



TRAINING BULLETIN

Los Angeles Police Department

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Volume XLIX, Issue 6

May 2020

TERRORISM – PART II POST HOMICIDE BOMBING INCIDENT

When a homicide bombing occurs, the post blast crime scene will be bloody and chaotic, requiring officers to be emotionally and mentally prepared to take control of the incident. Officers must remain focused because there may be a significant threat to rescue personnel in the form of secondary devices, bloodborne pathogens, hazardous chemicals, and the potential for structural collapse. The purpose of this Bulletin is to prepare officers to respond to a homicide bombing incident and will only address specific information regarding homicide bombings. Information regarding other bomb-related incidents may be obtained from the Supervisor's Field Operations Guide (FOG).

RESPONSE TO AN EXPLODED DEVICE

As with any bombing incident, officers must look for the presence of secondary devices placed to kill rescue personnel. The initial bomb may have been detonated to draw rescue personnel to the location where a second bomb has been planted. The explosive device may be in the form of a car bomb or concealed in a trash can or other item large enough to hide explosives. Terrorists have used common items such as thermos bottles, backpacks, and flashlights to disguise their bombs. The devices may be command detonated by remote means such as the use of a cellular telephone wired into the firing mechanism of the bomb, or by means of a timer. Terrorists may place secondary devices at main points of ingress and egress, as well as possible Command Post (CP) locations, to maximize the potential for injury and death to rescue personnel. If a possible secondary device is located, the area around the device should be immediately evacuated a **minimum of 300 feet** in all directions and then handled as any other suspected explosive device.

Another hazard to rescue workers at the scene of a homicide bombing involves bloodborne pathogens. Due to massive trauma caused by the explosion, there will be a tremendous amount of bodily fluids and tissue present. These fluids and tissue can contain human immunodeficiency virus (HIV), hepatitis, or other bloodborne pathogens. In recent attacks in the Middle East, homicide bombers have been found to be infected with HIV and hepatitis, which can contaminate both bombing victims and rescue

workers. Anyone who might encounter bodily fluids or tissue should wear personal protective equipment (PPE), including a mask, gloves, jumpsuit, apron and boot covers. A PPE kit should be located in the trunk of each police vehicle.

Do not approach the suspect or the suspect's remains. In addition to the threat of secondary devices, there may be undetonated or partially detonated explosives present on or near the suspect. Evacuate the area a **minimum of 300 feet** from the location of the bombing. Body bombs can cause severe structural damage including downed electrical lines and ruptured gas and water pipes. To ensure the safety of the public and rescue personnel, officers should immediately establish a large crime scene perimeter. A general rule for a post blast crime scene perimeter is to look for the furthest blast debris/damage from the center of the explosion and then double that distance. The Incident Commander should contact the Bomb Squad and Criminal Conspiracy Section, Major Crimes Division for advice.

It is the responsibility of officers on the perimeter to limit access in and out of the blast area/crime scene. This will reduce crime scene contamination, and further injury caused by a secondary device. Once the Fire Department has completed the rescue mission, no one should be allowed to enter the post blast crime scene until the Bomb Squad has cleared the area. Blast debris should not be moved or examined by anyone except Bomb Squad personnel. The location of the debris can give clues as to the type of device used. Because blast debris can spread in wide areas, vehicle tires and shoes can pick up key blast evidence, so if possible they should be checked before leaving the perimeter.

The Incident Commander should assign an officer to record the hospitals where the victims are transported. This can be coordinated through the Fire Department. Officers should then be assigned to each hospital to gather victim information, record any statements and preserve evidence pending the arrival of detectives assigned to investigate the bombing. Remember that one of the injured may have been a participant in the bombing. The Incident Commander should also assign someone to locate any security cameras that may have captured the incident. Security footage should be recovered as soon as possible to avoid any critical images being lost. All recordings of the affected area that are available, regardless of the date recorded, should be recovered, since they may show terrorists scouting the location weeks or even months prior to the incident.

CONCLUSION

Officers must be mentally prepared to contend with the chaos and carnage caused by a homicide bombing incident. Officers need to look for possible secondary devices and wear appropriate Personal Protective Equipment to reduce the risk to themselves or

others. By being prepared, the first officers on scene of a bombing incident will have the knowledge to prevent further casualties, preserve crucial evidence, and assist in the apprehension of additional suspects.

This Bulletin cancels and supersedes Volume XXXIV, Issue 9, Terrorism Part II – Post Homicide Bombing Incident, September 2002

Field Training Services Unit
Police Training and Education

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