TAB 66
REPORT OF INVESTIGATION - SUPPLEMENTAL

Case Name: MANUEL ELLIS DEATH INVESTIGATION

Investigator: D.S. Heitzman

Date Prepared: 3/31/2021

INTERVIEW OF SETH COWDEN

Monday, March 8, 2021 / 1400hrs

AAG Kent Lui, SAAG Patty Eakes and I interviewed Seth Cowden at the Tacoma Office of the AGO. Attorney James Bible was present during the interview. During the interview, Seth was given the opportunity to view the video he recorded from his phone. This interview was not recorded. The following is a summary prepared from notes taken during the interview:

On the night of the incident, Seth was working at his job delivering pizzas. He had just delivered an order and was taking the route back to the store. Seth first noticed the patrol vehicle after he (Seth) had stopped at the light. The light would have been green for the officers, who were already stopped. Seth said that he saw Manny as well. At the time, Manny was ahead of the police vehicle, by the blue trash can on the sidewalk, but he later ended up in the street. Seth said this was the cans closest to the police car.

Seth said that he never really saw what initiated the incident. Manny was walking at first. Something seemed to cause Manny to go to the cop car. Seth said that when he saw that something was happening, he looked down at this phone, to start recording it. This is when the officers were opening their car doors. The police door was slammed into Manny, and he turned away. The officers then started running after Manny.

Seth did not recall seeing the initial contact. He saw Manny get checked with the car door. As soon as the doors started opening, it was then that Seth looked down at his phone.
Seth said that he can’t really tell if Manny was fighting. At the time that Seth pulled up, Manny was not doing anything aggressive. Seth does not think that Manny had anything in his hands.

When the passenger car door opened, Manny got moved. Seth first saw the driver getting out. He did not hear anything until the end. He heard Manny yelling “ah” when he drove past. As Seth was videoing, he saw the officers use the Taser.

Seth said that he saw that Manny was black and that one officer was white. He was not sure about the race of the other officer. Seth said that at one point Manny seemed like a rag doll. He also saw Manny kicking his legs. Right before Manny was tased, it looked like one officer had Manny in a full nelson. During parts of the struggle, Manny stopped moving, but then started kicking again. At the end of the video, Seth is moving out of the intersection.

Seth said that it had been a busy night at work, and that he had to get back to work. He drove back toward the intersection several times and found it blocked off.

Seth said that he kept the video. He sent it to some friends, then his phone broke. A friend told him the video had been posted somewhere else. Jack Sipes (sp?) is a friend that Seth sent the video to a couple of days before Seth reached out to Mr. Bible. He later saw an article in the News Tribune. Seth said that video was posted on Reddit, but he was not sure when. He said that it was posted after he got the video back from Jack Sipes and after his interview with James Bible. Seth said that he recorded the video through snapchat offline. He also transferred the video through snapchat. He sent it on a group chat, and to a couple of individuals. It was returned to him on text. He has tried to access it again from Snapchat, but doesn’t have the passwords.

Seth said that he did not form an opinion as to who was at fault. He did not know one way or another. He said that he did not see Manny do anything wrong.

Seth said that he did not see Manny in the intersection. He said that he pulled up to the intersection right before the other witness pulled up.

Seth said that he heard screaming, but couldn’t hear what was said. Manny was kicking his legs, but not at officers. He was not able to strike anyone, only use his legs.

Seth works out of the 84th and Pacific store. When he returned, he talked with his manager, Jayden Bennett about the incident. Bennett was not interested, as the store was very busy.

Seth said that we can contact him directly if needed.

End of Report
INTERVIEW OF SARA MCDOWELL

Wednesday, March 3, 2021 / 1300hrs

SAAG Patty Eakes, AAG Kent Liu and I interviewed Sara McDowell at the Tacoma Office (AGO) Attorney James Bible, who is representing the family of the deceased, Manuel Ellis, was also present. The interview was not recorded. The following is a summary of Ms. McDowell’s account:

_Sara was driving on 96th Ave E toward her sister’s apartment. She and the father of her daughters, Keyon Lowry, had just had to leave their residence. Lowry was in the car behind her. As she approached Ainsworth, Sara noticed the police car at the intersection. The light was red. She did not think that she had been following any vehicles at the time. When the traffic light turned green, the patrol car remained at the light. Sara thought that the light remained red for about 30 seconds. She noticed Ellis (she referred to him as Manny) walking her direction. At first she could not tell if there were one or two officers in the police car. Nothing occurred while the light was red._

_When the traffic light turned green, Manny walked over towards the car, then appeared to turn to walk away. As he did so, the passenger side of the patrol car opened quickly and knocked Manny down. (At this point in the interview, Sara was shown a photo of the scene). Sara thought that Manny was initially by the telephone pole on the sidewalk, walking from in front of the patrol car toward the rear. When the door hit Manny, he stumbled, but did not fall all the way to the ground. The driver officer then turned on the emergency lights and got_
out. She said that the driver officer flipped or slammed Manny. The passenger officer came out of the car and started punching Manny in the face. Manny was tackled and then Sara couldn’t see them.

Sara said that when she pulled around their car to continue, she could then see that both of the officers were on top of Manny. She heard them tell him to put his hands behind him. They seemed to be holding Manny’s hands down.

Sara said that while she was behind the patrol car, she yelled at them because she did not see Manny do anything wrong and she was scared for Manny. At the time she did not see Manny carrying anything. She did not see any weird behavior on Manny’s part. When he walked to the car, he took maybe five steps toward it. It appeared Manny was talking to someone in the car at the passenger side for about 10 seconds from within a couple feet of the car. From her point of view, it looked like a normal conversation. She could not see any officers while Manny was near the car.

Sara described the door strike to Manny as a quick strike. She said that the (passenger) officer got out quickly and got on top of Manny. Sara said that she did not see Manny touch the patrol car. She did not see any backpack.

When the incident started, Sara’s cell phone was in the consul of her car. She said that her video did not include the passenger door of the patrol car opening, or the driver officer running from the driver side. Sara thought that it was about minute from the time that she pulled up behind the patrol car until she started recording.

Sara said that she did not ever see Manny in the intersection. She said there were no other cars in the intersection. Sara said that Manny did not chase the officers while she was there. It did not look to her that Manny was fighting or resisting, it looked to Sara that Manny was just “taking it”.

The only time that Sara heard anything from Manny was when she was pulling around the car, and she heard a faint “help”. It looked to Sara that Manny was looking at her at the time. As she drove around the patrol car, she saw the officers squirming on top of Manny.

Sara said that she accidently stopped recording for about 10 to 15 seconds.

Sara said that when she looked away, she was concerned the Keyon was going to get involved. She said that Keyon had said, “Hey, he just hit him”. Sara said that Keyon was just the type to help.
Sara was asked to describe the body positions of the officers. She said that one was on Manny, holding his shoulder down. One had a knee on Manny’s back. One of them was holding one of Manny’s hands down.

Sara did not see a Taser at the beginning of the incident. As she was driving around the patrol car, one of the officers had a Taser. Manny was told by one of the officers to put his hands behind him or he would Taser him again.

Sara said that after she drove through the intersection, she continued to her sister’s place and dropped her daughters off. She drove back to the scene about five minutes later without Keyon to see what was being done. By that time traffic was blocked and she had to follow the directions of the officers there. Sara did not notice which police agencies were at the scene. She did see a fire rig on this return trip.

Keyon stayed at Sara’s sister’s place. Sara and Keyon talked about the incident when she got home. Sara said that she has not talked with Seth Cowen about this incident.

Sara said that she did not remember any neighbors standing around while she was at the scene.

She said that she had showed her mom the video about a week later. She also showed, Holly, a family friend, as well as her sister. She said that she wanted to report it the next day, however she learned then that her best friend had died, and all her focus went there. Sara never really went back to the incident, but on June 3 or June 4 she read an article about the incident which mentioned 96th and Ainsworth. Until then she had no idea that Manny had died. She had not posted anything at that point. She said that what the police had said in the news did not match what she had seen the night of the incident.

Sara said that she had not heard Manny say, “I can’t breathe”. She only heard the officers say to put his hands behind him. She did not see any other officers as she was leaving. Sara said that Keyon did not film anything.

Sara said that the phone she has is an I-phone.

End of report.
Case Name: Manuel Ellis Death Investigation

Investigator: D.S. Heitzman

Date Prepared: 3/31/21

INTERVIEW OF KEYON LOWRY

MONDAY, MARCH 8, 2021 / 1230hrs

AAG Kent Lui, SAAG Patty Eakes and I interviewed Keyon Lowry at the AGO in Tacoma. Attorney James Bible was present during the interview. This interview was not recorded. The following is a summary of what Keyon said.

*Keyon stated that he had not taken any videos of the incident. At the time, Keyon and Sara had had a disagreement with the people they were staying with and had to move out. They were heading to Sara’s sister’s place heading from Pacific Ave, just past the 7 Eleven. They had been staying on E Wright off of Portland Ave. At the time, he both of their daughters were in the car with him. As Keyon was approaching the intersection, he saw that the cop car was just stopped in the street. There were no police lights on at the time. He said that he saw a man walking his direction. (Keyon referred to this man as “Manny”) Keyon did not hear anything at the time. It appeared to him the police were getting Manny’s attention. He described the way the man was walking as normal.*

*Keyon saw the passenger door of the police car fly open, then the passenger in the police vehicle was on top of Manny. Keyon then saw the lights on the top of the police car turn on, and the driver went to assist. When Keyon saw what happened, he said that he opened the*
car door and yelled, “you are in the wrong”. He said that he had never had to tell the police that before. He said that what he saw was not professional.

Keyon said that he had been about a car length behind Sara, who was driving the car in front of him. There was no vehicle behind him. Keyon said that Sara yelled at him to get back in the car.

When Keyon first saw Manny walking his direction, he was walking across the driveway, which is on the intersection, as the traffic signal was turning green. Keyon said that the traffic light was red when he first stopped. It turned green about 15 seconds later.

Keyon described Manny as walking casually as he walked toward the police car. Manny was not waving his hands. Keyon said that there was nothing in Manny’s hands. It appeared to Keyon that the officers had gotten Manny’s attention. He could not hear anything said, but it appeared to him that Manny’s demeanor was casual as he approached. Manny did not get all the way to the car and did not touch the car. As Manny was facing the door, the door opened, and knocked him to the ground. Manny started to get up. Keyon said that Manny trying to get back up was the start of the video Sara filmed. The passenger cop was immediately on top of Manny. The driver cop was already getting out of police car. Keyon said that it was the door handle part of the door that hit or “clipped” Manny when it opened.

Keyon said that he was able to see Manny on the ground. At that point, Keyon wanted to get out of the car, and he wanted to help. That is why Sara yelled at him.

Keyon said that Manny did not look sweaty, but casual. He did not see Manny punch or throw the officers. After the officers were on top of him, it appeared that Manny could not do anything, and it did not look like he was trying to do anything. Keyon did not see or hear anything that involved a Taser. He said that he did see the officers punching Manny.

Keyon said that he thinks that he had the radio on in the car the car he was driving. He was driving a Kia Optima 4 door.

Keyon said that as he was driving past, he thought that the officers were looking guilty, and looking around. He said that one of them was talking with Manny. As he drove by he was not sure whether Manny was no his stomach, or on his back. Manny appeared stiff at the time.

After driving past the incident, both he and Sara went to the Arreo Apartments were Sara’s sister lives. Sara then left by herself to return to the scene because she wanted to see what was going on. Keyon said that the did not talk about doing anything in regards to what they saw. The figured that Manny was going to jail.

Keyon said that he later heard that people said that Manny had snacks, but he didn’t.
Keyon did not hear the door hit Manny, but he saw it. He then heard grunting, which sounded like people fighting. The grunts seemed louder from Manny. It sounded like the grunts coming from Manny were more distressed.

Keyon said that he has not had any contact with Manny’s family, he has only gone through Mr. Bible. He has not talked with the people that have the ring video.

Keyon did not see any other cars leaving the area, before or after he and Sara drove through the intersection. He said that he only saw the two officers, and that the two officers there appeared to have it handled. Keyon did not see any other civilians at the scene, or neighbors watching out their windows.

It was about a three-minute drive to Sara’s sister’s place from the scene.

When Keyon was shown photos of the scene, he was confused as to why Manny was so far in front of the patrol car where he had seen Manny go down on the ground.

END OF REPORT.
INTERVIEW OF SHAD HAYES

Wednesday, March 17, 2021 / 0930hrs

SAAG Patty Eakes and I interviewed Shad Hayes at Mr. Doug’s Restaurant in Yelm. The interview was not recorded. The following is a summary of what Shad Hayes told us based on notes that I took during the interview:

On the night of the incident, Shad was staying at the home of his friend, Troy. Troy was out of town at the time. The bedroom that Shad was staying in was in the NE corner of the house. From his room he was only able to see the reflection from the police car lights. There is a wooden fence in front of the house. There are apparently a lot of car crashes at that intersection.

Shad went outside to the sidewalk. He saw the police cruiser then saw the officers attempting to subdue someone. They were already on the ground when he first saw them. He heard the officers say, you need to comply, stop fighting. The person was throwing the officers around pretty good. The officers looked like they were trying to hold the person on the ground. Shad said that he thought that the officers might get hurt. Shad said that he asked if they needed a hand, and an officer responded that backup was on the way. Shad said that the officer sounded winded.
Shad said that he did not get close enough to see what the person was wearing. He heard struggling, and the officers yelling. He did not hear or see a woman yelling. There was one car at the intersection that was northbound. That car turned westbound in front of the SUV.

Shad said that he saw the backing officers arrive in a Crown Vic (Ford Crown Victoria). The backing officers moved quickly to help the first officers there. Shad went back inside after that.

Shad said that he was never close enough to see what anyone had in their hands. Shad said that he was outside watching for only about five minutes. He thought that the officers in the Crown Vic were white. He could not see the race of the first two officers, or the person they were struggling with at the time. He learned who they were trying to subdue only later through Facebook and the news. Shad said that he did not post anything about the incident on Facebook.

Shad did not see anything in the road. He did not see any evidence. Shad said that he did not hear anyone ask for help. He did not hear anyone in distress.

Shad said that he heard more than one officer yell, “comply”

Shad was shown a picture of the scene. He though that it looked about where he last saw the struggle.

Shad said that he does not know the neighbors there, and did not talk about the incident with anyone in the area.

Shad told us that he was an MP in the Army for a brief period of time in the mid 1980s. He had not gotten closer partly because he did not want the officers to mistake him for being associated with the person they were trying to subdue.

End of Report.
TAB 67
Recorded Interview of Nicolas Wilson

March 25, 2021

Verbatim Transcript from Recorded Interview
of NICOLAS WILSON

March 25, 2021

Individuals present:

Kent Liu, assistant attorney general
Patty Eakes, Special AG
David Heitzman, Investigator with attorney general
Daniel Clark, Forensics
Allyson Hinzman, President of Local 31
Jean Homan, Deputy city attorney, Tacoma

TRANSCRIBED BY: Grace Hitchman, AAERT, CET-663
KENT LIU: All right. Let's start again. My name is Kent Liu. I'm an assistant attorney general.
THOMAS CLARK: Thomas Clark, forensic pathologist and medical consultant.
DAVID HEITZMAN: David Heitzman, investigator with the attorney general's office.
PATTY EAKES: Patty Eakes. I'm the special AG on the case.
ALYSON HINZMAN: Alyson Hinzman, president of local 31.
NICOLAS WILSON: Nicolas Wilson, firefighter, paramedic, Tacoma Fire.
JEAN HOMAN: And Jean Homan, deputy city attorney.
This is to confirm that this interview is being audiorecorded with everyone's consent. Correct?
GROUP: That's correct. Thank you.
PATTY EAKES: I think we're just going to kind of start and maybe people will ask questions at different times.
But nice to meet you. Thank you for coming in. Are you a paramedic? Is that right?
NICOLAS WILSON: Correct.
PATTY EAKES: Okay. Great. And how long have you been with Tacoma Fire?
NICOLAS WILSON: Been with them for ten years.
PATTY EAKES: Okay. Great. And you know -- have you had a chance to look at anything before you came today?
Did you have a chance to read your statement or the --
NICOLAS WILSON: I did. I read through my statement and my pre-hospital care report.
PATTY EAKES: Okay. Great. I think really this interview today is just an opportunity for us to talk to you and kind of flesh out some issues that weren't covered by the state patrol about kind of specific observations. So maybe we can just start by -- you can tell us what you remember about when you arrived, what the condition of Mr. Ellis was.
NICOLAS WILSON: In addition to my comments prior?
PATTY EAKES: Oh, actually if we could just cover all of it again, that would be great.
NICOLAS WILSON: Okay. I can read to you my comments, if you would like.
PATTY EAKES: Do you want to read them from the pre-hospital care report or from your statement or what?
NICOLAS WILSON: I think both. So upon arrival you would like information?
PATTY EAKES: Yeah. Just kind of, you know, what was your observation of him when you arrived.
Let me ask you first, do you have a very clear memory of this?
NICOLAS WILSON: Well, it's been over a year now.
PATTY EAKES: Yeah.
NICOLAS WILSON: I think the greatest recollection
was in September when we --
PATTY EAKES: Okay. Okay.
NICOLAS WILSON: That's going -- I have this to go
on. Yeah.
So 33-year-old male, unconscious, unresponsive.
Minimal respiratory drive and deteriorating. Supine on the
ground, I believe.
PATTY EAKES: Okay. And -- all right. So when you
say he was supine on the ground. Do you -- and you said I
believe. Do you remember --
NICOLAS WILSON: I don't recall whether he was lying
on his back, on his side, or some combination.
PATTY EAKES: Okay. Are you sure that he wasn't on
his stomach?
NICOLAS WILSON: He was not on his stomach.
PATTY EAKES: Okay. So he's either on his back or
on his side?
NICOLAS WILSON: Correct. His face and chest were
visible --
PATTY EAKES: Okay. Great. And how was he -- if he
was on his side, were the other -- were there any Tacoma
police officers around him at all?
NICOLAS WILSON: The scene was -- there were several police officers on scene.
PATTY EAKES: Okay. How --
NICOLAS WILSON: Multiple.
PATTY EAKES: And just kind of, can you describe where they were in relation to Mr. Ellis?
NICOLAS WILSON: They were near him. I don't recall specifics on that.
PATTY EAKES: Okay.
NICOLAS WILSON: Can't give you a definitive answer on that.
PATTY EAKES: Okay. Do you remember at all whether anybody was touching him? Any of the officers were touching him at all?
NICOLAS WILSON: I believe in my first deposition -- it states an officer perhaps was holding him? But --
(Pause)
Yeah. There might have been an officer holding him from behind.
PATTY EAKES: And do you remember -- I mean --
NICOLAS WILSON: I don't --
PATTY EAKES: Do you have any clear recollection now about whether or not somebody -- any officer was holding him or touching him in any way?
NICOLAS WILSON: I don't have any clear recollection
PATTY EAKES: Okay. When you say holding him from behind, what do you mean by that?

NICOLAS WILSON: Like I said, the specifics of it -- when we ride on scene, our first priority is to make sure the scene is safe to approach the patient. The scene was safe with multiple officers on scene. My initial goal is to assess the patient and go from there. So scene is safe in that sense, my focus is essentially all on the patient at that point.

PATTY EAKES: Okay. And describe what you remember about what his appearance was. Like was he restrained? Did he have a spit hood on? Just tell me what your best memory is of him.

NICOLAS WILSON: Yeah. And -- say it multiple times -- I think they asked a number of times about the spit hood. Spit hood was in place over his lower face. He was in handcuffs and I believe lower extremity restraints. We immediately asked for the extremity restraints to be removed and removed his spit hood.

PATTY EAKES: Okay.

NICOLAS WILSON: And removed clothing so we could

(indiscernible)

PATTY EAKES: Okay. And did you -- you said lower extremity restraints. Is that something you've seen before?
Or do you know what those are?

NICOLAS WILSON: Yeah. Ankles.

PATTY EAKES: Okay. Like hog-tied?

NICOLAS WILSON: I wouldn't call it hog-tied. It was a specific term that's used for -- but I don't have that on the top of my head.

PATTY EAKES: Describe -- are his legs bent back up towards, like, his hands? Or -- I'm just trying to get an understanding --

NICOLAS WILSON: (indiscernible) I cannot recall.

PATTY EAKES: You don't recall what kind of position he was in?

NICOLAS WILSON: What position his knees were in, I don't recall.

PATTY EAKES: Okay. All right. So are you not sure if they were out in front of him or if they were behind him when you -- (indiscernible) do you remember that at all?

NICOLAS WILSON: My guess is that he was either on his side or on his back or contorted. But arms are definitely behind him. Handcuffed.

PATTY EAKES: Okay. And is the first thing you asked to do is have his restraints removed? Or do you assess him first before you do that?

NICOLAS WILSON: Everything happens consecutively. I'm assessing as I'm approaching the patient. You know, his
restraints, those again inhibit our ability to render care, so we ask for those to be removed from the patient if it's safe to do so, and that was done.

PATTY EAKES: Okay. Was there any resistance or pushback from the officers about removing his restraints?

NICOLAS WILSON: I don't recall.

PATTY EAKES: Is that -- could you tell at that point as you're kind of assessing him as you walk up whether he's alert, conscious?

NICOLAS WILSON: He was -- like I stated, he was unconscious and unresponsive.

PATTY EAKES: Okay. So from the first time you saw him he was unconscious and unresponsive.

NICOLAS WILSON: Correct.

PATTY EAKES: Okay. And I take it that means he's not talking to you or making any --

NICOLAS WILSON: Unconscious, unresponsive.

PATTY EAKES: Okay. Did he ever say anything? Make any noises?

NICOLAS WILSON: He was unconscious and unresponsive.

PATTY EAKES: Throughout. Okay.

NICOLAS WILSON: Correct.

PATTY EAKES: Sorry.

NICOLAS WILSON: That's a pretty encompassing
statement, unconscious and unresponsive.

PATTY EAKES: Okay. All right. And so then tell me
what happens after you first see him and then you -- did you
remove his clothes right away too? Or did you start -- let
me back up. What did you observe about his breathing when
you got there?
NICOLAS WILSON: It was deteriorating, agonal at
best.
PATTY EAKES: And what do you -- what does agonal
mean to you?
NICOLAS WILSON: Not conducive with life.
PATTY EAKES: Okay. And was that apparent as soon
as you got there? Or did it change over the time you began
evaluating him?
NICOLAS WILSON: That was very apparent.
PATTY EAKES: What do you mean by that when you say
it was very apparent?
NICOLAS WILSON: It means it was apparent. It was
obvious.
PATTY EAKES: Okay. And did you have an impression
then when you first evaluated him about whether or not --
about the likelihood that he could survive? That he was
going to live?
NICOLAS WILSON: Typically somebody in that state of
respiratory compromise -- if aggressive management, so the
condition is -- not rendered effectively and quickly, can
deteriorate very quickly. So our -- we were able to remove
the spit hood. Began ventilating him and had him on our
monitor, which is a Lifepack 15. Which we found him in a
bradycardiac rhythm that was deteriorating.

PATTY EAKES: Okay. Is there -- I don't know what
the protocol is or if there's any protocol about, why don't
you put him in the truck or the ambulance or take him to the
hospital versus rendering care there?

NICOLAS WILSON: We're a fire engine.
PATTY EAKES: Oh, yeah, okay.
NICOLAS WILSON: So --
PATTY EAKES: So you can't really take him from
there.

NICOLAS WILSON: The benefit was that we are an ALS
fire engine in the south end of Tacoma.
PATTY EAKES: Okay.
NICOLAS WILSON: And so this call being
(indiscernible) means we're at the -- one of the furthest
south points in the city.
PATTY EAKES: Uh-huh.
NICOLAS WILSON: So we're running away from
everybody every time we go on a call, so it puts us at
greater distance from an actual transport unit.
PATTY EAKES: Oh, I see. Okay. So there's --
sounds like there wasn't an option other than to render care right there. Or that's the best thing for him.


PATTY EAKES: Okay. And then -- that's something -- you put a bag on him to assist his breathing?

NICOLAS WILSON: BVM, so it was a mechanical bag that you squeeze, put a seal over the face.

PATTY EAKES: Okay. Okay. And how long do you think you had been there before you put the BVM on?

NICOLAS WILSON: It was initial -- everything happens consecutively and some thing happen at the same time.

PATTY EAKES: Okay. Sorry. Feel free to jump in with any questions.

UNIDENTIFIED MALE SPEAKER: I've got a question, Mr. Wilson. Do you recall how the spit mask was positioned on the patient? Any specific recollection on that?

NICOLAS WILSON: Over his lower face.

UNIDENTIFIED MALE SPEAKER: Lower face. So what does lower face mean? Is that the nose? The mouth? Or just the mouth?

NICOLAS WILSON: Somewhere in this region between the nose and chin.

UNIDENTIFIED MALE SPEAKER: Okay. Do you recall
whether the nose was covered by the face mask?

NICOLAS WILSON: I don't recall the specifics. Just that it was in that general area and it was quickly removed.

UNIDENTIFIED MALE SPEAKER: Do you remember what the face mask or the spit mask itself looked like?

NICOLAS WILSON: Spit hood. It's a very common -- commonly used piece of equipment in the medical industry.

UNIDENTIFIED MALE SPEAKER: Any specific recollection of whether there was, like, a mesh part of it?

And then whether there's, like, you know --

NICOLAS WILSON: Typically the entire spit hood is mesh.

UNIDENTIFIED MALE SPEAKER: Okay. Do you at this point have any independent recollection of what that spit hood looked like that night?

NICOLAS WILSON: No.

UNIDENTIFIED MALE SPEAKER: Okay. When you arrived, did you see anyone attending to the patient?

NICOLAS WILSON: I don't recall specifics of that.

UNIDENTIFIED MALE SPEAKER: Okay. And are you able to give us an indication of -- you said that there were officers standing around. Do you recall who of -- were there any officers that was closest to the patient or what their position was?

NICOLAS WILSON: Elaborate.
UNIDENTIFIED MALE SPEAKER: Sure. When you say the
were several officers -- several people standing around, are
you talking about actually physically standing around? Or
were they sort of down low towards where the patient was?
NICOLAS WILSON: I'm referring to officers on scene.
 UNIDENTIFIED MALE SPEAKER: On the scene. Okay. Do
you recall how many officers?
NICOLAS WILSON: I don't.
UNIDENTIFIED MALE SPEAKER: It was multiple.
UNIDENTIFIED MALE SPEAKER: Multiple? More then
ten? Less than ten?
NICOLAS WILSON: Like I said, my focus is on the
patient. I felt that the Tacoma police and fire presence
was appropriate for my safety and my crew's safety.
UNIDENTIFIED MALE SPEAKER: Okay. So did you feel
safe at that point then as you're approaching the patient?
NICOLAS WILSON: It's always in the back of your
head, right? Safety, because things go sideways. But I did
feel safe at that point.
UNIDENTIFIED MALE SPEAKER: Typically when you
arrive on scene and there's a patient and there's people
around, do you try to get some information on what happened
to the patient?
NICOLAS WILSON: Absolutely.
UNIDENTIFIED MALE SPEAKER: Okay. Did you --
NICOLAS WILSON: And that's while you're approaching -- usually you are met by somebody that can give you a quick rundown of what you're walking into. You're not walking in blind.

UNIDENTIFIED MALE SPEAKER: Okay.

NICOLAS WILSON: Would you like me to read from my report what I was aware of prior to --

UNIDENTIFIED MALE SPEAKER: I -- no. We have the report. But just sort of your independent recollection. Do you recall, you know, do you recall the person that you -- I mean, you did speak to someone I take it?

NICOLAS WILSON: Yeah. We have a professional working relationship with TPD. Most of the time we're not on a first name basis.

UNIDENTIFIED MALE SPEAKER: Okay.

NICOLAS WILSON: We do our job. They do their job. We call them for help. They call us for help. We're there to help.

UNIDENTIFIED MALE SPEAKER: Okay. Do you recall who it was that you spoke to --

NICOLAS WILSON: I do not.

UNIDENTIFIED MALE SPEAKER: Okay. And the information that you were provided is what's contained in your report?

NICOLAS WILSON: Correct.
UNIDENTIFIED MALE SPEAKER: Do you have any other recall of what was -- any other information that was provided to you that wasn't included --

NICOLAS WILSON: I have no further information from my report or the (indiscernible) position in that regard.

UNIDENTIFIED MALE SPEAKER: Okay.

PATTY EAKES: So in looking at your report, it says in the third line under the narrative, that patient supine on ground in handcuffs and with restrained extremities times four and multiple TPD officers assisting/restraining. I mean, I -- assisting and restraining obviously are two different things. Can you distinguish or can you tell me what you meant by that?

NICOLAS WILSON: I believe all the TPD officers on scene were assisting in the control of the scene ensuring that it's safe. But no, not every single officer on scene was next to the patient.

PATTY EAKES: Okay. Were there some that were restraining him?

NICOLAS WILSON: Like I answered earlier, that's the vague --

PATTY EAKES: A vague memory?

NICOLAS WILSON: Yeah.

PATTY EAKES: Okay. I just wasn't sure because of the way it was written --
NICOLAS WILSON: Right. I see that now.

PATTY EAKES: -- if you had any specific memory about that. And then you wrote per TPD, patient charging vehicles and was apparent threat. Patient tased and restrained, then went limp. Is that -- do you know -- get that information from one officer or --

NICOLAS WILSON: No, that's multiple officers as you approach.

PATTY EAKES: Okay. Just people kind of as you're walking up giving you a little background?

NICOLAS WILSON: Correct. Because you're using your eyes, ears, you're listening to what is being said, trying to gather information.

PATTY EAKES: Okay. So I take it you can't say who specifically might have told you that rendition of it?

NICOLAS WILSON: I wish I could.

PATTY EAKES: Okay. All right. And then the next one says prior to going limp was very strong, difficult to restrain, subdue. So is that just the kind of background information, I'll call it, that you gathered from --

NICOLAS WILSON: Correct. All of that is --

PATTY EAKES: (indiscernible) Okay. So did you put hands on Mr. Ellis right away? I mean, would you touch him as you're trying to render -- as you're giving him aid?

NICOLAS WILSON: To assess?
PATTY EAKES: Uh-huh.
NICOLAS WILSON: Absolutely.
PATTY EAKES: Okay. Can you -- what do you remember about how he felt in terms of his skin? Temperature --
NICOLAS WILSON: Skin was cool and clammy.
PATTY EAKES: Okay. And what if anything does that indicate to you as a paramedic?
NICOLAS WILSON: Being diaphoretic and you're sweaty, right? Perhaps something prior just happened where he exerted force and he was under exertion prior to our arrival.
PATTY EAKES: That's what cool and clammy tells you?
NICOLAS WILSON: Correct.
PATTY EAKES: Okay. Explain -- can you explain that to me, sir? I don't think I understood --
NICOLAS WILSON: I don't think I understand what you're trying to ask.
PATTY EAKES: No, I'm just trying to understand what -- when you say cool and clammy, what if anything does that tell you about his condition?
NICOLAS WILSON: Well, if you just got done running a mile or more, right?
PATTY EAKES: Uh-huh.
NICOLAS WILSON: You'd be sweaty. That kind of thing.
PATTY EAKES: Okay. So is clammy consistent with sweaty? I just wasn't sure it would be the same thing.

NICOLAS WILSON: It can if --

PATTY EAKES: -- versus --

NICOLAS WILSON: It's on the way, yeah.

PATTY EAKES: -- it's on the way to? Okay. Did the skin feel hot at all?

NICOLAS WILSON: It was a March night. Very cold outside.

PATTY EAKES: Okay.

NICOLAS WILSON: And we do have gloves on.

PATTY EAKES: Okay. So either you don't know or it was cold out or --

NICOLAS WILSON: Correct.

PATTY EAKES: Okay.

UNIDENTIFIED MALE SPEAKER: Mr. Wilson, you were working with jeff Polo that night? Is that correct?

NICOLAS WILSON: (indiscernible) our third. He was the third person on the engine that night.

UNIDENTIFIED MALE SPEAKER: Oh, okay. Who was the other --

NICOLAS WILSON: Marlon Ridgeway, Lieutenant.

UNIDENTIFIED MALE SPEAKER: Did you -- did the three of you all arrive at the same time or approach the patient at the same time?
NICOLAS WILSON: We all arrived in the same vehicle and approached on foot.

UNIDENTIFIED MALE SPEAKER: Okay. And as you approach on foot, were all three of you together or were you the first person to the patient?

NICOLAS WILSON: You know as time passes, those specific details fade. So I can't speak to specifics on who was actually first and second and third. But it's my recollection we all arrive to the patient and began rendering care.

UNIDENTIFIED MALE SPEAKER: Do you have a recollection of requesting the officers to remove the restraints?

NICOLAS WILSON: Right. We asked the restraints be removed.

UNIDENTIFIED MALE SPEAKER: Yeah.

NICOLAS WILSON: And that was accomplished.

UNIDENTIFIED MALE SPEAKER: Okay. That was you that made the request? Or was it Jeff or Marlon that did that?

NICOLAS WILSON: I believe it was Marlon and myself.

UNIDENTIFIED MALE SPEAKER: Okay. There's some indication from other reports that there may have been some pushback from TPD regarding restraints. Do you recall any of -- do you recall that?

NICOLAS WILSON: I asked for the restraints removed
and I continued care.

UNIDENTIFIED MALE SPEAKER: Okay. Do you recall receiving any pushback while -- we don't know if it's safe to do that. Do you recall any conversation with TPD about that?

NICOLAS WILSON: I don't recall specifics of that.

PATTY EAKES: Mr. Wilson, when was -- this pre-hospital care report, you authored it. Is that right? That's what I see?

NICOLAS WILSON: Correct.

PATTY EAKES: And when would you have prepared this in relation to when you went out on the call?

NICOLAS WILSON: That night.

PATTY EAKES: Okay. So you would, like, go back to the station and do it? Or have -- can you just walk me through the mechanics of how you get it done?

NICOLAS WILSON: Yeah. So we use an iPad --

PATTY EAKES: Uh-huh.

NICOLAS WILSON: -- on scene. We have somebody scribing if that's available. All three of us were needed immediately to perform care. So until other resources arrived, nothing is being documented, and everything is done from memory.

PATTY EAKES: Okay. And then do you go back and kind of fill it out? Or do you just do it all in the field?
NICOLAS WILSON: We typically try to do as much as we can in the field while waiting for -- for whatever reason -- if we're still on scene, we do as much as we can. On returning to the station, the report is completed and submitted.

PATTY EAKES: Okay. And so do you do that, like, before you go out on the next call typically?

NICOLAS WILSON: Hopefully. We're pretty busy down in the south end, so if you don't stay on top of it, things pile up, but --

PATTY EAKES: Okay. And if Mr. Ellis had been making noises or somehow, I don't know, talking in any way, is that something you would have reported?

NICOLAS WILSON: That would have been documented. The Glasgow coma scale was 1, 1, 1. Which means no purposeful movement, no eye movement, no discernible sounds whatsoever.

PATTY EAKES: Okay. That's what -- I wondered what that meant. That's what the GC--

NICOLAS WILSON: GCS.

PATTY EAKES: GCS 1, 1, 1 means?

NICOLAS WILSON: Correct.

PATTY EAKES: Okay. So you would have documented if there was anything at all that he had --

NICOLAS WILSON: Any gurgling, any purposeful
movements, any complaints. All we had to go on was his
presentation and what was stated from the officers.

PATTY EAKES: Okay.

NICOLAS WILSON: No medical history, no prior
history.

PATTY EAKES: Yeah.

NICOLAS WILSON: (indiscernible) in the dark.

PATTY EAKES: And the condition that he was when you
saw him, does that -- does it tell you anything based on
your experience about how long he might have been without
air or had difficulty breathing?

NICOLAS WILSON: Does not. Some people can decline
faster than others. Depending on cardiac output prior to,
and there's -- there are many variables that come into play
with that.

PATTY EAKES: Okay. If -- if somebody had said that
he was fine and that he only became unconscious or
unresponsive as the firefighters were walking over to render
aid, is that consistent? Or would that be consistent with
your experience?

NICOLAS WILSON: It's a huge spectrum.

PATTY EAKES: Okay. So it sounds like it could be,
but --

NICOLAS WILSON: Right. I can't speak to the fact
on any of that.
PATTY EAKES: Okay.
NICOLAS WILSON: Alert and oriented I know is what we get and what we see.
PATTY EAKES: Okay.
NICOLAS WILSON: So that's the nature of the industry that we work in.
PATTY EAKES: Yeah.
NICOLAS WILSON: The conditions we work upon.
PATTY EAKES: Okay. After the GCS you have AO times zero. Can you just walk us through what that means?
NICOLAS WILSON: Alert and oriented. So he is not alert and oriented --
PATTY EAKES: Okay.
NICOLAS WILSON: -- to person, place, time, or event.
PATTY EAKES: Okay. And I think you said his pupils were fixed and dilated. Again, does that signify anything to you?
NICOLAS WILSON: That hypoxia, perhaps declining respiratory drive and that led to hypoxia.
PATTY EAKES: Okay. And the airway with moderate amount of secretions. Is that significant from a medical standpoint for you as you're --
NICOLAS WILSON: For me it would explain why the spit hood was in place perhaps. I'm just noting what I
visually see.

PATTY EAKES: Okay. I just didn't know if it meant anything in terms of your assessment of likely --
(simultaneous conversation)

NICOLAS WILSON: There was no emesis, so -- there was no emesis and essentially just moderate amounts of secretions and trace of blood, so...

PATTY EAKES: Okay. All right.

UNIDENTIFIED MALE SPEAKER: What's emesis?

NICOLAS WILSON: Emesis is, like, vomit.

PATTY EAKES: And you put chest apnea. What does that mean?

NICOLAS WILSON: Not breathing. No visible chest rise.

PATTY EAKES: Okay. And was that from the moment you got there? No visible chest rise?

NICOLAS WILSON: Agonal respirations with deteriorating drive, and then agonal -- or, sorry, apnea.

UNIDENTIFIED MALE SPEAKER: Mr. Wilson, this is Dr. Clark. First, I'm sympathetic because it's more than a year passing. It's been that for me too, and I know it's hard to remember.

But when you describe agonal respirations, can you talk a little bit more about what you mean? Like is it normal respirations that aren't occurring very frequently?
Or is it shallow ineffective respirations that are occurring sporadically?

NICOLAS WILSON: It's sporadic if occurring at all.

UNIDENTIFIED MALE SPEAKER: If at all. So it -- you're talking about the true agonal respirations, the last of the brainstem reflexes that is still trying to force somebody to breathe, but they're not breathing.

NICOLAS WILSON: Yeah.

UNIDENTIFIED MALE SPEAKER: Okay. And I have some questions on the time keeping. And I don't want to appear tedious, but the timing is really important in understanding this case. And I'm wondering, what is the source of the time that you use in the EMR? Is it coming directly from the iPad which is getting it from Verizon? Or is there something else that I'm missing?

NICOLAS WILSON: As far as what time?

UNIDENTIFIED MALE SPEAKER: The time stamps that are in your record. Where do they come from?

NICOLAS WILSON: So our CAD data gives us our dispatch time, rig placement when it's entered. So, like, our -- when the call is received, when the call is dispatched, when we're en route, when we're on scene, when we're available. Everything else is done either from memory or as a time stamp when it's done. So --

UNIDENTIFIED MALE SPEAKER: Is there any way to tell
the difference --
  NICOLAS WILSON: No.
  UNIDENTIFIED MALE SPEAKER: -- in your record?
  NICOLAS WILSON: No. Not to my knowledge. So...
  UNIDENTIFIED MALE SPEAKER: Because some of the --
  the times are very specific to the second, for example, when
  CPR started. And I just don't understand where that is
  coming from. Is it because you have a scribe that's typing
  in CPR started?
  UNIDENTIFIED FEMALE SPEAKER: It's a program. So
  they automatically generate hour, minute, second mark. So
  whenever you hit it, it automatically is generating that
  second piece.
  UNIDENTIFIED MALE SPEAKER: Okay.
  UNIDENTIFIED FEMALE SPEAKER: They're not entering
  the (indiscernible) second. It is completely computer
  generated.
  UNIDENTIFIED MALE SPEAKER: Okay. That's what I was
  thinking. So when somebody is holding the iPad -- and you
  as the paramedic are probably giving the orders and telling
  them what to write. Is that correct?
  NICOLAS WILSON: Correct.
  UNIDENTIFIED MALE SPEAKER: So you --
  NICOLAS WILSON: My goal is not to scribe. It's to
  treat. So when I'm doing the treatments I say, okay, the
person scribing has to be aware. And here in a chaotic
scene, those things get missed and it's -- so it's time
stamped at a later time. But -- does that help clarify
anything?

UNIDENTIFIED MALE SPEAKER: It's different from what
you said.

NICOLAS WILSON: No, it's --

UNIDENTIFIED FEMALE SPEAKER: It's not -- what he's
trying to say is you go back from memory and you enter it
based on sequence of events. And you hit a time stamp
button. But it's not time stamped as you're making it as
where we are stamping a thing in time. It's a feature
that's used in our program that's a time stamp feature.

UNIDENTIFIED MALE SPEAKER: Okay. So if you look at
the time stamps in this record, would it be correct to say
that most of those time stamps are later than the actual
event happened?

UNIDENTIFIED FEMALE SPEAKER: Well, everything is
going to have a delay because you're doing it afterwards.
And depending on how many resources were available at his
scene, if all three members of his crew were --

NICOLAS WILSON: Yeah.

UNIDENTIFIED FEMALE SPEAKER: Treating the patient,
you're not to have that extra personnel to be hitting that
time stamp button. So at that point they're going to need
to go back after care and enter what they think is the best
kind of area for them to hit the time amount. But, again,
it's not an exact, aside from the data that's received from
our CAD. Which would be more precise.

UNIDENTIFIED MALE SPEAKER: Okay. And that's the
same CAD police are using.

UNIDENTIFIED FEMALE SPEAKER: Correct.

UNIDENTIFIED MALE SPEAKER: So in your program, when
you get the final product, which is your record, and it has
a bunch of time stamps to the second, some of those may be
realtime -- if the EMT typed epi, that would stamp it then.
But if you need to go back in and insert something in
between two real ones, it might have a not real time.

UNIDENTIFIED FEMALE SPEAKER: That's correct.

PATTY EAKES: And the scribe might be putting in epi
after he has actually already put the epi in. Is that
right?

UNIDENTIFIED FEMALE SPEAKER: Right.

UNIDENTIFIED MALE SPEAKER: And is there any way to
tell the difference? The ones that were entered in real
time versus the ones that were entered later?

UNIDENTIFIED FEMALE SPEAKER: At the personnel
level, at his level, he does not have access to that. That
would need to come from our technology department. And I
don't know if that's something that they have access to.
UNIDENTIFIED MALE SPEAKER: Okay.
UNIDENTIFIED FEMALE SPEAKER: But it would be behind
the scenes with programming.
UNIDENTIFIED MALE SPEAKER: Okay. But
theoretically, there is probably a difference between them,
and it could be established.
UNIDENTIFIED FEMALE SPEAKER: Possibly. That would
be something for our IT department.
UNIDENTIFIED MALE SPEAKER: Okay. And how does the
scribing work? You -- the three of you are there and you're
all busy. So it looked to me from reading your record that
Ridgeway was probably the first recorder and then Jackson
was second and probably became the primary recorder. Is
that correct?
NICOLAS WILSON: (indiscernible) common practice.
UNIDENTIFIED MALE SPEAKER: So at first when you're
all three worried about saving a life, nobody's got the
iPad.
NICOLAS WILSON: That's secondary.
UNIDENTIFIED MALE SPEAKER: Yeah, right.
NICOLAS WILSON: The life is the most important
thing.
UNIDENTIFIED MALE SPEAKER: All right. When
somebody's free, somebody picks up the iPad and starts
entering stuff.
NICOLAS WILSON: Right. At least we have the
resources in our city to have everybody on scene that we
needed to effectively render care and document at the same
time. But the simple fact of the matter is that's not the
reality (indiscernible).
UNIDENTIFIED MALE SPEAKER: Okay.
NICOLAS WILSON: So to the best of our knowledge,
these times are accurate and input as precisely as we can.
UNIDENTIFIED MALE SPEAKER: Okay. That makes sense.
NICOLAS WILSON: And as quickly as we can. That's
where the documentation aspect comes in. That's why we like
to complete these reports as soon as possible so that
everything is memorialized. If it's on the radio -- it's
recorded at CC, it's memorialized. But these reports aren't
memorialized until we produce them.
UNIDENTIFIED MALE SPEAKER: So the time on the CAD
that shows when you actually got out of your truck, that's
going to be generate -- the system generated that.
NICOLAS WILSON: Our CAD program, the officer pushes
a button on the touch screen and that's when that time is
recorded. So sometimes the rig pulls up, it takes them a
second and then they push it. So even then, it's -- I mean,
you're talking about seconds here, but nothing is precise
and exactly. It's done to the best of our human capability.
UNIDENTIFIED MALE SPEAKER: Okay. Do you want me to
go ahead or --

PATTY EAKES: Let me just ask one quick question.
UNIDENTIFIED MALE SPEAKER: Of course.
PATTY EAKES: But on page 3 of your report -- so I noticed that in the response times and mileage it says at scene 2333:09 but then at patient 2334:41. Which seems like a significant amount of gap. Is that accurate or --
NICOLAS WILSON: In my personal opinion, that's very quick. To take half a block --
PATTY EAKES: Oh, is it?
NICOLAS WILSON: -- to a block. The scope of the scene was rather large.
PATTY EAKES: Okay.
NICOLAS WILSON: And we have a very large fire engine.
PATTY EAKES: Uh-huh.
NICOLAS WILSON: So to drive through is nearly impossible.
PATTY EAKES: Okay.
NICOLAS WILSON: So we have to exit the vehicle, go to a compartment, grab any necessary gear that we think is appropriate for the call, and then carry that gear to where it is most effective.
PATTY EAKES: Okay. So these --
(simultaneous conversation)
NICOLAS WILSON: -- actually moving very quickly.
PATTY EAKES: Okay. And so -- and that's probably pretty accurate then that you would --
NICOLAS WILSON: Yeah. We arrived at patient's side. That's one that's ready to go and marked.
PATTY EAKES: Okay. So it would be recorded right away --
NICOLAS WILSON: Right.
PATTY EAKES: -- and be accurate.
NICOLAS WILSON: Correct.

UNIDENTIFIED MALE SPEAKER: Well, about the Glasgow coma score n the fixed and dilated pupils, the combination of l 1 l and fixed and dilated pupils has a strong suggestion of a diagnosis of brain death. Would you agree with that?
NICOLAS WILSON: I don't know the condition of his brain.

UNIDENTIFIED MALE SPEAKER: Yeah. The combination of fixed and dilated pupils, agonal respirations, and no response -- fixed and dilated pupils can happen for other reasons but the combination -- and I don't know exactly what the accuracy and what the precision of that combination would be, but it's probably pretty high.
NICOLAS WILSON: Is that your medical opinion?
UNIDENTIFIED MALE SPEAKER: That would be a medical opinion. But I want to know how you would react to that. Would you have expected to be able -- and you have a lot of experience in the field seeing people who are going to recover and seeing people who don't recover. Which category would you have put him in when you first saw him?
NICOLAS WILSON: Very critical patient with potential to deteriorate very quickly. And not recover.
UNIDENTIFIED MALE SPEAKER: Okay.
NICOLAS WILSON: Which -- we are even more aggressive in that manner to resuscitate.
UNIDENTIFIED MALE SPEAKER: Which I appreciate. I wasn't (indiscernible) --
NICOLAS WILSON: I think we are very good at what we do --
UNIDENTIFIED MALE SPEAKER: Yeah. I think the same thing --
NICOLAS WILSON: -- and it's because we are so aggressive in our treatments when necessary. This was a necessary instance where care was needed rapidly and aggressively, and it was provided as such.
UNIDENTIFIED MALE SPEAKER: Okay. I'm sure you are aware that there are discrepancies in the description of breathing between -- well, among the EMTs. For example, Mr.
Polo said the breathing was slow but with respiratory effort. And in his interview he said he had an adequate respiratory drive when we arrived --

UNIDENTIFIED FEMALE SPEAKER: And Mr. Wilson is not aware of what occurred in others' interviews. He can speak to what he --

NICOLAS WILSON: Yeah.

UNIDENTIFIED FEMALE SPEAKER: -- observed --

UNIDENTIFIED MALE SPEAKER: Okay.

UNIDENTIFIED FEMALE SPEAKER: -- the patient himself and how he treated that patient, but he's not going to speak to what others observed and --

UNIDENTIFIED MALE SPEAKER: Okay. But then just saying that there is a discrepancy, is there anything you can think of that would explain a discrepancy in one person saying that he's breathing and another person saying that he's not?

NICOLAS WILSON: No. It's his opinion of what he sees.

UNIDENTIFIED MALE SPEAKER: Yeah. And I understand. I've been at these scenes. I understand that it's noisy. It's confusing. It's dark. So I understand all of that. But it just concerns me to know which is correct, not that anybody did anything wrong, but with their different --

NICOLAS WILSON: Regardless of the perception of
respiratory drive in that manner, he was able to tolerate OPA and a BPM. And the outcome was the same. He received the same care that he would have received right away. So it matters, but the treatment on him did not change in that regard.

UNIDENTIFIED MALE SPEAKER: No. I -- I understand that.

NICOLAS WILSON: So (indiscernible) fixated on that, I don't see it.

UNIDENTIFIED MALE SPEAKER: It isn't for that reason. It's to understand the time line. And that's different from the medical therapy goal.

So another discrepancy that I'm concerned about was that --

UNIDENTIFIED MALE SPEAKER: Can we take a break for a minute, please?

PATTY EAKES: Sure.

DAVID HEITZMAN: This is David Heitzman. The time is 10:47 hours. I'm going to be stopping the tape.

(Short break)

DAVID HEITZMAN: This is David Heitzman. We're back on tape. The time is 10:57.

UNIDENTIFIED MALE SPEAKER: Okay. I think this is the last thing I have. It's kind of back to the question of his skin condition. Would you describe it as actually wet?
NICOLAS WILSON: I can't elaborate further than what's in the document.
UNIDENTIFIED MALE SPEAKER: But clammy to me means not wet but as you said, starting to get wet. And that would be different from actually soaking wet.
NICOLAS WILSON: Right.
UNIDENTIFIED MALE SPEAKER: And --
NICOLAS WILSON: Again, it's difficult to ascertain secondary to heavy bulky clothing, dark night, chaotic scene. It's a quick -- very quick assessment with gloves on, full PPE.
UNIDENTIFIED MALE SPEAKER: Was the clothing that you took off of him wet?
NICOLAS WILSON: I don't recall the specific clothing that we even cut off.
UNIDENTIFIED MALE SPEAKER: Okay. And the last question about water. Was it actually raining or dry when you arrived?
NICOLAS WILSON: I don't believe it was raining.
UNIDENTIFIED MALE SPEAKER: Okay. Do you remember if it had been raining?
NICOLAS WILSON: I don't recall.
UNIDENTIFIED MALE SPEAKER: Your report says TPD officers believe patient is suffering from excited delirium. And you also had a single sentence that looked like an
impression, cardiac arrest secondary to excited delirium.
Is that an independent conclusion? Or was that just a recap
of what the officers had told you when you got there?
NICOLAS WILSON: You know, I'm simply a pre-hospital
paramedic in the field. Based on the information given to
me prior to our patient contact and the patient
presentation, it is in my professional opinion that that is
the most likely diagnosis of what has transpired.
UNIDENTIFIED MALE SPEAKER: Okay. So it's based --
can you tell me what it is based on? The opinion?
NICOLAS WILSON: I believe I just did. The
information that I acquire and is given to me and how the
patient presents.
UNIDENTIFIED MALE SPEAKER: Okay.
NICOLAS WILSON: And the subsequent outcome.
Cardiac arrest because his heart stopped. Excited delirium
because of information given to me by the officers and his
presentation.
UNIDENTIFIED MALE SPEAKER: Okay.
PATTY EAKES: Have you had experience with excited
delirium before?
NICOLAS WILSON: I have.
PATTY EAKES: Okay. Can you give me an idea of,
like, how often you've seen that? How many times --
NICOLAS WILSON: 17 years' worth.
PATTY EAKES: Does it happen -- I have no idea if it happens very often or --
NICOLAS WILSON: It -- everything comes in waves for us and it's based sugar on what shift you're on sometimes. I don't know the pattern or the frequency.
PATTY EAKES: Okay.
NICOLAS WILSON: But it's something we're aware of, we train for, and we treat aggressively.
PATTY EAKES: Okay. And have you seen people die as -- secondary to excited delirium?
NICOLAS WILSON: Yes.
PATTY EAKES: Any idea how many times?
NICOLAS WILSON: No.
PATTY EAKES: Okay. And you said his presentation, you know, the excited delirium was based on what the officers said and the presentation of the patient. What was it about Mr. Ellis that from your medical standpoint was consistent with excited delirium?
NICOLAS WILSON: Somebody who has been characterized -- he was in an agitated state. There was an interaction between him and the officers as described. And how the patient presented and subsequent cardiac arrest. So respiratory arrest prior to that.
PATTY EAKES: Okay. So understand kind of -- I'm going to try to winnow this out here -- make sense. And if
it doesn't, just tell me. Kind of putting aside what the
officers told you, from his physical standpoint when you get
there and treated him, as if you knew nothing, was there
anything about his physical condition that you said, ah,
excited delirium, consistent with my training.

NICOLAS WILSON: If I just had no officers on scene.
PATTY EAKES: Correct.

NICOLAS WILSON: And it was just my crew and this
patient laying in the road.
PATTY EAKES: Uh-huh.

NICOLAS WILSON: It's difficult to ascertain, like,
that would be -- I -- (indiscernible) stab in the dark.
We're trying to treat a patient based on what we think it's
going to be, but ultimately we treat via the ACLS algorithm
and go from there.
PATTY EAKES: Okay. I was just trying to understand
if there was anything about his symptoms that somehow in
your mind was consistent with excited delirium if you put
aside the descriptions that you -- does that make sense?

NICOLAS WILSON: Correct. It's the events leading
up to the cardiac arrest that -- and you can have excited
delirium, be sedated or calm down, and survive.
PATTY EAKES: Uh-huh.

NICOLAS WILSON: It's when it progresses past a
point of no return that it equates to death.
PATTY EAKES: Okay.
NICOLAS WILSON: And, again, that time line is different for everybody. There's hundreds of variables that play a role way beyond my pay grade.
PATTY EAKES: Okay. All right.
UNIDENTIFIED MALE SPEAKER: In your initial assessment you talked about the pulse as being very slow, bradycardia. Do you know -- do you have a threshold at which you would say the pulse is bradycardic?
NICOLAS WILSON: 60 beats a minute.
UNIDENTIFIED MALE SPEAKER: Okay.
NICOLAS WILSON: Is the definition of bradycardia, less than.
UNIDENTIFIED MALE SPEAKER: And the first EKG or the first rhythm strip that you did showed sinus rhythm, and it was probably slightly faster than that. But I'm wondering what you would think of the theory that you might have been feeling only some of the pulses at that point. You actually wrote --
NICOLAS WILSON: Mechanical capture versus electrical capture.
UNIDENTIFIED MALE SPEAKER: Yeah.
NICOLAS WILSON: Correct. That's difficult to ascertain also. I have what I see on the monitor. I have what I can palp, but my hands have to be doing other things
that are more important, like aggressively managing the
airway and trying to avoid subsequent cardiac arrest. So I
get an initial impression, that's what I stick with. We
have a very small monitor, so if you wiggle a wire it's, you
know --

(simultaneous conversation)

UNIDENTIFIED MALE SPEAKER: Does it automatically
submit the rhythm strip to the --

NICOLAS WILSON: Everything was in the patient care
report.

UNIDENTIFIED FEMALE SPEAKER: And it's also good to
know that the rhythm strips that you see in this report are
much more clear than what he sees in the field on his
screen.

UNIDENTIFIED MALE SPEAKER: That's actually very
cool, to have the machine to show it to you and then prints
it for you.

NICOLAS WILSON: Yeah.

UNIDENTIFIED MALE SPEAKER: But when you -- were you
ever at any point feeling his pulse and watching the screen?
At the same time?

NICOLAS WILSON: Prior to initiating CPR,
absolutely. My level of suspicion is heightened not only by
the fact that he's not breathing on his own, but now we have
an EKG that's slowing, which will result in a subsequent
asystole, which is absolutely not conducive with life. So I would like to avoid asystole, keep his heart beating, hopefully aggressive airway management can do that. IV access, IV therapies, all these things take time, and they have to happen sequentially and very quickly. Yeah. This was not the outcome I wanted with this patient. It's hard for us to walk away and leave a patient in the middle of the road, right? For the ME to come and take them -- I don't know.

UNIDENTIFIED MALE SPEAKER: Yeah, I know. I've seen that and I understand that.

When you wrote PEA, can you just talk for a minute about what the factors were that you were considering that led you to that conclusion?

NICOLAS WILSON: When you have electrical activity on the monitor but no mechanical palpable pulse, it's what you call pulseless electronic activity.

UNIDENTIFIED MALE SPEAKER: Right. At some point the pulse you were feeling disappeared altogether and you still had electrical activity on the monitor. Is that what you're saying?

NICOLAS WILSON: That's what I believe I recall.

UNIDENTIFIED MALE SPEAKER: That's also what (simultaneous conversation)

NICOLAS WILSON: -- long time ago. I don't remember
the exact down to the second of the call. I just know that
he deteriorated, we lost pulses, CPR was started.

UNIDENTIFIED MALE SPEAKER: Okay.

NICOLAS WILSON: Intubated. IV therapy, push epi
seven times, (indiscernible) bicarb. We had one shockable
rhythm and lidocaine after that.

UNIDENTIFIED MALE SPEAKER: Is there anything else
you can think of that would contribute to our understanding
of the initial rhythms that you were seeing? Okay.

NICOLAS WILSON: I can't elaborate anymore on that.
It would be guessing and stabbing in the dark, and I don't
think it would be --

UNIDENTIFIED MALE SPEAKER: Yeah. Well the most
important one is obviously the first one that you saw on the
screen.

NICOLAS WILSON: Right.

UNIDENTIFIED MALE SPEAKER: That was pretty clearly
sinus rhythm. I know you've already said that, but I just
want to make sure I understand. At the time you saw that,
you were still monitoring his actual pulse also, and so you
actually noticed -- you saw a discrepancy between what you
were feeling and what you were seeing on the screen. You
weren't feeling a pulse, yet you were seeing electrical
activity.

NICOLAS WILSON: I think I described that there's
only three of us on the engine.

    UNIDENTIFIED MALE SPEAKER: Yes.

    NICOLAS WILSON: And we have ten things that have to happen. If we had an extra person to stand there with their finger on the pulse, that would be ideal, because then we would know instantly.

    UNIDENTIFIED MALE SPEAKER: Yeah.

    NICOLAS WILSON: As the rhythm slows, I become incredibly more concerned and will continue to recheck and check. And once it's gone, it's either extreme hypotension or it's just PEA.

    UNIDENTIFIED MALE SPEAKER: No. I get it. And I'm not saying you should have had somebody feeling the pulse. I'm just trying to figure out --

    NICOLAS WILSON: I understand that.

    UNIDENTIFIED MALE SPEAKER: -- if you did have somebody feeling the --

    NICOLAS WILSON: I'm just trying to convey the conditions with which we end every day working.

    UNIDENTIFIED MALE SPEAKER: Well, I've seen them. I understand. But would you say that you could document -- or do you remember that there was a discrepancy that would be called PEA? You were looking at a rhythm yet you're not feeling a pulse? I couldn't tell that from the record.

    NICOLAS WILSON: I can go through and look at some
of these rhythm strips. Because I believe throughout the
CPR events, there were times when he was in PEA but did not
have a pulse.

UNIDENTIFIED MALE SPEAKER: I'm sorry. What's PEA?
NICOLAS WILSON: Pulseless electrical activity.
It's when the heart rate has electrical activity but it
doesn't have a mechanical --

UNIDENTIFIED MALE SPEAKER: Okay. Gotcha. Thank
you.

NICOLAS WILSON: And so it's treated as an event
requiring CPR. So we can try to mechanically squeeze the
heart and do chest compressions.

PATTY EAKES: Were you the only one who was checking
the pulse? Or were the other two who were with you checking
pulses?

NICOLAS WILSON: I don't recall who checked pulses.
Perhaps somebody else also had checked the pulse multiple
times. It's something were all very concerned of. If you
have a free hand, typically try to find a pulse, femoral or
carotid or --

PATTY EAKES: Okay. I was going to ask where it
was, the carotid and where else?

NICOLAS WILSON: Femoral.


NICOLAS WILSON: Those two come right off, and if
you have a good pulse, sometimes you can feel it there.

PATTY EAKES: Okay.

NICOLAS WILSON: Anything more distal it's harder to reach and feel.

PATTY EAKES: Did he ever -- when you were checking pulses have a pulse of 80?

NICOLAS WILSON: I don't recall the rate of his pulse beyond -- what are you referring to?

PATTY EAKES: I didn't see it in here, but what I'm asking --

NICOLAS WILSON: Why does 80 come to mind is my question.

PATTY EAKES: Because of other information that we have from somebody else and that's -- do you remember an 80?

NICOLAS WILSON: No.

PATTY EAKES: And is 80 normal? Or where does that fall from your perspective?

NICOLAS WILSON: 80 would be within normal limits.


NICOLAS WILSON: If it's a mechanical pulse, right? Otherwise it's PEA, which means zero.

PATTY EAKES: Yeah.

NICOLAS WILSON: So there's a difference between electrical and mechanical. So what you see isn't always what you're getting mechanically.
PATTY EAKES: Okay. And did you -- do you record anywhere in this program other than the description that you gave a pulse at a specific point in time?

NICOLAS WILSON: I believe there's vital sets throughout. In the report. Along with end tidal CO2, respiratory rate --

PATTY EAKES: I must be missing it. What page is it on?

NICOLAS WILSON: I believe it's page 3. Page 2 to page 3. All recorded vitals --

PATTY EAKES: Oh, the rates of the vitals --

NICOLAS WILSON: -- show a pulse of 0 and respirations of 0. And he was not breathing on his own, nor was the heart beating adequately. The first document is vital signs at 2342.

PATTY EAKES: Okay.

UNIDENTIFIED MALE SPEAKER: Nick, do you remember how the initial call came out?

NICOLAS WILSON: Do you have the CAD data?

UNIDENTIFIED FEMALE SPEAKER: I didn't print out the CAD for you.

NICOLAS WILSON: That's in our CAD. That's memorialized.

UNIDENTIFIED MALE SPEAKER: Okay. Okay. Do you --

(indiscernible voices)
UNIDENTIFIED MALE SPEAKER: So I --
NICOLAS WILSON: TPD request for evaluation after arrest.

UNIDENTIFIED MALE SPEAKER: Okay.
NICOLAS WILSON: Is what our initial dispatch was.
UNIDENTIFIED MALE SPEAKER: I'm sorry. Say it once more?
NICOLAS WILSON: TPD requesting evaluation after arrest.

UNIDENTIFIED MALE SPEAKER: Oh, okay.
NICOLAS WILSON: So Tacoma Police Department requesting evaluation of somebody under arrest.
UNIDENTIFIED MALE SPEAKER: Was there any indication on the initial call of the status of the patient?
NICOLAS WILSON: Again, I sit in the driver's seat. I don't have that laptop in front of me.
UNIDENTIFIED MALE SPEAKER: Gotcha.
NICOLAS WILSON: I'm not aware of any of that knowledge.
UNIDENTIFIED MALE SPEAKER: Okay. So you drove that night?
NICOLAS WILSON: Correct.
(indiscernible)
UNIDENTIFIED MALE SPEAKER: Oh, okay. Gotcha.
NICOLAS WILSON: We upgraded the -- yeah, 2336 I
believe we were already -- okay. So it was upgraded -- for
Engine 10 -- no, we were on scene at 2333. So within
minutes of being on scene, it was updated and we had other
companies assigned to our call with us.

UNIDENTIFIED MALE SPEAKER: Okay. Good. So was the
initial response, was that a priority response or was that
routine?

NICOLAS WILSON: I don't recall. Most of our calls
are priority.

UNIDENTIFIED MALE SPEAKER: Sure. When you -- how
far away did you have to park, would you guess, to the
scene?

NICOLAS WILSON: I would estimate half a block to a
block.

UNIDENTIFIED MALE SPEAKER: Okay. Did -- do you
remember if any of the Tacoma police came up to your truck
to give you an update or --

NICOLAS WILSON: Typically we're met by an officer
at our rig.

UNIDENTIFIED MALE SPEAKER: Okay. Do you --

NICOLAS WILSON: They acknowledge our existence
and --

UNIDENTIFIED MALE SPEAKER: Okay. Do you remember
if anybody came up to you that night or not?

NICOLAS WILSON: I believe there were multiple
officers in our vicinity approaching us and explaining what
was going on.

UNIDENTIFIED MALE SPEAKER: Okay.
NICOLAS WILSON: That's where you get my first few
statements about TPD officers state.

UNIDENTIFIED MALE SPEAKER: Okay. Do you remember
if there was any -- any requests for you to hustle or hurry
faster or --

NICOLAS WILSON: I think it's a given that we can
infer from voice or from request.

UNIDENTIFIED MALE SPEAKER: Okay. The spit hood
that was on the patient at the time when you got there, does
Tacoma Fire use anything similar to that?

NICOLAS WILSON: We carry spit hoods, correct.

UNIDENTIFIED MALE SPEAKER: Okay. Is it similar to
the ones that -- what you saw? Do you remember?

NICOLAS WILSON: To the best of my recollection,
they've very similar.

UNIDENTIFIED MALE SPEAKER: Okay. And what sort of
medical issues would you use it for in your work?

NICOLAS WILSON: Typically they're used for somebody
who's biting, spitting, snarling, to avoid an exposure
potentially, to keep spit contained with them. Yeah. We're
often spit on, and people try to bite us. People in
agitated states under the influence of unknown substances --
UNIDENTIFIED MALE SPEAKER: Sure.
NICOLAS WILSON: -- do extraordinary things.
UNIDENTIFIED MALE SPEAKER: Did any of the Tacoma officers give you any specifics on any vitals at all?
NICOLAS WILSON: I don't know. I don't believe they're trained in that regard.
UNIDENTIFIED MALE SPEAKER: Sure.
NICOLAS WILSON: (indiscernible)
UNIDENTIFIED MALE SPEAKER: Okay. Gotcha.
PATTY EAKES: When other -- I'll call it backup -- other units arrive to assist you guys, you called for an ALS --
NICOLAS WILSON: Advanced life support, ALS.
PATTY EAKES: Okay. Is there -- at that point was there any thought about transporting him to a hospital or anything or maybe --
NICOLAS WILSON: Absolutely. He has a pulse, then we're -- absolutely we're transporting him.
PATTY EAKES: Okay. If he doesn't have a pulse, then you don't transmit --
NICOLAS WILSON: In most cases. In most cases we're almost a mobile ICU. We have everything we need --
PATTY EAKES: Uh-huh.
NICOLAS WILSON: -- to render advanced care on scene. So the goal is to treat and stabilize and transport
accompanying. Very dangerous to do these things in the back of an ambulance or a medic unit at high speeds on the road. I have personally been in vehicles that have been T-boned, hit -- very small space. So right there, stabilize, treat, transport --

PATTY EAKES: Okay. And so --
NICOLAS WILSON: -- is the goal.
PATTY EAKES: If he's never stabilized or in this case never resuscitated --
NICOLAS WILSON: Correct. If the pulses are lost and they're never regained, the cardiac arrest is ran as is. Also, in trying to transport somebody, there's a delay in care because this patient now has to be moved from the ground to a gurney with either no or ineffective CPR being performed until the patient is back into the medic unit. And so that gap in care is very detrimental to the patient's outcome. So from studies and common practice, this is now a common practice.
PATTY EAKES: Okay. Did you ever see a cell phone in any vicinity of Mr. Ellis?
NICOLAS WILSON: Not to my knowledge.
PATTY EAKES: What about an EBT card?
NICOLAS WILSON: Not to my knowledge.
PATTY EAKES: Did you ever see any personal effects of his?
NICOLAS WILSON: My focus is on the patient.
PATTY EAKES: Okay. Nothing you would have paid
attention to --
NICOLAS WILSON: He had clothes.
PATTY EAKES: He had clothes.
NICOLAS WILSON: Correct. I didn't search his
pockets.
PATTY EAKES: Okay.
NICOLAS WILSON: Not my prerogative.
UNIDENTIFIED MALE SPEAKER: Nick, do you remember
who it was that cut off his clothing?
NICOLAS WILSON: I believe it was myself or Polo.
We were both at the head and at the patient's side.
So...and the spit hood and the clothing was removed
consecutively. I don't remember specifics on that. I wish
I did.
UNIDENTIFIED MALE SPEAKER: Was it by -- was the
spit hood removed by TPD or by you guys?
NICOLAS WILSON: I believe it was us. TFD.
PATTY EAKES: I know you were asked to go back and
take a core body temperature, which I understand was just
maybe a thermometer under the armpit? Is that right?
NICOLAS WILSON: Correct. That was a very odd
request.
PATTY EAKES: Why is it odd?
NICOLAS WILSON: In 17 years I've never been asked to get a core temperature on a deceased patient that's been released.

PATTY EAKES: Okay. Did -- I mean, do you have an opinion as to how reliable that is?

NICOLAS WILSON: I don't. It's not something that's common practice for us --

PATTY EAKES: Okay.

NICOLAS WILSON: -- to perform, nor do I have knowledge on that procedure.

PATTY EAKES: Okay.

UNIDENTIFIED MALE SPEAKER: You were asked to do a blood draw too, right?

NICOLAS WILSON: I -- I don't recall specifics, but it would not -- perhaps.

UNIDENTIFIED MALE SPEAKER: That's an unusual request?

NICOLAS WILSON: For a deceased person, correct.

UNIDENTIFIED MALE SPEAKER: Okay. And in your experience, you've never been asked to do that?

NICOLAS WILSON: Correct.

UNIDENTIFIED MALE SPEAKER: Do you know why they wanted a temperature? Did they tell you why? Or just ask you to do it.

NICOLAS WILSON: I don't believe they gave me a
PATTY EAKES: And I think you covered this, but I just want to make sure. Other than what's written in your report about what information you got about what preceded you getting there, do you have any memories of anything else that anyone told you, meaning TPD, about what occurred prior to your arrival?

NICOLAS WILSON: I do not.

PATTY EAKES: Okay. So what's in here, meaning your statement, the pre-hospital care report is that it? Is that what you remember?

NICOLAS WILSON: Correct. That's the summation of information that I recall.

PATTY EAKES: Okay.

NICOLAS WILSON: If I had more information, I would have put it in the report.

PATTY EAKES: Okay.

NICOLAS WILSON: Yeah.

PATTY EAKES: Were you ever told that any of the officers were injured or that they might need medical aid?

NICOLAS WILSON: Not to my knowledge.

PATTY EAKES: Were you -- never asked to treat any of them?

NICOLAS WILSON: Not to my knowledge.

PATTY EAKES: Okay. Do you have any information at
all, hear anything at the scene or anything that would have
been important to you as to whether or not anybody had been
pressing on Mr. Ellis when he was on the ground? Meaning
putting body weight on him?

NICOLAS WILSON: Other than CPR?
PATTY EAKES: Other than CPR. Yeah, sorry.
NICOLAS WILSON: Not to my -- that information I do
not have.
PATTY EAKES: Okay. Never heard anybody talk about
it, never saw anything?
NICOLAS WILSON: Correct.
PATTY EAKES: Okay.
UNIDENTIFIED MALE SPEAKER: Who all did CPR at the
beginning?
NICOLAS WILSON: Oh, man. Everybody. That's --
you're supposed to rotate providers every two minutes.
You're most effective for about 90 seconds, and then you
start to taper off. So any CPR beyond two minutes is
essentially --

UNIDENTIFIED MALE SPEAKER: Okay. So everybody,
just meaning your crew on your truck?
NICOLAS WILSON: Correct. My crew. I believe some
TPD officers might have assisted with CPR. They wanted very
much to help a citizen in Tacoma. It's not uncommon for
them to assist with CPR.
UNIDENTIFIED MALE SPEAKER: But as far as you know you didn't --
NICOLAS WILSON: They're welcome --
UNIDENTIFIED MALE SPEAKER: Sorry.
NICOLAS WILSON: Sorry. It's a welcomed benefit.
UNIDENTIFIED MALE SPEAKER: They didn't do it before you directed them to.
NICOLAS WILSON: What's that?
UNIDENTIFIED MALE SPEAKER: Nobody had done CPR on the body before you got there.
NICOLAS WILSON: Not to my knowledge.
UNIDENTIFIED MALE SPEAKER: Okay.
PATTY EAKES: And just for my edification in terms of -- the other people that were there with you. You're a paramedic.
NICOLAS WILSON: Correct.
PATTY EAKES: Is Ridgeway, the Lieutenant, is he a paramedic?
NICOLAS WILSON: He's an emergency medical technician. That's a basic (indiscernible)
PATTY EAKES: Okay. And what about Polo?
NICOLAS WILSON: Jeff Polo has been through paramedic school and I believe is temp promoted to paramedic now.
UNIDENTIFIED FEMALE SPEAKER: At that time he was an
EMT.

PATTY EAKES: He was an EMT at the time? Okay. And what about Ted Jackson?

NICOLAS WILSON: He is an EMT basic.

PATTY EAKES: Okay. So you're the paramedic. The rest of them are essentially EMTs.

NICOLAS WILSON: Correct.

PATTY EAKES: Okay. And does that mean that you're kind of the lead medical person in terms of determining --

NICOLAS WILSON: On EMS calls, yeah.

PATTY EAKES: And it looked like -- did you guys use a defibrillator? If I can say it right.

NICOLAS WILSON: So it --

PATTY EAKES: Especially with the mask on.

NICOLAS WILSON: My brand model is Lifepack 15.

PATTY EAKES: Uh-huh.

NICOLAS WILSON: It has many capabilities, and one of them is to defibrillate. So we charged --

PATTY EAKES: Okay.

(simultaneous conversation)

NICOLAS WILSON: -- we discern that it's a rhythm appropriate for defibrillation, the monitor is charged appropriately, then that shock is delivered.

PATTY EAKES: Okay.

NICOLAS WILSON: I believe there was one shock
delivered.

PATTY EAKES: Okay. And why only one?

NICOLAS WILSON: It's the only rhythm that presented
appropriate for defibrillation. The rest of the rhythms
that presented were not.

PATTY EAKES: Okay.

NICOLAS WILSON: Essentially if it's a fib
fibrillation or a pulseless V tach, those are the two
rhythms we defibrillate in cardiac arrest.

PATTY EAKES: Okay.

NICOLAS WILSON: Contrary to what you see on TV.

PATTY EAKES: Yeah.

NICOLAS WILSON: Okay?

PATTY EAKES: Got it. Okay. All right. Other --
anyone else have any other questions? Dr. Clark? Is there
anything that we haven't asked you about that -- and I know
it's a year ago, but I just want to make sure we're covering
what you think we should know that you have memories of.
That we didn't talk about?

NICOLAS WILSON: I don't. I just wish we could have
made a difference. Maybe things could have gone
differently.

PATTY EAKES: Yeah.

NICOLAS WILSON: In the whole history of everything.

PATTY EAKES: Yeah. Well, thank you for your time.
You can see -- we had your statement, but we just had a lot more specific questions around some of these issues. So I appreciate you talking to us again. And obviously we'll have a recording of all of it and an opportunity to look at it later if you ever want to. So thank you for your time.

NICOLAS WILSON: Thank you for your time.
PATTY EAKES: Thank you.
UNIDENTIFIED FEMALE SPEAKER: Okay.

It's 11:20 and we are stopping the recording for the interview of paramedic Nick Wilson.
CERTIFICATE

STATE OF WASHINGTON )
COUNTY OF KING )

I, the undersigned, under my commission in and for the State of Washington, do hereby certify that the foregoing audiotape, videotape, and/or hearing was transcribed under my direction as a transcriptionist; and that the transcript is true and accurate to the best of my knowledge and ability; and that I am not a relative or employee or any attorney or counsel employed by the parties hereto, nor financially interested in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand this 1st day of April, 2021.

/s/ Grace Hitchman

Grace Hitchman, AAERT, CET-663
In and for the State of Washington,
residing at Seattle.
Certification expires May 16, 2021
Recorded Interview of Jeff Polo

March 25, 2021

Page 1

In Re: )
MANUAL ELLIS, )
) }

Verbatim Transcript from Recorded Interview
of JEFF POLO

March 25, 2021

Individuals present:
Kent Liu, assistant attorney general
Patty Eakes, Special AG
David Heitzman, Investigator with attorney general
Daniel Clark, Forensics
Allyson Hinzman, President of Local 31
Jean Homan, Deputy city attorney, Tacoma

TRANSCRIBED BY: Grace Hitchman, AAERT, CET-663
PATTY EAKES: Okay. So today is March 25, 2021. We have started the recording for firefighter Jeff Polo. If everybody in the room could please introduce themselves for the recording, that would be appreciated.

KENT LIU: Kent Liu, Assistant Attorney General.

THOMAS CLARK: Forensic pathologist.

DAVID HEITZMAN: Investigator with the attorney general's office.

PATTY EAKES: Special AG.

ALLYSON HINZMAN: Allyson Hinzman, President of Local 31.

JEFF POLO: Firefighter, Tacoma Fire.

JEAN HOMAN: Jean Homan, Deputy City Attorney.

And I am recording for the record that everyone has consented to us audiorecording today's interview.

PATTY EAKES: Good morning, Mr. Polo. Thanks for coming in and chatting with us.

JEFF POLO: Good morning.

PATTY EAKES: Did you have an opportunity to look at the tape recorded statement you gave previously?

JEFF POLO: Briefly.

PATTY EAKES: Briefly? Okay, great. And I know that we have this report called the pre-hospital care report that I believe paramedic Wilson completed.

JEFF POLO: Yes, ma'am.
PATTY EAKES: Did -- is this something that you see at the time that he's finishing it up? Or is this just his report?

JEFF POLO: So that's the report for the incident, and he writes that. And I don't review it.

PATTY EAKES: And you what?

JEFF POLO: I don't review it.

PATTY EAKES: You don't review it. Okay. So I take it you haven't reviewed this for purposes of --

JEFF POLO: No, ma'am.

PATTY EAKES: Okay. So when you were interviewed by the state patrol, did you look at anything in advance of talking to them to, like, refresh your memory? Or were you just kind of going off --

JEFF POLO: I just went off memory.

PATTY EAKES: You just went off memory? Okay. And I know it's been a long time, just over a year. So can you just give us an idea of how, you know, how good your memory is or not good? Or, you know, just kind of give us a general idea of what you recall?

JEFF POLO: Fairly well. I mean, the recorded statement from previous is about what I remember.

PATTY EAKES: Okay.

JEFF POLO: I don't think I missed anything in that, so...
PATTY EAKES: Okay. And I understand now you have maybe completed your paramedic training and --
JEFF POLO: I had completed it prior to this -- this event.
PATTY EAKES: Okay. So tell me about that. When did you complete your paramedic training?
JEFF POLO: That would have been March of 2020.
PATTY EAKES: Okay. So right --
UNIDENTIFIED SPEAKER: Oh, '19.
JEFF POLO: Yeah.
PATTY EAKES: Okay. So you had your paramedic certification but had you just not been promoted yet --
JEFF POLO: Uh, yes ma'am.
PATTY EAKES: Okay. For about a year before? Okay.
JEFF POLO: Yes.
PATTY EAKES: All right. So we're kind of just, you know, kind of trying to get the best recollections that you have. And I kind of went through your statement, so I'm going to ask you some of those -- just some specific questions. But also, you know, feel free to kind of tip in. But why don't you just give us an idea of what you remember, like, from the time you arrived at the call --
JEFF POLO: So, like I said, my recorded statement I feel like pretty much covers my memory of that.
PATTY EAKES: Okay.
JEFF POLO: And we arrived. We performed our patient care as documented in both my previous statement and obviously in the patient care report. I don't really have anything to add.
PATTY EAKES: Okay. Do you remember if when you first got there, if any specific TPD officers came up and had any contact with you, like, even before you got to the patient?
JEFF POLO: Nothing specific. No, ma'am. I'm sorry, I don't recall.
PATTY EAKES: Okay.
JEFF POLO: And if there was, I don't -- I don't recall any -- I don't actually know any of their names.
PATTY EAKES: Okay.
JEFF POLO: We see them on a regular basis but, you know --
PATTY EAKES: And when you say you see them on a regular basis, do you

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

In Re the Marriage of:  }
SERV WAHAN,  }
}
v.

SHARMILA AHMED,

Respondent.

Verbatim Transcript from Recorded Proceedings
Before The Honorable KATHRYN FIELDS

January 8, 2018
King County Courthouse
Seattle, Washington

APPEARANCES:
For the Petitioner: For the Respondent:
Jane Malico, Attorney at Law Dawn Sydney, Attorney at Law
Stella L. Pitts & Associates Law Offices of Dawn Sydney
719 2nd Avenue, Ste 520 1417 NW 54th St., Suite 200
Seattle, WA 98104 Seattle, WA 98107
206.447.7745 206.297.6245
ejane.malico@slpitts.com dawn@dawnsydneylaw.com
(contact Angela:
angela@dawnsydneylaw.com)

TRANScribed BY: Grace Hitchman, AAERT, CET-663
(The Honorable Kathryn Fields presiding)
(Monday, January 8, 2018)
--o0o--u just mean Tacoma PD generally? Or do you mean
these specific officers?
JEFF POLO: Just generally. They call us for calls
and then we have interactions with the officers at that
point, but I don't have any interaction beyond that.
PATTY EAKES: Okay. Do you have any memory of the
folks that were at this particular call? If they were
people you had seen before or knew before?
JEFF POLO: No, ma'am.
PATTY EAKES: Okay. I know there's a lot of them --
JEFF POLO: Yeah.
PATTY EAKES: -- but I wasn't sure. Okay.
In your statement at Page 3, you said that Mr. Ellis
was on his right side with TPD officers behind him. Hands
on the shoulder to his left. That sounds like a pretty
specific memory. Do you have a specific memory of that?
JEFF POLO: Just that on our approach, he was on his
side and the officers were behind him holding -- like
keeping him on his side with their hands so that he didn't
fall forward or backwards.
PATTY EAKES: Okay. And do you remember if he was
restrained?
JEFF POLO: I believe he was in handcuffs.
PATTY EAKES: And other than handcuffs, do you remember if there was anything restraining any other part of his body?

JEFF POLO: No. I don't remember.

PATTY EAKES: Okay. So when you think of, like, as your best view as you walk up to him, do you see his legs out in front of him? Do you see his -- do you remember seeing his legs? I mean, I know you said he's on his side.

JEFF POLO: I just remember him laying on his side.

I believe his legs were extended out.

PATTY EAKES: Okay.

JEFF POLO: So just like a fish basically.

PATTY EAKES: Okay. And -- but people were kind of holding him on his side?

JEFF POLO: Just keeping him from falling over onto his face or falling back onto his hands.

PATTY EAKES: Okay. And do you recall, did he appear to be conscious at all? Or what do you recall about what his condition was?

JEFF POLO: I don't recall if he was conscious at that time. I think he was -- he was still breathing at that time, but I don't recall if he had any conscious movements or anything while he was like that.

PATTY EAKES: And tell me -- I know you said in your statement that he was breathing at that time. What's that
-- I mean, how could you tell he was breathing? What was that based on, that observation?
    JEFF POLO: Just that he had chest rise and fall and air movement.
    PATTY EAKES: Okay.
    JEFF POLO: As we approached.
    PATTY EAKES: Okay. And you could see that as you approached him? Could you tell if the officers that you said were kind of holding him, was anyone putting pressure on him? Or could you tell?
    JEFF POLO: Not that I could tell.
    PATTY EAKES: And was it one officer or more than one officer who was holding him?
    JEFF POLO: I believe it was two. But I don't have direct recollection of whether it was two or three or --
    PATTY EAKES: Okay --
    JEFF POLO: -- I think there was at least two.
    PATTY EAKES: All right. And where do you remember them in relation to his body?
    JEFF POLO: So upper back and buttocks. So, like, around the hips and back.
    PATTY EAKES: Okay. Any recollection of a description of either of those officers?
    JEFF POLO: I'm sorry, I don't recall.
    PATTY EAKES: Okay. And not gender, race, anything
like that?

JEFF POLO: I don't recall. All I saw was two
officers, and then I looked at the patient.
PATTY EAKES: Okay. And I'm going to ask you
specific questions -- perfectly fine if you don't remember.
I'm just trying to make sure I get the whole knowledge of
what you have. Okay.

JEFF POLO: Yeah.
PATTY EAKES: And your report -- the tape recorded
statement also says that -- you said he was breathing and he
was saying garbled words. Can you tell me about that?
That's, I think, also on Page 3.

JEFF POLO: Yeah. So the -- I remember him making
sounds. Whether they were words or not, I don't recall so
much.
PATTY EAKES: Okay.

JEFF POLO: And that was just, I believe, when we
laid him flat.
PATTY EAKES: You -- okay.

JEFF POLO: So when we arrived they had him on his
side, and we laid him flat to begin assessment.
PATTY EAKES: Uh-huh.

JEFF POLO: He made noises. Whether or not they
were words or not can be up for interpretation.
PATTY EAKES: Okay. Could it have been -- I mean,
1  do you know what agonal breathing is?
2    JEFF POLO: It's possible.
3    PATTY EAKES: It could have been that?
4    JEFF POLO: I can't say for sure.
5    PATTY EAKES: Okay. I'm just trying to discern, do
6  you think it was, like, intentional? Or was it, you know,
7  an involuntary thing associated with his condition?
8    JEFF POLO: I can't say for sure on that. That's
9  not something I'm qualified to determine, whether his intent
10  was to say something or not.
11    PATTY EAKES: Okay.
12    JEFF POLO: Outside of my --
13    UNIDENTIFIED MALE SPEAKER: Did the breathing
14  concern you? And what I mean by that is did you look at him
15  and think, oh, he's breathing okay? Or that's a problem and
16  we may need to address that?
17    JEFF POLO: That's a problem and we need to address
18  that.
19    UNIDENTIFIED MALE SPEAKER: Okay.
20    PATTY EAKES: Is that another way of saying did he
21  appear to be in respiratory distress?
22    JEFF POLO: He appeared to be in a condition of
23  needing assistance. Whether that was breathing or however,
24  he needed assistance one way or another.
25    PATTY EAKES: Okay.
UNIDENTIFIED MALE SPEAKER: So is that the point at which you were making the decision about using a mask?
JEFF POLO: Yes. Yes, sir.
UNIDENTIFIED MALE SPEAKER: Okay. In terms of, like, as you're -- as you're walking up -- I know there are three of you, right? Are you all together? Or is one ahead of the other? Or how does that work?
JEFF POLO: It's -- it can vary. The driver is normally a little bit behind because they're putting their gloves on. The third and the officer had the opportunity to put their gloves on while en route.
PATTY EAKES: Uh-huh.
JEFF POLO: And then the driver -- the third needs to get the equipment from the rig, so it's kind of an incident by incident.
PATTY EAKES: Okay. Do you remember here, was paramedic Wilson in front of you? Behind you? I'm just wondering, like, who's, like, first to the body or the -- to Mr. Ellis.
JEFF POLO: I'm sorry. I don't recall.
PATTY EAKES: Okay.
UNIDENTIFIED MALE SPEAKER: Did the three of you have specific jobs like, you know, you're going to focus on one thing and another one knows they're going to focus on another thing? Or do you just all do what needs to be done?
JEFF POLO: Nothing -- yeah, nothing written in stone in terms of what needs to be done, because every incident is approached as a dynamic situation. So it's not like you have a specific job going into it. More like we approach, assess, and then things get assigned as we're finding a need for things.

UNIDENTIFIED MALE SPEAKER: How long had the three of you worked together?

JEFF POLO: I think about six months at this point.

UNIDENTIFIED MALE SPEAKER: Had you developed, like, a routine of what each of you would do when you arrived on the scene?

JEFF POLO: Yeah. There's a general routine that, I mean, obviously Lieutenant Ridgeway is going to be doing the charting at first while paramedic Wilson and myself are doing more of an assessment at the time just so that's documented as we do it. And then as the third, it's my job to normally begin getting vital signs, and then paramedic Wilson to assess if there's a further need of other things. But our situation is just a little bit different with me having completed paramedic school prior to this event.

UNIDENTIFIED MALE SPEAKER: How did that change things then?

JEFF POLO: It just changes things in terms of there's more assessment going on between me and Nick as more
of a collaborative rather than necessarily what would be
common for a paramedic and a firefighter. If that makes
sense.

UNIDENTIFIED MALE SPEAKER: Was that the approach
that night that you could recall?
JEFF POLO: Not that I recall. At that point I was
still fairly new, so -- but not that I recall.
PATTY EAKES: I mean, did you feel like paramedic
Wilson was kind of the lead? Were you looking to him? Or
was it --
JEFF POLO: A hundred percent. I mean, that's his
position under the -- he's in charge.
PATTY EAKES: Okay.
JEFF POLO: His decision is final.
PATTY EAKES: Okay.
JEFF POLO: On those types of things, yeah.
PATTY EAKES: And if -- this report that he wrote --
and I know you didn't rely on it -- if it's -- if there's
things that aren't necessarily fully consistent with what
you recall, do you have an opinion as to whether or not what
he puts in here should control? Or do you -- have you
thought about that?
JEFF POLO: So I would say that that is written the
night of the incident.
PATTY EAKES: Uh-huh.
JEFF POLO: And any of my statements are taken a year after the incident.
PATTY EAKES: Okay.
JEFF POLO: So mine's recollection of something that happens over a year ago. I mean, I've done a thousand calls since then.
PATTY EAKES: Sure.
JEFF POLO: So, I mean, I might be having memory from other instances in the same area that are similar that creep in and distort my recollection of these events.
PATTY EAKES: Okay.
JEFF POLO: So I would say that the report that's written and documented is going to be the best, most accurate account of the thing that occurred.
PATTY EAKES: Okay. And that's this document called a pre-hospital care report?
JEFF POLO: Yes, ma'am.
PATTY EAKES: That has, like, the printouts of the sinus -- or the EKG --
JEFF POLO: Yes, ma'am.
PATTY EAKES: -- yeah, strips.
JEFF POLO: By TFC policy, those are completed the day of the event.
PATTY EAKES: Okay. Okay. That's helpful to know. Did you -- do you recall being given any information about,
like, what had happened prior to you guys arriving and how
Mr. Ellis, you know, how he ended up in this situation?
JEFF POLO: Just what was in the CAD report. The
night of -- just that we were going to assist TPD. That was
our first and only dispatch, was that we were doing a TPD
assist.
PATTY EAKES: Okay.
JEFF POLO: I don't -- I don't recall getting any
other information from anybody at the -- on scene.
PATTY EAKES: Even on scene?
JEFF POLO: Not that I recall.
PATTY EAKES: Okay.
JEFF POLO: I mean, I know I've gotten information
since; this is a very high profile case. But nothing at the
time.
PATTY EAKES: Yeah. Would it have been important to
you -- is it important for you in terms of assessing what's
happening with the patient to understand what preceded the
person in the -- getting into the condition they are when
you see them?
JEFF POLO: I think our focus is more on the
immediate problem of what is occurring.
PATTY EAKES: Okay.
JEFF POLO: I think knowledge of how they got there
is important to determine and help direct care, but the
immediate problem that was there was -- that was what needed
to be fixed.
PATTY EAKES: Okay. Is it possible that officers
were volunteering what happened but it just -- you don't
need to remember? Or it wasn't important to you? Or do you
think that you just weren't being given any information
about what happened?
UNIDENTIFIED FEMALE SPEAKER: So his role on the rig
isn't to obtain third party information. His role is
patient care.
PATTY EAKES: Okay.
UNIDENTIFIED FEMALE SPEAKER: So that would have
primarily been done by Lieutenant Ridgeway or paramedic
Wilson, because that's their role of -- Lieutenant Ridgeway
overall (indiscernible) what's going on and paramedic Wilson
overall assessing what -- their treatment plan for the
patient. But in his role, he's much more focused on -- very
focused patient only.
PATTY EAKES: Okay.
UNIDENTIFIED FEMALE SPEAKER: So he's not going to
get distracted with other things in the surroundings.
PATTY EAKES: Great. Thank you, that's helpful.
Okay. Good.
UNIDENTIFIED MALE SPEAKER: Did any of the officers,
before you got to the patient, did any of the officers ask
you to step it up or hurry after you get out of the truck?

JEFF POLO: Not that I recall.

UNIDENTIFIED MALE SPEAKER: Okay.

JEFF POLO: Sorry.

UNIDENTIFIED MALE SPEAKER: Yeah, in your interview you said when you guys arrived, you were waved in by TPD officers. Was this sort of a casual wave like, over here? Was it an urgent wave?

JEFF POLO: More of just an over here type of -- this is where we're at.

UNIDENTIFIED MALE SPEAKER: Okay.

PATTY EAKES: Is that the way you're usually waved in? Or do you sometimes get the come on, hurry up, right here? Or --

JEFF POLO: I don't think there is much of a difference between either. More of -- there's a lot of patrol cars and a lot of activity moving around, and it's kind of like hey, your patient is over here.

PATTY EAKES: Okay. At Page 4 of the statement you gave, you said when you described him that he had adequate respiratory drive and then deteriorated into labored and ceased breathing. Tell me what you mean by that when you say adequate respiratory drive.

JEFF POLO: So that would be he was initiating breaths that seemed to be of an adequate nature at the time.
I don't remember -- I don't remember saying that in the first place, but, yeah, that would be what I would describe as adequate respiratory drive.

PATTY EAKES: Okay. And is that, like, when he is still on his side? Or is that when you got him down on his back? Or what?

JEFF POLO: So this would be like a first initial approach type of thing. So this is from a couple feet away looking and being, like, it looks like he's still breathing, versus that man isn't breathing.

PATTY EAKES: Okay.

JEFF POLO: So this is a 10 feet away as I'm approaching, what's my initial assessment. It would be like he might still be breathing. We'll go assess closer and see if it's adequate or not.

PATTY EAKES: And so then when you said deteriorated into labored and diffuse breathing, like, can you give me an idea of, like, how long he went from that first impression to, okay, he's not breathing?

JEFF POLO: Maybe a minute or two.

PATTY EAKES: Okay.

JEFF POLO: Maybe as much as three. Total -- that's a total guess, an estimate.

PATTY EAKES: Okay. Do you recall if you guys bagged him right away with the PVM?
JEFF POLO: I -- I can't recall. Sorry.

PATTY EAKES: Okay. There was also a discussion in there about the spit hood and the removal of the spit hood, kind of at page 4 and the top of page 5.

JEFF POLO: Uh-huh.

PATTY EAKES: Did you -- it was kind of an exchange about whether or not it affected his breathing. Do you have an impression of whether or not his breathing was impacted by the removal of the spit hood?

JEFF POLO: I know we removed it. I don't remember who removed it. I know it got removed pretty early on. It might have even been the first thing removed. And that was kind of when it started to note -- when we really started to note his breathing was on a decline.

PATTY EAKES: Okay.

JEFF POLO: That was why we were removing it in the first place, was so that we could have access to PVM.

PATTY EAKES: And when you finished kind of doing the initial assessment of him, did you have an impression of this guy could make it, we could save him? Or this guy is probably not going to make it?

JEFF POLO: Too early to tell.

PATTY EAKES: Okay.

JEFF POLO: Yeah.

PATTY EAKES: There's nothing about his condition
that tells you he's either too gone or not gone?

JEFF POLO: No. I mean, he's obviously in a sick spiral. And whether or not he's going to respond to treatment or not is -- I couldn't say definitively one way or the other.

PATTY EAKES: Okay.

JEFF POLO: He needed assistance, and that's what we provide.

PATTY EAKES: I think also in your statement, and I think it's at the bottom of 4 and top of 5 -- and I can look for it. Well, I -- kind of in the middle of the page about Line 19. Sorry (indiscernible) difficult with (indiscernible)

JEFF POLO: Which page? Page 5?

PATTY EAKES: Page 5. Sorry.

JEFF POLO: Yes.

PATTY EAKES: You said his heart rate slowed from around 80 beats per minute down to 0, and you began CPR.

JEFF POLO: Uh-huh.

PATTY EAKES: I guess -- I'm not sure I saw anywhere that 80 beats per minute was documented. Is that -- where would that be?

JEFF POLO: So the monitor keeps a continual record of the heart rate.

PATTY EAKES: Uh-huh.
JEFF POLO: But in the report it only picks certain
times and -- to do actually reports. So I don't know where
you would need to go to get that. I believe -- I don't
know. But I know the monitor tracks the whole call.
PATTY EAKES: Okay.
JEFF POLO: And then when it puts up his vitals, it
has a determined algorithm on when it actually picks which
numbers and when it puts them out.
UNIDENTIFIED FEMALE SPEAKER: Okay. Is that -- the
vitals section shows pulse and respiration right?
JEFF POLO: Uh-huh.
UNIDENTIFIED FEMALE SPEAKER: Pulse always showed 0.
But you're saying it would have been 80 at one point?
JEFF POLO: I don't know. I can just say what we
saw on our monitor was a moment when we first put him on was
at 80 and then spiraled down. And I don't know when or
where that would be in the report.
UNIDENTIFIED MALE SPEAKER: So your 80 could have
been referring only to electrical activity?
JEFF POLO: Totally possible.
UNIDENTIFIED MALE SPEAKER: Okay.
JEFF POLO: Whether or not I know --
UNIDENTIFIED MALE SPEAKER: That would actually make
sense.
UNIDENTIFIED FEMALE SPEAKER: Well, and let's not
set on the 80 number because, again, he's not the author of
this report. He's not the ALS provider on the scene.
That's paramedic Wilson, because he's focused on providing
care. And really helping determine sick or not sick, do we
need to treat, rather than focusing really on does this
patient have vitals X, Y, and Z. That's what paramedic
Wilson did.

PATTY EAKES: Okay. I just wanted to make sure,
because you did use the number 80, and so I wasn't sure kind
of where that came from. That's why I was trying --
JEFF POLO: Yeah. I know at some point looked up
and on it it was an 80 in the corner.
PATTY EAKES: Okay. But it could have been the
electrical activity.
JEFF POLO: It's also possible that it could have
been a number of things, because they don't -- the monitor
can measure static air and get a heart rate at times. So...
PATTY EAKES: Okay. Is that another way of saying
it may not be that reliable in terms of what you --
UNIDENTIFIED FEMALE SPEAKER: No. That's not --
JEFF POLO: No. What I'm trying to say is that it
may not be -- it may not be in the report as 80, and that's
just what I recall seeing on the monitor at some point.
PATTY EAKES: Okay.
JEFF POLO: Said a year later.
PATTY EAKES: Yeah.
UNIDENTIFIED MALE SPEAKER: Did you take a mechanical pulse or --
JEFF POLO: I believe paramedic Wilson did.
UNIDENTIFIED MALE SPEAKER: Okay.
JEFF POLO: I was focused on airway.
UNIDENTIFIED MALE SPEAKER: If I'm hearing you correctly, you were saying that the 80 on the screen was something you saw --
UNIDENTIFIED FEMALE SPEAKER: He's saying he doesn't know if that's what he saw for sure, because he's focused on patient care. And so focusing on that number of 80 is not something that he can speak directly to, because he's not the medic on scene nor is he the author of the report or in charge of the ALS equipment.
JEFF POLO: Yeah. I was -- I'm literally going off of --
UNIDENTIFIED MALE SPEAKER: But he's not -- (simultaneous conversation)
UNIDENTIFIED MALE SPEAKER: I just want to establish that that probably was an electrical observation and not a --
UNIDENTIFIED FEMALE SPEAKER: He's not able to speak to that as that was not his role on the scene.
UNIDENTIFIED MALE SPEAKER: Okay.
UNIDENTIFIED FEMALE SPEAKER: His role is firefighter on the scene.

UNIDENTIFIED MALE SPEAKER: Jeff, when you're on the scene, do you recall getting information from any of the officers? Could that information, like, what the beats per minute, have come from one of the officers?

JEFF POLO: I mean, it's totally possible. I don't -- like I said, this is a long time ago for specific memories.

UNIDENTIFIED MALE SPEAKER: Yeah. You mentioned you saw two officers holding him. Did you see anyone attending to him? Did they look like they were attending to him or just holding him?

JEFF POLO: I don't recall. I mean, we're walking up from 50, 60 feet away.

PATTY EAKES: Okay. We covered you don't remember hearing any statements from any specific officer about what happened.

JEFF POLO: I do not.

PATTY EAKES: Okay. Do you remember ever seeing a cell phone? Mr. Ellis's cell phone?

JEFF POLO: I do not.

PATTY EAKES: What about an EBT card?

JEFF POLO: I don't remember seeing any of that stuff.
PATTY EAKES: Okay. Do you remember any personal
property or anything that looked like it might be evidence
at the scene, so to speak?
JEFF POLO: No.
PATTY EAKES: Okay. And you said you were focused
on his airway?
JEFF POLO: Uh-huh.
PATTY EAKES: So were you up by his head?
JEFF POLO: Yeah.
PATTY EAKES: Okay. And did you actually touch his
body?
JEFF POLO: Yes.
PATTY EAKES: Tell me what you remember about the
temperature of his body or the feel of his body?
JEFF POLO: I don't -- I don't recall anything
specific. Nothing stands out.
PATTY EAKES: Okay.
JEFF POLO: I know it was cold at night.
PATTY EAKES: Do you remember, I mean, would it have
stood out if he was unusually hot, for example? Do you
remember whether he felt, you know, hot to the touch?
JEFF POLO: I don't know if I would have noticed, to
be honest. We wear nitrile gloves, and I already have poor
sensation of whether or not I feel hot and cold, so...
PATTY EAKES: Okay. What about the feeling of his
skin? Was it wet, clammy, dry? Do you remember anything about his skin?

JEFF POLO: No.

PATTY EAKES: Is that hard to do with your gloves on too?

JEFF POLO: No. I just don't remember. Like I said, I don't remember anything specific standing out, but...

PATTY EAKES: Okay. And I think you were one of the -- or did you go back when they did the temperature check?

JEFF POLO: Yeah.

PATTY EAKES: Okay. And I think I read in your statement that you actually performed that temperature check?

JEFF POLO: Yes.

PATTY EAKES: How did you do that?

JEFF POLO: An axillary temperature probe underneath the arm.

PATTY EAKES: Okay. So just a regular thermometer under the armpit?

JEFF POLO: Yeah. Just a regular thermometer.

PATTY EAKES: Okay. I think in your statement you said that one of the officers initially kind of flagged you down and kind of directed you to where Mr. Ellis was. Do you have any memory of a physical description of that
OFFICER?

JEFF POLO: No. Sorry.
PATTY EAKES: Okay.
UNIDENTIFIED MALE SPEAKER: Any recall, physical description of the two -- the officers that were with the patient?

JEFF POLO: Sorry. It's just a -- I'm sorry. I know.

UNIDENTIFIED MALE SPEAKER: No difference in recalling different size between the two of them or...

JEFF POLO: They were being (indiscernible)

UNIDENTIFIED MALE SPEAKER: Okay. Got it.

UNIDENTIFIED MALE SPEAKER: I think you already did this, but you did it at different times so I wanted to put the two different things together in my mind. And that is your initial observation of respiration when you thought he had an adequate respiratory drive, as you put in your statement. But you said also that that was from a distance. And that you wouldn't, I mean, you didn't use the word confident so I'll just ask. How confident would you be on that statement?

JEFF POLO: He had an -- I mean --

UNIDENTIFIED MALE SPEAKER: That he had an adequate respiratory drive.

JEFF POLO: I would say my confidence is 50/50.
UNIDENTIFIED MALE SPEAKER: Okay.

JEFF POLO: Like I said, this is maybe a thousand calls back in the dark at night.

PATTY EAKES: Yeah.

UNIDENTIFIED MALE SPEAKER: Jeff, do you recall having a conversation with TPD officers about removing the restraints?

JEFF POLO: I know there was -- we were trying to remove the restraints and asking for them to be removed, but I don't recall, like, having a heated conversation. Like I said, I'm at the head of the patient focused on airway. So I know I didn't have a conversation with anybody about it. That was not where I was focused.

UNIDENTIFIED MALE SPEAKER: Do you recall hearing a conversation about it?

JEFF POLO: I recall hearing I think Marlon asked for them to be removed.

UNIDENTIFIED MALE SPEAKER: Okay.

JEFF POLO: That's all I remember hearing.

UNIDENTIFIED MALE SPEAKER: Okay. Do you recall any response from -- what the response was from TPD?

JEFF POLO: I don't -- I don't recall. I just know that they got removed at some point. They were removed shortly after that.

UNIDENTIFIED MALE SPEAKER: Okay. Do you know how
long it took after the request was made before --
JEFF POLO: I don't. I'm sorry.
PATTY EAKES: Based on the condition that you saw
Mr. Ellis when you first got there, did you have any
concerns that he was a threat to you or to any of the
paramedics?
JEFF POLO: At the time when we first saw him?
PATTY EAKES: Yeah.
JEFF POLO: No.
PATTY EAKES: Okay. Why not?
JEFF POLO: He was surrounded by approximately 15
officers, 15, 20 officers who had secured the scene. And he
was, like I said, on his side, not making any motion at that
point, threatening or not. And had officers at least with
him. So, no, I didn't feel he was a threat at the time.
PATTY EAKES: Okay. Was there anything that he was
doing, meaning Mr. Ellis, that signified to you that he was
capable of getting up, assaulting you, attacking you, or
anything like that?
JEFF POLO: Not at that time, no.
PATTY EAKES: Okay. Were you aware or ever told
that any of the officers were injured or needed medical
treatment?
JEFF POLO: Not that I recall. No. Not that I
remember.
PATTY EAKES: Okay. And other than kind of, you know, focusing obviously exclusively it sounds like on Mr. Ellis, which is I understand your job, did you ever, even after CPR had been discontinued and he had been declared, did you then have any conversations with any of the TPD officers about any aspect of the call?

JEFF POLO: I did not, no. I was putting our bags and stuff back in service and getting ready for our next call.

PATTY EAKES: Okay.

JEFF POLO: So no.

UNIDENTIFIED MALE SPEAKER: Jeff, was the request to take a body temperature -- core body temperature, is that a typical request? Or is that an unusual request?

JEFF POLO: It was the first one I've had.

UNIDENTIFIED MALE SPEAKER: In how many years?

JEFF POLO: Five. So...

PATTY EAKES: I'm sorry. I apologize because we just interviewed somebody else, so if I already asked this question -- but have you had experience with excited delirium?

JEFF POLO: Well, I suppose I would have to ask how you -- what do you mean by experience?

PATTY EAKES: Have you been to other calls where you believe somebody was suffering -- or their condition was a
result of excited delirium?

JEFF POLO: We have -- I have been on other calls where we have treated for excited delirium, but that's not something that -- so we never get, like, a diagnosis, definitive diagnosis from the hospital so that I can say for sure.

PATTY EAKES: Yeah.

JEFF POLO: No.

PATTY EAKES: Okay. Do you get training on excited delirium?

JEFF POLO: Yes, ma'am.

PATTY EAKES: Okay. And did -- do you remember anyone talking about excited delirium? Any of the TPD officers talking about excited delirium that night?

JEFF POLO: Not that I recall.

PATTY EAKES: Is there -- based on what you know about excited delirium, was there anything about Mr. Ellis's physical condition that suggested to you excited delirium?

JEFF POLO: So knowing what the history or what the previous actions were now, I would say yes. At the time, he was a candidate for it, but whether or not he was exhibiting signs and symptoms was unknown.

PATTY EAKES: Okay. Let me just unpack that a little bit. You mean based on what you've seen in the media?
JEFF POLO: Well, like I said, things that have happened since --

PATTY EAKES: Uh-huh.

JEFF POLO: -- have given the implication that that might be what happened. But, like I said, we never get a definitive talk or diagnosis or anything beyond what the media says.

PATTY EAKES: Okay.

JEFF POLO: So I don't know for in the moment. He might have been, he might not have been. And that's always a thought on the table when we approach patients that have had police contact that we're as told agitated.

PATTY EAKES: Okay.

JEFF POLO: So any time we're going to assist TPD for a patient that we know is agitated, that's the hook I -- well maybe keep it in the back of your mind as a thought of I might be treating this at this point tonight.

PATTY EAKES: Okay. And did you remember -- do you remember someone telling you he was agitated when you were the the scene that night? Or is that information you kind of got after the fact?

JEFF POLO: Between those two, maybe, maybe not. I don't know.

PATTY EAKES: Okay. But there was -- and you're the medical expert in terms of excited delirium, but was there
anything about, like, as you assessed him that you said, oh, this thing tells me maybe excited delirium? Or anything of that nature?

JEFF POLO: I would just say that the amount of officers around with the general, you know, being restrained, typically leans to a very agitated person at the time.

PATTY EAKES: Okay.

JEFF POLO: So I would say it's definitely higher up on my things I needed to rule out or consider than lower.

PATTY EAKES: Sure.

UNIDENTIFIED MALE SPEAKER: Do you remember if your response after being dispatched was priority or routine?

JEFF POLO: I do not.

UNIDENTIFIED MALE SPEAKER: Okay.

PATTY EAKES: Okay. Is there anything we haven't asked you about, any memories that you have, understanding this is a year ago --

JEFF POLO: Yeah.

PATTY EAKES: -- that we haven't talked about that you think we should know?

JEFF POLO: I don't have anything to add. Like I said, this is my statement from a couple months ago and then you have (indiscernible) patient, so --

UNIDENTIFIED FEMALE SPEAKER: May I ask a clarifying
question?

PATTY EAKES: Sure.

UNIDENTIFIED FEMALE SPEAKER: In your first statement, you said that his heart rate went from 80 beats per minute to 0. To your recollection, was your understanding of 80 beats per minute ever based upon a mechanical recording of his pulse?

JEFF POLO: Not to my recollection.

UNIDENTIFIED FEMALE SPEAKER: Thank you.

JEFF POLO: And, like I said, 50/50.

UNIDENTIFIED FEMALE SPEAKER:

UNIDENTIFIED FEMALE SPEAKER: Got it.

PATTY EAKES: Okay. Anyone else? Okay. Thank you very much for your time. We really appreciate it. It's 11:55 and I'm stopping the recorder.
CERTIFICATE

STATE OF WASHINGTON )
COUNTY OF KING )

I, the undersigned, under my commission in and for the State of Washington, do hereby certify that the foregoing audiotape, videotape, and/or hearing was transcribed under my direction as a transcriptionist; and that the transcript is true and accurate to the best of my knowledge and ability; and that I am not a relative or employee or any attorney or counsel employed by the parties hereto, nor financially interested in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand this 1st day of April, 2021.

/s/Grace Hitchman

Grace Hitchman, AAERT, CET-663
In and for the State of Washington, residing at Seattle.
Certification expires May 16, 2021
In Re:
MANUAL ELLIS,

Verbatim Transcript from Recorded Interview
of MARLON RIDGEWAY

March 25, 2021

Individuals present:
Kent Liu, assistant attorney general
Patty Eakes, Special AG
David Heitzman, Investigator with attorney general
Daniel Clark, Forensics
Allyson Hinzman, President of Local 31
Jean Homan, Deputy city attorney, Tacoma

March 25, 2021

TRANSCRIBED BY: Grace Hitchman, AAERT, CET-663
UNIDENTIFIED FEMALE SPEAKER: Okay. Today is March 25. It's about 5 minutes after 12 and we are audio recording the interview of Marlon Ridgeway.

If everyone could identify themselves for the recording?

KENT LIU: Kent Liu, Assistant Attorney General
THOMAS CLARK: Thomas Clark, Forensic pathologist.
DAVE HEITZMAN: Dave Heitzman, investigator with the attorney general's office.
PATTY EAKES: Patty Eakes, Special AG.
ALYSON HINZMAN: Alyson Hinzman, President of Local 31.

MARLON RIDGEWAY: Marlon Ridgeway, Lieutenant Tacoma Fire Department.
JEAN HOMAN: And Jean Homan, Deputy city attorney.

And I am confirming for the recording that everyone has consented to record today's interview.
PATTY EAKES: Thank you, Lieutenant Ridgeway, for meeting with us. And I know you provided a statement previously. Did you get a chance to look at it before you --

MARLON RIDGEWAY: I did.
PATTY EAKES: Okay. Great. Well, we just wanted to have a chance to speak with you directly and kind of ask some follow-up questions but also just kind of get your best
recolletion of this call.

And I have asked this before, but this pre-hospital
care report that was prepared by paramedic Wilson? Did you
read this or -- at any point?

MARLON RIDGEWAY: I've read through it, yes.
PATTY EAKES: Okay. Before today or?
MARLON RIDGEWAY: Before today, yes.
PATTY EAKES: Okay. And what about at the time it's
prepared. Do you look at it then?
MARLON RIDGEWAY: No.
PATTY EAKES: Okay. Did you look at it just in
preparation for your meeting with the state patrol?
MARLON RIDGEWAY: Yes.
PATTY EAKES: Okay. And I'm sorry, did you say you
looked at it again in preparation for today?
MARLON RIDGEWAY: No, I did not look at it today.
PATTY EAKES: You did not. Okay. Great. And was
there anything that you can recall when you read it that was
consistent, inconsistent with anything you recalled?
MARLON RIDGEWAY: No.
PATTY EAKES: And I have a terrible question,
because now I don't know which one (indiscernible) I
apologize.
MARLON RIDGEWAY: No, I did not see -- recognize any
inconsistencies or anything.
PATTY EAKES: Okay, great. And did it reflect what you remembered about this incident?

MARLON RIDGEWAY: Yes.

PATTY EAKES: Can you just give us an idea of, like, how good your memory is about -- I know this is a year ago and you have probably had a ton of calls since then -- but how good is your memory of this event?

MARLON RIDGEWAY: Not very good at all.

PATTY EAKES: Okay. Well, let's just kind of walk through. Perhaps you can just kind of tell us what you remember about arriving at the call. I know that you were with Polo and Wilson, right?

MARLON RIDGEWAY: Uh-huh.

PATTY EAKES: But can you just kind of tell us what you remember about walking -- arriving, and then walk us through what you saw?

MARLON RIDGEWAY: Sure. Upon arrival, we noticed that police had the whole intersection blocked off, so we parked a little ways away. Gathered our gear and walked up to the scene. And then upon arrival at the patient, paramedic Wilson and Polo did their assessment. And I have the information board, so I'm putting times in and listening to what their needs are requesting for appropriate units to the scene, so whatever they were doing. After their assessment, we had dispatched other units if necessary.
PATTY EAKES: Okay.
MARLON RIDGEWAY: So --
PATTY EAKES: And so it sounds like when you said -- did you have the iPad? Is that what it is?
MARLON RIDGEWAY: Yes.
PATTY EAKES: Okay. And is it preprogrammed, as I understand it, with the form or something that you kind of use to --
MARLON RIDGEWAY: Yeah. It's a standard medical form.
PATTY EAKES: And were you the scribe then the whole time? Or were you hands on with Mr. Ellis?
MARLON RIDGEWAY: I was the scribe for most of the time, and then once Tower 2 showed up, I handed it to them.
They knew we needed assistance doing other things, so --
PATTY EAKES: Okay. And do you remember who specifically you handed the scribe duties off to?
MARLON RIDGEWAY: Lieutenant Jackson.
PATTY EAKES: Okay. So up until that time, are you kind of recording in realtime as things are happening?
MARLON RIDGEWAY: As best I can, yes.
PATTY EAKES: Okay.
MARLON RIDGEWAY: (indiscernible) other things.
PATTY EAKES: And do you have any specific role with respect to the patient in terms of, you know, rendering --
okay. You're just -- your job is to have the iPad and record what's happening?

MARLON RIDGEWAY: Yes. Uh-huh.
PATTY EAKES: Okay. And assist the paramedics it sounds like?

MARLON RIDGEWAY: Correct.
PATTY EAKES: Did you make any observations of Mr. Ellis's condition when you first got there?

MARLON RIDGEWAY: Not that I recall.
PATTY EAKES: Okay. Are the paramedics, like, calling out information to you or something as they're kind of assessing or --

MARLON RIDGEWAY: Uh-huh.
PATTY EAKES: -- like -- they are? Can you just -- UNIDENTIFIED FEMALE SPEAKER: Is that a yes?
PATTY EAKES: Yeah, I'm sorry. I'll -- UNIDENTIFIED FEMALE SPEAKER: That's okay. Lieutenant, I'm going to ask you to say yes instead of mm-hmm, because later we won't remember or understand what you meant.

MARLON RIDGEWAY: Okay.
PATTY EAKES: So my question again was -- MARLON RIDGEWAY: Yes.
PATTY EAKES: Yes? The paramedics are calling out their observations?
MARLON RIDGEWAY: Yes.
PATTY EAKES: Okay. And just walk us through, if you would, kind of what you're scribing and how you're doing it in relation to what they're actually doing to treat the patient.

MARLON RIDGEWAY: Well, initially they're doing initial assessment, whether it's for appropriate resources for ALS or BLS come in. So when he requested for an ALS unit, I assumed that this person is not doing well. So they're calling out skin vitals. They're calling out breathing -- I mean, his respirations are pretty shallow. He's got a weak, thready pulse, things like that. And so I'm in charge of getting the appropriate resources going once he makes those assessment calls.

PATTY EAKES: Okay. And as they're calling those things out, like, you know, labored breathing or whatever, is there some -- on the program is there something like, you have to check boxes? Or are you actually typing it in? Or --

MARLON RIDGEWAY: It's a push button box. If I can even get to it at that time. Usually we'll go back and fill things in that we can't fill in afterwards.
PATTY EAKES: Okay.
MARLON RIDGEWAY: If we don't get to it at that time. Mark times appropriately and things like that.
PATTY EAKES: So it's not necessarily that as you call it out you're saying --
MARLON RIDGEWAY: No.
PATTY EAKES: -- pupils are fixed and dilated and you're hitting a button.
MARLON RIDGEWAY: Right.
PATTY EAKES: Okay. You may go back and do it?
MARLON RIDGEWAY: Sometimes you can, but if thing are happening so fast, sometimes you have to mark other things prior to that so they don't -- everything doesn't get in there the exact time that they say it.
PATTY EAKES: And you said they called for the advanced life support?
MARLON RIDGEWAY: Correct.
PATTY EAKES: Is that what it's called? Okay. And what was the other one? B-L --
MARLON RIDGEWAY: Basic life support.
PATTY EAKES: Basic life support. Okay. And does that just tell you how critical a patient is?
MARLON RIDGEWAY: Correct.
PATTY EAKES: Okay. And then are you responsible for arranging for additional units to arrive, the advanced life support unit to arrive?
MARLON RIDGEWAY: Correct. Yes.
PATTY EAKES: Okay. And do you do that from the
iPad or do you --

MARLON RIDGEWAY: No, I make the call on the radio.
PATTY EAKES: Okay.

MARLON RIDGEWAY: To our dispatch.
PATTY EAKES: But actually still standing there next to the patient?
MARLON RIDGEWAY: Mm-hmm.
PATTY EAKES: Okay. Did you ever actually lay hands in any way on Mr. Ellis?
MARLON RIDGEWAY: No.
PATTY EAKES: Okay. What do you remember about where the TPD officers were when you arrived?
MARLON RIDGEWAY: To the best of my recollection they were just standing around him.
PATTY EAKES: And how many? Do you remember?
MARLON RIDGEWAY: I don't recall.
PATTY EAKES: And what was the position of Mr. Ellis that you recall?
MARLON RIDGEWAY: He was lying on his back facing up. And his knees were twisted to the side, the left hand side, so he was -- they were on the ground.
PATTY EAKES: Okay. But they were pulled up behind him?
MARLON RIDGEWAY: No, he was just -- they weren't pulled up behind him. They were just bent.
PATTY EAKES: Okay. So he's laying on his back but his legs are bent out to the side?
MARLON RIDGEWAY: Yes. His legs were lying on their side, on the left side, to my best recollection.
PATTY EAKES: Do you recall -- okay. Do you recall if his legs were restrained?
MARLON RIDGEWAY: No.
PATTY EAKES: No, you don't recall?
MARLON RIDGEWAY: I don't recall.
PATTY EAKES: Okay. Do you recall any discussion about asking TPD to unrestrain him?
MARLON RIDGEWAY: Yes.
PATTY EAKES: And who made that request?
MARLON RIDGEWAY: My paramedic looked at me and requested. Said we need these restraints removed. And then I requested the TPD that we need the restraints removed.
PATTY EAKES: And what response did you get from TPD when you asked them to remove the restraint?
MARLON RIDGEWAY: They removed the restraints.
PATTY EAKES: Was there any discussion or do you recall anybody having any, I'll call it pushback, or raising any safety concern?
MARLON RIDGEWAY: I do not.
PATTY EAKES: You --
MARLON RIDGEWAY: No.
PATTY EAKES: Okay. So your memory is that they removed them. How quickly were his restraints removed after you guys arrived?

MARLON RIDGEWAY: Pretty quickly. They, I mean, as soon as we assessed that he needed -- we needed to assess him better and requested them to take them off, they took them off. So --

PATTY EAKES: Okay. And do you remember if it was one officer who took them off? More than one officer?

MARLON RIDGEWAY: I don't remember the number.

PATTY EAKES: Okay. And what do you remember from what the paramedics described? Like how would you describe Mr. Ellis's condition based on what they were saying?

MARLON RIDGEWAY: Can you repeat the question?

PATTY EAKES: Sure. I mean, what do you remember based on hearing the paramedic's assessment? What was your impression or thought about what condition Mr. Ellis was in when you got there?

MARLON RIDGEWAY: I knew that he was -- he needed help. I mean, he wasn't breathing appropriately. And his pulse rate wasn't adequate with sustaining life, so he wasn't doing well.

PATTY EAKES: Okay. Did you have an impression at that point as to whether or not he was dying or whether or not he could survive?
MARLON RIDGEWAY: No, I did not have an impression.
PATTY EAKES: So it sounds like you had -- you were aware that he couldn't breathe. So he's having difficulty breathing and his heart is not functioning properly. Is that right?
MARLON RIDGEWAY: It wasn't necessarily difficulty breathing. He was just not breathing adequately to sustain life.
PATTY EAKES: Okay. Do you -- are you familiar with the term agonal breathing?
MARLON RIDGEWAY: Uh-huh.
PATTY EAKES: Is -- do you recall --
MARLON RIDGEWAY: Sorry, yes.
PATTY EAKES: -- do you recall -- sorry. Good correction.
Do you recall -- did you observe any agonal breathing by Mr. Ellis?
MARLON RIDGEWAY: I did not personally.
PATTY EAKES: Okay.
UNIDENTIFIED MALE SPEAKER: Do you mean that to say that he did not have? Or he might have and you didn't observe it? Or you just didn't see it at all?
MARLON RIDGEWAY: He might have but I didn't observe it.
UNIDENTIFIED MALE SPEAKER: Okay.
PATTY EAKES: Okay. And so tell us -- after, you know, they did the initial assessment they're calling things out. They ask for advanced life support. What's your role then and what are you doing, Lieutenant? After you call for that aid?

MARLON RIDGEWAY: Just continue to help my crew with whatever they need. If they need equipment, just assisting them. And then just making sure that everything is as entered as I can.

PATTY EAKES: Okay.

MARLON RIDGEWAY: And then if we needed any more additional resources, I need to be ready to call for them.

PATTY EAKES: Sorry. I'm just looking back at my notes. Jump in anybody.

UNIDENTIFIED MALE SPEAKER: Lieutenant, you mentioned that when you first arrived on the scene, you saw a bunch of TPD officers standing around. Could you at that point see the patient?

MARLON RIDGEWAY: Yes.

UNIDENTIFIED MALE SPEAKER: Okay. And could you at that point see whether any -- anyone was with the patient or tending to the patient?

MARLON RIDGEWAY: As far as TPD?

UNIDENTIFIED MALE SPEAKER: Yeah. Or anyone else.

MARLON RIDGEWAY: Anyone? No. Nobody was tending
to the patient.

UNIDENTIFIED MALE SPEAKER: Okay. So just TPD officers standing around, patient on the ground and on his back.

MARLON RIDGEWAY: Correct.

UNIDENTIFIED MALE SPEAKER: You indicated his legs were bent to the left. Was it a 90 -- what angle was it at?

Do you recall?

MARLON RIDGEWAY: I -- to the best of my recollection, they were just bent over to the left-hand side of his body.

UNIDENTIFIED MALE SPEAKER: Do you recall a spit hood on the patient?

MARLON RIDGEWAY: Yes.

UNIDENTIFIED MALE SPEAKER: Do you recall what that looked like?

MARLON RIDGEWAY: Just a white cloth over his mouth and nose.

UNIDENTIFIED MALE SPEAKER: And did you notice how it was positioned on the patient?

MARLON RIDGEWAY: Like I said, it was just over his mouth and his nose.

UNIDENTIFIED MALE SPEAKER: Okay. Did someone remove the mask at some point?

MARLON RIDGEWAY: Yes.
UNIDENTIFIED MALE SPEAKER: Do you recall who did that?

MARLON RIDGEWAY: I do not recall who did that.
PATTY EAKES: Could you see Mr. Ellis's eyes?
MARLON RIDGEWAY: Yes.
PATTY EAKES: Do you recall if they were open or closed?

MARLON RIDGEWAY: They were open.
PATTY EAKES: And, I mean, based on them being open, did it tell you then, did he appear to be alert? Awake? Or they were just open?

MARLON RIDGEWAY: They were just open.
UNIDENTIFIED MALE SPEAKER: Did you -- do you recall making any observations whether you could see his chest rise and fall at that point?

MARLON RIDGEWAY: I do not.
PATTY EAKES: Did you get any information at all, anyone from TPD tell you anything about what had happened to, you know, lead up to the situation where you guys are responding?

MARLON RIDGEWAY: No.
PATTY EAKES: Is that something you typically want to know? Or?

MARLON RIDGEWAY: Um, not really.
PATTY EAKES: Why not?
MARLON RIDGEWAY: It's just -- our focus is on patient care.

PATTY EAKES: Okay.

MARLON RIDGEWAY: And so whatever happened prior is not that important to me. My -- you know, our focus is on getting the appropriate care and the appropriate destination where they need to be.

PATTY EAKES: And you described the officers as kind of standing around, Mr. Ellis was lying on the ground. Can you give us any further description of, like, when you say standing around, are they just chatting? Are they looking at him? Are they -- you know, do they look to be making sure he doesn't get up? Can you, I mean, do you have any sort of description you can give of what they're doing?

MARLON RIDGEWAY: I remember they -- they weren't chatting. They were standing there like keeping an eye -- like you're keeping an eye on somebody making sure that they're not doing what you don't want them to do.

PATTY EAKES: Okay. And do you remember about how many of them were standing around?

MARLON RIDGEWAY: I do not.

PATTY EAKES: Do you know about what distance they were from him?

MARLON RIDGEWAY: Two to three feet away.

PATTY EAKES: And from the time that you arrived at
the call until the time that you departed, did it appear to
you that Mr. Ellis ever intentionally moved on his own?
MARLON RIDGEWAY: No, he did not.
PATTY EAKES: Did he ever appear to you to be
conscious?
MARLON RIDGEWAY: No.
PATTY EAKES: He never regained consciousness?
MARLON RIDGEWAY: No.
PATTY EAKES: Did he ever say anything?
MARLON RIDGEWAY: No.
PATTY EAKES: Did he ever make any noises?
MARLON RIDGEWAY: No.
UNIDENTIFIED MALE SPEAKER: Lieutenant, during your
statement, you indicated that his pulse was declining and
was down below 50 and 30. Do you recall what -- how you
obtained that information?
MARLON RIDGEWAY: That was on our Lifepack 15
monitor. And I just -- I just happened to look over after
they put the pole lead on. And so that's when I started
thinking about other resources to call and other units to
help in case they started CPR.
UNIDENTIFIED MALE SPEAKER: And was it -- were you
monitoring then the --
MARLON RIDGEWAY: No.
UNIDENTIFIED MALE SPEAKER: Okay.
MARLON RIDGEWAY: I just happened to look over.
UNIDENTIFIED MALE SPEAKER: Oh.
PATTY EAKES: But is that, like, right as they hooked him up to it? Is that the initial reading?
MARLON RIDGEWAY: No. He had been hooked up to it for a little bit before.
PATTY EAKES: Okay.
UNIDENTIFIED MALE SPEAKER: Was anything ever called out to you what the beats per minute was when he was initially hooked up?
MARLON RIDGEWAY: No.
UNIDENTIFIED MALE SPEAKER: Okay.
UNIDENTIFIED MALE SPEAKER: Based on prior discussion -- but I think I have a pretty good idea of how the time line happened that you record for events in your medical records -- but when you -- can you look at that list of times and figure out which ones were entered in real time and which ones you went back and interspersed later?
MARLON RIDGEWAY: No.
UNIDENTIFIED MALE SPEAKER: Okay. When you go back and add an event later that you have to fill in, how do you pick the time that goes on that event?
MARLON RIDGEWAY: You just -- you pick it with -- in sequence with how the events on the call went.
UNIDENTIFIED MALE SPEAKER: So your goal in that
case is to make it show up in order?
MARON RIDGEWAY: Correct.
UNIDENTIFIED MALE SPEAKER: But do you put any -- I mean, is there any effort to make the time accurate as best you remember? Or is the goal simply to make it fit in between the other events that are there?
MARON RIDGEWAY: No, you try to make it as accurate as you can.
UNIDENTIFIED MALE SPEAKER: But it's from memory.
MARON RIDGEWAY: Correct.
PATTY EAKES: And so at what point do you do that? I'm just trying to understand. So you first get there, there's a lot going on. It sounds like you can't necessarily record everything right away. Like at what point do you go back and try to recreate?
MARON RIDGEWAY: So in this case, the paramedic completes the report. So I didn't have anything to do with -- usually on ALS calls, they go back and make sure everything is -- because they're the ones writing the report. So I don't touch anything on it after I hand it to them.
PATTY EAKES: Okay. So whatever you recorded, and if you missed something, you wouldn't have been the guy going back --
MARON RIDGEWAY: No.
PATTY EAKES: -- to put anything in?
MARLON RIDGEWAY: No.
PATTY EAKES: Okay. And the advanced life support team, what do they do that you guys couldn't do? Or why call them?
MARLON RIDGEWAY: Well, first of all, they're a transporting unit. Plus, they're additional resources with medications and training.
PATTY EAKES: Okay. Do they have medications that you guys don't have --
MARLON RIDGEWAY: No.
PATTY EAKES: -- you wouldn't have on the engine?
MARLON RIDGEWAY: No.
PATTY EAKES: No they -- but they just have more?
MARLON RIDGEWAY: Yes.
PATTY EAKES: Okay. Okay. And meaning they could transport him -- if you managed to get a pulse --
MARLON RIDGEWAY: Correct.
PATTY EAKES: They would be able to take him to the hospital?
MARLON RIDGEWAY: Correct.
PATTY EAKES: Okay. Other than the reference to 50, 30 in the report, do you ever recall seeing any other -- any other number in terms of his pulse?
MARLON RIDGEWAY: I do not.
UNIDENTIFIED MALE SPEAKER: Lieutenant, what do you -- on this occasion when you approached, do you recall talking to any officers to get a briefing on why the patient is in the condition he is? Or --

MARLON RIDGEWAY: I don't.

UNIDENTIFIED MALE SPEAKER: Okay. Did you recall whether Polo or Wilson spoke to the --

MARLON RIDGEWAY: I do not.

UNIDENTIFIED MALE SPEAKER: But you yourself did not speak to an officer at that scene?

MARLON RIDGEWAY: No.

UNIDENTIFIED MALE SPEAKER: Okay.

UNIDENTIFIED MALE SPEAKER: Did you see any external trauma on the patient at that time?

MARLON RIDGEWAY: Not that I can recall.

UNIDENTIFIED MALE SPEAKER: Okay. Do you recall how the response went? If it was priority or routine?

MARLON RIDGEWAY: Priority.

UNIDENTIFIED MALE SPEAKER: Okay.

PATTY EAKES: Is that recorded anywhere in terms of the records?

MARLON RIDGEWAY: Yes. All of our --

PATTY EAKES: I mean, that it was priority as opposed to routine? Is that documented somewhere?

UNIDENTIFIED FEMALE SPEAKER: It should be in the
CAD --

MARLON RIDGEWAY: Should be in the CAD.
PATTY EAKES: Is there on -- this being the CAD?
UNIDENTIFIED MALE SPEAKER: It's in the CAD.
PATTY EAKES: It says priority in the CAD?
UNIDENTIFIED MALE SPEAKER: It was changed to priority.
UNIDENTIFIED MALE SPEAKER: So priority would be like siren and --
MARLON RIDGEWAY: Correct.
UNIDENTIFIED MALE SPEAKER: The spit mask that was on, are those similar to --
UNIDENTIFIED FEMALE SPEAKER: It's not on -- (simultaneous conversation)
PATTY EAKES: Okay. That's what I was trying to figure out --
UNIDENTIFIED MALE SPEAKER: Tacoma Fire uses?
UNIDENTIFIED FEMALE SPEAKER: Usually when we see our CAD report --
MARLON RIDGEWAY: I don't believe so.
UNIDENTIFIED FEMALE SPEAKER: -- it documents how they responded.
(simultaneous conversation)
UNIDENTIFIED MALE SPEAKER: Did it look like the spit mask was used properly or not --
UNIDENTIFIED FEMALE SPEAKER: Forces you to --
UNIDENTIFIED MALE SPEAKER: When you saw it?
MARLON RIDGEWAY: Yes.
UNIDENTIFIED MALE SPEAKER: It's a (indiscernible) enforcement CAD.
PATTY EAKES: I'm sorry, did --
UNIDENTIFIED MALE SPEAKER: It's in the law TFD one.
PATTY EAKES: Oh, right, okay. But it's not on the
UNIDENTIFIED FEMALE SPEAKER: No. But --
PATTY EAKES: Okay. Sorry, I didn't mean to interrupt. Go ahead.
UNIDENTIFIED MALE SPEAKER: Say -- no, I'm sorry.
UNIDENTIFIED MALE SPEAKER: I'm good, thank you.
UNIDENTIFIED MALE SPEAKER: So when you -- when he was -- when the patient was -- when you first observed him and you said he was on his back, so his hands were actually behind him?
MARLON RIDGEWAY: Correct.
UNIDENTIFIED MALE SPEAKER: And he's lying in a supine position, hands behind him, knees to the side. And he was -- he was unattended, all the officers are standing around?
MARLON RIDGEWAY: Correct.
UNIDENTIFIED MALE SPEAKER: Okay.
PATTY EAKES: Was there at any time that you saw -- did you ever see or hear that Mr. Ellis had a pulse of 80?
MARLON RIDGEWAY: I don't recall any of that.
PATTY EAKES: Okay.
MARLON RIDGEWAY: Anything like that.
PATTY EAKES: And did you ever see a cell phone that may have belonged to Mr. Ellis at the scene? Do you have any memory of a cell phone or any discussion of a cell phone?
MARLON RIDGEWAY: I have no memory of a cell phone.
PATTY EAKES: Okay. What about an EBT card?
MARLON RIDGEWAY: No.
PATTY EAKES: No? Any personal property at all of Mr. Ellis's that you recall?
MARLON RIDGEWAY: No.
UNIDENTIFIED MALE SPEAKER: Was there any water bottles nearby? Do you remember?
MARLON RIDGEWAY: I don't recall if there was.
PATTY EAKES: While you were scribing, you know, they were attending to the patient, did you ever -- do you recall hearing any of the Tacoma police officers making any statements at all about what had occurred?
MARLON RIDGEWAY: No, I do not.
PATTY EAKES: I think at page 6 of your statement you said that -- essentially, I -- I think I read it as I think you called for a medic unit even before you asked for the police to remove the restraints. And I'm just trying to understand the sequence there. Do you recall if you called for the additional advanced life support group before you even had him unrestrained?

MARLON RIDGEWAY: I believe I did, yes. I called as soon my paramedic asked me to call for one.

PATTY EAKES: Okay. And that's even before he's unrestrained.

UNIDENTIFIED FEMALE SPEAKER: Is that yes?

MARLON RIDGEWAY: Yes.

UNIDENTIFIED FEMALE SPEAKER: Thank you.

PATTY EAKES: Yeah, thanks, Jean.

MARLON RIDGEWAY: Sorry.

PATTY EAKES: Do you guys have other questions? Is there anything we haven't asked you about, Lieutenant Ridgeway, that you think we should know? Any memories you have of this that we haven't covered?

MARLON RIDGEWAY: I don't believe so. No.

PATTY EAKES: Okay. All right. Well, thank you. We appreciate your time in meeting with us and clarifying --

MARLON RIDGEWAY: Thank you.

PATTY EAKES: -- issues for us. Thanks.
UNIDENTIFIED FEMALE SPEAKER: The time is 12:30 and I'm stopping the recording.
CERTIFICATE

STATE OF WASHINGTON  
COUNTY OF KING  

I, the undersigned, under my commission 
in and for the State of Washington, do hereby  
certify that the foregoing audiotape, videotape, and/or  
hearing was transcribed under my direction as a  
transcriptionist; and that the transcript is true and  
accurate to the best of my knowledge and ability; and that I  
am not a relative or employee or any attorney or counsel  
employed by the parties hereto, nor financially interested  
in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand  
this 1st day of April, 2021.

/s/Grace Hitchman

Grace Hitchman, AAERT, CET-663  
In and for the State of Washington,  
residing at Seattle.  
Certification expires May 16, 2021
TAB 68
Memorandum to File
IA Investigation #21COM-0061
Witness Samuel Cowden Declines IA Interview

As part of this investigation, I made contact with witness Samuel Cowden to request an interview. On September 21, 2021, I called and spoke to Samuel @ (253) 579-8797. Samuel told me he was working long hours but was willing to set up an interview. I gave him my direct IA phone number and the IA email address as he suggested that he send me his work schedule in order to find a time the interview could be done. Samuel requested we meet with him at his workplace to conduct the interview due to his long hours. Several days went by without any update from Samuel.

On September 30, 2021 at around 0900 hours, I called and spoke to Samuel. Samuel apologized for not getting in touch with me, reiterated he was working long hours and declined to be interviewed at that time.

Sergeant GJ Roberts
TPD Internal Affairs
September 30, 2021
Memorandum to File
IA Investigation #21COM-0061
Witnesses Sara McDowell and Keyon Lowery Decline IA Interviews

As part of this investigation, I made various attempts to contact witnesses Sara McDowell and Keyon Lowery to request interviews. On September 23, 2021, I called and spoke to McDowell’s sister, Sadie Christenson @ (253) 307-5397. I asked Sadie to contact Sara on my behalf and pass on my phone number and the message that I was trying to get in contact with her regarding this matter. Sadie was receptive to my request. Additionally, I asked Sadie if she would pass on my request to Keyon as well. Sadie said she would.

On September 28, 2021 at around 1025 hours, I received a phone call from Sara McDowell to my office phone. I advised Sara of my investigation and we spoke about her providing a voluntary interview. At that time, Sara declined to be interviewed for this investigation. Sara said she had already given her statement to TPD. Sara said she spoke the day prior with Keyon and he was declining to be interviewed as well. I requested Sara have Keyon call my office so I could hear the declination from him.

On September 29, 2021, I left an additional voice message on the (253) 906-3249 phone number I had for Keyon to contact my office. Additionally, I called Sadie to confirm she passed on my request to Keyon. Sadie confirmed she passed on my message directly to Keyon. She was aware that Sara and Keyon had said they declined to be interviewed.

As of the completion of this case file, I have not heard from Keyon. Based on information from Sara and Sadie, Keyon is declining to be interviewed on this matter.

Sergeant GJ Roberts
TPD Internal Affairs
October 7, 2021
TAB 69
P3.1 USE OF FORCE POLICY  

This policy shall establish the professional philosophy of the Tacoma Police Department relative to proper use of force in the performance of service to the community. Officers of the Tacoma Police Department may use force when necessary, and shall use only that force which is reasonable. All force applications shall be in conformity with the statutes and Constitutions of the United States and the State of Washington. All commissioned Tacoma Police employees are authorized to use force as defined by RCW 9A.16.020.

Limited commission Officers, i.e., Animal Control and Compliance Officers (ACCO), use of force authority post-application is identical to that of fully commissioned Officers and shall be applicable according to the restrictions of the approved tools and training authorized for their use.

Force usage shall be consistent with the Tacoma Police Department's Integrated Force Management program founded upon the Department's use of force model.

FORCE MODEL

The Department's use of force model is designed to proportionally align Officer's use of force with subject actions. This model also allows for escalation, stabilization and de-escalation, as the subject's actions change. Although this model is in an escalating progression, all tools and techniques need not be used and/or exhausted prior to moving to a higher or lower level. Circumstances will dictate response.

During the course of interaction with the public, an Officer may encounter all types of responses from compliant interaction, to life threatening. Enforcement electives relating to subject actions make available tactics, techniques and tools based on reasonable Officer response. Based on training and the reasonable risk assessment of the circumstances, Officers may respond to subject actions in order to gain compliance and control situations. Timing is an important element of the risk assessment process and is demonstrated by the Officer's response to the actions of the subject, measured in terms of immediacy and necessity.

Members of the Department must generally employ the tools, tactics, and timing of force application consistent with the model's directions and departmental training modules. This model, while requiring the Officers to maintain controlled superiority over a subject, supports the practice of progressive application of force as part of a continuous
risk assessment process. Risk is assessed objectively based on the on-scene reasonable Officer’s perspective taking into account the facts and circumstances of the particular situation that are known to the Officer.

Due to the fact that Officer-citizen confrontations occur in environments that are potentially unpredictable and are tense, uncertain and rapidly evolving, Officers may use tools and tactics outside the parameters of departmental training. All such applications of force shall meet the same standard of reasonableness as those which have been previously identified and approved. No distinction shall be made relative to the age of the suspect regarding the use of force. Reasonable timing and tactics shall be the determining factors.

When situations are reasonably stabilized, application of force must proportionally de-escalate or cease in accordance with the subject actions, when control is gained or threat is removed.

3.1.1 USE OF FORCE GENERAL DEFINITIONS

The following definitions are for terms used throughout Use of Force policy and found in bold, italicized letters.

- **Attack Defense** – Forceful countermeasures to a life threatening subject to gain or regain control.
- **Authorized Emergency Vehicle** – Any police department vehicle used in the performance of duties equipped with audible signals and visible lights.
- **Blue Team** – Used for documenting Reportable Use of Force.
- **Canine Search Deployment** – Application of the police canine as a search tool for either persons or evidence.
- **Controlled Superiority Principle** – Principle that an Officer must always maintain balanced, controlled superiority over a subject’s level of non-compliance.
- **Directed Canine Deployment** – Application of the police canine as a tool of defense or apprehension.
- **Draw and Direct** – The forceful display of a tool by a police Officer to gain compliance or to de-escalate and stabilize a subject.
- **Enforcement Elective** – Tools, tactics and timing parameters available at each level of force application.
- **Force** – Any effort toward detention or control.
- **Force Continuum** – Progression of risk assessment, including escalation, stabilization and de-escalation, relating to proportional force application correlating subject actions and reasonable Officer response.
- **Imminent Danger** – A danger that is threatening, menacing, impending, proximate or immediate in nature. Imminent danger is the threat as perceived by the on-scene reasonable Officer.
- **Integrated Force Management** – The systematic alignment of policy, training, practice, supervision, and review of all force-related issues and practices.
- **Mechanical Assistance** – Use of any effort to further noncompliance or resistance.
- **Necessary** – means that no reasonably effective alternative to the use of force appeared to exist and that the amount of force used was reasonable to effect the lawful purpose intended. RCW 9A.16.010.
- **Neuro-Muscular Control** – The isolation of a particular joint and leveraging it in an attempt to force the joint to move past its normal range of motion usually causing pain and compliance. Types of neuro-muscular controls are armbars, small joint manipulation, wristlocks, etc.
- **Personal Weapon** – Use of body parts to gain or regain control.
- **Progressive Application of Force** – Patterned cause and effect relationship of logic and law that correlates subject action and Officer Response.
- **Qualified Medical Assistance** – Shall include members of any county or municipal fire department, ambulance service or health care facility who are employed to apply and/or administer first aid treatment.
- **Reasonable Officer Standard** – Standard of professional conduct relating to force application based on training, experience, facts and perceptions known to the Officer at the time. The Reasonable Officer Standard is based on the Objective Reasonableness Standard.
- **Objective Reasonableness Standard** – The courts use a balancing test consisting of a citizen’s right to be secure against unreasonable seizures and the need for government intrusion on those rights (law enforcement). In other words, the force used by an officer must be balanced against the heinousness of a person’s activities and the threat they pose.
- **Reportable Use of Force** – is defined as any incident where, under the color of authority, a Tacoma Police Officer employs a contact control (where injury occurs) tool, (excluding Draw and Direct), or any physical force to:
  - Compel a non-compliant person to obey direction
  - Overcome resistance during arrest or detention
  - Defend self or another from an aggressive action by a suspect
- **Serious Bodily Injury** – Bodily injury which involves a substantial risk of death, serious permanent disfigurement, or protracted loss or impairment of the function of any part or organ of the body.
- **Tactics** – Application of the tools.
USE OF FORCE – PROCEDURES:

P3.1.2 COMPLIANT-COOPERATIVE CONTROLS  CALEA 1.3.1

A) Definitions
- Compliant – Cooperative response to lawful commands.
- Cooperative Controls – Fundamentals of professional training designed to be employed with compliant subjects that capitalize on the acceptance of authority to gain cooperation and control.

FORCE MODEL

Subject Actions  Reasonable Officer Response

B) Enforcement Elective
Enforcement electives are those tools, tactics and techniques made available at each level of force application. Regarding cooperative controls, the following enforcement electives are consistent with the Tacoma Police Department's Integrated Force Management program and use of force model:
- Mental Preparation
- Spatial Positioning
- Communication Skills
- Handcuffing Technique
- Search Techniques
- Opposite Sex Searches
- Frisk Techniques
- Escort Controls
- Transport Controls
- Arrest Tactics
- Draw and Direct
C) Duties and Responsibilities
Officer Responsibilities:
- Refer to actions in the Incident Report Narrative, if applicable
- Draw and Direct techniques used to de-escalate subjects and gain control shall not be a reportable use of force

P3.1.3 PASSIVE RESISTANT-CONTACT CONTROLS CALEA 1.3.1. 1.3.7
A) Definitions
- Passive Resistant – Non-compliance to lawful authority without physical or mechanical resistance
- Contact Controls – Tactical skills designed to be deployed upon passively resistant subjects to proportionally gain control and cooperation

FORCE MODEL

Subject Actions Reasonable Officer Response

B) Enforcement Electives
Enforcement electives are those tools, tactics and techniques made available at each level of force application. Regarding contact controls, the following enforcement electives are consistent with the Tacoma Police Department's Integrated Force management program and use of force model.

- All Cooperative Control Enforcement Electives
- Advanced Communication Skills
- Contact Controls
- Arrest Tactics

C) Duties and Responsibilities:
1) Officer Responsibilities CALEA 1.3.6
- If necessary, request qualified medical assistance for treatment
- Notify immediate Supervisor
- Refer to actions in the Incident Report Narrative
- Look for, identify and document all visible injuries
- Inquire of, and document, complaints of non-visible injuries

2) Supervisor Responsibilities CALEA 1.3.7
- If injuries result, respond to the scene and/or hospital
- Investigate and review the use of force incident
- Report findings in Blue Team and forward through chain of command for review (Refer to Blue Team UOF/Pursuit/MVC Process)
3) Chain of Command Responsibilities CALEA 1.3.7
   - Review Blue Team
   - Make comments if necessary
   (Refer to Blue Team UOF/Pursuit/MVC Process)

P3.1.4 ACTIVE RESISTANT-COMPLIANCE TECHNIQUES CALEA 1.3.1, 1.3.4, 1.3.5, 1.3.7
A) Definitions
   Active Resistant — The use of physical effort or mechanical resistance in achieving and/or maintaining noncompliance. Active Resistance is not the sole determinant of an Officer’s use of force. The Officer must consider the following factors when making a force elective decision:
   - The severity of the crime
   - Whether the suspect posed an immediate threat to the safety of officers or others
   - Whether the suspect is actively resisting
   - Whether the suspect is attempting to evade arrest by flight

Compliance Techniques — Tactical procedures and tools designed to be deployed upon actively resistant subjects who employ physical force or mechanical resistance to enhance resistance or non-compliance.

FORCE MODEL

Subject Actions  
Reasonable Officer Response

B) Enforcement Electives
   Enforcement electives are those tools, tactics and techniques made available at each level of force application. Regarding compliance techniques, the following enforcement electives are consistent with the Tacoma Police Department's Integrated Force Management program and use of force model.
   - All Cooperative Control Enforcement Electives
   - All Contact Control Enforcement Electives
   - Electronic Control Tool (ECT) application, see Section C below
   - Control Techniques
   - Neuro-Muscular Controls
   - OC/Chemical Application
   - Leverage Tools
   - Arrest Tactics
   - Restraint Devices
**Canine Search Deployment**

**Takedown Techniques**

C) **ECT Application Guidelines**

The Electronic Control Tool is one of the options available to officers when confronted with enforcement electives in the field. ECTs, like the baton, OC spray or contact enforcement electives, are not effective in every situation. Personnel must assess the effectiveness of each application and determine whether further applications are warranted or if a different tactic should be employed. Review of the use of the ECT will be made considering the totality of circumstances surrounding the incident. An ECT will **not** be used against an actively resistant subject in the following situations:

- When the officer knows a subject has come in contact with flammable liquids or is in a flammable atmosphere
- When the subject is in a position where a fall may cause substantial injury or death
- Punitively for purposes of coercion, or in an unjustified manner
- When a prisoner is handcuffed
- To escort or jab individuals
- To awaken unconscious or intoxicated individuals
- When the subject is visibly pregnant, unless deadly force is the only other option

The ECT should not be used in the following circumstances (unless there are compelling reasons to do so which can be clearly articulated):

- When the subject is operating a motor vehicle that is moving or not in park
- When the subject is holding a firearm
- When the subject is at the extremes of age or physically disabled
- In a situation where deadly force is clearly justifiable unless another officer is present and capable of providing deadly force to protect the officers and/or civilians, as necessary

D) **Special Instructions CALEA 1.3.5**

1) **OC/Chemical Post-Application Procedures:**

- Advise subject that OC/Chemical has been applied and assistance will be rendered
- Request qualified medical assistance or transport to an appropriate location for assistance
- If not available, rinse eyes and nose with fresh water
- Expose to fresh air
- Area should be ventilated
- If subject exhibits respiratory distress, transport immediately to a hospital for treatment

2) **OC/chemical application used against an animal shall not be considered a reportable use of force.**

3) **ECT Post-Application Procedures:** *CALEA 1.3.5*

   The subject should first be handcuffed and controlled before any removal of the probes is attempted. Once that has been accomplished, you should do the following:
   - Glove up using disposable gloves.
   - Use one hand to stabilize the subject's body. While keeping this hand several inches away from the probe impact site, with the other hand grasp the body of the probe and quickly "pluck" the probe from the impact site.
   - Have the Tacoma Fire Department (TFD) respond to the scene to medically screen the subject for any injuries. **NOTE:** TFD will not respond to remove the probes. Make sure to inform TFD if the subject is showing any signs of excited delirium.
   - If the probes are in a sensitive area (such as face, neck or groin) removal should only be attempted by medical personnel.

4) **ECT application used against an animal shall be considered a reportable use of force.**

5) **In order to avoid negative results with our K-9s, officers should not deploy an ECT when a K-9 contact is in progress or imminent. The only exception is if the K-9 handler specifically directs the officer to deploy an ECT.**
E) Duties and Responsibilities

1) Officer Responsibilities CALEA 1.3.6
- Initiate Post-Application procedures, if necessary
- Notify immediate Supervisor
- Look for, identify and document all visible injuries
- Inquire of, and document, complaints of non-visible injuries
- Refer to actions in the Incident Report Narrative
- Download ECT data (refer to Procedures Manual, Electronic Control Tool Download Procedure)

2) Supervisor Responsibilities CALEA 1.3.7
- Respond to the scene and/or hospital
- Investigate and review the use of force incident
- Report findings in Blue Team and forward through chain of command for review, include ECT download as an attachment in the Blue Team report (Refer to Blue Team UOF/Pursuit/MVC Process)

3) Chain of Command Responsibilities CALEA 1.3.7
- Review Blue Team
- Make comments, if necessary
(Refer to Blue Team UOF/Pursuit/MVC Process)

P3.1.5 ASSAULTIVE-DEFENSIVE TACTICS CALEA 1.3.1, 1.3.4, 1.3.5, 1.3.7

A) Definitions
- **Assaultive** – Non-compliance perceived as, or resulting in, an actual assault on an individual or Officer. The scope and severity of the attack would support the reasonable assumption that the actions would not result in death or serious bodily injury.
- **Defensive Tactics** – Tools and tactics designed to be deployed upon the assaultive subject.

FORCE MODEL

![FORCE MODEL Diagram]

**Subject Actions**

**Reasonable Officer Response**

B) Enforcement Electives

*Enforcement electives* are those tools, tactics and techniques made available at each level of force application. Regarding defensive tactics, the following enforcement electives are consistent with the Tacoma Police Department's Integrated Force Management program and use of force model.

- All Cooperative Control Enforcement Electives
- All Contact Control Enforcement Electives
- All Compliance Techniques Enforcement Electives
• Personal Weapons Defenses
• Impact Tools
• Arrest Tactics
• Directed Canine Deployment

C) Special Instructions
1) Impact Tools Post-Application Procedures:
   • Inspect impacted area for any visible injury
   • If visible, photograph injury
   • If necessary, request or transport for medical aid

2) Defensive Tactics used against an animal shall be considered reportable use of force.

D) Duties and Responsibilities
Any Officer who applies defensive tactics shall, as soon as practical, comply with the following procedures and assume listed responsibilities:

1) Officer Responsibilities CALEA 1.3.6
   • Initiate Post-Application procedures, if necessary
   • Notify immediate Supervisor
   • Refer to actions in the Incident Report Narrative
   • Look for, identify and document all visible injuries
   • Inquire of and document complaints of non-visible injuries

2) Supervisor Responsibilities CALEA 1.3.7
   • Respond to the scene and/or hospital
   • Investigate and review the use of force incident
   • Report findings in Blue Team and forward through chain of command for review
   (Refer to Blue Team UOF/Pursuit/MVC Process)

3) Chain of Command Responsibilities CALEA 1.3.7
   • Review Blue Team
   • Make comments if necessary
   (Refer to Blue Team UOF/Pursuit/MVC Process)

P3.1.6 LIFE THREATENING – DEADLY FORCE CALEA 1.2.2, 1.3.1, 1.3.2, 1.3.5, 1.3.7
A) Definitions
   • Life Threatening – Reasonable perception that the actions of an individual would likely cause death or serious bodily injury to an individual or Officer.
   • Deadly Force – The use of any force that is likely to cause death or serious bodily injury. Deadly force does not include force that is not likely to cause death or serious bodily injury but unexpectedly results in death or serious bodily injury. Designed to be employed with a life threatening subject.
B) **Principles of Deadly Force Application**  
*CALEA 1.3.2*

The Tacoma Police Department recognizes and respects the value of all human life. Procedures and training are designed to resolve confrontations prior to escalation to the point *deadly force* may be applied. During the performance of their duties and as a last resort, Officers may apply *deadly force* when confronted with an *imminent danger* of death or *serious bodily injury* to protect themselves or others.

Officers are not required to place themselves or others in immediate danger of death or *serious bodily injury* before using *deadly force*. The necessity to use *deadly force* arises when there is no reasonable alternative to using such force and, without it, the Officers or others would face imminent danger of death or *serious bodily injury*.

C) **Enforcement Electives**

*Enforcement electives* are those *tools, tactics* and techniques made available at each level of *force* application. Regarding *deadly force*, the following *enforcement electives* are consistent with the Tacoma Police Department's Integrated Force Management program and *use of force* model.

- **All Cooperative Controls Enforcement Electives**
- **All Contract Controls Enforcement Electives**
- **All Compliance Techniques Enforcement Electives**
- **All Defensive Tactics Enforcement Electives**
- **Attack Defense**
- **Ramming**
- **Firearm Techniques**
- **Arrest Tactics**

D) **Duties and Responsibilities**  
*CALEA 1.3.5, 1.3.6*

1) **Officer Responsibilities**
   - If necessary, request *qualified medical assistance* for treatment
   - Notify immediate Supervisor
   - Refer to actions in the Incident Report Narrative
   - Look for, identify and document all visible injuries
   - Inquire of, and document, complaints of non-visible injuries

2) **Supervisor Responsibilities**  
   - Respond to the scene and/or hospital
- Notify the shift commander and ensure IA is advised
- Internal Affairs shall be responsible for completing the entry into Blue Team and forwarding through the employee's chain of command for review when deadly force was used against a person or an animal
- Follow procedure outlined in P3.4, Deadly Force Investigations

3) Chain of Command Responsibilities CALEA 1.3.7
- Review Blue Team
- Make comments, if necessary
(Refer to Blue Team UOF/Pursuit/MVC Process)

E) Special Instructions
- Warning shots shall not be used. CALEA 1.3.3
- Deadly force should not be used against a subject in a moving vehicle unless it is necessary to protect against imminent danger to the life of the Officer or others. CALEA 1.3.2
- Deadly Force used against an animal shall be a reportable use of force; however, the responsibility for the completion of the Blue Team entry rests with Internal Affairs.
- When a law enforcement Officer is pursuing a fleeing suspect, he/she may use deadly force only to prevent escape if the Officer has probable cause to believe that the suspect poses a significant threat of death or serious physical injury to the Officer or others.
- Self-defense, defense of another, and imminent danger of death or serious bodily injury shall be the only policy guideline for the application of deadly force.

P3.1.7 USE OF FORCE REPORTING POLICY CALEA 1.3.6, 1.3.7
The Tacoma Police Department considers the application of necessary force a professional responsibility and is accountable for all aspects of training, practice, supervision, and review regarding the use of force. The reporting procedure set forth herein shall be to account for applications of reportable use of force and provide a review process for training. This training reporting addresses the tools, tactics and timing of force application and provides a statistical basis for policy review.

The Supervisory review of force applications shall be the determining factor in evaluating appropriateness and necessity. The Investigating Supervisor shall make a preliminary determination as to whether force was applied within Department guidelines. The quantitative reporting of force applications entered into Blue Team for training purposes shall not be used in the investigative process where disciplinary sanctions may result.

As articulated in P3.1, Use of Force, all applications of force shall meet the standard of reasonableness as determined by the circumstances the Officer encounters.

P3.1.8 APPLICATION CALEA 1.3.6, 1.3.7
A) The following processes regarding use of force shall provide guidance in reporting. These are outlined according to the Officer response to subject actions based upon the Department's use of force model.
1) Cooperative controls shall be described in the narrative section of the Incident Report when written. When a draw and direct technique involving a tool is employed (without actual application) to de-escalate or gain compliance, a Use of Force report shall not be required.
2) Contact controls shall be described in the narrative section of the Incident Report. Officer(s) who use contact controls where injury occurs shall contact a Supervisor, and the Supervisor shall make an entry into Blue Team as a Use of Force.
3) Compliance techniques shall be described in the narrative section of the Incident Report. Officer(s) who use compliance techniques shall contact a Supervisor and the Supervisor shall make an entry into Blue Team as a Use of Force.
4) Defensive tactics shall be described in the narrative section of the Incident Report. Officer(s) who use defensive tactics shall contact a Supervisor and the Supervisor shall make an entry into Blue Team as a Use of Force.
5) Deadly force shall be described in the narrative section of the Incident Report. Officer(s) who use deadly force shall contact a Supervisor. Internal Affairs will complete a Blue Team Use of Force entry when the deadly force was used against a person or an animal.

NOTE: Due to the significant impact on personnel and resources, investigations of deadly force applications shall be addressed specifically in P3.4, Deadly Force Investigations.
B) Use of Force Reporting Instructions

The Use of Force Reporting is intended to quantify applications of force and provide specific training correction for those tools, tactics and techniques which are applied unsuccessfully or incorrectly. The reporting is also intended to allow Supervisors an opportunity to identify training issues and assess skills and tools.

A reportable use of force is defined as any incident where, under the color of authority, a Tacoma Police Officer employs a contact control (where injury occurs) tool, (excluding Draw and Direct) or any physical force to:

- Compel a non-compliant person to obey their direction
- Overcome active resistance during an arrest or detention
- Defend self or another from an aggressive action by a suspect

Officers who employ a reportable use of force shall specify those actions within the narrative section of the report. Additionally, if the Officer wishes to (and if warranted) make specific training recommendations regarding tool effectiveness and training proficiency, the Officer should collaborate with the Supervisor so the aforementioned can be included in the comments section of the Blue Team entry.

In situations where multiple Officers apply the same techniques, tactics and/or tools that constitute a reportable use of force, Supervisors shall complete one entry into Blue Team for each subject (addressing all appropriate sections) regardless of how many officers are involved.

- Supervisors shall conduct a review regarding applications of force and shall complete the entry in Blue Team. Training deficiencies and/or concerns should be identified in the comments section.

(Refer to Blue Team UOF/Pursuit/MVC Process)

The Administrative Services Bureau is responsible for collating the information obtained from the electronic use of force reporting system. If no training issue is identified, the information shall be collected and the data retained according to Washington State records retention laws. If a training issue is identified either by the Officer, the reviewing Supervisor or training personnel, the Training Section shall, within 60 days, construct a corrective training plan for specific skill improvement and implement, with the affected Officer, as soon as is reasonably practical.

Training Section staff shall be responsible for making corrective recommendations to training modules and for improving individual Officer’s proficiencies.

Reference Guide:

| Use of Force Policy                  | P3.1  |
| Use of Force Definitions            | P3.1.1 |
| Compliant – Cooperative Controls    | P3.1.2 |
| Passive Resistant – Contact Controls| P3.1.3 |
| Active Resistant – Compliance Techniques | P3.1.4 |
| Assaultive – Defense Tactics        | P3.1.5 |
| Life Threatening – Deadly Force     | P3.1.6 |
| Use of Force Reporting Policy       | P3.1.7 |
| Use of Force Reporting Application  | P3.1.8 |
| Vehicle Operations                  | P3.2  |
| Canine Operations                   | P3.3  |
| Deadly Force Investigations         | P3.4  |
| Deadly Force Review Board           | P3.5  |

Training References:

Bryan V McPherson 9th Circuit Court.pdf
USE OF FORCE

This policy shall establish the professional philosophy of the Tacoma Police Department relative to proper use of force in the performance of service to the community. Officers of the Tacoma Police Department may use force when necessary, and shall use only that force which is reasonable. All force applications shall be in conformity with the statutes and Constitutions of the United States and the State of Washington. All commissioned Tacoma Police employees are authorized to use force as defined by RCW 9A.16.020.

Limited commission Officers, i.e., Animal Control and Compliance Officers (ACCO) use of force authority post application is identical to that of fully commissioned Officers and shall be applicable according to the restrictions of the approved tools and training authorized for their use.

Force usage shall be consistent with the Tacoma Police Department's Integrated Force Management program founded upon the Department's use of force model.

FORCE MODEL

The Department’s use of force model is designed to proportionally align Officer’s use of force with subject actions. This model also allows for escalation, stabilization, and de-escalation, as the subject’s actions change. Although this model is in an escalating progression, all tools and techniques need not be used and/or exhausted prior to moving to a higher or lower level. Circumstances will dictate response.
During the course of interaction with the public, an Officer may encounter all types of responses from compliant interaction, to life threatening. Enforcement electives relating to subject actions make available tactics, techniques, and tools based on reasonable Officer response. Based on training and the reasonable risk assessment of the circumstances, Officers may respond to subject actions in order to gain compliance and control situations. Timing is an important element of the risk assessment process and is demonstrated by the Officer’s response to the actions of the subject, measured in terms of immediacy and necessity.

Members of the Department must generally employ the tools, tactics, and timing of force application consistent with the model’s directions and departmental training modules. This model, while requiring the Officers to maintain controlled superiority over a subject, supports the practice of progressive application of force as part of a continuous risk assessment process. Risk is assessed objectively based on the on-scene reasonable Officer’s perspective taking into account the facts and circumstances of the particular situation that are known to the Officer.

Due to the fact that Officer/citizen confrontations occur in environments that are potentially unpredictable and are tense, uncertain and rapidly evolving, Officers may use tools and tactics outside the parameters of departmental training. All such applications of force shall meet the same standard of reasonableness as those which have been previously identified and approved. No distinction shall be made relative to the age of the suspect regarding the use of force. Reasonable timing and tactics shall be the determining factors.

When situations are reasonably stabilized, application of force must proportionally de-escalate or cease in accordance with the subject actions, when control is gained, or threat is removed.

A) General Definitions CALEA 1.3.2
The following definitions are for terms used throughout Use of Force policy and found in bold, italicized letters.

- **Attack Defense** – Forceful countermeasures to a life threatening subject to gain or regain control.
- **Authorized Emergency Vehicle** – Any police department vehicle used in the performance of duties equipped with audible signals and visible lights.
- **Blue Team** – Used for documenting Reportable Use of Force.
- **Canine Search Deployment** – Application of the police canine as a search tool for either persons or evidence.
- **Controlled Superiority Principle** – Principle that an Officer must always maintain balanced, controlled superiority over a subject’s level of non-compliance.
- **Directed Canine Deployment** – Application of the police canine as a tool of defense or apprehension.
- **Draw and Direct** – The forceful display of a tool by a police officer to gain compliance or to de-escalate and stabilize a subject.
- **Enforcement Elective** – Tools, tactics, and timing parameters available at each level of force application.
- **Force** – Any effort toward detention or control.
- **Force Continuum** – Progression of risk assessment including escalation, stabilization and de-escalation relating to proportional force application, correlating subject actions and reasonable Officer response.
- **Imminent Danger** – A danger that is threatening, menacing, impending, proximate or immediate in nature. Imminent danger is the threat as perceived by the on-scene reasonable Officer.
• **Integrated Force Management**® - The systematic alignment of policy, training, practice, supervision, and review of all force-related issues and practices.
• **Mechanical Assistance** – Use of any effort to further noncompliance or resistance.
• **Necessary** – means that no reasonably effective alternative to the use of force appeared to exist and that the amount of force used was reasonable to effect the lawful purpose intended. RCW 9A.16.010.
• **Neuro-Muscular Control** – The isolation of a particular joint and leveraging it in an attempt to force the joint to move past its normal range of motion usually causing pain and compliance. Types of neuro-muscular controls are armbars, small joint manipulation, wristlocks, etc.
• **Personal Weapon** – Use of body parts to gain or regain control.
• **Progressive Application of Force** – Patterned cause and effect relationship of logic and law that correlates subject action and Officer Response.
• **Qualified Medical Assistance** – Shall include members of any county or municipal fire department, ambulance service or health care facility, who are employed to apply and/or administer first aid treatment.
• **Reasonable Officer Standard** – Standard of professional conduct relating to force application based on training, experience, facts and perceptions known to the Officer at the time.
• **Reportable Use of Force** – Defined as any incident where, under the color of authority, a Tacoma Police Officer employs a contact control (where injury occurs) tool, (excluding Draw and Direct), or any physical force to:
  - Compel a non-compliant person to obey direction
  - Overcome resistance during arrest or detention
  - Defend self or another from an aggressive action by a suspect
• **Serious Bodily Injury** – Bodily injury which involves a substantial risk of death, serious permanent disfigurement, or protracted loss or impairment of the function of any part or organ of the body.
• **Tactics** – Application of the tools.
• **Timing** – When the proper force is used by degree and design.
• **Tool** – Any device, mechanical means or strategy used in the application of force.
• **Unintended Fatality** – A fatality resulting from the application of any force not intended to be lethal in nature.

**B) Compliant – Cooperative Controls** CALEA 1.3.1

1) **Definitions**

**Compliant** – Cooperative response to lawful commands.

**Cooperative Controls** – Fundamentals of professional training designed to be employed with compliant subjects that capitalize on the acceptance of authority to gain cooperation and control.
2) Enforcement Elective

*Enforcement electives* are those tools, tactics, and techniques made available at each level of force application. Regarding cooperative controls, the following *enforcement electives* are consistent with the Tacoma Police Department's Integrated Force Management program and *use of force* model:

- Mental Preparation
- Spatial Positioning
- Communication Skills
- Handcuffing Technique
- Search Techniques
- Opposite Sex Searches
- Frisk Techniques
- Escort Controls
- Transport Controls
- Arrest Tactics
- *Draw and Direct*

3) Duties and Responsibilities

Officer Responsibilities:

- Refer to actions in the Incident Report narrative, if applicable
- *Draw and Direct* techniques used to de-escalate subjects and gain control shall not be a *reportable use of force*

C) Passive Resistant – Contact Controls  *CALEA 1.3.1*

1) Definitions

*Passive Resistant* – Non-compliance to lawful authority without physical or *mechanical resistance*

*Contact Controls* – Tactical skills designed to be deployed upon *passively resistant* subjects to proportionally gain control and cooperation
2) Enforcement Electives

*Enforcement electives* are those *tools, tactics* and techniques made available at each level of *force* application. Regarding *contact controls*, the following *enforcement electives* are consistent with the Tacoma Police Department's Integrated Force Management program and *use of force* model.

- *All Cooperative Controls Enforcement Electives*
- Advanced Communication Skills
- *Contact Controls*
- Arrest Tactics

3) Duties and Responsibilities

a) Officer Responsibilities *CALEA 1.3.6*

- If necessary, request *qualified medical assistance* for treatment
- Notify immediate supervisor
- Refer to actions in the Incident Report narrative
- Look for, identify and document all visible injuries
- Inquire of, and document complaints of, non-visible injuries

b) Supervisor Responsibilities *CALEA 1.3.7*

- If injuries result, respond to the scene and/or hospital
- Investigate and review the use of force incident
- Report findings in Blue Team and forward through chain of command for review (refer to Blue Team UOF/Pursuit/MVC Process)

c) Chain of Command Responsibilities *CALEA 1.3.7*

- Review Blue Team
- Make comments, if necessary (refer to Blue Team UOF/Pursuit/MVC Process)
- Forward to Support Services Division for processing
D) Active Resistant - Compliance Techniques

1) Definitions

Active Resistant – Use of physical effort or mechanical resistance in achieving and/or maintaining non-compliance

Compliance Techniques – Tactical procedures and tools designed to be deployed upon actively resistant subjects who employ physical force or mechanical resistance to enhance resistance or non-compliance.

FORCE MODEL

![FORCE MODEL Diagram]

2) Enforcement Electives

Enforcement electives are those tools, tactics and techniques made available at each level of force application. Regarding compliance techniques, the following enforcement electives are consistent with the Tacoma Police Department's Integrated Force Management program and use of force model.

- All Cooperative Controls Enforcement Electives
- All Contact Controls Enforcement Electives
- Electronic Control Tool (ECT) application
- Control Techniques
- Neuro-Muscular Controls
- OC/Chemical Application
- Leverage Tools
- Arrest Tactics
- Restraint Devices
- Canine Search Deployment
- Takedown Techniques
3) **Special Instructions**
   a) **OC/Chemical Post Application Procedures:**
      - Advise subject that OC/Chemical has been applied and assistance will be rendered
      - Request qualified medical assistance or transport to an appropriate location for assistance
      - If not available, rinse eyes and nose with fresh water
      - Expose to fresh air
      - Area should be ventilated
      - If subject exhibits respiratory distress, transport immediately to a hospital for treatment

   b) **OC/chemical application used against an animal shall not be considered a reportable use of force.**

   c) **ECT Post Application Procedures:**
      The subject should first be handcuffed and controlled before any removal of the probes is attempted. Once that has been accomplished, you should do the following:
      - Glove up using disposable gloves.
      - Use one hand to stabilize the subject’s body. Keeping this hand several inches away from the probe impact site with the other hand, grasp the body of the probe and quickly “pluck” the probe from the impact site.
      - Have the Tacoma Fire Department (TFD) respond to the scene to medically screen the subject for any injuries.
      
      **NOTE:** **TFD will not respond to remove the probes. Make sure to inform TFD if the subject is showing any signs of excited delirium**
      - If the probes are in a sensitive area (such as face, neck or groin), removal should only be attempted by medical personnel.

   d) **ECT application used against an animal shall be considered a reportable use of force.**

   e) In order to avoid negative results with our canines, officers should not deploy an ECT when a K-9 contact is in progress or imminent. The only exception is if the K-9 handler specifically directs the officer to deploy an ECT.

4) **Duties and Responsibilities**
   a) **Officer Responsibilities C**ALEA 1.3.6
      - Initiate Post Application procedures, if necessary
      - Notify immediate Supervisor
      - Look for, identify and document all visible injuries
      - Inquire of, and document complaints of, non-visible injuries
      - Refer to actions in the Incident Report narrative
      - Download ECT data (refer to Procedures Manual, Electronic Control Tool Download Procedure)

   b) **Supervisor Responsibilities C**ALEA 1.3.7
      - Respond to the scene and/or hospital
      - Investigate and review the use of force incident
- Report findings in Blue Team and forward through chain of command for review, include ECT download as an attachment in the Blue Team report (refer to Blue Team UOF/Pursuit/MVC Process)

c) Chain of Command Responsibilities  CALEA 1.3.7
  - Review Blue Team
  - Make comments, if necessary (refer to Blue Team UOF/Pursuit/MVC Process)

E) Assaultive -Defensive Tactics  CALEA 1.3.1  (R 10/2008)

1) Definitions

**Assaultive** – Non-compliance perceived as, or resulting in, an actual assault on an individual or Officer. The scope and severity of the attack would support the reasonable assumption that the actions would not result in death or serious bodily injury.

**Defensive Tactics** – Tools and tactics designed to be deployed upon the assaultive subject.

FORCE MODEL

![FORCE MODEL Diagram]

2) Enforcement Electives

*Enforcement electives* are those tools, tactics and techniques made available at each level of force application. Regarding *defensive tactics*, the following *enforcement electives* are consistent with the Tacoma Police Department's Integrated Force Management program and use of force model.

- *All Cooperative Control Enforcement Electives*
- *All Contact Controls Enforcement Electives*
- *All Compliance Techniques Enforcement Electives*
- *Personal Weapons* Defenses
- Impact *Tools*
- *Arrest Tactics*
• Directed Canine Deployment

3) Special Instructions
   a) Impact Tools Post Application Procedures:
      • Inspect impacted area for any visible injury
      • If visible, photograph injury
      • If necessary, request or transport for medical aid
   
   b) Defensive Tactics used against an animal shall be considered reportable use of force.

4) Duties and Responsibilities
   Any Officer who applies defensive tactics shall, as soon as practical, comply with the following procedures and assume listed responsibilities:
   a) Officer Responsibilities CALEA 1.3.6
      • Initiate Post Application procedures, if necessary
      • Notify immediate supervisor
      • Refer to actions in the Incident Report narrative
      • Look for, identify and document all visible injuries
      • Inquire of, and document complaints of, non-visible injuries
   
   b) Supervisor Responsibilities CALEA 1.3.7
      • Respond to the scene and/or hospital
      • Investigate and review the use of force incident
      • Report findings in Blue Team and forward through chain of command for review (refer to Blue Team UOF/Pursuit/MVC Process)
   
   c) Chain of Command Responsibilities CALEA 1.3.7
      • Review Blue Team
      • Make comments, if necessary (refer to Blue Team UOF/Pursuit/MVC Process)

F) Life Threatening – Deadly Force CALEA 1.3.1, 1.2.2

1) Definitions

   Life Threatening – Reasonable perception that the actions of an individual would likely cause death or serious bodily injury to an individual or Officer.

   Deadly Force – The use of any force that is likely to cause death or serious bodily injury. Deadly force does not include force that is not likely to cause death or serious bodily injury but unexpectedly results in death or serious bodily injury. Designed to be employed with a life threatening subject.
2) **Principles of Deadly Force Application**  
*CALEA 1.3.2*

The Tacoma Police Department recognizes and respects the value of all human life. Procedures and training are designed to resolve confrontations prior to escalation to the point **deadly force** may be applied. During the performance of their duties and as a last resort, Officers may apply **deadly force** when confronted with an **imminent danger of death** or **serious bodily injury** to protect themselves or others.

Officers are not required to place themselves or others in immediate danger of death or **serious bodily injury** before using **deadly force**. The necessity to use **deadly force** arises when there is no reasonable alternative to using such force and without it the Officers or others would face imminent danger of death or **serious bodily injury**.

3) **Enforcement Electives**

*Enforcement electives* are those **tools, tactics** and techniques made available at each level of **force** application. Regarding **deadly force**, the following *enforcement electives* are consistent with the Tacoma Police Department's Integrated Force Management program and use of force model.

- All Cooperative Controls Enforcement Electives
- All Contact Controls Enforcement Electives
- All Compliance Techniques Enforcement Electives
- All Defensive Tactics Enforcement Electives
- Attack Defense
- Ramming
- Firearm Techniques
- Arrest Tactics
4) **Duties and Responsibilities**
   a) **Officer Responsibilities** *CALEA 1.3.6*
      - If necessary, request *qualified medical assistance* for treatment
      - Notify immediate Supervisor
      - Refer to actions in the Incident Report narrative
      - Look for, identify and document all visible injuries
      - Inquire of, and document complaints of, non-visible injuries
   
   b) **Supervisor Responsibilities** *CALEA 1.3.7*
      - Respond to the scene and/or hospital.
      - Notify the Shift Commander and ensure IA is advised
      - Internal Affairs shall be responsible for completing the entry into Blue Team and forwarding through the employee’s chain of command for review when deadly force was used against a person or an animal
      - Follow procedure outlined in P3.4, *Deadly Force Investigations*.
   
   c) **Chain of Command Responsibilities** *CALEA 1.3.7*
      - Review Blue Team
      - Make comments, if necessary (refer to *Blue Team UOF/Pursuit/MVC Process*)

5) **Special Instructions**
   - Warning shots shall not be used. *CALEA 1.3.3*
   - **Deadly force** should not be used against a subject in a moving vehicle unless it is necessary to protect against *imminent danger* to the life of the Officer or others. *CALEA 1.3.2*
   - **Deadly Force** used against an animal shall be a reportable use of force; however, the responsibility for the completion of the Blue Team entry rests with Internal Affairs.
   - When a law enforcement Officer is pursuing a fleeing suspect, he/she may use deadly force only to prevent escape if the Officer has probable cause to believe that the suspect poses a significant threat of death or serious physical injury to the Officer or others.
   - Self-defense, defense of another, and *imminent danger* of death or serious bodily injury shall be the only policy guideline for the application of *deadly force*.

G) **Use of Force Reporting** *CALEA 1.3.6*
The Tacoma Police Department considers the application of necessary *force* a professional responsibility and is accountable for all aspects of training, practice, supervision and review regarding the use of *force*. The reporting procedure set forth herein shall be to account for applications of reportable use of *force* and provide a review process for training. This training reporting addresses the *tools, tactics and timing of force* application and provides a statistical basis for policy review.

The supervisory review of *force* applications shall be the determining factor in evaluating appropriateness and necessity. The investigating supervisor shall make a preliminary determination as to whether *force* was applied within Department guidelines. The quantitative reporting of *force* applications entered into Blue Team for training purposes shall not be used in the investigative process where disciplinary sanctions may result.
As articulated in P3.1, Use of Force, all applications of force shall meet the standard of reasonableness as determined by the circumstances the Officer encounters.

1) Application CALEA 1.3.6
The following processes regarding use of force shall provide guidance in reporting. These are outlined according to the Officer response to subject actions based upon the Department's use of force model.
- **Cooperative controls** shall be described in the narrative section of the Incident Report when written. When a draw and direct technique involving a tool is employed (without actual application) to de-escalate or gain compliance, a **Use of Force report shall not be required**.
- **Contact controls** shall be described in the narrative section of the Incident Report. Officers who use contact controls where injury occurs shall contact a Supervisor, and the Supervisor shall make an entry into Blue Team as a Use of Force.
- **Compliance techniques** shall be described in the narrative section of the Incident Report. Officers who use compliance techniques shall contact a Supervisor, and the Supervisor shall make an entry into Blue Team as a Use of Force.
- **Defensive tactics** shall be described in the narrative section of the Incident Report. Officers who use defensive tactics shall contact a Supervisor, and the Supervisor shall make an entry into Blue Team as a Use of Force.
- **Deadly force** shall be described in the narrative section of the Incident Report. Officers who use deadly force shall contact a Supervisor. Internal Affairs will complete a Blue Team Use of Force entry when the deadly force was used against a person or an animal.

*NOTE: Due to the significant impact on personnel and resources, investigations of deadly force applications shall be addressed specifically in P3.4, Deadly Force Investigations.*

2) Use of Force Reporting Instructions
The Use of Force Reporting is intended to quantify applications of force and provide specific training correction for those tools, tactics and techniques which are applied unsuccessfully or incorrectly. The reporting is also intended to allow supervisors an opportunity to identify training issues and assess skills and tools.

A reportable use of force is defined as any incident where, under the color of authority, a Tacoma Police Officer employs a contact control (where injury occurs) tool, (excluding Draw and Direct), or any physical force to:
- Compel a non-compliant person to obey their direction
- Overcome active resistance during an arrest or detention
- Defend self or another from an aggressive action by a suspect

Officers who employ a reportable use of force shall specify those actions within the narrative section of the report. Additionally, if the Officer wishes to (and if warranted) make specific training recommendations regarding tool effectiveness and training proficiency, the Officer should collaborate with the supervisor so the aforementioned can be included in the comments section of the Blue Team entry.

In situations where multiple Officers apply the same techniques, tactics and/or tools that constitute a reportable use of force, Supervisors shall complete one entry into Blue Team
for each subject (addressing all appropriate sections) regardless of how many officers are involved.

Supervisors shall conduct a review regarding applications of **force** and shall complete the entry in Blue Team. Training deficiencies and/or concerns should be identified in the comments section. (Refer to Blue Team UOF/Pursuit/MVC Process.)

The Administrative Services Bureau is responsible for collating the information obtained from the electronic use of force reporting system. If no training issue is identified, the information shall be collected and the data retained according to Washington State records retention laws. If a training issue is identified either by the Officer, the reviewing supervisor or training personnel, the Training Section shall, within 60 days, construct a corrective training plan for specific skill improvement, and implement with the affected Officer as soon as is reasonably practical.

Training Section staff shall be responsible for making corrective recommendations to training modules and for improving individual Officer’s proficiencies.

**H) Reference Guide:**

<table>
<thead>
<tr>
<th>Use of Force Policy</th>
<th>P3.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of Force Definitions</td>
<td>P3.1.1</td>
</tr>
<tr>
<td>Compliant – Cooperative Controls</td>
<td>P3.1.2</td>
</tr>
<tr>
<td>Passive Resistant – Contact Controls</td>
<td>P3.1.3</td>
</tr>
<tr>
<td>Active Resistant – Compliance Techniques</td>
<td>P3.1.4</td>
</tr>
<tr>
<td>Assaulitive – Defense Tactics</td>
<td>P3.1.5</td>
</tr>
<tr>
<td>Life Threatening – Deadly Force</td>
<td>P3.1.6</td>
</tr>
<tr>
<td>Use of Force Reporting Policy</td>
<td>P3.1.7</td>
</tr>
<tr>
<td>Use of Force Reporting Application</td>
<td>P3.1.8</td>
</tr>
<tr>
<td>Vehicle Operations</td>
<td>P3.2</td>
</tr>
<tr>
<td>Canine Operations</td>
<td>P3.3</td>
</tr>
<tr>
<td>Deadly Force Investigations</td>
<td>P3.4</td>
</tr>
<tr>
<td>Deadly Force Review Board</td>
<td>P3.5</td>
</tr>
</tbody>
</table>
PURPOSE: This policy shall establish the professional philosophy of the Tacoma Police Department relative to the investigation of deadly force applications in the performance of service to the community.

P3.4 DEADLY FORCE INVESTIGATIONS  CALEA 1.3.8 (R 05/2013)
The Tacoma Police Department recognizes that trauma can occur when Officers are involved in incidents wherein they either use, or become victims of, deadly force. It is the policy of the Department to assist Officers in recognizing and dealing with trauma to minimize its negative effects.

A basic assumption in the investigation of deadly force application by a Police Officer in the line of duty is that no criminal act has been committed by the Officer. If an investigation indicates that a criminal act may have been committed, the Officer will be read his/her Miranda Rights and accorded all constitutional rights and protections.

The review of deadly force shall examine the reasonableness of Officer response judged from the circumstances faced by the Officer at the time. Additional review shall be given to departmental training and policy issues.

The following provide guidance to Department members for handling incidents wherein Officers have applied deadly force, or faced imminent serious bodily injury or death.

P3.4.1 ON-SCENE APPLICATION  (R 08/2017)
NOTE: Interviews of the Officer involved, beyond the initial walk-through, as well as written reports and taped statements, shall be conducted in accordance with governing contractual language. Any compelled statement shall be afforded all legal protections.

A) Officer applying deadly force
   - Initiate post application procedures per P3.1
   - Maintain scene integrity, if practical
   - Retain weapon(s) until replacement weapon is issued

B) On-Scene Officers
   - Provide assistance to the Officer(s) involved
   - Maintain scene integrity, if applicable
   - Identify any witnesses

C) Responding Officers
   - Provide first aid, summon medical aid as needed
   - Protect the scene and prevent destruction of evidence
   - Ensure that a supervisor has been requested
   - Provide needed assistance to the Officer(s) involved in the deadly force application
   - First responding Officer will be primary and will complete the Incident Report, unless otherwise designated by the operations supervisor
   - Establish and complete the crime scene log
   - Locate and identify witnesses

D) Operations Supervisors
   - Respond to the scene.
   - Stabilize the situation.
   - Ensure the integrity of the scene.
• Relief of related responsibilities for Officers involved in the application of deadly force on scene, as soon as practical.
• Ensure that Forensics personnel are responding.
• Ensure the notification of the following:
  o On-Duty Shift Commander
  o CID Lieutenant and CID Homicide/Assaults Sergeant, per established Investigations Bureau Procedures, Functions, Investigative Call-Out Procedures
  o Public Information Officer
  o Chain of command of Officer involved
  o Internal Affairs personnel
  o Union President or designee
  o Department Psychologist (notification of incident only, not call-out)
  o Peer Support Supervisor
  o Department Chaplain
• Ensure that the Officer involved is provided with an alternate service weapon, if applicable.
• Ensure that all witnesses (Police and civilians) are kept separated and are transported to the appropriate Police facility for formal statements.
• Ensure that a Critical Incident Liaison Officer (CIL0) is assigned to each Officer involved in the application of deadly force at the earliest reasonable time.
• Ensure that all Officers involved in the investigation, but not in the actual application of deadly force, complete their reports prior to dismissal.
• Treat the Officer(s) involved in the application of deadly force as potential victims of Post-Traumatic Stress and/or other psychological trauma, and coordinate with the Shift Commander to ensure that sufficient personnel are available to support the Officer involved and to assist the CID Investigative Team in completing a thorough investigation.
• If the Officer is injured, a second Operations supervisor will respond to the hospital. This supervisor will support the Officer and family members and protect evidence, including the Officer’s weapon. If the Officer is unconscious, seriously injured or critically or fatally injured, the supervisor will advise the chain of command and emergency contact procedures can be initiated, per instructions on the emergency contact card. The second supervisor will ensure that the appropriate casualty reports are written.
• Complete a supplementary report.
• Complete the Supervisor’s Report of Incident or Injury form, if applicable.

E) **Shift Commander**
• Assume responsibility for the overall investigation until relieved by the CID Lieutenant
• Ensure that emergency contact notifications are made if the Officer is seriously, critically, or fatally injured
• Make appropriate notifications, i.e., Chief of Police, City Manager, etc.

F) **Forensic Specialists**
• Photograph the scene
• Photograph injuries
• Photograph the Officer involved, depicting clothing/equipment *CALEA 52.2.6*
• Measure and diagram scene
• Videotape scene, if applicable
• Collect evidence at direction of CID Detectives
• Perform other forensic services, per the needs of individual cases

G) **Criminal Investigations Division (CID) Lieutenant**
• Chain of command respond to the scene
• Ensure that sufficient investigative personnel are provided

H) **Homicide/Assault Sergeant**
• **Any Use of Force with Life Threatening Injuries or Death** – If an officer uses force against the person of another, independent of the level of force, where either death occurs or life threatening injuries are sustained, CID detectives, Internal Affairs investigators, investigators from the Pierce County Prosecutor’s Office as well as the Medical Examiner’s Office will be involved.
• **Deadly Force Resulting in Death** – If an officer uses deadly force against the person of another that results in death, CID detectives, Internal Affairs investigators, investigators from the Pierce County Prosecutor's Office as well as the Medical Examiner's Office will be involved.
I) **Detectives**
- Respond to the scene unless otherwise directed
- Interview all witnesses (departmental and civilian)
- Document the condition of the scene
- Direct the collection of evidence by the Forensic Specialist(s)
- Secure all weapons involved in the application of deadly force and ensure that they are properly collected
- Canvass the neighborhood for witnesses and/or evidence
- Conduct taped statements of Officers involved in the application of deadly force
- Other investigative tasks as assigned

J) **Internal Affairs (IA)**
Respond to the scene of all applications of deadly force, with the sole exception of unintentional discharges on the firing line during firearms training and/or qualification which result in no injuries to persons or damage to property (such incidents shall be classified as firearms training incidents and handled at the discretion of the Range Master or supervising authority).
- Act as the primary investigative agent if the application of deadly force was unintentional, resulted in no injuries, and there was no crime involved
- In all other applications of deadly force, IA will coordinate its investigation with the CID Detective Team, and CID will have primary investigative responsibility
- Investigate aspects of departmental policies, procedures and training
- Prepare case for review by the Use of Deadly Force Review Board
- May investigate applications of deadly force used against an animal (See special instructions in P3.4.7)
- Complete the Blue Team entry in all cases where deadly force was used

K) **Critical Incident Liaison Officer (CILO)**
A CILO will be assigned to each Officer involved in the application of deadly force, or whom faced imminent death or serious bodily injury. The Officer may choose the CILO as long as the chosen Officer is reasonably available. The CILO will be an uninvolved party to the application of deadly force and will:
- Keep the involved Officer insulated from the media and from unnecessary contacts by Department personnel
- Transport involved Officer from the scene
- Make contact with the involved Officer's family, if necessary

*NOTE: The CILO is not to be confused with the functions of a trained Peer Support Officer and does not have confidentiality privileges.*

L) **Public Information Officer**
- Will respond to the scene
- Assume responsibility for central dissemination of information
- Coordinate with the CID Sergeant to obtain the best information available
- Conduct all media briefings

After the initial investigation has revealed sufficient facts to make a preliminary decision as to whether the use of deadly force by the Officer(s) was within departmental guidelines, the Chief of Police will make a public statement to the media concerning what determination the facts support. If the Chief of Police is unavailable, the designated Assistant Chief will make this statement.

M) **Union Representative (by agreement)**
- Union president (or designee) will ensure that the Officer involved receives all contractual and constitutional rights and protections
- Will consult with the Officer(s) involved as to the timing of giving statements

**P3.4.2 POST INCIDENT CALEA 1.3.8 (R 08/2017)**

A) **Interviews**
- Department members involved in the application of deadly force shall be allowed to consult with a union representative and/or an attorney prior to being required to give a formal statement to the CID Detectives about the application of deadly force.
- A union representative and a Department representative (Shift Commander) may mutually agree to a time when the Department member will give a statement about the application of deadly force.
• The Department allows the Officer involved in an application of deadly force to have a representative of their choice present during the giving of the detailed statement in an effort to aid the Officer through the stressful situation.
• The absence or unavailability of a particular individual will not be grounds to delay the investigation.
• All formal interviews with Officers involved in the application of deadly force will be recorded and then transcribed.
• IA representatives will not be present during the CID Detective's interview of the Officer involved in the application of deadly force. If necessary, IA may conduct an interview at a later time.

B) Officer Involved Responsibilities
• Will be placed on administrative leave or assigned administrative duties whenever a death or serious injury occurs subsequent to a use of force applied in an official capacity CALEA 1.3.8
• Submit to a mandatory evaluation with the departmental psychologist
• Give taped statement at agreed upon time
• May be returned to regular duty only upon approval of the Chief of Police CALEA 1.3.8
• Complete appropriate reports when contractually provided for
• Complete firearms confidence training
• May request critical incident stress debriefing

C) On Scene Officers
• Complete a Supplemental Report detailing actions and observations
• May request critical incident stress debriefing
• Assist as directed by scene supervisor

D) Psychologist
• Conduct mandatory evaluation of each Officer directly involved in an application of deadly force.
• The only communication to the Department will strictly be a recommendation as to whether the Officer is fit or unfit to return to regular duty
• Acquaint the Officer involved with aspects of post-shooting trauma, when applicable.

E) Division Commander (of involved Officer(s) after they have completed the CID interview)
• Contact the departmental Psychologist to set a date and time for the involved Officer(s) to conduct a return-to-work interview
• Contact the Range Sergeant to set a date and time for the involved Officer(s) to conduct a firearms confidence session

F) Range
If the application of deadly force involved the use of a firearm, the Officer will report to the Training Section prior to returning to regular duty for:
• Firearms Confidence Training - this training will not be conducted for scoring purposes, (and focuses on re-acclimating the Officer to the background and accompanying sounds and activities of the weapon being discharged).

The Range will issue a replacement weapon if the Officer’s weapon remains in evidence or is otherwise unavailable.

G) Critical Incident Stress Management (CISM)
• All personnel involved in the application of deadly force and the investigation of the incident may be required to attend a CISM session.

H) Finance Section
• Replace the Officer’s damaged or lost equipment as soon as practical
• Ensure that appropriate reports and paperwork regarding damaged or lost equipment are completed

I) Training Section Review
• Review the Blue Team entry to determine possible individual or Department-wide training needs
• Implement needed training
J) **Deadly Force Review Board**
- Will be convened by the appropriate Bureau Commander in a timely manner
- May require the involved Officer to appear and provide testimony
- Make findings and issue recommendations to the Chief

**P3.4.3 OUTSIDE AGENCY APPLICATION OF DEADLY FORCE IN THE CITY OF TACOMA**
- The Tacoma Police Department has primary jurisdiction
- CID will investigate all applications of deadly force within the City of Tacoma limits, including those by Officers of other agencies
- The Tacoma Police Department will coordinate with the other agency so that they will be able to conduct their investigations with the least amount of disruption
- Shift Commander to be notified and coordinate with other agency

**P3.4.4 TPD OFFICER APPLICATION OF DEADLY FORCE OUTSIDE THE CITY OF TACOMA**

A) **On Duty**
- Officer involved will immediately notify the agency of jurisdiction and contact an on-duty Tacoma Police Supervisor and initiate post-application procedures
- The supervisor will notify the Shift Commander, IA, and the union president (or designee)
- IA will respond to the scene and conduct their investigation with the agency of jurisdiction
- A CID representative will also be available to respond to assist in the investigation and provide a liaison with the agency of jurisdiction, if requested by the investigating agency or the Officer involved

B) **Off Duty**
- Involved Officer(s) will immediately notify the agency of jurisdiction and an on-duty Tacoma Police supervisor, and initiate post-application procedures
- Handle per P3.4.3 of this Policy if incident is within City of Tacoma limits
- Handle per P3.4.4 of this policy if incident occurred outside of City of Tacoma limits

**P3.4.5 UNINTENDED FATALITIES** *CALEA 1.3.6(b), 1.3.8*
- Deadly force does not include force that is not likely to cause death or serious bodily injury but unexpectedly results in death or serious bodily injury
- *Unintended fatalities* shall be investigated and handled with the same thoroughness as an application of deadly force, with CID having primary investigative responsibility and IA responding as per section P3.4.1J of this policy. Officers involved in applications of less than deadly force which unexpectedly result in fatalities will be treated in the same manner as Officers involved in applications of *deadly force*.

**P3.4.6 TPD OFFICERS ON SCENE AT APPLICATION OF DEADLY FORCE BY OUTSIDE AGENCY**
- Notify on-duty Tacoma Police Supervisor
- Provide necessary assistance
- Complete appropriate reports

**P3.4.7 USE OF DEADLY FORCE AGAINST ANIMALS**
Internal Affairs shall be notified and determine if response is required. Shift Commander will be notified and shall determine investigative needs.
P3.4.8 REFERENCE GUIDE

Definitions
Use of Force Policy
Life Threatening – Deadly Force
Vehicle Operations
Canine Operations
Use of Force Reporting Policy
Critical Incident Liaison Officer (CILO)
Emergency Notification For TPD Employees
Deadly Force Review Board
CISM
Peer Support
Peer Support Team
Investigative Call-Out Procedure
Collective Bargaining Agreements

P3.1.1
P3.1
P3.1.6
P3.2
P3.3
P3.1.7
P3.4.1k
P2.5
P3.5
P4.4.1
P4.4.2
P4.4.3
CID Handbook
Local #6 and Local #26
USE OF FORCE - DEADLY FORCE INVESTIGATIONS

PURPOSE: This policy shall establish the professional philosophy of the Tacoma Police Department relative to the investigation of deadly force applications in the performance of service to the community.

The Tacoma Police Department recognizes that trauma can occur when Officers are involved in incidents wherein they either use, or become victims of, deadly force. It is the policy of the Department to assist Officers in recognizing and dealing with trauma to minimize its negative effects.

A basic assumption in the investigation of deadly force application by a Police Officer in the line of duty is that no criminal act has been committed by the Officer. If an investigation indicates that a criminal act may have been committed, the Officer will be read his/her Miranda Rights and accorded all constitutional rights and protections.

The review of deadly force shall examine the reasonableness of Officer response judged from the circumstances faced by the Officer at the time. Additional review shall be given to departmental training and policy issues.

The following provide guidance to Department members for handling incidents wherein Officers have applied deadly force or faced imminent serious bodily injury or death.

A) ON-SCENE APPLICATION

NOTE: Interviews of the Officer involved, beyond the initial walk-through, as well as written reports and taped statements shall be conducted in accordance with governing contractual language. Any compelled statement shall be afforded all legal protections.

1) Officer applying deadly force
   - Initiate post application procedures per P3.1
   - Maintain scene integrity, if practical
   - Retain weapon(s) until replacement weapon is issued

2) On Scene Officers
   - Provide assistance to the Officer(s) involved
   - Maintain scene integrity, if applicable
   - Identify any witnesses

3) Responding Officers
   - Provide first aid, summon medical aid as needed
   - Protect the scene and prevent destruction of evidence
   - Ensure that a supervisor has been requested
• Provide needed assistance to the Officer(s) involved in the deadly force application
• First responding Officer will be primary and will complete the Incident Report, unless otherwise designated by the Operations Supervisor
• Establish and complete the crime scene log
• Locate and identify witnesses

4) **Operations Supervisors**
   • Respond to the scene.
   • Stabilize the situation.
   • Ensure the integrity of the scene.
   • Relief of related responsibilities for Officers involved in the application of deadly force on scene, as soon as practical.
   • Ensure that Forensics personnel are responding.
   • Ensure the notification of the following:
     o On-duty Shift Commander
     o CID Lieutenant and CID Homicide/Assaults Sergeant, per established Investigations Bureau Procedures, Functions, Investigative Call-Out Procedures
     o Public Information Officer
     o Chain of command of Officer involved
     o Internal Affairs personnel
     o Union President or designee
     o Department Psychologist *(Notification of incident only, not call-out)*
     o Peer Support Supervisor
     o Department Chaplain
   • Ensure that the Officer involved is provided with an alternate service weapon, if applicable.
   • Ensure that all witnesses (Police and civilians) are kept separated and are transported to the appropriate Police facility for formal statements.
   • Ensure that a Critical Incident Liaison Officer (CIMO) is assigned to each Officer involved in the application of deadly force at the earliest reasonable time.
   • Ensure that all Officers involved in the investigation, but not in the actual application of deadly force, complete their reports prior to dismissal.
   • Treat the Officer(s) involved in the application of deadly force as potential victims of Post Traumatic Stress and/or other psychological trauma, and coordinate with the Shift Commander to ensure that sufficient personnel are available to support the Officer involved and to assist the CID Investigative Team in completing a thorough investigation.
   • If the Officer is injured, a second Operations Supervisor will respond to the hospital. This Supervisor will support the Officer and family members and protect evidence, including the Officer's weapon. If the Officer is unconscious, seriously injured or critically or fatally injured, the Supervisor will advise the chain of command and emergency contact procedures can be initiated, per instructions on the emergency contact card. The second Supervisor will ensure that the appropriate casualty reports are written.
   • Complete a supplementary report.
   • Complete the Supervisor's Report of Incident or Injury form, if applicable.

5) **Shift Commander**
   • Assume responsibility for the overall investigation
• Ensure that emergency contact notifications are made if the Officer is seriously, critically or fatally injured
• Make appropriate notifications, i.e., Chief of Police, City Manager, etc.

6) Forensic Specialists
• Photograph the scene
• Photograph injuries
• Photograph the Officer involved, depicting uniform/clothing CALEA 52.2.6
• Measure and diagram scene
• Videotape scene, if applicable
• Collect evidence at direction of CID Detectives
• Perform other forensic services, per the needs of individual cases

7) Criminal Investigations Division (CID) Lieutenant
• Chain of command respond to the scene
• Ensure that sufficient investigative personnel are provided

8) Homicide/Assault Sergeant
• Any Use of Force w/ Life Threatening Injuries or Death – If an officer uses force against the person of another, independent of the level of force, where either death occurs or life threatening injuries are sustained, CID detectives, Internal Affairs investigators, investigators from the Pierce County Prosecutor’s Office as well as the Medical Examiner’s Office will be involved.
• Deadly Force Resulting in Death – If an officer uses deadly force against the person of another that results in death, CID detectives, Internal Affairs investigators, investigators from the Pierce County Prosecutor’s Office as well as the Medical Examiner’s Office will be involved.

9) Detectives
• Respond to the scene unless otherwise directed
• Interview all witnesses (departmental and civilian)
• Document the condition of the scene
• Direct the collection of evidence by the Forensic Specialist(s)
• Secure all weapons involved in the application of deadly force and ensure that they are properly collected
• Canvass the neighborhood for witnesses and/or evidence
• Conduct taped statements of Officers involved in the application of deadly force
• Other investigative tasks as assigned

10) Internal Affairs (IA)
Respond to the scene of all applications of deadly force, with the sole exception of unintentional discharges on the firing line during firearms training and/or qualification which result in no injuries to persons or damage to property (such incidents shall be classified as firearms training incidents and handled at the discretion of the Range Master or supervising authority).
• Act as the primary investigative agent if the application of deadly force was unintentional, resulted in no injuries, and there was no crime involved.
• In all other applications of deadly force, IA will coordinate its investigation with the CID Detective Team, and CID will have primary investigative responsibility.
• Investigate aspects of departmental policies, procedures and training.

Use of Force - Deadly Force Investigations
• Prepare case for review by the Use of Deadly Force Review Board.
• May investigate applications of deadly force used against an animal. (See special instructions in P3.4.7.)
• Complete a Blue Team entry in all cases where deadly force was used.

11) Critical Incident Liaison Officer (CILO)
A CILO will be assigned to each Officer involved in the application of deadly force, or who faces imminent death or serious bodily injury. The Officer may choose the CILO as long as the chosen Officer is reasonably available. The CILO will be an uninvolved party to the application of deadly force and will:
• Keep the involved Officer insulated from the media and from unnecessary contacts by Department personnel
• Transport involved Officer from the scene
• Make contact with the involved Officer’s family, if necessary

NOTE: The CILO is not to be confused with the functions of a trained Peer Support Officer and does not have confidentiality privileges.

12) Public Information Officer
• Will respond to the scene
• Assume responsibility for central dissemination of information
• Coordinate with the CID Sergeant to obtain the best information available
• Conduct all media briefings

After the initial investigation has revealed sufficient fact to make a preliminary decision as to whether the use of deadly force by the Officer(s) was within departmental guidelines, the Chief of Police will make a public statement to the media concerning what determination the facts support. If the Chief of Police is unavailable, the designated Assistant Chief will make this statement.

13) Union Representative (by agreement)
• Union president (or designee) will ensure that the Officer involved receives all contractual and constitutional rights and protections
• Will consult with the Officer(s) involved as to the timing of giving statements

B) POST INCIDENT
1) Interviews
• Department members involved in the application of deadly force shall be allowed to consult with a union representative and/or an attorney prior to being required to give a formal statement to the CID Detectives about the application of deadly force.
• A union representative and a Department representative (Shift Commander) may mutually agree to a time when the Department member will give a statement about the application of deadly force.
• The Department allows the Officer involved in an application of deadly force to have a representative of their choosing present during the giving of the detailed statement in an effort to aid the Officer through the stressful situation.
• The absence or unavailability of a particular individual will not be grounds to delay the investigation.
• All formal interviews with Officers involved in the application of deadly force will be recorded and then transcribed.
• IA representatives will not be present during the CID Detective's interview of the Officer involved in the application of deadly force. If necessary, IA may conduct an interview at a later time.

2) **Officer Involved Responsibilities**
• Will be placed on administrative leave or assigned administrative duties whenever a death or serious injury occurs subsequent to a use of force applied in an official capacity. *CALEA 1.3.8*
  • Submit to a mandatory evaluation with the departmental psychologist.
  • Give taped statement at agreed upon time.
  • May be returned to regular duty only upon approval of the Chief of Police.
  • Complete appropriate reports when contractually provided for.
  • Complete firearms confidence training.
  • May request critical incident stress debriefing.

3) **On Scene Officers**
• Complete a Supplemental Report detailing actions and observations
• May request critical incident stress debriefing
• Assist as directed by scene supervisor

4) **Psychologist**
• Conduct mandatory evaluation of each Officer directly involved in an application of deadly force
• The only communication to the Department will strictly be a recommendation as to whether the Officer is fit or unfit to return to regular duty
• Acquaint the Officer involved with aspects of post-shooting trauma, when applicable

5) **Division Commander** *(of involved Officer(s) after they have completed the CID interview)*
• Contact the departmental Psychologist to set a date and time for the involved Officer(s) to conduct a return-to-work interview
• Contact the Range Sergeant to set a date and time for the involved Officer(s) to conduct a firearms confidence session

6) **Range**
If the application of deadly force involved the use of a firearm, the Officer will report to the Training Section prior to returning to regular duty for:
• *Firearms Confidence Training* – this training will not be conducted for scoring purposes, (and focuses on re-acclimating the Officer to the background and accompanying sounds and activities of the weapon being discharged).

The Range will issue a replacement weapon if the Officer’s weapon remains in evidence or is otherwise unavailable.

7) **Critical Incident Stress Management (CISM)**
• All personnel involved in the application of deadly force and the investigation of the incident may be required to attend a CISM session.

8) **Finance Section**
• Replace the Officer’s damaged or lost equipment as soon as practical
• Ensure that appropriate reports and paperwork regarding damaged or lost equipment are completed

9) Training Section Review
• Review the Blue Team entry to determine possible individual or Department-wide training needs
• Implement needed training

10) Deadly Force Review Board
• Will be convened by the appropriate Bureau Commander in a timely manner
• May require the involved Officer to appear and provide testimony
• Make findings and issue recommendations to the Chief

C) Outside Agency Application of Deadly Force in the City of Tacoma
• The Tacoma Police Department has primary jurisdiction
• CID will investigate all applications of deadly force within the City of Tacoma limits, including those by Officers of other agencies
• The Tacoma Police Department will coordinate with the other agency so that they will be able to conduct their investigations with the least amount of disruption
• Shift commander to be notified and coordinate with other agency

D) TPD Officer Application of Deadly Force outside the City of Tacoma
1) On Duty
• Officer involved will immediately notify the agency of jurisdiction and contact an on-duty Tacoma Police Supervisor and initiate post application procedures
• The Supervisor will notify the Shift Commander, IA, and the union president (or designee)
• IA will respond to the scene and conduct their investigation with the agency of jurisdiction
• A CID representative will also be available to respond to assist in the investigation and provide a liaison with the agency of jurisdiction, if requested by the investigating agency or the Officer involved

2) Off Duty
• Involved Officer(s) will immediately notify the agency of jurisdiction and an on-duty Tacoma Police Supervisor, and initiate post application procedures
• Handle per P3.4.3 of this Policy if incident is within City of Tacoma limits
• Handle per P3.4.4 of this policy if incident occurred outside of City of Tacoma limits

E) Unintended Fatalities
• Deadly force does not include force that is not likely to cause death or serious bodily injury but unexpectedly results in death or serious bodily injury
• Unintended fatalities shall be investigated and handled with the same thoroughness as an application of deadly force, with CID having primary investigative responsibility and IA responding as per section P3.4.1(J) of this policy. Officers involved in applications of less than deadly force which unexpectedly result in fatalities will be treated in the same manner as Officers involved in applications of deadly force.

F) TPD Officers on Scene at Application of Deadly Force by Outside Agency
• Notify on-duty Tacoma Police Supervisor
- Provide necessary assistance
- Complete appropriate reports

G) Use of Deadly Force against Animals
Internal Affairs shall be notified and determine if response is required. The Shift Commander will be notified and shall determine investigative needs.

H) Reference Guide
- Definitions P3.1.1
- Use of Force Policy P3.1
- Life Threatening – Deadly Force P3.1.6
- Vehicle Operations P3.2
- Canine Operations P3.3
- Electronic Use of Force Report (EUF) P3.1.7
- Critical Incident Liaison Officer (CILO) P3.4.1 (K)
- Emergency Notification For TPD Employees P2.5
- Deadly Force Review Board P3.5
- CISM P4.4.1
- Peer Support P4.4.2
- Peer Support Team P4.4.3
- Investigative Call-Out Procedure CID Handbook
- Collective Bargaining Agreements Local #6 and Local #26
PECTO POLICE DEPARTMENT

Use of Force Sub-Section 3.5

Sets forth the Tacoma Police Department's Use of Force Deadly Force Review

Donald Ramsdell, Chief of Police

PURPOSE: This policy shall establish the professional philosophy of the Tacoma Police Department relative to the review of applications of deadly force by its Officers.

P3.5 DEADLY FORCE REVIEW BOARD CALEA 1.3.7 (R 08/2017)
The Tacoma Police Department recognizes the need to review thoroughly all applications of deadly force by its Officers. The primary purpose of the Board shall be to review the investigation and determine if the application of deadly force was within Department policy. The Board may also examine significant training and equipment issues. The Board shall report its findings to the Chief of Police. These findings may include recommendations to further investigate certain aspects of the attendant circumstances.

P3.5.1 DEPARTMENTAL REVIEW BOARD MEMBERS CALEA 1.3.7
The Board will consist of six voting members and a non-voting chairperson. The six voting members will consist of two management representatives, two union representatives, and two members of the community.

- The ASB Assistant Chief of Police will serve as Chair of the Board. The Chair of the Board will be responsible, with the assistance of staff, for coordinating Board activity.
- The management representatives will consist of the Bureau and Division Commanders of the Officer who applied deadly force. If several Officers from different Bureaus apply deadly force during the same incident, the commander of the Bureau with the most Officers involved will attend, and the Division Commander not assigned to the above Bureau Commander will attend.
- The community representatives will consist of two citizens – one selected from the specific sector where the deadly force incident occurred and one selected at-large. The City’s Human Resources Director will make the selection of the citizen members.
- The union representatives will consist of two union members appointed by the Tacoma Police Union bargaining unit of the involved Officer.

P3.5.2 BUREAU LEVEL REVIEW BOARD
The Chair may elect to convene a Bureau-level Review Board when it is determined to be in the best interest of the Department. The Bureau-level review shall consist of the following personnel:

- The Bureau Commander of the involved Officer(s)
- The Division Commander of the Support Services Division
- The Division Commander of the involved Officer
- A member selected by the Tacoma Police Union bargaining unit of the involved Officer

Applications of deadly force cited as examples of when a Bureau-level review may be appropriate are as follows:

- Non-injurious firearms training activities
- Non-injurious unintentional discharges CALEA 1.3.6(a)
- Deadly force directed at animals

P3.5.3 PROCEEDINGS AND FINDINGS CALEA 1.3.7
- The Chair shall call a meeting of the Board in a timely manner after each application of deadly force by an Officer.
- The Board may require the involved Officer or other Department personnel to appear and provide testimony. A Critical Incident Liaison Officer (CIL0) of their choice during testimony may accompany the involved Officer to the Board. The CIL0 will not provide testimony nor question the Board members about the proceedings.
- The Board will make findings of fact and conclusions as to the circumstances surrounding applications of deadly force.
- The Board will use those findings as a basis to examine whether policies, procedures, practices or training might be improved to better protect Officers and reduce the need to apply deadly force.
• If the findings indicate that an application of *deadly force* was not within departmental guidelines, one of the following steps will be taken upon approval of the Chief of Police:
  o If a violation of law or Department rules or regulations is indicated, the matter shall be referred to the Internal Affairs Section and processed in accordance with the Department's disciplinary procedures.
  o If an incident is clearly due to improper training, the matter will be referred to the Commander of the Support Services Division so that proper retraining can be conducted.
  o If the application of *deadly force* was unintentional, a recommendation will be made as to whether or not discipline or corrective training is necessary.
  o Three reports will be prepared for submittal to the Chief of Police. Each of the three represented groups—management, labor, and the community—will prepare a separate report on their findings and recommendation. After review of the reports, the Chief will render a decision on the use of *deadly force*.

**P3.5.4 PUBLIC Disclosure**
The findings of the Board, along with a determination by the Chief as to whether or not the application of *deadly force* was justified under rules and procedures pertaining to the use of *force*, will be made available to the public, subject to the laws of the State of Washington regarding public disclosure, and rights of privacy as determined by the City Attorney. The disclosed findings shall consist of the conclusion of the Review Board as to whether the force was “Reasonable,” “Not Reasonable,” or “Unintentional.” Any specific recommendations pertaining to policy issues and training may be included. The entire investigation material shall not be released.

**P3.5.5 INTERNAL AFFAIRS (IA)**
- Receive the recommendations of the Board.
- Will ensure that each recommendation is forwarded to the respective Division Commander for action.
- Upon completion of the recommendations, IA will receive from each responsible Division Commander a document delineating how the recommendation was satisfied.
- A complete file of all reports, documents, findings and written response to recommendation, following a review by the Chief of Police, shall be made a part of the file relating to the incident in the Internal Affairs section.

**Special Instructions**
At the Board's option, it may file with the Chief of Police a separate report which would include comments, opinions, and general recommendations intended to assist the Chief in making a final decision on the matter.

This report may be treated as confidential by the Chief, at his/her option.

The Board may file minority/majority reports where the decisions are not unanimous.

**P3.5.6 REFERENCE GUIDE**

<table>
<thead>
<tr>
<th>Definitions</th>
<th>P3.1.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of Force</td>
<td>P3.1</td>
</tr>
<tr>
<td>Life Threatening – Deadly Force</td>
<td>P3.1.6</td>
</tr>
<tr>
<td>Vehicle Operations</td>
<td>P3.2</td>
</tr>
<tr>
<td>Canine Operations</td>
<td>P3.3</td>
</tr>
<tr>
<td>Use of Force Reporting Policy</td>
<td>P3.1.7</td>
</tr>
<tr>
<td>Deadly Force Investigations</td>
<td>P3.4</td>
</tr>
<tr>
<td>Public Disclosure Law</td>
<td>RCW 42.56</td>
</tr>
</tbody>
</table>
USE OF FORCE - DEADLY FORCE REVIEW BOARD

PURPOSE: This policy shall establish the professional philosophy of the Tacoma Police Department relative to the review of applications of deadly force by its Officers.

The Tacoma Police Department recognizes the need to review thoroughly all applications of deadly force by its Officers. The primary purpose of the Board shall be to review the investigation and determine if the application of deadly force was within Department policy. The Board may also examine significant training and equipment issues. The Board shall report its findings to the Chief of Police. These findings may include recommendations to further investigate certain aspects of the attendant circumstances.

A) DEPARTMENTAL REVIEW BOARD MEMBERS
The Board will consist of six voting members and a non-voting chairperson. The six voting members will consist of two management representatives, two union representatives, and two members of the community.

- The ASB Assistant Chief of Police will serve as Chair of the Board. The Chair of the Board will be responsible, with the assistance of staff, for coordinating Board activity.
- The management representatives will consist of the Bureau and Division Commanders of the Officer who applied deadly force. If several Officers from different Bureaus apply deadly force during the same incident, the commander of the Bureau with the most Officers involved will attend, and the Division Commander not assigned to the above Bureau Commander will attend.
- The community representatives will consist of two citizens – one selected from the specific sector where the deadly force incident occurred and one selected at-large. The City’s Human Resources Director will make the selection of the citizen members.
- The union representatives will consist of two union members appointed by Tacoma Police Union bargaining unit of the involved Officer.

B) BUREAU LEVEL REVIEW BOARD
The Chair may elect to convene a Bureau-level Review Board when it is determined to be in the best interest of the Department. The Bureau-level review shall consist of the following personnel:
- The Bureau Commander of the involved Officer(s)
- The Division Commander of the Support Services Division
- The Division Commander of the involved Officer
- A member selected by the Tacoma Police Union bargaining unit of the involved Officer

Use of Force - Deadly Force Review Board
Applications of *deadly force* cited as examples of when a Bureau-level review may be appropriate are as follows:
- Non-injurious firearms training activities
- Non-injurious unintentional discharges *CALEA 1.3.6(a)*
- Deadly force directed at animals

**C) PROCEEDINGS AND FINDINGS**
- The Chair shall call a meeting of the Board in a timely manner after each application of *deadly force* by an Officer.
- The Board may require the involved Officer or other Department personnel to appear and provide testimony. A Critical Incident Liaison Officer (CILIO) of their choice during testimony may accompany the involved Officer to the Board. The CILIO will not provide testimony nor question the Board members about the proceedings.
- The Board will make findings of fact and conclusions as to the circumstances surrounding applications of *deadly force*.
- The Board will use those findings as a basis to examine whether policies, procedures, practices or training might be improved to better protect Officers and reduce the need to apply *deadly force*.
- If the findings indicate that an application of *deadly force* was not within departmental guidelines, one of the following steps will be taken upon approval of the Chief of Police:
  - If a violation of law or Department rules or regulations is indicated, the matter shall be referred to the Internal Affairs section and processed in accordance with the Department’s disciplinary procedures.
  - If an incident is clearly due to improper training, the matter will be referred to the Commander of the Support Services Division so that proper retraining can be conducted.
  - If the application of *deadly force* was unintentional, a recommendation will be made as to whether or not discipline or corrective training is necessary.
  - Three reports will be prepared for submittal to the Chief of Police. Each of the three represented groups – management, labor, and the community – will prepare a separate report on their findings and recommendation. After review of the reports, the Chief will render a decision on the use of *deadly force*.

**D) PUBLIC DISCLOSURE**
The findings of the Board, along with a determination by the Chief as to whether or not the application of *deadly force* was justified under rules and procedures pertaining to the use of *force*, will be made available to the public, subject to the laws of the State of Washington regarding public disclosure, and rights of privacy as determined by the City Attorney. The disclosed findings shall consist of the conclusion of the Review Board as to whether the force was “Reasonable,” “Not Reasonable,” or “Unintentional.” Any specific recommendations pertaining to policy issues and training may be included. The entire investigation material shall not be released.

**E) INTERNAL AFFAIRS (IA)**
- Receive the recommendations of the Board.
- Will ensure that each recommendation is forwarded to the respective Division Commander for action.
- Upon completion of the recommendations, IA will receive from each responsible Division Commander a document delineating how the recommendation was satisfied.
• A complete file of all reports, documents, findings and written response to recommendation, following a review by the Chief of Police, shall be made a part of the file relating to the incident in the Internal Affairs Section.

**Special Instructions**
At the Board's option, it may file with the Chief of Police a separate report which would include comments, opinions, and general recommendations intended to assist the Chief in making a final decision on the matter.

This report may be treated as confidential by the Chief, at his/her option.

The Board may file minority/majority reports where the decisions are not unanimous.

**F) REFERENCE GUIDE**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of Force Definitions</td>
<td>P3.1</td>
</tr>
<tr>
<td>Life Threatening – Deadly Force</td>
<td>P3.1.6</td>
</tr>
<tr>
<td>Vehicle Operations</td>
<td>P3.2</td>
</tr>
<tr>
<td>Canine Operations</td>
<td>P3.3</td>
</tr>
<tr>
<td>Use of Force Reporting Policy</td>
<td>P3.1.7</td>
</tr>
<tr>
<td>Deadly Force Investigations</td>
<td>P3.4</td>
</tr>
<tr>
<td>Public Disclosure Law</td>
<td>RCW 42.56</td>
</tr>
</tbody>
</table>
### TACOMA POLICE DEPARTMENT

**Professional Standards**  
Sub-Section 1.1

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Sets forth the Vision, Mission, and Values of the Tacoma Police Department  

Donald Ramsdell, Chief of Police

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**Philosophy**  
*CALEA 1.1.2*  
The purpose of this policy is to ensure that agency members are aware of the actions and attitudes expected of them and to provide the public with a general standard by which agency and individual performance can be measured. These professional standards become our Canon of Ethics and the professional expectations of all Tacoma Police Department members. All members will receive biennial training regarding ethics in general, as well as our Department Canon of Ethics. (See P1.1.1 through P1.1.6)

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**P1.1.1 VISION**  
*CALEA 1.1.2*  
*(N 03/2010)*

A vision is the ultimate desired, and constantly pursued, outcome of an organization’s strategic processes. Our vision focuses organizational efforts.

The vision of the Tacoma Police Department is that our *citizens share increasing perceptions of safety and decreasing preoccupation with crime*. These will be accomplished by:

- Annually decreasing crime rates
- Annual external/internal surveys for re-assessing priorities and satisfaction
- Applying strategic leadership to improve upon and exceed our strategic processes
- Utilizing comprehensive approaches to crime management
- Employee development and succession planning to effectively accomplish strategic objectives
- Citizens rewarding policing successes with increased funding
- Utilizing the accreditation process to serve as the internal catalyst and external validation

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**P1.1.2 MISSION**  
*CALEA 1.1.2, 12.2.1(a)*  
*(R 01/2007)*

To create a safe and secure environment in which to live, work, and visit by working together with the community, enforcing the law in a fair and impartial manner, preserving the peace and order in our neighborhoods, and safeguarding our constitutional guarantees.

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**P1.1.3 VALUES**  
*CALEA 1.1.2, 12.2.1(a)*  
*(N 03/2010)*

The Tacoma Police Department is a value-driven agency which demonstrates its core values through professional dedication, conduct, and service. Our core values serve as guiding principles and our successes will not be achieved by merely proclaiming our values, but by consistently modeling them. The following establish the standards of Professional Ethics and personal integrity for all members of the Tacoma Police Department:

- **Act with Integrity** – We believe that acting honorably is the foundation of everything we do and the basis of public trust. We earn credibility by doing the right thing, being open and honest, and actively living our core values.
  
  Demonstration of this value includes actively modeling our core values and being truthful with unmitigated honesty. We will maintain and foster a professional decorum in communications and behavior while acting in the official capacity of a Tacoma Police Department member.

- **Respect for Our Employees and Citizens** – We are guided by the principle that every individual has dignity and worth. We are committed to show respect and compassion for the citizens we serve as well as for the men and women of our Department. We show consideration for all individuals by treating everyone fairly, listening and seeking to understand all viewpoints, and appreciating diversity.

- **Service to Our Community** – We are dedicated to the ideal of providing the highest quality of professional law enforcement service to our community. We strive to be a proactive, trusted partner with our community with the goal of enhancing the quality of life for our citizens.
• Accountability for our Actions and Results CALEA 11.3.2 – We hold ourselves accountable to the highest ideals of professionalism, ethics, and competency at every level of the Department. We take responsibility for our performance and our actions and are willing to admit our mistakes.

Every member of the Department is a leader and although responsibilities vary, accountability remains constant. The principles of leadership and the value of accountability are inseparable. As leaders, we are accountable for our own actions, those of our subordinates and to the citizens we serve.

• Team for the Common Good – We understand the strength of cooperation and collaboration, and that our success depends on our ability to perform together as one cohesive team. We are dedicated to creating a positive environment which fosters camaraderie for the common good.

Through applying the principles of teamwork with our internal and external partners, we can best realize our departmental vision. We strive to maintain positive working relationships and promote success. We value the subordination of personal agendas for the good of departmental interest.

• Innovate to Better Serve – We encourage new ideas that support the fulfillment of our mission. We value input that challenges our current ways of doing business in order to better deliver our services.

Through continuous improvement and innovation, we strive for personal, professional, and organizational excellence. In the on-going pursuit of high performance, we encourage, support, and recognize reasoned professional innovation as a means of accomplishing the vision of our Department. We value reasoned risk-taking when balanced with responsible resource management. We value the principle of change as it challenges the status quo and seeks to constantly improve departmental operations.

• Reverence for the Law – We demonstrate reverence for the law by personally modeling law abiding behavior. We are empowered in the judicious application of authority by using discretion in the best interest of the individual and the community at large. We will honorably perform our duties and exercise prudence in the use of our authority and power.

P1.1.4 OFFICE OF THE CHIEF OF POLICE CALEA 1.1.2, 12.1.1 (N/01/2010)

The Office of the Chief of Police is created and empowered by Tacoma Municipal Code (TMC) 7.02.010. The Chief of Police presides over and governs all matters related to the Tacoma Police Department which is established by TMC 1.06.070. The Revised Code of Washington, 35.22.280 (34) and 35.22.280 (35), grants specific powers to enact and enforce ordinances within the City of Tacoma. Article XI, §11 of the Washington State Constitution grants to cities the authority to make and enforce within its limits local regulations as are not in conflict with state laws.

In addition to legally mandated functions, the Office of the Chief of Police symbolizes the sacred trust the public places in the consent to being policed. It endures as an inspiration to equitable treatment, public accountability, and organizational trust; and therefore, serves as the foundation of all departmental values and expectations. The Office of the Chief of Police provides functional sustainability to all City of Tacoma law enforcement matters.

Police, at all times, should maintain a relationship with the public that gives reality to the historic tradition that the police are the public and the public are the police; the police being only members of the public who are paid to give full-time attention to duties which are incumbent on every citizen in the interests of community welfare and existence. Therefore, the Tacoma Police Department, under the leadership of the Chief of Police, shall: work to improve, then preserve, the public approval of our actions; perpetuate the willing cooperation of the public; increase the degree of public cooperation through the dignified application of force; seek and preserve public favor not by catering to public opinion but by constantly demonstrating absolute impartial service; use physical force to the extent necessary to secure observance of the law or to restore order only when the exercise of persuasion, advice, and warning are found to be insufficient; direct our action strictly towards our functions and never appear to usurp the powers of the judiciary; and, evaluate police efficiency as the absence of crime and disorder, not the visible evidence of police action in dealing with it.

P1.1.5 THE CHIEF OF POLICE CALEA 1.1.2 (N/01/2010)

The Chief of Police, as an individual, is responsible for modeling professional accountability and value-centered leadership. This individual bears more than an executive responsibility to administrate all departmental matters. Additionally, the Chief of Police shall champion strategic processes that promote mutual purpose as identified in the Vision, Mission, and Values.
The role of the Chief of Police is to develop values, philosophies, principles, policies and strategies that are supported by the community and the Department and that afford the Department the capacity to fulfill its agreed upon mission. Accordingly, the following identify these responsibilities:

- View the organization as a total entity operating in a larger environmental setting
- Accurately assess the climate of the organization and the community
- Establish a vision and clearly define the mission and goals based on today’s needs and future forecasts
- Recognize and adapt the Department to internal and external forces for change
- Formulate and update the on-going overall strategies of the Department on an as-needed basis
- Establish goals for implementing Department values, philosophies, and principles that provide for an improved quality of life in the community and in the work place
- Assure a structure and systems that address departmental and community needs; define management objectives, responsibilities, authority; measure performance; and utilize feedback to enhance results
- Establish mechanisms that recruit the most competent personnel to join the Department team; increase the competence of all employees; develop and promote our own personnel to higher levels of responsibility; recognize employee and team contributions to the organization’s success
- Provide an atmosphere that encourages teamwork and mutual support recognizing that achievement of Department goals is a higher priority than a self-centered work product
- Establish a climate that facilitates an open sharing of information and resources while encouraging creative and responsible risk-taking with accountability
- Assure and hold employees accountable to standards of conduct and performance that have foundations in sustained professional excellence regardless of adverse internal or external conditions
- Achieve within the governmental systems, to the extent possible, provision of the resources necessary to accomplish Department objectives (in terms of personnel, operating expenses, equipment, and capital assets)

P1.1.6 PROFESSIONAL EXPECTATIONS  CALEA 1.1.2, 12.1.3, 22.2.7, 26.1.1  (R 09/2016)

It is not the Department’s intent to interfere with or constrain the freedoms, privacy, and liberties of members. Discipline may only be imposed where there is a nexus or relationship between the conduct and the duties, rank, assignment, or responsibilities of the member, whether on or off duty, or in or out of uniform. All Tacoma Police members must be fully aware of the ethical responsibilities of their position and strive constantly to model the highest possible standards of professional policing. No single standard of core values can conceivably address every potential situation which may confront members of our Department. A general understanding and respect for the Department values which guide our agency, coupled with an individual commitment to making well informed judgments rooted in our agency values, are the foundation upon which individual and departmental integrity is built and maintained.

Tacoma Police members shall regard the discharge of official duties as a public trust. By diligent study and constant attention to self-improvement, members shall strive to make the best possible application of science to the solution of crime, and in the field of human relationships strive for effective leadership and positive public influence in matters affecting public safety. Members shall appreciate the importance and responsibility of their office, and hold law enforcement work to be an honorable profession rendering valuable service. A component of this valuable service is protection of confidential information.

Tacoma Police members, mindful of their responsibility to the entire community, shall deal with individuals of the community in a manner calculated to instill respect for its law and its police service. Tacoma Police members shall conduct their professional duties in a manner that shall inspire confidence and trust. Tacoma Police members shall be mindful of their special identification by the public as upholders of the law.

A) Professional Conduct and Behavior  CALEA 1.1.2, 12.1.3, 12.2.1, 22.2.7, 26.1.1

1) Violation of Rules
   Members shall not violate or aid and abet any violation of any Policy, Procedure, or Directive of the Department, whether stated in this Policy or elsewhere.

2) Conformance to Laws
   Members shall obey all laws of the United States and of any state and local jurisdiction in which the members are present.

   Members shall promptly report in writing, through the chain of command to the Chief of Police, when they are the subjects of:
   - An arrest or citation for a crime, including felonies, gross misdemeanors, or misdemeanors. Noncriminal infractions need not be reported
- Any arrest or administrative action, which results in the revocation or suspension of the member's driving privileges
- The exercise of police authority while not working in an official law enforcement capacity or off-duty employment, unless same is clearly indicated in Tacoma Police Department reports relating to the incident
- The filing of civil litigation either by or against the member in connection with their City employment or official duties

Members shall promptly report to the Chief's Office when requested to pick up legal documents serviced to Tacoma Police Department as the employer of the member.

A conviction of the violation of any law shall be prima facie evidence of a violation of this section.

3) **Unbecoming Conduct**
Members shall conduct themselves at all times, both on and off duty, in such a manner as to reflect most favorably on the Department. Unbecoming conduct shall include that which brings the Department into disrepute or reflects discredit upon the individual as a member of the Department, or that which impairs the operation or efficiency of the Department or member.

4) **Immoral Conduct**
Officers shall maintain a level of moral conduct in their personal and business affairs, which is in keeping with the highest standards of the law enforcement profession. Officers shall not participate in any activity involving moral turpitude, which reflects on their performance as law enforcement Officers or causes the Department to be brought into disrepute.

5) **Insubordination**
All personnel shall promptly obey any lawful order of a superior Officer, whether operational or administrative in nature. This will include orders relayed from a superior Officer by an Officer of the same or lesser rank.

At all times, all personnel shall show proper respect toward superiors. Behavior which is demeaning personally, or which detracts from the authority of a superior, shall be considered insubordinate. Such behavior may be conveyed by language or action. Verbal insubordination may be conveyed by rude, offensive, or abusive remarks. Nonverbal insubordination may be conveyed by indifference, insolence, rude gestures, or failure to follow an order to completion.

6) **Conflicting or Illegal Orders**
Members who are given an otherwise proper order which is in conflict with a previous order, rule, regulation, or directive shall respectfully inform the superior Officer issuing the order of the conflict. If the superior Officer issuing the order does not alter or retract the conflicting order, the order shall stand. Under these circumstances, the responsibility for the conflict shall be upon the superior Officer. Members shall obey the conflicting order and shall not be held responsible for disobedience of the order, rule, regulation, or directive previously issued.

Members shall not obey any order which they know or should know would require them to commit any illegal act. If in doubt as to the legality of an order, members shall request the issuing Officer to clarify the order or to confer with higher authority.

7) **Truthfulness**
All members shall truthfully answer all questions specifically directed and narrowly related to the scope of employment and operations of the Department which may be asked of them by the Chief, his/her designee, or a superior Officer.

8) **Abuse of Process**
Officers shall not make false accusations of a criminal or traffic charge.

9) **Abuse of Position**
Members shall not use their official position or official identification cards or badges for:
- Personal or financial gain
- Obtaining privileges not otherwise available to them except in the performance of duty
- Avoiding consequences of illegal acts
Members shall not lend to another person their identification cards or badges or permit them to be photographed or reproduced without the approval of the Chief.

Members shall not authorize the use of their names, photographs, or official titles which identify them as members of the Police Department, in connection with testimonials or advertisements of any commodity or commercial enterprise, without the approval of the Chief.
- No member shall receive remuneration for an engagement or appearance as a representative of the Police Department without the approval of the Chief of Police

10) Intervention
Officers shall not interfere with cases being handled by other Officers of the Department or by any other governmental agency unless:
- Ordered to intervene by a superior Officer
- The intervening Officer believes beyond a reasonable doubt that a manifest injustice would result from failure to take immediate action
- Performance of their normally assigned duties (i.e., narcotics) creates such interference

11) Unsatisfactory Performance
Members shall maintain sufficient competency to properly perform their duties and assume the responsibilities of their positions. Members shall perform their duties in a manner which will maintain the highest standards of efficiency in carrying out the functions and objectives of the Department. Unsatisfactory performance may be demonstrated by:
- A lack of knowledge of the application of laws required to be enforced.
- An unwillingness or inability to perform assigned tasks.
- The failure to take appropriate action on the occasion of a crime, disorder, or other condition deserving Police attention.
- Absence without leave.
- Officers shall submit all necessary reports on time and in accordance with established departmental procedures. Reports submitted by Officers shall be truthful and complete, and no Officer shall knowingly report or cause to be reported any inaccurate, false, or improper information.

In addition to other indicia of unsatisfactory performance, the following will be considered prima facie evidence of unsatisfactory performance:
- Repeated poor evaluation or a written record of repeated infractions of rules, regulations, directives, or orders of the Department.

12) Associations
Members shall avoid regular or continuous associations or dealings with persons whom they know, or should know, are persons under criminal investigation or indictment, or who have a reputation in the community or the Department for present involvement in felonious or criminal behavior, except as necessary to the performance of official duties, or where unavoidable because of other personal relationships of the members.

13) Identification CALEA 22.2.7(a)(b)(c)
Members shall carry their badges and photo identification cards on their persons while on duty, except when impractical or dangerous to their safety or to an investigation. They shall furnish their name, I.D. number and/or Department issued photo I.D. card to any person requesting that information, when they are on duty or while holding themselves out as having an official capacity, except when the withholding of such information is necessary for the performance of Police duties or is authorized by proper authority.

In accordance with Criminal Justice Information System security policy guidelines, if any individual besides Police Department personnel requires proximity card access inside any Police Department facility (being able to come and go without an escort) they must be fingerprinted and pass a background examination. The Administrative Support Services Captain or his/her designee will maintain a Security Clearance file listing all individuals who have been cleared to access the inside of Police Department facilities and are allowed to remain unescorted. The Washington State Patrol will audit the Security Clearance file every three years to ensure compliance.
14) Non-Discrimination Policy
Members will endeavor to ensure that Police services provided by the Department are available to all persons in the community on an equal basis without regard to a person’s race, religion, gender, ethnicity, age, disability, politics, national origin, sexual orientation or other personal characteristics or view points.

No member shall deny access to Police service, or provide a lower level of Police service than is reasonable by the Department to any person based solely on any personal characteristics or viewpoints.

No member shall engage in the practice of race-based profiling or any other type of discrimination within the scope of their daily contact with individuals in the community or anyone driving or moving about the city streets or neighborhoods.

15) Citizen Complaints
Officers shall courteously and promptly record in writing any complaint made by a citizen against any Officer or the Department. Officers may attempt to resolve the complaint, but shall never attempt to dissuade any citizen from lodging a complaint against any Officer or the Department. Officers shall follow established departmental procedures for processing complaints.

16) Requests for Assistance
When any person applies for assistance or advice, or makes complaints or reports, either by telephone or in person, all pertinent information will be obtained in an official and courteous manner and will be properly and judiciously acted upon consistent with established departmental procedures.

17) Courtesy
Members shall be courteous to the public. Members shall be tactful in the performance of their duties, shall control their tempers, and exercise the utmost patience and discretion, and shall not engage in argumentative discussions even in the face of extreme provocation. In the performance of their duties, members shall not use coarse, violent, profane, or insolent language or gestures, and shall not express any prejudice concerning race religion, politics, national origin, lifestyle, or similar personal characteristics.

18) Reporting for Duty
Members shall report for duty at the time and place required by assignment or orders and shall be physically and mentally fit to perform their duties. They shall be properly equipped and cognizant of information required for the proper performance of duty so that they may immediately assume their duties. Judicial subpoenas shall constitute an order to report for duty under this section.

19) Fictitious Illness or Injury Reports
Members shall not feign illness or injury, falsely report themselves ill or injured, or otherwise deceive or attempt to deceive any official of the Department as to the condition of their health.

20) Sleeping on Duty
Members shall remain awake while on duty. If unable to do so, they shall so report to their supervisor, who shall determine the proper course of action.

21) Leaving Duty Post
Members shall remain at their assigned post and/or within their districts. When, in the performance of their duties, it becomes necessary to leave an assignment, SS911 Communications shall be notified. When that absence will involve a substantial time or distance, a supervisor will be consulted.

Members shall not leave their assigned duty post or district during a tour of duty except when authorized by proper authority.

22) Meals
Officers shall be permitted to suspend patrol or other assigned activity subject to immediate call at all times, for the purpose of having meals during their tour of duty, but only for such period of time, and at such time and places as are consistent with duty requirements.

23) Dissemination of Information (R 04/20/2012)
Members shall treat the official business of the Department as confidential. Information regarding official business shall be disseminated only to those for whom it is intended, in accordance with established departmental procedures. Members shall not divulge the identity of persons giving confidential information
in criminal matters except as authorized by proper authority and applicable state, local and federal law. Department members responding to non-criminal matters (i.e., neighborhood disputes) will keep the identity of the reporting party confidential whenever possible to the extent allowable by law.

24) Disclosure of Information before Trial
Members shall not disclose information to any defense attorney or legal counsel before trial of subject without prior permission of prosecuting attorney or superior Officer.

25) Compromises
Members shall not take part in making or negotiating any compromise or arrangements for any criminal or any persons with a view of permitting such criminal or other person to escape the penalty of the law; nor shall they seek to obtain any continuance of any trial in court or otherwise interfere with the course of justice, unless specifically required in the performance of their duties (e.g., developing informants).

26) Posting Bail or Bond
Members shall not, except as a private citizen, post bond or furnish bail for any person arrested for a crime.

27) Gifts, Gratuities, Bribes, or Rewards
Members shall not solicit or accept from any person, business or organization any gift (including money, tangible or intangible personal property, food, beverage, loan, promise, service, or entertainment) for the benefit of the members or the Department, if it may reasonably be inferred that the person, business or organization:
- Seeks to influence action of an official nature or seeks to affect the performance or non-performance of an official duty.
- Has an interest, which may be substantially affected directly or indirectly by the performance or non-performance of an official duty.
Members working off duty for another authorized employer may accept any benefit normally provided by that employer to all of its employees.

28) Rewards
Members shall not accept any reward for the detection or apprehension of any criminal or unauthorized military absentee, or the recovery of any stolen or lost articles, except upon special order of the City Council.

29) Alcoholic Beverages and Drugs in Police Installations
Members shall not store or bring into any Police facility or vehicle alcoholic beverages, controlled substances, narcotics or hallucinogens except those, which are held as evidence or used during investigative procedures.

30) Use of Alcohol on Duty or in Uniform
- Members shall not consume intoxicating beverages while in uniform or on duty except in the performance of duty and while acting under proper and specific orders from a superior Officer.
- Members shall not appear for duty, or be on duty, while under the influence of intoxicants to any degree whatsoever, or with an odor of intoxicants on their breath.

31) Use of Alcohol Off-Duty
Members, while off duty, shall refrain from consuming intoxicating beverages to the extent that it results in impairment, intoxication, or obnoxious or offensive behavior which discredits them or the Department or renders the members unfit to report for their next regular tour of duty.

32) Possession and Use of Drugs
Members shall not possess or use any controlled substances, narcotics, or hallucinogens except when prescribed in the treatment of members by a physician or dentist.

33) Use of Tobacco
Members may use tobacco in a prudent manner that would not be offensive to the general public. Members will avoid use when it is discourteous, impeded job performance, or detracts from the public image. Smoking, to include electronic cigarettes, is prohibited in all Police Department facilities and vehicles. Division Commanders may allow exceptions for undercover vehicles, as necessary, to maintain an undercover role. Members are required to adhere to the City Smoking Policy 3.10 while on City properties.

Electronic Cigarette is defined as: an electronic or battery-operated device which resembles smoking, which can be used to deliver nicotine or other substances to the person inhaling from the device including, but not
limited to, an e-cigarette, electronic vaping device, personal vaporizer, electronic nicotine delivery system, or any other device that simulates smoking.

34) Employment Activities while on Sick Leave
No Department employee shall engage in any profession, trade, or occupation for pay or as a volunteer, including any type of military service or duty, while on sick leave without prior approval of the Chief of Police.

35) Return to Work following Sick Leave
On return to work following use of sick leave, employees will not work in any off-duty capacity prior to completing one work shift. This applies to physical injury as well as sick leave usage for family illness and the death of a family member. Employees will complete one work shift following sick leave usage prior to working off-duty at any City or public facility (Tacoma Dome, Public Works/Dump, Tacoma School District).

36) Confinement while on Sick Leave
While on sick leave, employees may leave their place of convalescence; however, the Chief of Police or his designee shall be notified if the employees’ absence from their place of convalescence is to exceed 24 hours. Exceptions to this would be visits to the doctor or related medical activity.

P1.1.7 OATHS OF OFFICE
Commissioned Oath
The individual Oath of Office constitutes each Officer’s personal commitment to the Vision, Mission, and Values of the Tacoma Police Department. In addition, the oath represents the delegated empowerment to fulfill all departmental duties. Officers commit to the ideal of serving the community with the highest of professional standards. The Oath of Office must be administered to all commissioned personnel, prior to assuming such status. The following oath shall be administered by the Chief of Police or commissioned designee:

"I, (state your name), do solemnly swear or affirm that I will uphold, protect, and defend the Constitution and laws of the United States of America, the State of Washington and ordinances of the City of Tacoma; that I will diligently strive to serve with the highest standards of professional ethics and personal integrity, and I will honorably uphold departmental values and perform the duties of the Office of (fill in the blank) in and for the City of Tacoma, so help me God.

"Subscribed and sworn by me at Tacoma, Washington, this ___ day of __________ 20__.”

Promotional/Appointment Oath
The following oath shall be administered to promoted/appointed personnel by the Chief of Police or commissioned designee.

"I, (state your name), do re-affirm that I will uphold, protect, and defend the Constitution and laws of the United States of America, the State of Washington and ordinances of the City of Tacoma; that I will diligently strive to serve with the highest standards of professional ethics and personal integrity, and I will honorably uphold departmental values and perform the duties of the Office of (fill in the blank) in and for the City of Tacoma, so help me God.

"Subscribed and sworn by me at Tacoma, Washington, this ___ day of __________ 20__.”
TRANSPORTATION - DETAINEE

For the purposes of this procedure, detainee shall be defined as, "A person in the custody of agency personnel and whose freedom of movement is at the will of agency personnel."

A) Search of Detainees and Transport Vehicle  (CALEA 70.1.1, 70.1.2)

- Officers must thoroughly examine their vehicles and thoroughly search the detainee area before starting their tour of duty.
- Prior to detainee transportation, the transporting Officer will:
  - Search the area where the detainee will be seated
  - Conduct a field search of the detainee to detect and remove any weapons, evidence, or contraband. Never assume a search was made by another Officer.
  - Inform South Sound 911 (SS911) Dispatch of the vehicle’s odometer reading and the location from where the detainee is being transported
- If the arresting Officer feels an object which may be (or may contain) evidence of a crime, whether or not it is the crime for which the detainee is arrested, the Officer may remove and inspect the object, e.g., narcotics.
- If the object is (or contains) contraband or evidence of other crimes, the detainee shall be arrested and charged with that crime.
- If the detainee is a female, the search will normally be limited to her purse and its contents and outer garments such as coat, hat, and shoes.
- If a more complete field search is believed necessary, a commissioned female Police Officer should be called to the scene to conduct the search.
- Under exigent circumstances, a female detainee may be searched by a male Officer at the scene if a female Officer is not available. The Officer will use the appropriate back of hand search technique and have a witness present.

B) Arriving at the Destination  (CALEA 70.1.2, 70.1.6(a)(b)(c)(d)(e))

Upon arrival at the destination, the transporting Officer shall:
- Search the vehicle for any items left by the detainees.
- Inform SS911 Dispatch of the vehicle’s odometer reading, thus documenting both mileage and time.
- Comply with the rules of that facility to include:
  - Secure firearms in a gun locker or in the trunk of the police vehicle before the detainee exits the vehicle.
  - Leave restraints on the detainee unless otherwise directed by the receiving personnel.
  - Provide necessary completed documentation to the receiving personnel.
  - Provide any special information to the receiving personnel concerning any potential medical or security risk.
- Document the transfer of custody of the detainee in the incident report or MDS.
C) **Transportation Vehicle** *(CALEA 70.1.3, 70.4.1, 70.4.2)*  

**Vehicles Equipped with Safety Barriers**  
Whenever possible, detainee will be transported in marked patrol cars equipped with a safety barrier between the front and rear compartments. All marked patrol vehicles and some unmarked vehicles have had the rear door locks modified to prevent the door from being opened from the inside. The rear windows have been modified so that they may only be controlled by the vehicle driver and only roll down approximately half way. Many vehicles also have safety barriers added to the rear door windows.  
- Seating Location of Detainee – The prisoner in the rear of the vehicle should be under observation at all times. Therefore, if a one-officer unit is transporting the detainee, the detainee shall be seated in the rear passenger side of the vehicle.

**Vehicles Not Equipped with Safety Barriers**  
The lack of a safety barrier creates additional safety concerns for an Officer transporting a detainee. If a transport vehicle not equipped with a safety barrier is to be used to conduct a transport of a detainee, Officers shall adhere to the below described practices:  
- One Detainee – Two Officers will be present during the transport. The detainee shall be seated in the back passenger seat. The second Officer will be seated in the rear seat behind the Officer driving the vehicle.  
- Two Detainees – If it becomes necessary to transport two or more detainees, a vehicle with a safety barrier will be used.

D) **Transportation Details** *(CALEA 70.1.8, 70.2.1)*  

1) **Handcuffing Arrestee During Transportation**  
- All arrestees shall be handcuffed with their hands behind their backs during transportation.  
- Exceptions: An Officer may make an exception if circumstances are such that the Officer’s safety would not be jeopardized. In these rare circumstances, factors for consideration may include but not be limited to:  
  - Advanced age  
  - Physical injury or disability  
- In such instances, alternative methods of safely restraining the arrestee should be employed. These methods may include:  
  - The use of two or more pair of handcuffs  
  - The use of “flex cuffs”  
- An arrestee in a wheelchair or one who uses walking aids may require the use of a police van or the assistance of an ambulance. It should not be assumed that restraining devices are not required on physically disable arrestees.  
- Arrestees should not be transported “un-cuffed” unless at least two officers conduct the transport.

2) **Leg Restraints**  
When an Officer has a reasonable belief that the arrestee is likely to, or has caused damage to, the transport vehicle or is posing a threat to themselves or others, leg restraints may be utilized. Arrestees will not be transported in a “hog-tied” position or face down. When leg restraints become necessary, a second Officer will ride with or
follow the transporting vehicle to augment the safety of the arrestee and the transporting Officer.

3) Seatbelts
It is intended that all detainees being transported in a passenger-style patrol vehicle wear a seatbelt; however, if the detainee is combative, or for reasons of safety, the Officer in charge of the detainee has the option to not place the detainee in a seatbelt system. If seatbelts are not worn by detainees, Officers should be prepared to substantiate why the belts were not worn by the detainees.

E) Special Transportation Situations \( (CALEA \, 70.1.4, \, 70.1.8, \, 70.5.1(a), \, 70.5.1(b), \, 70.5.1(c)) \)
- The primary duty of the transporting Officer is the safe delivery of the detainee. When transporting a detainee, Officers should not be diverted to any other law enforcement activity unless the risk to the third party is both clear and grave, and the risk to the detainee is minimal. The Officer will resume the transport as soon as reasonably possible.
- Safety aspects of the transport function require that the detainee’s right to communicate with attorneys and others will not normally be exercised during the period that the detainee is being transported.
- If the detainee being transported is considered an unusual security risk, the Officers must notify the receiving agency or court so that they may take additional security measures.
- When transporting a detainee from one facility to another, the transporting Officer is responsible for verifying the detainee’s identity before accepting custody. Officers shall confirm the detainee’s identity by comparing the physical appearance of the detainee with facility records, checking ID bracelets or cards or any other method assuring the correct identity of the detainee to be transported.
- The following documentation shall accompany a detainee being transported to another facility:
  - Commitment papers, warrants or information on warrants, medical records, prescriptions (if applicable), or personal property.
  - Additional information concerning a detainee’s risk of suicide, escape or other potential security risks shall also accompany the detainee, when applicable.

F) Escape of Detainee \( (CALEA \, 70.1.7(a)(b)(c)) \)
The escape of a detainee requires immediate action but should never unnecessarily jeopardize the safety of an Officer.
- Notification: An Officer shall immediately notify SS911 Dispatch and a Patrol Supervisor of the escape. The Officer should provide location of the escape and the last known direction of travel of the detainee, as well as any other information that may assist in the capture of the escapee. If in another jurisdiction, the Officer shall ensure the jurisdiction is notified of the escape and assist that jurisdiction in any way authorized. Officers shall take immediate steps to arrest the escapee, if possible.
- Report: The involved Officer shall complete an Incident Report documenting the escape.
- Further Actions:
A search for the escapee will be made as soon as possible. Additional units shall be requested to establish a perimeter and conduct this search. This search will be coordinated by the transporting Officer or an on-duty Supervisor.
A review will be conducted by the Division Commander of the involved personnel to include recommendations which may consist of, but are not limited to, training, equipment or procedural changes.

G) Ill, Injured or Medical Problems (CALEA 70.1.6, 70.2.1, 70.3.2)

If a detainee becomes sick or is injured, the arresting Officer should seek medical attention as soon as possible. An Officer may provide transportation to a medical facility or request a medical response to the Officer’s location at their discretion and the nature of the complaint. While being transported, a sick or injured detainee should remain handcuffed unless the handcuffs would further compound the injuries or inhibit the administration of medical aid. If the individual is non-ambulatory or disabled in some way, an ambulance will be requested for transportation to a medical facility. An Officer should accompany the individual in the ambulance during the transportation.

When arrested persons are ill, injured, or have medical problems which would indicate a need for medical attention, they should be treated prior to booking. Any of the following criteria should be considered as sufficient to warrant treatment prior to booking:
- Unconsciousness
- Injury which appears to a prudent person to require medical attention
- Symptoms of shock
- Intoxication to such a degree that the arrestee is incapable of comprehending reasonable instructions
- Obvious signs of any type of illness
- Medical alert conditions claimed or identified by means of cards, bracelets, necklaces or any other means (i.e., diabetes, epilepsy, respiratory problems, heart condition, etc.)

Such persons should be taken to a hospital emergency room for examination and/or treatment. If medical examination changes the factors involved in the arrest, the subject may be released. If examination does not change the factors involved in the arrest, the subject may then be booked or appropriate measures taken to confine him/her at the hospital.

Documentation

Whenever arrested persons are ill or injured, or claim to be ill or injured, this injury or illness, even when apparently minor in nature, should be noted and referred to in the Incident Report. This information should contain the extent of injury(s) or illness, treatment and cause (in the event of an injury).

Detainees who are taken for immediate treatment should be closely monitored. Opportunities for escape, suicide, and assault on hospital personnel or the transporting Officer should be guarded against, and will be more prevalent if the prisoner is unrestrained and/or out of sight. If restraints should be removed for treatment, caution should be exercised while the prisoner is unfettered. Only under unusual circumstances such as x-ray, etc., will the prisoner be allowed out of the transporting Officer’s sight.
H) Hospital Hold (CALEA 70.1.6)

1) Hospital Hold Request Forms
TPD Hold Request forms (PD 079) are used when an arrested person or child abuse victim is hospitalized. The TPD Hold Request form will be used in conjunction with an Incident Report. The Officer signing the form is responsible for completing the Incident Report. A comments section is provided on the Hold Request form, to alert concerned personnel of any unusual circumstances, i.e., violent person, hostile parents, etc.

2) Hospital Guard
To assure the safety of the Officer, hospital staff and the patient, the hospital guard will implement the following procedures:
 a) Hospital Guard – Preparation and Duties
   Prior to reporting for guard duty at the hospital, the designated guard Officer will report to an Operations Supervisor to ascertain the following:
   - Hospital, room number, subject's name, injury, and, if applicable, criminal charge
   - Prior history (suicidal, aggressive behavior, escape risk, etc.)
   - If a victim or witness is guarded, the nature of possible threats or hazards involved, and suspect information
   - Division or Section responsible for follow-up investigation
   - If guarding a prisoner, known associates of the prisoner or outstanding suspects, if any
   - Authorized visitors

 b) The Hospital Guard Officer On Duty Shall:
   - Thoroughly brief the oncoming Officer of problems experienced by previous guards.
   - Maintain security and safety of the patient at all times.
   - Take measures to secure a prisoner who poses a danger to others or is an escape risk. Restraints will be used when feasible or necessary, and the hospital staff notified.
   - The Officer will keep the patient in sight at all times (except when requested to wait outside the door by hospital staff).
   - If the Officer must leave the area for a short period of time when guarding a prisoner, the prisoner will be placed in leg restraints and at least one hand secured to the bed, and the hospital staff notified. Discretion must be used in relation to the prisoner's condition and injuries.

3) All Breaks and Shift Reliefs Will Be Handled Through the Operations Office.

4) Visitors – Prisoners and Suspects
All visitors for hospitalized prisoners or suspects will be authorized by the Lieutenant or Sergeant of the Major Crimes or Violent Crimes Sections or, in their absence, the Patrol Lieutenant.
- A "No Visitors" policy will be maintained unless exceptions are made by authorized persons listed above.
• Visitors, when allowed, will be required to present valid photo identification.
• Visitors must comply with a pat-down search upon request of the Officer on guard.
• The Officer will note the visitor's full name, address and phone number, and maintain a written record of visitors to be forwarded to CID when the prisoner is released from the hospital.
• Visitors will be told to make no physical contact with prisoners.
• No money, property, clothing or other items will be given to or exchanged by the prisoner. No packages or miscellaneous objects will accompany a visitor into the prisoner's room.
• Visitors must comply with normal hospital visiting hours and policies.
• Only one visitor at a time should be allowed in the room, with the guard Officer in viewing distance.
• Attorneys will be allowed reasonable access to their clients but must comply with the criteria above. The hospital guard Officer will remain in discreet viewing distance during these visits to maintain security. Attorneys may bring legal papers into the prisoner's room but if they wish to bring a briefcase or other package, it may be subject to search by the Officer.

5) Visitors - Guarded Victims and Witnesses
Visitor guidelines for hospitalized victims and witnesses will be less stringent than those for prisoners and suspects. Officers on guard should remain vigilant for suspicious circumstances and persons.
• Visitors will be required to present valid photo identification.
• Visitors must comply with a pat-down search upon request of the Officer on duty.
• The Officer will note the visitor's full name, address and phone number, and maintain a written record of visitors to be forwarded to CID when the victim/witness is released from the hospital.
• The Officer may use discretion as to the number of visitors allowed in the room at a time.
• Visitors must comply with established hospital visiting hours and policies.
• Visits will normally be restricted to immediate family members.

6) Telephone Use
The Lieutenant or Sergeant of the Major Crimes or Violent Crimes Section will establish a phone use policy.

7) Hospital Guard Information
All information provided by the hospital guard Officer will be documented on a Memoranda Report (PD 033) and posted in the Operations Office.
• The Memoranda Report will be completed by the Division/Section in charge of the follow-up case. The Memoranda Report will include information detailing visitation and telephone policies.
• A copy of the Memoranda Report will be given to the on-duty Patrol Lieutenant and to the Operations Sergeants.
Officers are reminded to report unusual circumstances or developments to an Operations Sergeant. More stringent control measures may be imposed by the Officer depending on the situation but should be reported to an Operations Sergeant as soon as possible.

NOTE: Tacoma Police Officers shall not transport detainees to funerals, to visit the ill, attend a will reading, or any other personal function. The court of jurisdiction may issue a temporary release for detainees, if appropriate. (CALEA 70.3.3)