

138. SPECIAL INCIDENT REVIEW



RICHFIELD POLICE DEPARTMENT POLICY

Effective Date: 06/04/90
No. of Pages: 5
Serial Number: 10-038
Authority: Chief Jay Henthorne

NOTE: This policy is for internal use only and does not enlarge an employee's civil or criminal liability in any way. It should not be construed as the creation of a higher standard of safety or care in an evidentiary sense, with respect to third party claims. Violations of this policy, if proven, can only form the basis of a complaint by this Department, and then only in a non-judicial administrative setting.

I. PURPOSE

This Policy provides for reporting and review of major incidents. It lists the types of incidents that must be reported and the proper reporting procedure.

II. POLICY

The Department will review special incidents in order to monitor the effectiveness of policy and procedures. There will be a systematic review of the following categories of incidents:

- 1) Significant injury or death resulting from an incident;
- 2) Significant property damage;
- 3) Critical policy issue;
- 4) Policy failure;
- 5) Operational debriefing;
- 6) Significant liability exposure.

III. PROCEDURE

A Special Incident Review includes any of the following:

- 1) Any use of force, threatened, deadly and non-deadly (exception handcuffing a compliant person(s));
- 2) Vehicle pursuits;
- 3) Use of canine for crowd control;
- 4) Officer assaulted;
- 5) SSU call-out;
- 6) Discharge of a firearm other than during training and/or dispatching aggressive, sick or injured animals that are a risk to public safety;
- 7) Use of a vehicle as deadly force;
- 8) Use of a roadblock;
- 9) Detention Area Incident;
- 10) Bias crime.

The Investigative Section Lieutenant is responsible for the administration of the review process, including the routing of information, scheduling of staff review sessions, the preparation of agendas, and the processing of staff findings. The review process will consist of either an individual review by command staff and other staff, as appropriate, or a formal review as a group by command staff and other staff, as appropriate.

The individual staff review process will generally be used for those incidents which are relatively less serious or which occur more frequently. The group staff review process will generally be used for those incidents which are relatively more serious and occur less frequently. The Chief or any member of the command staff can upgrade the review of a special incident from individual to group review.

REPORTING REQUIREMENTS

The primary officer assigned to any special incident shall complete a "Special Incident Review" along with the police report prior to going off duty for the shift during which the incident occurred. A police report shall be completed for any incident that requires a "Special Incident Review." All officers involved in the special incident need to be listed on the "Special Incident Review" and complete a follow up incident report.

In addition, officers need to complete a Special Incident Review when assisting another agency and the incident falls under our reporting procedures.

The duty supervisor may excuse the officer from completing reports before going off duty if:

- 1) The officer is emotionally upset or traumatized by the incident to the point where he or she would, in the opinion of the supervisor, not be able to reliably recall the details of the incident or would not be capable of completing a coherent report; or
- 2) The supervisor believes the incident may involve a criminal act by the officer. (It may not be appropriate to require a written statement from an officer in this case until the incident has been reviewed by a member of the command staff).

By Order Of:



Chief of Police

SPECIAL INCIDENT REVIEW

- USE OF FORCE
 OFFICER ASSAULTED
 BIAS CRIME
 DETENTION AREA INCIDENT

Case Number: _____ Date of Incident: _____ Initiating Officer's name: _____

OFFICER'S USE OF FORCE

Incident Type: _____

Subject #1: _____

Subject #2: _____

Subject #3: _____

Subject #4: _____

Subject #5: _____

Type: *(Select the most severe)* Subj #1 Subj #2 Subj #3 Subj #4 Subj#5

1. Any use of force

2. Claim of Injury

3. Actual Injury

4. Threatened Use of Taser

5. Any Use of non-lethal weapon:

 Mace

 Baton

 Taser

 Less Lethal

 Shotgun

6. Canine Deployment

7. Threatened use of deadly weapon

8. Use of deadly force

Firearm Discharge For Any Reason: Yes No

OFFICER'S INVOLVED IN USE OF FORCE and TYPE OF FORCE USED: (1 - 8 above)

Officer's Name: _____ Type Used: _____

Officer's Name: _____ Type Used: _____

Officer's Name: _____ Type Used: _____

Officer's Name: _____ Type Used: _____

Officer's Name: _____ Type Used: _____

Officer's Name: _____ Type Used: _____

OFFICER ASSAULTED

Assaulted Officer's name: _____

Type of Weapon: Firearm Hand, Feet, Fist Other Dangerous Weapon Knife or Other Cutting Instrument

Arrest Made: Yes No

First Aid Care Received: Yes No

Professional Medical Treatment Received: Yes No

Description of Incident: _____

DETENTION AREA INCIDENT

Officers Involved: _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Assault | <input type="checkbox"/> Alleged Misconduct | <input type="checkbox"/> Attempted Suicide/Suicide/Death |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Escape from custody | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Riot/Disturbance | <input type="checkbox"/> Serious injury/Illness | <input type="checkbox"/> Sexual Misconduct/Harassment |
| <input type="checkbox"/> Other (Specify) | | |

Subject: _____ DOB: _____

BIAS CRIME

Target: Person Private Property Public Property

Victim's Name: _____ DOB: _____

Suspect Name: _____ DOB: _____

Type of Bias: Racial Religion Sex Disability Sexual Orientation

Description of Bias Offense: _____

Arrest Made: Yes No

SPECIAL INCIDENT REVIEW PURSUIT

Case Number: _____ Date of Incident: _____ Initiating Officer's name: _____

Originating Agency: _____

Assisting Agencies: _____ Assisting Agency C#: _____

Time Chase Started: _____ Time Chase Ended: _____

Initial Reason for Pursuit: _____

Intervention techniques used:

- Stop Sticks
 Pit
 Air support

Reason for Termination of Chase:

- Officer Discretion
 Lost Violator
 Violator Stopped
 Collision
 Supervisor Termination
 Other

Miles Covered in Chase: _____ Was Identity of Violator Known? Yes No

Number of Other Police Units Involved: _____

Property Damage? Yes No If Yes: Squad Violator Vehicle Other

Describe other property damaged: _____

Personal Injury: Yes No

PERSONAL INJURY:

NAME/DOB

	*Involvement	Fatal K	Incapacitating Injury A	Non Incapacitating Injury B
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***INVOLVEMENT**

1 – Violator 2 – Violator/passengers 3 – Officer 4 – Party in unrelated vehicle 5 – Unrelated Pedestrian