injury to members of the service, the subject, and bystanders
    c. Advise the offender that physical force or other devices (e.g., O.C. pepper spray, shield, baton/asp, etc.) will be used to handcuff/restrain him/her before applying such force, if appropriate.

NOTE *Members of the service should not use O.C. Pepper Spray, Conducted Electrical Weapon, or impact weapons on persons who are passively resisting.*

11. Apply no more than the reasonable force necessary to gain control.
    a. Avoid actions which may result in chest compression, such as sitting, kneeling, or standing on a subject's chest or back, thereby reducing the subject's ability to breathe.
12. Assess the situation continually and adjust the use of force as necessary.

NOTE *All members of the service must intervene to stop another member of the service from using excessive force. Failure to intervene in the use of excessive force, or report excessive force, or failure to request or to ensure timely medical treatment for an individual is serious misconduct that may result in criminal and civil liability and will result in Department discipline, up to and including dismissal. If a member of the service becomes aware of the use of excessive force or failure to request or to ensure timely medical treatment for an individual, the member must report such misconduct to the Internal Affairs Bureau Command Center. This report can be made anonymously.*

NOTE (continued) *Obtaining a Confidential Identification Number from the Command Center investigator will satisfy the member's reporting responsibility, if the information is accurate and complete. Subsequent or ongoing reporting is encouraged to ensure the information is timely and complete and may be made by referencing the Confidential Identification Number.*

UNIFORMED MEMBER OF THE SERVICE

13. Rear-cuff the subject, when practical.
    a. If it is safer for the member of the service and the subject, the member of the service may front-cuff the subject initially, and then rear-cuff as soon as it is practical and safety allows.
    b. If members of the service are having difficulty rear-cuffing a subject, Department issued leg restraints or Velcro straps to immobilize the legs of a subject may be used as an effective tactic to gain control, limit the subject's ability to flee or harm other individuals, and allow the subject to be safely rear-cuffed with minimal force.

NOTE *If available, Department issued alternative restraining devices should be used to restrain, or further restrain, subjects whose actions may cause injury to themselves or others.*

14. Position the subject to promote free breathing, as soon as safety permits, by sitting the person up or turning the person onto his/her side.
15. Observe the subject closely for injuries, signs of serious illness, or difficulty breathing.
16. Whenever any level of force is used, inquire if subject requires medical attention and document response to inquiry in **ACTIVITY LOG (PD112-145)**.
17. If the subject is injured or ill, ensure subject receives proper medical attention.
18. Ensure subject receives immediate medical attention and provide first aid, if appropriate and properly trained, if subject is having difficulty breathing or demonstrates any potentially life-threatening symptoms or injuries.
19. If the location of the police action is poorly lit, use a flashlight or other source of illumination to maintain a clear view of the subject at all times.
20. Notify immediate supervisor regarding the type of force used, the reason force was used, and injury to any person involved.
21. Document use of force in **ACTIVITY LOG**.

IMMEDIATE SUPERVISOR

22. Perform duties of the "immediate supervisor" as per *P.G. 221-03, "Reporting and Investigation of Force Incident or Injury to Persons During Police Action,"* when notified or after becoming aware of any use of force incident.

RELATED PROCEDURES

Reporting and Investigation of Force Incident or Injury to Persons During Police Action (P.G. 221-03)
Force Guidelines (P.G. 221-01)
Mentally Ill or Emotionally Disturbed Persons (P.G. 221-13)
Member of the Service Subjected to Force While Performing Lawful Duty (P.G. 221-06)

FORMS AND REPORTS	***ACTIVITY LOG (PD112-145)*** ***STOP, QUESTION AND FRISK REPORT (PD344-151A)*** ***ON LINE BOOKING SYSTEM ARREST WORKSHEET (PD244-159)*** ***MEDICAL TREATMENT OF PRISONER (PD244-150)*** ***AIDED REPORT WORKSHEET (PD304-152b)***

Deadly Force – Use of

Eff. Date 05/26/2016

Purpose

Consistent with our Mission Statement, the Madison Police Department believes in the dignity of all people and recognizes the value of human life. Since we have a legal and moral obligation to use force wisely and judiciously, it is the procedure of this Department that deadly force will not be resorted to unless an officer reasonably believes that a lesser degree of force would be insufficient.

It is the procedure of the Madison Police Department (MPD) that officers, while in the performance of legal duties, shall always employ force in a manner that is objectively reasonable based on the totality of the circumstances, Graham v. Connor, 490 U.S. 386 (1989). The reasonableness test is an objective one and must be judged from the perspective of a reasonable officer at the scene. Members of the MPD shall act at all times within the standards for use of force established in the Use of Force procedures. At all times, members of the MPD shall act within the standards for use of force established in the Use of Force procedures and consistent with Department training.

As used in this SOP, deadly force refers to the intentional use of a firearm or other instrument, the use of which would result in a high probability of death. The purpose of deadly force is to stop the threat. It is the responsibility of involved officers to render aid when feasible.

Procedure

DEADLY FORCE AUTHORIZED

The use of deadly force is only authorized when, under any of the following circumstances, an officer reasonably believes a lesser degree of force would be insufficient:

1. In the defense of another person who the officer has reasonable cause to believe is in imminent danger of death or great bodily harm.
2. In defense of oneself, when there is reasonable cause to believe one is in imminent danger of death or great bodily harm.
3. To effect the arrest or prevent the escape of a suspect who the officer has reasonable cause to believe has committed, or attempted to commit, a felony involving the use or threatened use of deadly force, when a high probability exists that the suspect, if not immediately apprehended, may cause death or great bodily harm.
4. To protect one's self or another from an animal which an officer reasonably believes may cause great bodily harm if not immediately controlled, or to end the suffering of an animal gravely injured or diseased after considering public view, safety, and other reasonable dispositions.

VERBAL WARNING

Before using deadly force, officers shall, if reasonably possible, identify themselves and order the suspect to desist from unlawful activity.

DEADLY FORCE IS NEVER AUTHORIZED

Deadly force is never authorized:

1. As a warning shot.
2. From a moving vehicle, unless an officer has reasonable cause to believe that one's self or another is in imminent danger of death or great bodily harm.
3. At a moving vehicle unless an officer has reasonable cause to believe that one's self or another is in imminent danger of death or great bodily harm or Deadly Force Authorized, paragraph 3, regarding certain felons applies.

4. When its use unreasonably risks the lives of innocent bystanders.

USE OF FORCE TECHNIQUES/INSTRUMENTS

The intentional punching or striking of the trachea creates a substantial likelihood of death and is therefore considered deadly force and shall be used only in accordance with this SOP.

INVESTIGATION OF THE USE OF DEADLY FORCE

See Madison Police Department Standard Operating Procedure regarding "Officer Involved Critical Incidents".

Original SOP: 03/23/2015
(Revised: 03/26/2015, 05/26/2016)
(Reviewed Only: 12/22/2016)

CITY OF BUFFALO

DEPARTMENT OF POLICE

BYRON W. BROWN
MAYOR

DANIEL DERENDA
COMMISSIONER

June 7, 2016

Muck Rock
Dept. MR 26036
411A Highland Ave.
Somerville, MA 02144

Re: Use of Force policy

The Buffalo Police Department is in receipt of your request for records pertaining to the Buffalo Police Department's Use of Force policy.

The records you have requested are attached.

Also be advised that the Buffalo Police Department WEB page also has information pertaining to Use of Force.

Mark Antonio
Captain
CIR/CCB

26036-20442170@requests.muckrock.com
06/04/2016 02:41 AM

To msantonio@bpdny.org,
cc
bcc
Subject Freedom of Information Law Request: Use of Force Policy (Buffalo)

June 4, 2016
Buffalo Police Department
Buffalo Police Department
74 Franklin Street
Buffalo, NY 14202

To Whom It May Concern:

Pursuant to the New York State Freedom of Information Law (1977 N.Y. Laws ch. 933), I hereby request the following records:

All current policies maintained by the department regarding use of force.

The requested documents will be made available to the general public, and this request is not being made for commercial purposes.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 5 business days, as the statute requires.

Sincerely,

Samuel Sinyangwe

Filed via MuckRock.com
E-mail (Preferred): 26036-20442170@requests.muckrock.com

For mailed responses, please address (see note):
MuckRock
DEPT MR 26036
411A Highland Ave
Somerville, MA 02144-2516

PLEASE NOTE: This request is not filed by a MuckRock staff member, but is being sent through MuckRock by the above in order to better track, share, and manage public records

USE OF FORCE REPORT

INCIDENT INFORMATION

Incident Date: __/__/__ Incident time: _____ CD#_____

District/Unit _____ Assignment: _____ MP1☐ MP2☐ MP3☐ MP4☐ MP5☐

Incident Address: _____

Incident Occurred:
On Duty ☐ Off Duty ☐

Incident Site:
Indoor ☐ Outdoor ☐ In Vehicle ☐

How contact was initiated with Subject:
Radio Call ☐ Traffic Stop ☐ Inquiry/Stop ☐ Service/Execution of Warrant ☐ Investigation ☐
Other ☐ _____

Type of call or investigation _____

SUBJECT INFORMATION

Name: _____ DOB: _____ Age: _____

Address: _____

Male ☐ Female ☐ Race: _____ Height: _____ Weight: _____

Condition of Subject:
Sober ☐ Alcohol Influence ☐ Drug ☐ Emotional Disturbance ☐ Other ☐ _____

Type of Custody: Arrest ☐ MHL ☐ Other _____ Agency File# _____

Charges 1) _____
2) _____
3) _____
4) _____

Additional Charges: _____

Summons Issued: Yes ☐ No ☐

Summons # _____

USE OF FORCE/METHOD

BEFORE ENGAGING IN USE OF FORCE, WERE VERBAL COMMANDS USED OR ATTEMPTED? YES ☐ NO ☐

TACTICS USED
(check all that apply)

Yes	No		Effective Yes	Effective No	
☐	☐	Pain Compliance Hold	☐	☐	
☐	☐	CAP Spray	☐	☐	
☐	☐	Physical Engagement	☐	☐	
☐	☐	Impact Weapon	☐	☐	Type: _____
☐	☐	Firearm (must also complete BPD-1)	☐	☐	
☐	☐	Other: _____	☐	☐	

CAP

Fill out only if chemical agent used.

Number of Bursts _____ Distance from Subject _____

Length of time of Burst(s) _____ Area of Body Sprayed _____

Decontamination Yes ☐ No ☐ Water ☐ Bioshield ☐

Reason Force Used:

Overcome Resistance to Arrest ☐ Restrain ☐ Protection of ☐ (name) _____
Terminate Unlawful Conduct ☐ Prevent Escape ☐ Other ☐ _____

NARRATIVE

Subject's Actions – Describe what caused Officer to use force.

_____

_____

_____

Officer's Actions – Describe how and to where force was applied.

_____

_____

_____

INJURY/MEDICAL

Was Subject Injured? Yes ☐ No ☐ Nature of Injury: _____
Was Subject Treated? Yes ☐ No ☐ If yes, at what facility? _____

Was any Police Officer Injured as a result of this incident? Yes ☐ No ☐ Nature of Injury: _____
Who? (Rank, Name, District) _____

Was the Officer(s) Treated? Yes ☐ No ☐ If so, at what facility? _____

WITNESS INFORMATION (If additional information, attach a supplemental P-73)

Witness Officer Used CAP – P-1394 submitted

Police Officer (Rank, Name, Command, MP#, Badge# and DID #)	Yes ☐ No ☐
Police Officer (Rank, Name, Command, MP#, Badge# and DID#)	Yes ☐ No ☐
Civilian Name	Tel# Day, Tel# Night
Address	
Civilian Name	Tel# Day, Tel# Night
Address	

OFFICER REPORTING/REVIEW OF COMMAND

Officer Reporting/Badge # _____ _____ _____ Date _____
(Print name) (Badge #) (Signature)

Immediate Supervisor Reviewing _____ _____ Date _____
(Print name) (Signature)

Immediate Supervisor Comments: _____

_____

_____

_____

Member in Chain of Command Reviewing _____ _____
(Rank) (Print name)

_____ Date _____
(Signature)

Member in Chain of Command Reviewing _____ _____
(Rank) (Print name)

_____ Date _____
(Signature)

Distribution: Original PSD, Copy Command, Copy Academy

[redacted]

6.0 USE OF FORCE

6.1 POLICY

It is the policy of the Buffalo Police Department to use only that amount of physical f that is reasonably necessary to achieve a legitimate law enforcement objective, inclu protecting a person from the imminent use of physical force, effecting an arres preventing an escape from custody. Any force used must be consistent with the Fo Amendment of the United States Constitution and Article 35 of the New York State P Law. Excessive or unreasonable force shall not be used.

6.2 USE OF FORCE - GENERALLY

A. Members of the Department must be familiar with Article 35 of the NYS Penal Law which outlines the legal parameters for the use of physical force and the use of deadly physical force.

B. Physical force shall only be used when no other viable option is available.

C. When force is used, only that amount of force that is reasonably necessary to overcome a subject's resistance or aggression shall be employed.

D. The use of force must be reasonable and can never be reckless.

E. During an encounter in which force has become necessary, the level of resistance or aggression displayed by the subject may vary at different points in the encounter. The level of force used by the Officer shall be adjusted to changes in the suspect's level of resistance or aggression.

6.3 USE OF FORCE CONTINUUM

A. Members of the Department may use no more than the amount of force reasonably necessary to achieve a legitimate law enforcement objective. In most cases, the degree of resistance or aggression displayed by a subject will be the primary factor in determining what level(s) of force by the Officer is reasonable and authorized. A subject's reaction to an Officer's attempts at control or restraint may be broadly classified into five categories. Those categories, together with the generally authorized Officer force response options, are set forth below:

1. Compliant/ Cooperative
   The subject generally complies with the commands of the Officer and offers no resistance. In this instance the use of force is not authorized, but customary handcuffing and escort techniques are authorized.

2. Passive/Verbal Resistance
   The subject passively resists the Officer's attempts to gain compliance or is verbally abusive, insulting or taunting and refuses to comply with the Officer's commands, but is not verbally threatening to cause imminent physical harm to the Officer or another person. The Officer shall use verbal techniques to achieve compliance and if those techniques are unsuccessful, is authorized to take physical control of the subject by grabbing, holding, and /or using customary handcuffing techniques on the subject.

3. Active Resistance
   The subject makes physically evasive movements to defeat an Officer's attempt at control (e.g. bracing, tensing, moving away) or verbally threatens imminent harm to the Officer or another person or verbally signals an intention not to be taken into or retained in custody, providing the subject's intent to physically resist is clear. The Officer is authorized to physically

restrain and take control of the subject by grabbing, holding forcibly handcuffing and/or using pain compliance holds and/or chemical agent on the subject.

4. Physical Resistance
The subject engages in or is about to engage in resistance or aggression that is aimed directly at the Officer. This includes grabbing, pushing, punching, kicking, biting, throwing objects or any behavior in which the Officer becomes the object of the subject's actions. Physical resistance also includes that situation in which an Officer reasonably believes that the subject is using or is about to use the above degree of physical force against another person. The Officer is authorized to use the amount of force reasonably necessary to overcome the resistance or aggression by using chemical agent, physical skills, physical tactics or impact weapons, or any appropriate lesser means of force.

5. Deadly Resistance
The subject engages or is about to engage in such an escalated level of resistance or aggression that the Officer reasonably believes the subject's actions constitute "deadly physical force." "Deadly physical force" means physical force that, under the circumstances in which it is used, is readily capable of causing death or other serious physical injury. It may include attempts to render the Officer unconscious, grabbing for the Officer's service firearm, blows to vital organs, stabbing, shooting, or any other action that would create a likelihood of causing the Officers serious physical injury or death. This category also includes a subject who an Officer reasonably believes is using or is about to use deadly physical force on another person. This level of resistance or aggression authorizes the Officer to use the amount of force reasonably necessary to preserve life or prevent serious physical injury and includes the use of deadly physical force.

B. Although a subject's level of resistance or aggression is usually the primary factor that determines what level of force is reasonable and authorized, there may be other factors present that may reasonably cause an Officer to escalate or de-escalate the level of force used during an encounter. These factors include, but are not limited to:

1. Officer/Subject Factors (e.g. relative age, size, strength, skill level, injury/exhaustion, number of Officers versus number of subjects);
2. Influence of drugs or alcohol;
3. Presence/proximity of weapons;
4. Other tactical factors (e.g. position of advantage, cover, time for decision);
5. Availability of other viable force options.

6.4 USE OF DEADLY PHYSICAL FORCE

A. Members of the Department may use deadly physical force but only when it is necessary to defend the Officer or third person from what the Officer reasonably believes to be the use or imminent use of deadly physical force.

B. Even if the use of deadly physical force is authorized, the Officer may not be reckless in its use.

C. Depending upon the circumstances in which they are utilized, the use of the night stick, restraining holds, police vehicles, as well as service firearms, may be construed as the use of deadly physical force.

USE OF FIREARMS

A. Members of the Department shall discharge their firearms at a person only in those circumstances in which it is necessary to defend the Officer or another person from what the Officer reasonably believes to be the imminent use of deadly physical force. In attempting to take a suspect into custody, members of the Department shall discharge their firearms only in those circumstances in which the member reasonably believes that the use of deadly physical force by the suspect is imminent.

B. Members shall not discharge a firearm or shoulder weapon from or at a moving vehicle or its occupants unless the occupants of the other vehicle are using deadly physical force against you or another person by means other than the vehicle. Members shall not discharge their firearms at or from a moving vehicle when the consequences of so doing will jeopardize the safety of other members of the Department or innocent bystanders.

C. In those circumstances in which members of the Department are justified in discharging their firearms, they are not allowed to do so recklessly.

D. Warning shots are prohibited.

E. Members of the Department may use their firearms for target practice or competition at an approved range. Dry firing or other forms of practice on any Departmental property, except under the personal direction of a firearms instructor, is strictly prohibited.

F. Members of the Department may use their firearms to incapacitate wild, vicious or rabid animals consistent with the guidelines set forth in M.O.P. Chapter 2.

DRAWING WEAPONS

A. A member of the Department is authorized to remove his/her firearm from its holster or gun mount and have it ready for immediate use, in any circumstance in which the member reasonably believes his/her life or safety may be in danger.

B. A member of the Department may point his/her firearm at a person when the officer reasonably believes that the person poses an immediate risk of death or serious physical injury to any other person.

6.7 REPORTING REQUIREMENTS – USE OF FORCE OR INJURIES TO CIVILIANS

A. Reporting requirements shall apply whether an incident occurred on or off-duty. A member of the Department shall prepare a Use of Force Report (via Blue Team) when (s)he:

1. applies any level of physical force as defined in Section 6.3 A3, A4 or A5 above on a person;
   or
2. uses chemical spray on or affecting a person;
3. charges a subject with resisting arrest in violation of the NYS Penal Law Section 205.30.
   a. When a member of the Department charges a subject with resisting arrest in violation of the NYS Penal Law Section 205.30, that member shall promptly notify their immediate on duty supervisor. The on-duty Supervisor shall as soon as practical, and in any event prior to the end of their tour of duty, conduct an investigation into the circumstances of the arrest and enter their findings on the subordinate's Use of Force Report (via Blue Team).
   b. If more than one officer is involved and uses any level force as defined above, each officer shall prepare a Use of Force Report Use of Force Report (via Blue Team).

B. In addition to a Use of Force Report, a member of the Department shall prepare a written report on an Intra-Departmental Memorandum (form P-73) whenever the member:

1. discharges his/her firearm for other than training or recreational purposes (refer to M.O.P. Chapter 3) (also see M.O.P. Chapter 8);
2. takes any law enforcement action that results in, or is alleged to have resulted in, serious physical injury or death to another person.

C. All reports submitted pursuant to subdivision "A" and "B" above shall be completed prior to the officer's tour of duty and forwarded through the chain of command to the Internal Affairs Division. The Use of Force Report shall be submitted (via Blue Team). Each member in the chain of command shall review the report for completeness, accuracy and conformity with the Department's use of force policy (via Blue Team). Each member in the chain of command shall enter their comments on the Use of Force Report (via Blue Team). The final approved report shall be completed **within 10 days** of the incident.

In the event the Use of Force Report (via Blue Team) cannot be utilized the following procedures will be followed:

The hard copy P-1374 will be completed. The on duty supervisor shall fax the P-1374 to the Internal Affairs Division at extension 5229 prior to the end of their tour of duty. If a fax is not possible, the on duty supervisor shall immediately send an email

i) deleted & replaced by on line Blue Team

the IAD Inspector. The email shall contain an explanation for the inability to fax the report, the involved officer(s) name(s), the subject's name, and the incident number.

D. In the event an officer is incapacitated and unable to prepare the proper reports, the member's immediate Supervisor shall cause the reports to be prepared on the member's behalf (via Blue Team).

E. The Internal Affairs Division shall review all such reports and make recommendations to the Commissioner. In addition, the Internal Affairs Division shall make an annual review of all such incidents and report any patterns or trends that may necessitate additional or modified training or that may require alterations in policy.

F. The Training Academy Captain shall access Blue Team to determine if there are any training issues needing to be addressed

PERSONS INJURED RESULTING FROM THE USE OF FORCE

In all circumstances in which a person is injured by a member of the Department as a result of the use of force other than deadly physical force:

A. the member shall have the injured person taken for medical treatment to the Erie County Medical Center, ECMC;

B. notify his/her immediate supervisor;

C. prepare form P-1261 (Request For Medical Attention of Injured Prisoner).

USE OF CHEMICAL SPRAY

A. The Product
The only chemical agent projector (C.A.P.) to be used by an on duty member of the Buffalo Police Department is the Department issued.

B. Issuance
The Department issues authorized chemical agent projectors to those Officers trained in its use. The chemical agent projector issued by the Department is for on duty use only and it is not to be used or carried while the member is off-duty or while employed outside the Department.

C. Replacement
Requests for replacement of empty or malfunctioning chemical agent projectors shall be submitted to the Police Academy on an Intra-Departmental Memorandum (P-73), which shall include an explanation of the necessity for the replacement. When an Officer requests replacement of an empty container, a check will be made to determine if the appropriate number of reports (P-1174) have been submitted to reflect why the chemical agent container is empty. If an appropriate number of reports have not been submitted, the Officer will not be issued a replacement chemical agent.

1. Although chemical agent containers are stamped with a date on the canister, the chemical agent is effective as long as the product is able to be discharged from the canister.
2. If an issued chemical agent projector is lost by any member of the Department, the member must immediately report the loss in writing. The report shall detail the circumstances of the incident and shall be forwarded to the Training Academy through the chain of command.

D. Use

1. In General
Chemical agent projector spray is a use of force and shall be used only in conformity with the Departmental policy on use of force. Accordingly, chemical agent projector spray may be used only when its use is reasonably necessary to achieve a legitimate law enforcement objective. As a general rule, chemical agent projector spray is authorized for use on a subject when an Officer encounters "Active Resistance" or "Physical Resistance", as those terms are defined in the Department's Use of Force Continuum.

E. Officer Accidentally Sprayed With A Chemical Agent
In the event that an Officer is accidentally sprayed with a chemical agent, or is intentionally sprayed by another person, the safety of that Officer becomes paramount. The attempted apprehension of the suspect must be abandoned if the safety of the sprayed Officer is unduly jeopardized.

F. Decontamination
1. The arresting Officer is responsible for the decontamination of any prisoner sprayed with a chemical agent. Decontamination will be accomplished in accordance with procedures and regulations at the City Court Lock-up.

2. If the chemical agent is used indoors, occupants are to be advised to air out the room where the chemical agent was used, for at least one hour before using the room.

G. Reporting
1. A Use of Force Report (via Blue Team) must be completed any time a member of the Department discharges a chemical agent, except those discharges occurring during testing, training, a malfunction, a use against an animal or an accidental discharge with no person affected. A Use of Force Report (via Blue Team) shall be completed by each Officer using the chemical agent.

2. Accidental discharges with no person affected or uses against animals require an Intra- Departmental Memorandum with explanation directed to the Training Academy.

.10 PERSONS KILLED OR SERIOUSLY INJURED AS A RESULT OF THE USE OF DEADLY PHYSICAL FORCE

A. While on duty
In all circumstances in which a person is killed or seriously injured by an on duty member of the Department and is the result of the use of deadly physical force:

1. the member shall call for medical attention if the person is still alive;
2. the member shall immediately notify his/her immediate supervisor who shall notify the 911 Communications Lieutenant, whom will notify the Commissioner
3. the Homicide Squad shall conduct the investigation.
4. members shall follow the guidelines set out in M.O.P. Chapter 17.

B. While off duty
In all circumstances in which a person is killed or seriously injured by an off duty member of the Department and is the result of the use of deadly physical force:

1. the member shall immediately notify the law enforcement agency in the jurisdiction in which the incident occurred and shall request medical attention if the person is still alive;
2. the member shall immediately notify his/her commanding officer, or in the commanding officer's absence, the 911 Communications Lieutenant;
3. the member shall follow the guidelines set out in M.O.P. Chapter 17;
4. and if the incident occurred outside of the city, the 911 Communications Lieutenant shall send Buffalo Police personnel to investigate.

.11 DISCHARGE OF FIREARMS - REPORTING REQUIREMENTS

A. BPD Firearms Report - Intra-Departmental Memorandum - E-Mail Message
Whenever a member discharges a firearm(s) while on duty, other than in practice or at a firearms range, (s)he shall immediately report the incident to the Supervisor on duty in the District in which the incident occurred, except that if the discharge occurred in the headquarters building, the 911 Communications Lieutenant shall be notified. The member must also immediately report the incident to his/her own Supervisor. The member's command will be responsible for obtaining an event number and transmitting an E-Mail message reporting the incident. The member shall prepare a report on an Intra-Departmental Memorandum prior to reporting off duty, relating the details of the incident. The Intra-Departmental Memorandum shall be addressed to the Commissioner, attention to the appropriate Commanding Officers in the chain of command. The member shall also prepare a Firearms Use Report (BPD-1) according to the instructions on that form and before the member reports off duty.

B. Investigation by Commanding Officer - Intra-Departmental Memorandum
The Commanding Officer of the member discharging the firearm shall conduct a complete investigation of the incident and file a report on an Intra-Departmental Memorandum. The report shall be addressed to the Commissioner, attention the appropriate District/Division Commanding Officer in the chain of command.

Distribution: Original and copy of form BPD-1, the member's Intra-Departmental Memorandum and the Commanding Officer's Investigation Report on an Intra-Departmental Memorandum shall be sent to the appropriate District/Division Chief; third copy to command files.

C. Action by the District/Division Chief
The District/Division Chief shall carefully examine all reports. They shall make further inquiry as they deem appropriate. The Chief shall make recommendations concerning training, discipline, approval of the member's action, or other appropriate action on an Intra-Departmental Memorandum.

D. Incidents Occurring While Off Duty
1. If a member discharges a firearm while off duty, whether intentionally or accidentally, the member shall notify the police authorities in the jurisdiction in which the incident occurred, and (s)he shall also be responsible for submitting a Firearms Use Report (Form BPD-1) and an Intra-Departmental Memorandum to his/her commanding officer, except that no such notification or report need be made if the officer was legitimately engaged in target practice or hunting.

2. If a member intentionally or accidentally discharges a firearm while off duty and the result is an injury to himself/herself, or injury or death to another, the member shall immediately contact the law enforcement authorities in the jurisdiction in which the incident occurred. Medical attention shall be requested and the scene of the incident preserved (refer M.O.P. Chapter 17). The member must immediately contact his/her Commanding Officer, or in the Commanding Officer's absence, the 911 Communications Lieutenant, and shall as soon as practicable there after, complete a Firearms Use Report and an Intra- Departmental Memorandum.

E. Investigating Incidents Occurring Outside the City
Whenever a member of the Department intentionally or accidentally discharges their firearm while outside the city, other than when legitimately involved in hunting or target practice, the 911 Communications Lieutenant or the Duty Inspector will determine whether a member of the Buffalo Police Department will respond to the incident based on the following:

1. the apparent surrounding circumstances;
2. the severity of the injuries, if any;
3. the possibility of criminal conduct by the member;
4. the distance from the City.

6.12 ADMINISTRATIVE DUTY
At the discretion of the Police Commissioner or his/her designee, any member involved in a shooting or any other incident resulting in death or serious physical injury to another, may be temporarily assigned to administrative duty. Administrative duty, for purposes of this section, is any assignment that does not ordinarily require the making of arrests. Assignment to administrative duty is in no way a punitive measure and shall be

used when it tends to advance the mission and goals of the Department.

6.13 ANNUAL INSTRUCTION ON USE OF FORCE
All members of the Department authorized to carry weapons shall receive a copy of the Department's use of force policies as established in this section and shall receive instruction on these policies during their annual firearms qualification at the Firearms Unit.

[redacted]