

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

**CAROTID RESTRAINT CONTROL HOLD – 033-17**

**Division                      Date                      Duty-On (X) Off ( )    Uniform-Yes (X) No ( )**

Hollenbeck                      5/16/17

**Officer(s) Involved in Use of Force                      Length of Service**

Officer A    8 years, 10 months  
Officer B    4 years, 2 months

**Reason for Police Contact**

Officers transported an arrestee to the hospital for a medical examination. During the examination, the arrestee was unhandcuffed. Following the examination, as the officers attempted to re-apply the handcuffs, the arrestee reached for one of the officers' TASERS and then around his mid-section toward his firearm, which resulted in the application of a Carotid Restraint Control Hold (CRCH).

**Subject                                      Deceased ( )                      Wounded ( )                      Non-Hit ( )**

Subject: Male, 45 years of age.

**Board of Police Commissioners' Review**

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

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

The following incident was adjudicated by the BOPC on April 24, 2018.

## **Incident Summary**

Officers A and B were directed by their Watch Commander, Lieutenant A, to respond to court to take custody of the Subject who was awaiting arraignment. The Subject was feeling unwell and required transporting to the hospital.

Officers A and B generated a radio call with Communications Division and responded to the court. Officer A assisted the Subject into the rear passenger side of their police vehicle and transported him to hospital. The Subject was cooperative during the transfer of custody and ensuing transportation.

Following an initial examination, the Subject was referred, by medical dispensary personnel, for a cranial Computed Tomography (CT) Scan. The officers were met by Witness A, the CT Scan Technician Supervisor. Witness A identified himself to the Subject and explained the procedure which was about to occur. Upon reaching the CT Scan machine the officers removed the handcuffs from the Subject, which had secured him to the wheelchair, so that he could be transferred onto the examination table. Witness A noted that the Subject was quiet and compliant as he explained the examination.

Once the CT Scan was completed, Witness A began to lower the examination table so the Subject could be transferred back into the wheelchair. Officer A was standing behind the wheelchair as Officer B was standing to the left of it. Witness A stated he assisted the Subject off the table.

Officer A removed his handcuffs from his belt and walked to the front of the wheelchair as Officer B stood behind the Subject. With handcuffs in hand, Officer A approached the Subject, offset to the Subject's left, with the intention of handcuffing the Subject's left hand to the left rail of the wheelchair. Officer A was right handed and carried his pistol on the right side of his utility belt.

According to Witness A, the Subject suddenly jumped up from the wheelchair and reached behind Officer A, stating that he was going to kill himself and that he wasn't going to jail. Witness A then heard Officer A state that the Subject was reaching for his gun.

According to Officer B, after the Subject returned to the wheelchair, he moved to the rear of the wheelchair to resume his duty of pushing the Subject to the jail ward. As Officer A stepped in front of the Subject to handcuff him, the Subject jumped up and reached for his partner's duty belt. The Subject then reached for Officer A's TASER, and Officer B saw that the Subject also reached around Officer A's back. Officer B believed that the Subject tried to reach for Officer A's gun. Officer B jumped up and grabbed the Subject's left arm.

According to Officer A, the Subject stood up and reached towards his utility belt, grabbing at his TASER. Officer A immediately pushed the Subject to gain distance.

The Subject then lunged at Officer A again and reached for his mid-section. According to Officer A, he then got the Subject into a front headlock. The Subject kept moving forward as if he was trying to reach for Officer A's gun with his right hand.

Officer A stated that the Subject turned, which he believed was due to a combination of the Subject's position and the Subject's attempt to reach for Officer A's pistol, and that caused the Subject to be off balance. When the Subject's body turned, he slipped out of the front headlock, however, in doing so, he exposed his back to Officer A. Officer A, who was now behind the Subject and placed the Subject in a Carotid Restraint Control Hold (CRCH) as they went down to the ground.

Officer B, who had a hold on the Subject's left wrist, lost control of it as Officer A and the Subject went to the ground. Officer A maintained the CRCH on the Subject as the Subject landed on his left side with Officer A behind him. Officer B then grabbed the Subject's right wrist and applied a firm grip on it. At the same time, Witness A grabbed the Subject's legs.

Officer A, while maintaining the CRCH, turned the Subject facedown and applied his bodyweight on the Subject's back. Officer B then placed his left knee on the Subject's mid-back and his right knee on his shoulder while holding the Subject's right arm between his legs.

As Officer B handcuffed the Subject's right arm, Officer A continued with his commands while he forcefully tried to remove the Subject's left arm out from underneath his body. The Subject still refused to comply. Officer A wrestled the Subject's arm out from under him and, utilizing a wrist lock, placed it behind the Subject's back. Officer A placed his right knee on the Subject's left shoulder while Officer B completed the handcuffing process.

Immediately upon the Subject being handcuffed, Officer B, with his right knee on the Subject's right shoulder, attempted to notify a supervisor only to learn that his hand-held radio was inoperable within the medical facility. Officer B retrieved his Hobble Restraint Device (HRD) while Witness A maintained control of the Subject's legs, and Officer B applied the HRD to the Subject's ankles.

Officer B proceeded to the control room and telephonically notified Lieutenant A that a use of force had occurred and requested a supervisor to respond to their location. Officer B did not notify Lieutenant A at this time that a CRCH had been used on the Subject.

The Subject was placed face-down on a gurney, which had been retrieved by medical staff. Officer B then responded back into the CT Scan room as Witness A secured the HRD to the rail of the gurney to restrict the Subject's movement. The officers were then informed that the scan was complete and that the Subject could be moved out of the CT Scan department. The officers then moved the Subject back to the jail dispensary and awaited the response of a supervisor.

Once inside the jail dispensary, officers did not inform a physician that a CRCH had been used on the Subject. When medical staff requested that the Subject be unhandcuffed, the officers informed them that they were awaiting another unit to arrive before doing that due to his previous actions. While still in the dispensary, the Subject was heard on the BWV stating that his arm hurt (due to the handcuffs), and he then rolled onto his left side. Officer A applied a firm grip on the Subject's right arm and shoulder, while instructing him not to move. Officer A then pulled the Subject's handcuffs up his back, causing the Subject to cry out.

A Los Angeles Sheriff's Department sergeant who was present suggested the officers turn the Subject onto his side. Officers A and B rolled the Subject onto his back, and the back portion of the gurney was raised to allow him to sit up.

Officer B exited the jail ward and utilized his cellular telephone to contact Lieutenant A and verify a supervisor was responding. During that conversation, again, Officer B did not inform Lieutenant A that a CRCH had been used on the Subject. As the officers waited for a supervisor, they were advised by medical staff that the Subject had been cleared and could be moved to a recovery room. When the Subject complained of pain again to his arm, the officers loosened the handcuffs. A sergeant arrived at the hospital and met Officer B at the door leading into the jail ward. Upon establishing that a Categorical Use of Force had occurred, the sergeant made the appropriate notifications.

### **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). All incidents are evaluated to identify areas where involved officers can benefit from a tactical debriefing to improve their response to future tactical situations. This is an effort to ensure that all officers' benefit from the critical analysis that is applied to each incident as it is reviewed by various levels within the Department and by the BOPC. Based on its review of the instant case, the BOPC unanimously made the following findings.

#### **A. Tactics**

The BOPC found Officers A and B's tactics to warrant Administrative Disapproval.

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

The BOPC found Officers A and B's first use of non-lethal force to be in policy and Officer A's second use of non-lethal force to be out of policy.

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

The BOPC found Officer A's lethal use of force to be out of policy.

### **Basis for Findings**

#### **Detention**

- The officers picked up the Subject who was already in custody for Criminal Threats, and then transported him to the hospital to receive medical treatment for a pre-existing illness.

#### **A. Tactics**

##### **Tactical De-Escalation**

- Tactical de-escalation does not require that an officer compromise his or her safety or increase the risk of physical harm to the public. De-escalation techniques should only be used when it is safe and prudent to do so.

In this incident, the officers transported the Subject, who was already in custody, to a hospital to obtain medical treatment. Once the medical examination ordered by the attending physician was completed, an officer attempted to secure the Subject's left arm to the wheelchair. According to the officers, the Subject then suddenly stood up and attempted to grab an officer's TASER, and then reached for the officer's gun.

Officer A then applied a CRCH on the Subject, to take him into custody. As addressed in the Use of Force analysis below, the BOPC does not believe that the available evidence in this case establishes that the force used during this incident was objectively reasonable. As such, the BOPC believes that Officer A unduly escalated his response during this incident.

- During the review of the incident, the following Debriefing Topics were noted:

##### **1. Hobble Restraint Device (HRD) (Substantial Deviation – Officers A and B)**

Officers A and B left the Subject in the prone position after the HRD was placed on his legs. Additionally, Officer B handed the lanyard of the HRD to Witness A to hold while he went to call the Watch Commander.

In this case, the investigation revealed Officers A and B left the Subject on a gurney in a prone position, while handcuffed and secured with a HRD, for approximately 19 minutes.

Additionally, Officer A was captured on BWV appearing to apply bodyweight to the Subject while he was hobbled face-down on the gurney.

The BOPC determined that Officers A and B's decision to keep the Subject in a prone position after the HRD was applied was a substantial deviation, without justification, from approved Department tactical training.

2. Medical Treatment After the Application of a CRCH (Substantial Deviation – Officers A and B)

Officers A and B did not ensure the Subject was examined by a physician after the CRCH was applied.

In this case, Officers A and B transported the Subject back to the jail ward and advised the medical dispensary personnel they had been involved in a use of force incident, but they did not divulge the specific type of force used on the Subject and that he required an examination by a physician.

Based on the totality of the circumstances, the BOPC determined that the officers' actions were a substantial deviation, without justification, from approved Department tactical training.

- The BOPC also considered the following:

1. Situational Awareness

The investigation revealed that Officer A stood in front of the Subject as he prepared to handcuff the Subject's left wrist to the rail of the wheelchair, thereby exposing his TASER. Officer A was reminded to remain cognizant of positioning when handcuffing a suspect.

2. Handcuffing an Arrestee

The investigation revealed that Officer A unhandcuffed the Subject prior to the CT scan procedure. Although the Subject appeared to be cooperative and compliant up until that time, the officers were reminded that the primary purpose in handcuffing an arrestee is to maintain control and minimize the possibility of escalating a situation.

3. Handcuffing Procedures

The investigation revealed that Officer A did not double-lock the Subject's handcuffs. Officer A was reminded that the proper application of handcuffs can prevent injury to the wrists.

These topics were to be discussed at the Tactical Debrief.

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

Each tactical incident also merits a comprehensive debriefing. In this case, there were identified areas where improvement could be made and a Tactical Debrief is the appropriate forum for the involved personnel to review the officer's individual actions that took place during this incident.

Based on the totality of the circumstances, the BOPC determined that Officers A and B's actions were a substantial deviation, without justification, from approved Department tactical training.

In conclusion, the BOPC determined Officer A and B's tactics warranted a finding of Administrative Disapproval.

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

- **Officer A**

### First Application – Physical Force and Bodyweight

According to Officer A, as he was preparing to handcuff the Subject's left wrist to the wheelchair, the Subject stood up, grabbed his TASER, and yelled out that he wasn't going back to the jail and that he wanted to die. Officer A shoved the Subject away to create distance, and then the Subject proceeded to lunge at him again while reaching for his midsection. Officer A was able to gain access to the Subject's head, and in an effort to prevent the Subject from coming forward or reaching towards him, he utilized his right arm to place the Subject in a headlock and hold him towards his right hip.

### Second Application – Firm Grip and Bodyweight

Officer A placed a firm grip on the Subject's right wrist and then applied his bodyweight on the Subject while he was hobbled, lying on his stomach, on a hospital gurney.

- **Officer B** – Firm Grip and Bodyweight

According to Officer B, the Subject jumped up, grabbed onto his partner's TASER, and then reached around his partner's back toward his service pistol, resulting in the application of the CRCH. Simultaneously, Officer B grabbed the Subject's left arm, and they all went to the ground. He was unable to maintain control of the Subject's

left arm, so he proceeded to grab the Subject's right arm with a firm grip and placed a handcuff on his right wrist.

According to Officer B, after the Subject was handcuffed, he grabbed the Subject's right leg and placed it on top of his left leg. Officer B then wrapped the HRD around the Subject's ankles and cinched it tight, while Witness A was holding the Subject's feet the entire time.

Based upon the totality of the circumstances, regarding the first applications of force, the BOPC determined that an officer with similar training and experience as Officers A and B, when faced with similar circumstances, would believe that this same application of non-lethal force would be reasonable to overcome the Subject's resistance.

In conclusion the BOPC found Officer A's first application of non-lethal force and Officer B's use of non-lethal force to be objectively reasonable and in policy.

However, given the lack of any apparent threat by the Subject while handcuffed and hobbled, the BOPC determined that Officer A's application of a firm grip and bodyweight to control the Subject while he was handcuffed and hobbled in a prone position, was not reasonable, and that an officer with similar training and experience as Officer A, when faced with similar circumstances, would not believe that his second application of non-lethal force would be reasonable.

Therefore, the BOPC determined Officer A's second application of non-lethal force to be objectively unreasonable and out of policy.

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

- **Officer A – (Carotid Restraint Control Hold)**

In relevant part, Department policy authorizes the use of lethal force for an officer to protect him/herself or others from what is reasonably believed to be an imminent threat of death or serious bodily injury. The Department's standard regarding the use of the CRCH authorizes the use of the technique only when lethal force is authorized, and when reasonable alternatives have been exhausted or appear impracticable.

In its review of the use of lethal force by Officer A, the BOPC considered that Officer A was unexpectedly assaulted by the Subject, that the Subject made statements potentially indicative of suicidal intent, and that the Subject reached around the vicinity of Officer A's equipment belt. These actions by the Subject certainly presented a potentially serious threat to Officer A and warranted the use of force to stop that threat. Despite the Subject's actions, the evidence does not establish that there was a basis for Officer A to reasonably believe that the threat presented by the Subject had reached the threshold of an imminent threat of death or serious bodily



injury at the time he employed lethal force. As such, although the use of non-lethal and/or less-lethal force would have been appropriate to stop the Subject's actions, lethal force was not an authorized option and should not have been employed.

Therefore, the BOPC determined Officer A's lethal use of force was out of policy.