

**ABRIDGED SUMMARY OF CATEGORICAL USE OF FORCE INCIDENT AND  
FINDINGS BY THE LOS ANGELES BOARD OF POLICE COMMISSIONERS**

**IN-CUSTODY DEATH – 021-12**

<b>Division</b>	<b>Date</b>	<b>Duty-On (X) Off ( )</b>	<b>Uniform-Yes (X) No ( )</b>
West Valley	4/9/12		

<b>Officer(s) Involved in Use of Force</b>	<b>Length of Service</b>
Officer A	14 years, 10 months
Officer B	2 years, 9 months
Officer C	17 years, 7 months
Officer D	9 months
Officer E	15 years, 8 months
Officer F	8 months
Officer G	9 years, 11 months
Officer H	9 years, 2 months
Officer I	3 years, 9 months
Officer J	3 years, 3 months
Officer K	2 years, 10 months
Officer M	22 years, 4 months
Officer N	12 years, 10 months

**Reason for Police Contact**

A witness called 911 and indicated that her boyfriend was trying to kill himself. Officers responded to the scene along with personnel from the Los Angeles Fire Department. A use of force occurred inside the Rescue Ambulance as the Subject was being transferred to a medical facility. The Subject later died.

<b>Subject</b>	<b>Deceased (X)</b>	<b>Wounded ( )</b>	<b>Non-Hit ( )</b>
Subject: Male, 40 years old.			

**Board of Police Commissioners' Review**

This is a brief summary designed only to enumerate salient points regarding this Categorical Use of Force incident and does not reflect the entirety of the extensive investigation by the Los Angeles Police Department (Department) or the deliberations by the Board of Police Commissioners (BOPC). In evaluating this matter, the BOPC considered the following: the complete Force Investigation Division investigation (including all of the transcribed statements of witnesses, pertinent suspect criminal history, and addenda items); the relevant Training Evaluation and Management System materials of the involved officers; the Use of Force Review Board recommendations; the report and recommendations of the Chief of Police; and the report and recommendations of the Inspector General. The Department Command Staff presented the matter to the BOPC and made itself available for any inquiries by the BOPC.

Because state law prohibits divulging the identity of police officers in public reports, for ease of reference, the masculine pronouns (he, his, and him) will be used in this report to refer to male or female employees.

The following incident was adjudicated by the BOPC on March 5, 2013.

### **Incident Summary**

Witness A called the Los Angeles Police Department (LAPD) Emergency Board Operator (EBO) and said that her boyfriend was trying to kill himself. While speaking with the 911 operator, Witness A was crying hysterically and difficult to understand. She said her boyfriend, the Subject, was trying to drink cleaning fluid and trying to stab himself with a knife. On the recording of the 911 call, Witness A can be heard saying, "...he is telling me his throat hurts." Witness A also stated that the Subject wrapped a belt around his neck and started tightening it.

The EBO created a radio call of an attempt suicide at the location. The radio call was also transferred to the Los Angeles Fire Department (LAFD). The LAFD EBO also created an incident and dispatched personnel. The attempt suicide radio call was assigned to uniformed Police Officers A and B.

Officers C and D heard the radio call, responded, and arrived first at the scene. Witness A told the 911 operator that she was going downstairs to open the front security gate to allow the officers into the building. Officer D opened the front gate and observed that Witness A had blood on her clothing and that she was screaming. Officers A and B also arrived and responded to the apartment, guided by Witness A. Witness A told the officers that when she left the Subject in the apartment he was armed with a knife. Officers A and C unholstered their weapons while Officer D unholstered his TASER.

Officer C obtained keys to the front door from Witness A. Officer C holstered his weapon, knocked on the door and ordered the Subject to come out. The Subject complied and exited his apartment, keeping his hands up. Officer A holstered his weapon and handcuffed the Subject.

**Note:** After the Subject was taken into custody, Officer C went into the apartment bathroom. Inside the bathroom Officer C saw two sharp edged weapons and two belts. When Officer C went outside with the belt, he looked at the Subject's neck and saw he had marks around his neck from the belt.

Los Angeles Fire Department personnel arrived and treated Witness A for a minor laceration on her finger. Meanwhile, Officer A asked the Subject questions to determine his state of mind. The Subject told Officer A he was not schizophrenic or bipolar, but was suffering from anxiety and had problems sleeping. The Subject told Officer A that he had ingested six sleeping pills and attempted to kill himself.

Sergeant A arrived on scene, and both LAFD and LAPD personnel decided that the Subject should be transported to the hospital. Fire Department staff requested paramedics respond to a potential overdose and for a mental evaluation hold.

A LAFD Rescue Ambulance (RA), staffed by Firefighter/Paramedics A and B arrived. Firefighter/Paramedic A recalled he first saw the Subject standing in the hallway outside his apartment with his hands handcuffed behind his back.

Officers A and B walked the Subject downstairs to the RA, where he was seated onto the gurney and handcuffed to the gurney. The Subject was in a semi-seated (reclined) position and loaded into the RA with his feet extended toward the rear doors. Firefighter/Paramedic A and Officer A rode in the back of the RA unit with the Subject. Firefighter/Paramedic B drove the RA (without utilizing the emergency lights or siren) and Officer B followed in the officers' black and white patrol vehicle. Officer A sat on the bench seat on the passenger side of the RA. Firefighter/Paramedic A sat in the jump seat, which was at the head of the patient. While en route to the hospital, Firefighter/Paramedic A inserted an IV into the Subject's left hand.

**Note:** During the initial transport, Firefighter/Paramedic A asked the Subject standard medical questions regarding his condition. There is no evidence that the Subject gave any indication to Firefighter/Paramedic A that he was suffering any neck pain.

While en route to the hospital, Firefighter/Paramedic A recalled Officer A was conversing with the Subject about ordinary topics, and Firefighter/Paramedic A believed that the Subject was calm and cooperative. All of a sudden the Subject became fidgety. Firefighter/Paramedic A told the Subject to calm down and relax and that they would be at the hospital within a couple of minutes. The Subject began to lean forward, and Officer A told him to relax. According to Officer A and Firefighter/Paramedic A, the Subject moved his feet from the gurney, straddled the gurney, and stood up, lifting the gurney off of the floor while still handcuffed.

**Note:** Although it may have appeared to Officer A and Firefighter/Paramedic A that the Subject was able to lift the gurney, the gurney could not become dislodged from the floor locking mechanism without first opening the rear doors and moving the gurney rearward.

Firefighter/Paramedic A stated that he had never seen anyone ever do that before and was very concerned. As Officer A was attempting to push the Subject back down onto the gurney, Firefighter/Paramedic A began to put his gloves back on.

Firefighter/Paramedic A described that when the Subject stood up and pulled his hands up with such force, the handcuff opened, releasing the left cuff from the gurney, but it was still attached to the Subject's left wrist. Firefighter/Paramedic A then saw the Subject take a swing at Officer A and literally throw him into the back portion of the RA unit wall.

Firefighter/Paramedic A also took into account they were in a moving vehicle and did not have control of their balance.

Officer A and the Subject both fell onto the bench seat with the Subject landing on top of Officer A. Firefighter/Paramedic A saw that Officer A was trying to push the Subject off of him as he was pulling at the Subject's left arm. He then saw Officer A fall onto the floor of the ambulance with the Subject lying on top of him.

According to Officer A, as soon as the Subject broke free of the handcuff, Officer A immediately grabbed the loose handcuff with his right hand, positioned his right forearm across the Subject's upper chest and tried to push the Subject back down onto the gurney. He simultaneously used his left leg to apply body weight to the Subject's left thigh in an attempt to pin his lower body down.

Firefighter/Paramedic A said he was seated in the jump seat when Officer A was lying on his back on the floor of the RA with the Subject lying on top of him. At that moment Officer A's head was close to Firefighter/Paramedic A's feet. Firefighter/Paramedic A was able to grab the loose cuff with his left hand and the Subject's forearm with his right. Firefighter/Paramedic A recalled the Subject being very sweaty and hard to hold on to. He also recalled the Subject grabbing his leg. Firefighter/Paramedic A was concerned that the Subject would try to retrieve Officer A's gun. Firefighter/Paramedic A's thought process was to keep the Subject away from Officer A's gun. Firefighter/Paramedic A then took hold of the Subject's left arm and tried holding onto it, but the Subject was able to pull his arm away. Officer A continued to hold onto the loose handcuff.

Firefighter/Paramedic A saw that the IV he had inserted into the Subject's left hand had come out due to the Subject violently moving around. He recalled seeing blood on his pants and blood on Officer A's face.

At that point, Firefighter/Paramedic B was driving and asked if everything was okay. As Officer A was trying to control the Subject, he yelled to Firefighter/Paramedic B to pull over. Firefighter/Paramedic B stopped the RA, while Officer A requested back up and provided their location. While trying to hold the Subject down as best he could, Officer A utilized his left hand to retrieve his handheld radio and asked for assistance.

The Subject lunged toward the rear of the RA and pushed Officer B out of the RA. Officer B came back up and had his TASER out. Firefighter/Paramedic A held onto the Subject's left arm while Officer A had the Subject in a bear hug trying to hold onto him. Firefighter/Paramedic A believed the Subject wanted to get out of the RA even though his right hand was still handcuffed. Officer B attempted to press the TASER up against the Subject's lower abdomen and activate the stun feature of the TASER one time, but it had no effect. The Subject continued to fight and kicked Officer B out of the RA. Meanwhile, Officer A had lost his grip on the Subject, had fallen back onto the floor of the RA, and was wedged between the bench seat and the gurney. The Subject then fell back, landing on top of Officer A.

Officer B stopped behind the RA unit, rushed to the rear doors and opened them. He saw the Subject standing, straddling the gurney and Officer A trying to push him back down onto the gurney. Officer B gave the Subject a warning that if he did not stop resisting he was going to "Tase" him.

Officer B stepped into the RA, reached forward and utilized the stun feature of the TASER on the Subject's lower abdomen. Officer B did not believe he made solid contact with the TASER. However, Officer B later explained that he removed the darts from the TASER and used it as a direct stun to the Subject's lower abdomen.

After the failed attempt to stun the Subject, Officer B jumped back into the RA and tried to keep the Subject down by applying pressure to his forehead. At the same time, he utilized one of his knees to apply body weight to the Subject's right arm, which was still cuffed to the gurney. Officer B recalled the Subject was grunting loudly as the officers tried to control him.

**Note:** Officer B was asked if he saw anyone apply direct pressure to the Subject's neck while inside or outside the RA. Officer B indicated he did not see anyone around the Subject's neck while inside the RA and was not in a position to see the Subject while outside the RA. When asked if he saw what Firefighter/Paramedic A was doing, Officer B said he saw Firefighter/Paramedic A and Officer A trying to maintain control of the Subject's left arm and cuff.

Firefighter/Paramedic A tried to hold the Subject's left arm in place, using his leg as leverage. The Subject's right wrist was still handcuffed to the gurney and Officer A, while on his back, was still holding onto the Subject's left cuff.

Officer A stated that as he was trapped underneath the Subject, he felt the cuff slipping out of his hands. Upon stopping the RA, Firefighter/Paramedic B went to the passenger side of the RA and opened the side door. Firefighter/Paramedic B said he saw Firefighter/Paramedic A struggling to hold onto the Subject's left hand and Officer A completely underneath the Subject, grabbing him in a bear hug. Firefighter/Paramedic B could not recall what part of the body Officer A had ahold of and indicated that the Subject's legs were near the bench seat when he started kicking his legs violently and that they ended up at the side door. Firefighter/Paramedic B then grabbed onto the Subject's legs until back-up officers arrived.

Additional officers arrived as Officer A was still lying on the floor of the RA. The Subject was lying on top of Officer A with his legs facing the side door and his right hand still handcuffed to the gurney. Officers C and D were the first to arrive.

Officer D entered the RA via the rear door and observed Officer A completely underneath the Subject trying to gain control of the Subject's left arm. Officers C and D then exited the RA through the rear and approached from the side door and observed

Firefighter/Paramedic B holding onto the Subject's legs. Officer D stepped up onto the first step of the RA and took a wide stance, standing over the Subject's legs. He then took a hold of the Subject's legs, and instructed Officer C to take his (Officer D's) Hobble Restraint Device (hobble) he had in his right rear pocket and hobble the Subject's legs.

Once the Subject was hobbled, Officer D was concerned that the Subject continued to have an arm free, and Officer A was having a difficult time trying to restrain the Subject. Officer D applied his body weight on the Subject by sitting on his waist as the Subject was lying face up on the floor of the RA. Officer D then applied his handcuff to the Subject's left wrist.

Officer D took control of the Subject's left wrist while Firefighter/Paramedic A had a hold on the Subject's left arm. Officer A made it clear that he wanted to release the handcuff from the Subject's right wrist and carry him out the side door.

Upon Sergeant A's arrival, he was standing outside the side door and saw the Subject lying on his back, half on and half off of the gurney. His vision was partially obstructed by officers attempting to control the Subject. He stated he was monitoring the officers as they carried the Subject out of the RA.

Officers E and F heard the backup request and responded. Officers E and F approached the side door of the RA, where they observed Officers C and D trying to control the Subject's legs. Officers E and F responded inside the RA. Officer F positioned himself to un-handcuff the Subject's right wrist when instructed. Officer E saw the Subject on his back lying on top of Officer A, who was on the floor of the RA also on his back trying to control the Subject's left arm.

Officer F released the cuff attached to the gurney when instructed. Immediately, the Subject tried raising his right arm with a clinched fist. Officer F used both of his arms to try and maintain control of the Subject. He described the Subject as having incredible strength and able to pull him with just his right arm. When instructed to do so, Officer F released his hold on the Subject's right arm and an officer outside the RA then took control of the Subject's right arm as he was pulled out of the side door.

**Note:** Officer F was asked if he observed anyone apply pressure to the Subject's neck while inside the RA. Officer F stated he was in a position to see the Subject's neck and never saw anyone apply pressure to his neck. Officer F was not in a position to see the Subject outside the RA. Officer F did not recall if the Subject was carried out head first or feet first. The handcuff was released and the Subject was carried out the side door of the RA face up. Officer D held the Subject's left arm while Officer B held his right arm.

Officers behind Officer D were controlling the Subject's legs as he was pulled out the side door and then lowered to the ground. The officers laid the Subject supine on the

ground and immediately rolled him onto his stomach. During the movement of the Subject to the ground, he continued to fight. Once on the ground, Officer D described the Subject as trying to force himself up.

Officers G and H heard the backup request and responded. Upon their arrival, Officer G remained outside the RA and assisted with controlling the Subject's legs while he was still half way out of the RA. Officer G saw that there was a hobble around the Subject's ankles. When the decision was made to take the Subject out of the ambulance, Officer G took a hold of both legs around the Subject's thigh area and assisted in placing him on the ground. The Subject continued to struggle and was still attempting to kick and fight. Once the Subject was on the ground, he was turned over to his right and onto his stomach. While in a crouched position, Officer G released his hold of the Subject's legs. When the Subject was turned over, Officer G applied a firm grip and body weight to the Subject's upper thighs.

Officer H entered the RA and applied body weight to the Subject's left shoulder area in an effort to keep him down. Officer A felt the pressure from Officer H and asked him to ease up. Officer H then repositioned himself and assisted with controlling the Subject's left arm. Officer H was asked if he observed anyone apply any pressure to the Subject's throat. Officer H stated he was in a position to see if anyone applied pressure to the Subject's neck, and he never saw anyone near his neck.

Subsequently, Officers I and J responded to the back-up request. Upon their arrival, they observed several officers inside the RA trying to control the Subject who was violently moving around. Officers I and J immediately went to the side door and assisted by holding onto the Subject's legs. Officer I saw that Officer A was under the Subject and clinging onto the handcuff still attached to the Subject's left wrist. Officers I and J assisted with carrying the Subject out of the RA and placing him on the ground. Officer J applied body weight to the Subject's right foot. Officer I, had control of the Subject's other foot.

The Subject was lying prone, but was not yet handcuffed. Officer C attempted to utilize the TASER as a stun gun and attempted a direct stun to the Subject's right thigh area. Because of the Subject's constant movement, Officer C could not obtain contact on the Subject's body. Officer C initiated a second attempt on the Subject's leg, but was unsuccessful. With respect to both attempts, Officer C said he activated the TASER.

**Note:** Officer C's TASER report indicated two activations, one for five seconds and the second for three seconds.

As the Subject was rolled over onto his stomach, he was able to move his left arm up over his head. Officer D was able to grab onto the Subject's left arm and then moved into a three-point contact position by planting his left foot on the ground with his right knee in between the Subject's shoulder blades. He had a hold of the Subject's left arm with both hands and was able to bring it behind his back and the officers were able to handcuff him.

Officer E exited the back of the RA and assisted with attempting to control the Subject's left arm. Officer E was able to overcome the Subject's resistance and force the Subject's left arm to the small of his back and handcuff the Subject's wrists together.

Officers K and L also responded to the backup request. The officers arrived as the Subject was being carried out the side door of the RA and placed on the ground. Officer K saw that the Subject's right wrist still had a handcuff attached to it. Officer K took a hold of the Subject's right arm and secured it to make sure he did not hurt any officers or himself. Officer K held onto the Subject's right arm and secured the loose cuff until the other officers were able to get the Subject's other arm behind his back and complete the handcuffing. Officer L did not assist with restraining the Subject.

Officers M and N responded to the backup request as well. Officer N saw an officer inside the RA holding onto a cuff that was still attached to the wrist of the Subject. That officer handed the cuff (still attached to the Subject's wrist) to another officer outside the RA. The Subject was then placed on the ground. Officer N saw approximately six officers trying to get the Subject's arms behind his back. He then saw the Subject with his hands behind his back, lift up his chest. He said officers were bracing themselves from losing their balance. Officer N saw the Subject lifting his head as if he was looking to see where the officers were. Officer N was concerned that the Subject may try to bite an officer because the officer's legs were very close to the Subject's mouth. To prevent the Subject from possibly biting an officer, Officer N applied body weight by placing his left knee on the Subject's right shoulder blade. Officer N said that his back was up against the steps of the RA and that he had to brace himself from losing his balance. The Subject was then handcuffed by other officers.

**Note:** Officer M believed that at one point, he may have had a knee on the Subject's left shoulder.

Sergeant A saw the Subject placed on the street on his back, then turned over onto his stomach. While the Subject was on his stomach, Sergeant A saw the Subject's left arm above his head and his right arm down to his side with a handcuff on each wrist. Sergeant A said that he saw officers using firm grips and body weight to control the Subject.

Sergeant A estimated it took approximately three to five minutes for officers to handcuff the Subject once he was placed on the ground. After the Subject was handcuffed, Sergeant A ensured the Subject was immediately turned onto his side. Sergeant A's main concern was getting the Subject out of his position of lying flat on the ground as soon as possible because with the officers' body weight on him, Sergeant A knew that could be a potential harm to the Subject.

Sergeant A was then notified by an unknown officer that the Subject appeared to have gone unconscious. Sergeant A immediately notified the paramedics and they rendered



aid. The Subject was then placed on a back board and loaded into the RA and transported to a local hospital.

LAFD utilized soft restraints to hold the Subject down on the backboard. The Subject was then loaded back into the RA and transported to the hospital.

Firefighter/Paramedic A recalled that Emergency Medical Services (EMS) Captain A arrived and approved the restraint procedure. The Subject was loaded back into the RA and was put on the cardiac monitor. Firefighter/Paramedic A believed the Subject's airway was clear. Firefighter/Paramedic A recalled telling the Subject to relax and that he was going to be okay.

Firefighter/Paramedic A recalled looking at the monitor and saw that the Subject's pulse was degrading. Firefighter/Paramedic A immediately got on the phone with the hospital's emergency room staff. Firefighter/Paramedic A indicated they were approximately 30 seconds away from the hospital but that the Subject's vital signs were dropping.

Upon arrival to the hospital, Firefighter/Paramedic A looked at the monitor and saw that the Subject was not responding. As they unloaded the Subject, Firefighter/Paramedic A yelled for someone to feel for a pulse, which could not be found. He then observed hospital personnel begin chest compressions.

Officers C and D both responded to the hospital. Officer D was then directed by an unknown Sergeant to respond back to the location where the incident started and obtain a statement from Witness A.

**Note:** According to Witness A, starting approximately three days earlier, the Subject began talking about his suicidal tendencies. The Subject, in her opinion, was acting paranoid, believing that people were talking about him and also that he could hear them talking about him.

On the night of the incident, the Subject began drinking brandy and took four over-the-counter sleeping pills. Witness A then gave the Subject two more pills upon his request. Witness A woke up to find the bathtub full of water and a can of Drano in the bathroom. Witness A ran immediately to the living room where she found the Subject with a belt around his neck and was pulling the belt strap up toward the ceiling. Witness A said she went to the Subject and removed the belt. Witness A did not indicate how she removed the belt. Witness A asked the Subject if he drank the Drano and the Subject told her no because the can was too hot to touch. Later in the morning, Witness A found the Subject in the bathroom holding a knife in front of his chest as if he was going to stab himself. She then told him she was going to call for the police. Witness A wrestled the knife away from the Subject, cutting her finger in the struggle. The Subject pleaded with Witness A not to call the police. The Subject was able to wrestle the

phone away from Witness A and threw it in the bathtub. Witness A then ran to the bedroom and used another phone to dial 911. The Subject, in the meantime, went into the bathroom and closed the door. Witness A forced open the door and found the Subject again with a belt around his neck. Witness A struggled to remove the belt from around his neck while she was on the phone with 911. Witness A then ran outside to allow officers inside the apartment complex.

A month and a half subsequent to the incident, Los Angeles Department of Coroner personnel again interviewed Witness A to obtain additional information about how the Subject attempted to choke himself with the described belt. According to the Coroner's office, Witness A said that the Subject grabbed a belt and started to put it around his neck. Witness A said that the Subject was not very coherent and was not able to engage the hook of the belt. Witness A described how the hook was around the right side of the Subject's neck towards the front. Witness A said she was able to, within seconds of him having the belt around his neck, put her hand in between the belt and his neck and pull the belt right off. She said it was never engaged and never tight around his neck.

Several officers were injured during the altercation with the Subject. They were all transported the day of the incident to a nearby medical facility and treated.

An autopsy examination revealed that the Subject had sustained abrasions to his right cheek, chin, left and right side chest, his inner right thigh, and left knee. The Subject also had several deep lacerations on his left wrist and minor lacerations on his right wrist which appeared to be consistent with having been caused by the handcuffs. All abrasions appeared consistent with the altercation inside and outside the RA. During the autopsy, the medical examiner noted severe injuries to the Subject's neck that he opined were consistent with blunt force trauma.

The Coroner wrote that in his opinion, the Subject's death resulted from brain malfunction and aspiration pneumonia due to neck compression and acute conditions of excited delirium. The Coroner further explained that if the Subject had a belt around his neck, accompanied by considerable force, it could have caused the internal injuries to the neck organs. The neck injuries also could have come from manual strangulation or a struggle.

The "Opinion" section of the Autopsy Report included language that the autopsy, toxicology, and review of the medical records and police documentation did not determine with medical certainty the cause of the Subject's death. The hospital record showed clinical findings of needle tracks, abrasions, suicidal gesture, pill ingestion, and alcohol intoxication. The autopsy showed blunt force trauma within the neck organs consistent with forcible neck compression. The police photographs and other evidence demonstrated a ligature mark on the Subject's neck consistent with a belt. Thus, it was found that forcible compression by a belt, accompanied by considerable force, could have caused the internal injuries of the neck organs. Such compression can be fatal.

However, the Coroner noted, in this case there is abundant eyewitness evidence that the Subject was alive and conscious after the belt was removed from his neck.

The Coroner noted that although the physical findings showed that a belt was at one point around the Subject's neck, it was not confirmed that this belt was the cause of the internal injuries to the Subject's neck organs. These injuries could have also resulted from a struggle or from manual strangulation. The Coroner's review of the police documentation did not demonstrate any neck compression occurring during the police struggle with the Subject. However, such a possibility was not ruled out, as the Coroner considered the possibility that the Subject may have suffered a respiratory arrest during his ambulance transport. Unfortunately, it was not possible to determine this after the Subject underwent emergency intubation and several days of intensive care.

The Coroner also noted that the Subject was agitated at the time of his restraint by officers, and may have been in a state of excited delirium. This materially contributed to his death by causing the Subject to be in need of physical restraint, and to suffer possible aspiration pneumonia.

The Coroner's interpretation of the autopsy findings was that the neck compression involved considerable force, and the mechanism and timing of the fatal neck compression could not be determined with medical certainty. For that reason, the manner of death was deemed "undetermined" by the Coroner.

**Note:** Based on the interviews of the involved officers and paramedics, none of the officers had any contact with the Subject's neck during the altercation while in or outside the RA unit.

## **Los Angeles Board of Police Commissioners' Findings**

The BOPC reviews each Categorical Use of Force incident based upon the totality of the circumstances, namely all of the facts, evidence, statements and all other pertinent material relating to the particular incident. In every case, the BOPC makes specific findings in three areas: Tactics of the involved officer(s); Drawing/Exhibiting of a weapon by any involved officer(s); and the Use of Force by any involved officer(s). All incidents are evaluated to identify areas where involved officers can benefit from a tactical debriefing to improve their response to future tactical situations. This is an effort to ensure that all officers benefit from the critical analysis that is applied to each incident as it is reviewed by various levels within the Department and by the BOPC. Based on the BOPC's review of the instant case, the BOPC unanimously made the following findings.

### **A. Tactics**

The BOPC found Sergeant A, along with as well as Officers A, B, C, D, E, F, G, H, I, J, K, M and N's tactics to warrant a Tactical Debrief.

## **B. Non-Lethal Use of Force**

The BOPC found Officers A, B, C, D, E, G, H, I, J, K, M and N's non-lethal use of force to be in policy.

## **C. Less-Lethal Use of Force**

The BOPC found Officers B and C's less-lethal use of force to be in policy.

## **Basis for Findings**

### **A. Tactics**

- In its analysis of this incident, the BOPC identified the following tactical considerations:

#### **1. Handcuffing Persons with Mental Illness**

In evaluating the officers' actions, the BOPC took into consideration that the Subject showed no signs of aggressiveness and was fully cooperative at the time he was handcuffed to the gurney. With that said, although the officers affixed a pair of handcuffs to each of the Subject's wrists and secured the opposite end of each handcuff to the gurney rails, Officers A and B should have ensured the handcuffs were double-locked. However, because the single cuff that failed was secured to the gurney rail rather than to the Subject's wrist, there was no mandate to double-lock it. Consequently, based on the totality of the circumstances, the officers' actions did not substantially deviate from approved Department tactical training.

#### **2. Tactical Communication**

Officer B followed the RA and observed Officer A, through the rear window, stand over the Subject and push him down onto the gurney. Officer A broadcast a back-up and provided a location but was unsure of the cross street. The RA pulled over and Officer B exited his vehicle to render aid.

Although Officer B was not sure of the circumstances inside the RA, he immediately opened the RA door and observed the Subject struggling with Officer A. Officer B took immediate action and assisted Officer A without hesitation. Therefore, due to the Subject's actions and the need for immediate control, Officer B did not have time to provide an updated location to Communications Division.

The BOPC thoroughly evaluated Officer B's actions, and found that based on the totality of the circumstances, Officer B's actions did not substantially deviate from approved Department tactical training.

- The evaluation of tactics requires that consideration be given to the fact that officers are forced to make split-second decisions under very stressful and dynamic circumstances. Tactics are conceptual and intended to be flexible and incident specific, which requires that each incident be looked at objectively and the tactics be evaluated based on the totality of the circumstances.

After a thorough review of the incident, the BOPC determined that the identified areas for improvement neither individually nor collectively substantially deviated from approved Department tactical training. In conclusion, a Tactical Debrief is the appropriate mechanism for the significantly involved personnel to evaluate the events and actions that took place during the incident and assess the identified tactical considerations to better handle a similar incident in the future. The BOPC found Sergeant A along with Officers A, B, C, D, E, F, G, H, I, J, K, M and N's tactics to warrant a Tactical Debrief.

## **B. Non-lethal Use of Force**

- While the RA was transporting the Subject to the hospital, with Officer A and Firefighter/Paramedic A riding in the rear with the Subject, the Subject unexpectedly became agitated and aggressive. A struggle ensued to restrain the Subject, involving a total of 12 officers and Paramedic Firefighter/Paramedic A. In response to the backup request, additional units arrived to assist with restraining the Subject. The struggle occurred both inside the rear of the RA and outside of the RA after the Subject was removed to facilitate his restraint. During the process of controlling the Subject's aggressive behavior and ultimately restraining him with soft-restraints to the gurney, the following officers used non-lethal force:
  - **Officer A** - Physical Force, Bodyweight and Firm Grip
  - **Officer B** - Bodyweight and Physical Force
  - **Officer C** – Physical Force
  - **Officer D** - Bodyweight and Physical Force
  - **Officer E** - Bodyweight and Firm Grip
  - **Officer F** - Firm Grip
  - **Officer G** - Bodyweight and Firm Grip
  - **Officer H** - Bodyweight and Firm Grip
  - **Officer I** - Bodyweight and Physical Force
  - **Officer J** - Bodyweight and Firm Grip
  - **Officer K** - Firm Grip
  - **Officer M**- Bodyweight
  - **Officer N** - Bodyweight

During transportation, the Subject forcefully lifted his arms in an upward motion, freeing the left handcuff from the gurney, leaving one handcuff attached to his left wrist. Officer A grabbed the loose handcuff and forced the Subject back onto the gurney. Officer A then placed his left leg across the Subject's thighs and applied

bodyweight as he held the Subject with his right forearm across the Subject's chest. In response to the backup request and what he observed through the rear window of the RA, Officer B opened the rear doors and the Subject tried to escape. Officer B attempted to discharge the TASER upon the Subject, however the Subject kicked Officer B on his chest, causing Officer B to drop the TASER and fall rearward within the RA. Officer A lost his position and fell back onto the floor of the RA while maintaining his grip on the Subject's left wrist, at which time the Subject fell on top of Officer A.

The Subject's feet were positioned toward the rear of the RA when Officer B re-entered the RA and placed one of his knees onto the Subject's right arm. Officer B also placed his right hand on the Subject's forehead to hold him down.

Officers C and D arrived, entered the rear of the RA and observed Officer B holding the Subject's right arm and Officer A directly underneath the Subject on the floor of the RA. Officer H assisted by applying bodyweight to the Subject and by controlling one of the Subject's arms to prevent further movement. Due to the confined space, Officers C and D were directed to the side door of the RA and the decision was made to remove the Subject from the RA to allow room to effectively control and restrain him.

Officer F assisted with removing the handcuff from the Subject's right wrist and controlled his arm after the handcuff removal. The decision was made to release the Subject's handcuffed right hand from the gurney to facilitate his removal from the RA. While Officers C and D were positioned at the side door, the Subject began to kick at them. Officer D grabbed the Subject's waist and slid down toward his legs while he applied bodyweight in an effort to prevent further movement. Officer C retrieved a Hobble Restraint Device (HRD) from Officer D's rear pocket and, while holding the Subject's legs together, applied the HRD to the Subject's legs.

Once the HRD was applied, Officer D observed Officer A holding onto a handcuff that was attached to the Subject's left wrist. Officer D moved toward the Subject's waist and, while applying bodyweight, Officer D applied an additional handcuff to the Subject's left wrist. Additional officers arrived and assisted with removing the Subject from the RA.

Officer E controlled the Subject's right arm and he was removed from the side door of the RA and placed on the ground. Officer G assisted by controlling the Subject's legs as he was being taken out of the RA. The Subject was placed in a supine position and then rolled over to a prone position. Officer I utilized his bodyweight and held the Subject's lower legs, as the Subject continued to struggle and resist. Officer G applied bodyweight to the upper portion of the Subject's rear legs. Officer J assisted Officer I in controlling the Subject's legs and applied bodyweight to control his left leg. Officer E took control of the Subject's left arm and applied bodyweight to hold him down.

Officer N observed the officers continuing to struggle with placing the Subject's hands behind his back and placed his left knee onto the Subject's right shoulder and applied bodyweight to prevent him from moving. Officer K grabbed the Subject's right handcuffed hand and as Officer K brought the Subject's right hand behind his back, Officers D and E controlled the Subject's left hand, allowing the officers to complete the handcuffing process. The Subject ceased his resistance and was effectively restrained to the gurney.

The BOPC determined that officers with similar training and experience as Officers A, B, C, D, E, F, G, H, I, J, K and N would reasonably believe that the Subject's active resistance and combative actions posed a significant threat of serious bodily injury and that the application of non-lethal force would be reasonable to overcome his resistance in an effort to restrain him.

**Note:** Although the FID investigation did not definitively establish the cause of the Subject's neck injuries, a photographed injury appears to be consistent with the photographed belt. Additionally, the involved officers and LAFD witnesses indicated they did not apply, nor saw anyone else apply, any pressure to the Subject's neck during the altercation. Accordingly, the evidence did not support that the officers' actions or use of force resulted in the injuries to the Subject's neck.

In conclusion, the BOPC found Officers A, B, D, C, E, F, G, H, I, J, K and N's use of non-lethal force to be objectively reasonable and in policy.

### **C. Less-lethal Use of Force**

- **Officer B - One TASER Activation, Direct Stun**

Officer B observed the RA pull over and Officer A struggling to gain control of the Subject. Officer B removed the TASER from its holster and, believing Officer A or Firefighter/Paramedic A could be struck with the darts, removed the TASER cartridge. Officer B issued a verbal use of force warning to the Subject and applied the TASER, utilizing the direct stun technique to the Subject's abdominal area. The TASER had no effect on the Subject, and the Subject continued to kick at Officer B. Officer B was kicked on his chest by the Subject during the struggle, causing Officer B to fall rearward and drop the TASER, preventing Officer B from being able to complete the TASER direct stun application.

Officer B commanded the Subject to stop resisting, but he continued resisting Officer A, who was trying to keep him down. Officer B gave the Subject another warning, saying, "I'm going to tase you." Officer B turned on the TASER. And because Officer A was next to him, the fireman was on the other side, Officer B took the darts out, because he didn't want to shoot either his partner or the fireman. Officer B reached forward and made contact with the Subject's lower body. As Officer B tased him, the Subject kicked Officer B squarely in the chest.

The standard set forth in Department policy dictates that the decision to use force must be judged through the perspective of a reasonable officer with similar training and experience and in a similar circumstance. The BOPC determined that an officer with similar training and experience would reasonably believe that the force used to attempt to restrain the Subject was reasonable and would have acted in a similar manner.

In conclusion, the BOPC found Officer B's use of less-lethal force to be objectively reasonable and in policy.

- **Officer C - Two TASER Activations, Direct Stun**

Officer C was outside of the RA, equipped with a TASER. The Subject was removed from the RA to allow more room to attempt to control him. As the officers struggled to take control of the Subject's hands, Officer C advised the officers that he was going to utilize the TASER. Officer C placed the TASER directly on the Subject's right thigh area, but the Subject continued to move and Officer C was unable to maintain contact with the Subject's skin, therefore the TASER was ineffective. Officer C attempted once again to utilize the TASER in a direct stun technique upon the Subject's thigh area, which also had no effect as the Subject continued to move about and resist the officers' attempts to control him.

Officer C recalled that the officers were struggling to the point where he couldn't really get a good contact tase onto the Subject, so he held off. And as soon as the Subject stopped moving, Officer C tried to tase him. But the Subject moved prior to Officer C trying to get a good contact. Officer C made two attempts to try to tase the Subject.

Officer C reacted to the Subject's resistance and aggression by attempting to utilize the TASER with a direct stun technique on two occasions. Based on these actions, it was reasonable for Officer C to deploy and activate the TASER upon the Subject in an attempt to gain the Subject's compliance to allow the officers to restrain him.

The standard set forth in Department policy dictates that the decision to use force must be judged through the perspective of a reasonable officer with similar training and experience and in a similar circumstance. The BOPC determined that an officer with similar training and experience would reasonably believe that the force used to attempt to restrain the Subject was reasonable and would have acted in a similar manner.

In conclusion, the BOPC found Officer C's use of less-lethal force to be objectively reasonable and in policy.