

Incident Summary

On Wednesday, June 14, 2023, at approximately 1420 hours, Metropolitan Division Officer A arrived at the Los Angeles Police Department (LAPD) Edward M. Davis Training Facility. Officer A was on duty wearing tactical training gear which included his/her department issued Sam Browne and a 9 mm pistol in the holster. Officer A was at the location to attend training.

Officer A stated he/she signed in for the course at the designated range. After signing in, he/she proceeded to the restroom inside the hallway of the Firearm's building at the LAPD Edward M. Davis Training Facility. After using the restroom, Officer A put on his/her Sam Browne and decided to conduct a few more dry practices with his/her firearm.

Officer A stated he/she stood in front of the sink and mirror and unholstered his/her pistol. Officer A pointed his/her pistol toward the corner wall underneath the sink.

Officer A stated he/she cycled the pistol and unknowingly loaded a round in the chamber. Officer A did not conduct a second chamber check and pressed the trigger firing a round at the tile located just above the floor.

Officer A stated after he/she fired the round, he/she holstered his/her pistol and walked out of the restroom. Officer A met with two supervisors and immediately informed them of the negligent discharge and that he/she was alone and no one was injured.

Sergeant A stated he/she was sitting at his/her desk inside the Firearms Training Office located in the Firearm's building of the LAPD Edward M. Davis Training Facility when he/she heard a loud bang. Sergeant A walked out into the hallway and observed Lieutenant A walking in the hallway. Sergeant A heard Lieutenant A ask Officer A, if he/she was okay and if he/she was injured.

Sergeant B was at his/her desk in the Firearms Training Office when he/she heard the sound of a gunshot coming from the hallway of the building. Sergeant B walked out of the office and observed Sergeant A and Officer A at the door of the restroom.

Sergeant B walked over and met with Sergeant A. Both Sergeant B and Sergeant A entered the restroom to verify that it was vacant and to ensure that no one was injured. Lieutenant A remained at the entrance of the restroom with Officer A. Sergeant B confirmed it was vacant and no one was injured. He/she further observed a spent casing on the floor and damaged tiles underneath the sink.

Sergeant A escorted Officer A to the breakroom where he/she was monitored. Sergeant B entered the breakroom and obtained the Public Safety Statement (PSS). Sergeant A stated he/she was present when Officer A provided the PSS because Officer A was emotional, and he/she wanted to be present for support. Sergeant A monitored Officer A until he/she was relieved by a Lieutenant B.

At 1528 hours, Lieutenant C notified the Department Operations Center (DOC) of the incident. The DOC created Incident Number 23061400003220, for the Non-Tactical Unintentional Discharge (NTUD).

Force Investigation Division Detectives reviewed all documents and circumstances surrounding the separation, monitoring and the admonition not to discuss the incident prior to being interviewed by FID investigators.

BWV and DICVS Policy Compliance

Does not apply.

Los Angeles Board of Police Commissioners' Findings

The BOPC reviews each Categorical Use of Force incident based upon the totality of the circumstances, namely all of the facts, evidence, statements and all other pertinent material relating to the particular incident. In every case, the BOPC makes specific findings in three areas: Tactics of the involved officer(s); Drawing/Exhibiting of a firearm by any involved officer(s); and the Use of Force by any involved officer(s). Based on the BOPC's review of the instant case, the BOPC made the following findings:

A. Tactics

The BOPC found Officer A's tactics to warrant a Tactical Debrief.

B. Drawing and Exhibiting

Does Not Apply.

C. Unintentional Discharge

The BOPC found Officer A's Non-Tactical Unintentional Discharge to be Negligent, warranting a finding of Administrative Disapproval.

Basis for Findings

A. Tactics

In this case, Officer A was not engaged in a tactical operation. Therefore, Officer A was not evaluated for tactical de-escalation. Officer A's tactics were not reviewed or evaluated as they were not a factor in this incident. However, as Department guidelines require personnel who are substantially involved in a Categorical Use of Force (CUOF) incident to attend a Tactical Debrief, the BOPC determined that it would be appropriate to make a Tactics finding of Tactical Debrief.

During its review of this incident, the BOPC noted no additional tactical considerations.

Command and Control

Sergeant A was sitting at his/her desk inside the Firearms Training Office located in the Firearm's building of the LAPD Edward M. Davis Training Facility when he/she heard a loud bang. Sergeant A walked out into the hallway and observed Lieutenant A, walking in the hallway. Sergeant A heard Lieutenant A ask Officer A, if he/she was okay and if he/she was injured.

Sergeant B was at his/her desk in the Firearms Training Office when he/she heard the sound of a gunshot coming from the hallway of the building. Sergeant B walked out of the office and observed Sergeant A and Officer A at the door of the restroom. Sergeant B walked over and met with Sergeant A and entered the restroom to verify that it was vacant and to ensure that no one was injured. Lieutenant A remained at the entrance of the restroom with Officer A. Sergeant B confirmed it was vacant and no one was injured. He/she further observed a spent casing on the floor and damaged tiles underneath the sink.

Sergeants A and B escorted Officer A to the breakroom where Sergeant B obtained a Public Safety Statement (PSS). Sergeant A monitored Officer A until he/she was relieved by Lieutenant B. At approximately 1528 hours, Lieutenant C notified the Department Operations Center (DOC) of the incident.

The overall actions of Lieutenants A, B, and C, and Sergeants A and B were consistent with Department supervisory training.

Tactical Debrief

- Each tactical incident merits a comprehensive debriefing. In this case, there were identified areas where improvements could be made. A Tactical Debrief is the appropriate forum for involved personnel to discuss individual actions that took place during this incident.

Therefore, the Chief directed Officer A to attend a Tactical Debrief and that the specific identified topics be discussed.

General Training Update (GTU)

On August 2, 2023, Officer A attended a GTU. All mandatory topics were covered, including the Basic Firearm Safety Rules.

B. Drawing and Exhibiting

Does Not Apply

C. Unintentional Discharge

- **Scene Description:** The NTUD occurred in the restroom located in the hallway of the Firearms building at the LAPD Edward M. Davis Training Facility. The restroom is lit by artificial lighting.
- **Officer A** – one 9mm round in a downward easterly direction.

Officer A indicated he/she had attended a training day at the Angeles Shooting Range prior to arriving at LAPD Davis Training Facility. During the supplemental firearms training, he/she used multiple magazines loaded with various types of practice ammunition. Once at the LAPD Davis Training Facility, Officer A used the same magazines and practice ammunition in preparation for the SWAT Training. He/she did not recall the loading sequence of the magazines.

According to Officer A, he/she donned his/her Sam Browne after he/she used the restroom and decided to conduct dry practice with his/her service pistol. Officer A stated he/she stood in front of the sink and mirror, took a shooting stance, and unholstered his/her service pistol. Officer A pointed his/her service pistol toward the corner wall of the restroom underneath the sink. Officer A performed a safety (chamber) check, disengaged the safety, and pressed the trigger. Officer A cycled the service pistol and unknowingly loaded a round in the chamber. Officer A did not conduct a second chamber check and pressed the trigger resulting in a Non-Tactical Unintentional Discharge (NTUD).

Officer A stated the pistol was not loaded with a round in the chamber before he/she went to the restroom, and he/she had a total of four magazines with him/her. Two of the magazines were in his/her Sam Browne magazine pouches, one in his/her pant pocket. Officer A stated he/she does not remember when he/she inserted the fourth magazine in his/her pistol. Officer A further stated he/she did not know which magazine he/she had placed in his/her pistol prior to the NTUD.

Force Investigation Division Detectives conducted a post-incident examination of Officer A's pistol and removed a live 9mm round from the chamber of the pistol. The magazine was loaded with eight live rounds of ammunition.

Force Investigation Division Detectives recovered a discharged 9mm casing from the ground near the west wall of the restroom. They additionally located seven fragments of a fired bullet on the ground underneath the bathroom sink.

The Chair of the UOFRB (Use of Force Review Board) evaluated the circumstances and the evidence related to the NTUD. The Chair noted that Officer A stated he/she performed a safety (chamber) check, disengaged the safety, and pressed the trigger. Officer A then cycled the service pistol and unknowingly loaded a round in the chamber. Officer A failed to conduct a second chamber check and pressed the trigger causing a round to be discharged (NTUD). The Chair also noted that nothing

indicated the NTUD was a result of a mechanical malfunction of the service pistol. As such, the Chair opined that NTUD was a result of operator error and that Officer A's actions violated the Department's Basic Firearm Safety Rules.

Based on the totality of the circumstances, the BOPC determined that the NTUD was the result of operator error. Officer A's actions violated the Department's Basic Firearm Safety Rules, thus requiring a finding of Administrative Disapproval, Negligent Discharge.

Medical Treatment/Rendering Aid – No officers or citizens were injured during this incident.

Requirement to Intercede – Based on a review of this incident, the Chair of the UOFRB determined that the non-tactical unintentional discharge would not have required an officer to intercede.

Audio Video Recordings

Body Worn Video/Digital In-Car Video System – None.

Outside Video – None.