

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

LAW ENFORCEMENT RELATED INJURY – 055-17

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

| | | | |
|---------|---------|--|--|
| Rampart | 7/17/17 | | |
|---------|---------|--|--|

| Officer(s) Involved in Use of Force | Length of Service |
|--|--------------------------|
|--|--------------------------|

| | |
|-----------|--------------------|
| Officer A | 12 years, 2 months |
| Officer B | 7 years, 3 months |
| Officer C | 1 year, 5 months |
| Officer D | 9 years |
| Officer E | 10 years, 2 months |
| Officer F | 1 year, 5 months |
| Officer G | 7 months |
| Officer H | 5 years, 1 months |
| Officer I | 3 years, 6 months |

Reason for Police Contact

Officers responded to a radio call of a “male with a mental illness.” The Subject was transported via Rescue Ambulance (RA) to the hospital for a mental health evaluation and possible drug intoxication. At the direction of the hospital staff, the officers removed the handcuffs and the Subject attempted to flee. The officers deployed a TASER and used physical force (punches, bodyweight, and twist locks) to take the Subject into custody. The Subject sustained a broken arm that required hospitalization, resulting in a Law Enforcement Related Injury (LERI) investigation.

| Subject(s) | Deceased () | Wounded (X) | Non-Hit () |
|-------------------|---------------------|--------------------|--------------------|
|-------------------|---------------------|--------------------|--------------------|

Subject: Male, 46 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 the Department is currently legally prohibited from 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 June 19, 2018.

Incident Summary

Uniformed Police Officers A and B, responded to a “male with a mental illness” radio call at a business. Communications Division (CD) also assigned Sergeant A to the call. Sergeant A responded, was first to arrive, and met with the officers, who arrived immediately thereafter.

At the time of this incident, Officers A and B have worked as regular partners for three years. According to Officer A, he and Officer B routinely discuss tactics. As it pertains to this incident, they established that Officer A would deploy the TASER absent extenuating circumstances that warranted otherwise. It was predetermined that Officer A would serve as the cover officer and Officer B would serve as the contact officer.

According to Officer A, he observed the Subject sitting on the ground in the middle of the business parking lot with his legs crossed and his hands spread outward. Officer A stated that he immediately noticed the Subject had an injury or possible deformity to his left lower leg. The officers assisted the Subject to a standing position. The Subject appeared unstable when he was standing and making statements about being part of the FBI, the CIA, and being a federal agent. These statements along with his facial expressions, caused Officer A to form the belief that the Subject was possibly under the influence of narcotics or that he needed to be evaluated for a mental illness. Therefore, according to Officer A, he made the decision to handcuff the Subject for his and the officers’ safety.

Due to the observed injury/deformity to the Subject’s leg, the officers requested the response of a Rescue Ambulance (RA). The Subject’s demeanor and behavior in the parking lot was captured on Officers A and B’s Body Worn Video (BWV). Both officers turned their BWV cameras off after the Subject was handcuffed.

The Los Angeles Fire Department arrived and transported the Subject to a nearby hospital. The Subject was seated on a gurney and transported with one handcuff affixed to it. Officer B rode in the RA, while Officer A followed in the officers’ police vehicle. According to Officer B and the firefighters, the Subject was non-violent during the transport. Upon arrival at the hospital, Officer A broadcast the officers’ status and location (Code Six) via the Mobile Digital Computer (MDC), or police radio.

The hospital staff directed the officers to the treatment room. In order to facilitate the Subject's transfer from the gurney to the hospital bed, the hospital staff directed Officer A to remove the handcuffs from the Subject. According to Officers A and B and firefighters, the Subject was cooperative and non-violent at the time the handcuffs were removed.

Officer B stated he removed the handcuffs from the Subject and handed them to Officer A, who stepped rearward and placed the handcuffs into his handcuff case. Firefighter A stood next to the Subject with the intent to assist him onto the hospital bed. As the Subject stood up from the gurney with the assistance of Firefighters A and B, he spun around in what the Subject admitted during his interview was an attempt to flee the hospital room. Firefighter A described that the Subject made an aggressive push and motion toward him in an attempt to get away. Officers A and B activated their BWV cameras after the Subject spun away from the firefighters.

Officer A's BWV depicts him pushing the Subject as he is falling to the ground near the entry/exit door. The Subject then moves slightly to his left and sits in the corner of the room with his hands up blocking his face. According to Officer A, he and Officer B went to intervene and saw that the Subject was in the corner of the hospital room. According to Firefighter A, he grabbed the Subject and threw him in the corner. Firefighter A described that Officers A and B then grabbed and jumped on top of the Subject. Firefighter A then applied some bodyweight on the Subject to help keep him down. However, the physical contact (bodyweight) used by the Fire Department personnel did not occur until after the Subject was in the hallway.

Officer A's BWV depicted the Subject crouched down against the wall in the corner near the entry/exit door. According to Officer A, he began to give the Subject commands as a form of de-escalation without using any type of force.

According to Firefighter B, he and Firefighter A exited the room to elicit assistance from the hospital staff and security personnel.

Officer A's BWV depicted him removing his TASER from the holster, on his left hip, and pointing it at the Subject, who was in a crouched position, sitting on his heels, leaning against the wall with his hands above his head and his palms open. Officer B broadcast a backup unit request on the police radio and provided his location in the hospital. CD acknowledged the request.

Officers A and B discussed whether to use the TASER or initiate physical contact with the Subject. This conversation can be heard on Officer A's BWV. Officer A stated he attempted to de-escalate the situation by giving the Subject verbal commands to show his hands and stand up. Officer B can be heard on Officer A's BWV ordering the Subject to stand up four times; the Subject did not comply. Officers A and B elected to make physical contact with the Subject.

Officer A's BWV depicted Officer A approach the Subject with his TASER in his right hand and grab the Subject's right arm with his left hand. Officer A believed that he had holstered his TASER prior to making physical contact with the Subject. Officer B grabbed the Subject's left arm near his wrist with his right hand. Officer B again ordered the Subject to stand up. According to Officer A, the Subject tensed his arms, became rigid, and refused to stand up as directed.

According to Officer A, he and Officer B released their grasp on the Subject's arms and redeployed away from him because he wasn't complying. The Subject was very rigid and Officer A believed this met the criteria for the use of the TASER. Officer A warned the Subject that his noncompliance could result in the use of the TASER and it was going to hurt. Officer A's BWV depicted that approximately two seconds after he disengaged from the Subject, he fired his TASER at the Subject. The TASER was fired from a distance of approximately 7 feet away, striking the Subject in the stomach area. The rationale Officer A provided for the decision to disengage from the Subject was to gain time to further de-escalate the situation.

Officer A's explanation for the utilization of the TASER was that when he was giving the Subject the warning, the Subject had a blank stare on his face, was not responsive, and clenched his fists. Officer A stated that he discharged his TASER because of the Subject's demeanor and TASER policy. According to Officer A, the Subject was uncooperative, not complying to their commands, and he had already displayed the actions of being combative. When asked about his rationale for not waiting for back-up units to arrive before utilizing the TASER, Officer A stated there were other patients that the Subject posed a threat to in the event he exited the room. The potential threat posed to other patients, in part, influenced Officer A's decision to use the TASER at that time.

According to Officer A, he discharged his TASER one time for a full five-second activation. Prior to the full five-second cycle of the TASER, the Subject grabbed the TASER wires and pulled the TASER from his hand. According to Officer A, it appeared as if the TASER was effective prior to the Subject pulling on the TASER wires. Officer A's BWV depicted the Subject reaching out for the TASER as the Subject moved toward Officer A. The TASER was activated again just prior to it coming out of Officer A's hand. A review of Officer A's BWV was inconclusive as to whether the Subject pulled the TASER from Officer A's hand or whether he dropped the TASER when the Subject pulled on the TASER wires. Officer A did not recall activating the TASER a second time.

According to Officer B, after the TASER was discharged, the Subject stood up. Officer B again obtained a firm grip on the Subject's left hand with his right hand. Officer B stated that the Subject was attempting to escape the room. Officer B transitioned to what he described as a bear hug position wherein from behind the Subject, he wrapped his arms around the Subject's upper back. Officer A's BWV depicted the Subject open the door while attempting to flee the room. Officer B stated that when the exit door opened, he and the Subject fell to the ground in the hallway. Officer B stated he

maintained the firm grip to the left hand as they fell to the floor. The Subject was on his back with Officer B on top, straddling him. Officer B's BWV was knocked off his chest during the struggle with the Subject as they transitioned into the hallway.

Officer A's BWV depicted Officer B strike the Subject once with a closed fist, impacting him on the upper right shoulder area. The Subject was on the ground, and Officer B was straddled over his front torso area. Officer A did not report observing Officer B strike the Subject on the shoulder. However, Officer A did state that he observed Officer B punch the Subject approximately two times in the stomach with a closed fist.

Firefighter B, who was in the hallway when the door opened, assisted by placing his left knee across the Subject's upper chest and used his bodyweight to control him until further assistance arrived. Firefighter C was in the Emergency Room hallway on an unrelated call when he responded and held the Subject's legs down with his hands.

Firefighter A recovered Officer A's TASER from the ground and handed it to him. Officer A's BWV depicted him applying a drive stun to the Subject's left rib area. According to Officer A, the TASER was ineffective.

Uniformed Officers C and D responded to the backup request in addition to uniformed Sergeant B. Officer C described that the Subject was on the floor, yelling, screaming, not cooperating, and that the officers were out of breath.

Officer A began providing direction regarding taking the Subject into custody. This direction was captured on his BWV and was corroborated by Officer C. Officer C heard Officer A say that they were going to roll the Subject over while maintaining control of his arms. Officer C was told to secure the Subject's legs during handcuffing. Officer C grabbed the Subject's legs above his ankles with a firm grip. Officer C stated that the Subject was resisting by kicking and moving around. Officer C stated that the Subject was not cooperating with the officers' commands. Officer C observed the pre-existing injury to the Subject's leg and stated he was focused on not injuring his leg further.

According to Officer C, after the officers rolled the Subject over, he heard the clicking of handcuffs and believed the other officers were putting handcuffs on the Subject. Officer C stated that he applied the hobble restraint device around the Subject's legs because he wanted to make sure he had control of the Subject's legs. Officer C applied the hobble to the Subject's legs without further incident.

Uniformed Officer E also responded to the backup request. Officer E observed several officers around the Subject on the floor. Officer E did not activate his BWV.

According to Officer E, he approached the officers and observed the Subject yelling, screaming, and acting belligerently. Officer E stated that he believed the Subject was under the influence of an unknown type of drug or narcotic. Officer E heard several unknown officers stating, "Stop resisting." Officer E observed the Subject on the floor near one of the emergency room doors pinned against the door well. Officer E believed

the Subject was on his right side, and Officer A had control of one of the Subject's arms as he applied bodyweight to his back.

Officer E observed the Subject actively kicking and Officer C trying to gain control of his feet. Officer E believed Officer D was near the Subject's upper right shoulder or back area, applying bodyweight.

Officer E approached and applied bodyweight with his left knee to the Subject's lower back. Officer E grabbed the Subject's left forearm, obtaining a firm grip with his left and right hands. The Subject continued to resist by attempting to pull his arm away from Officer E. Officer E pulled the Subject's left arm behind his back in an attempt to handcuff him. As he did so, Officer E heard a popping sound, which he believed was possibly the Subject's arm breaking near the elbow. The Subject continued to resist by kicking, yelling, and screaming. Officer E placed the Subject's left arm behind his back to complete the handcuffing. It was later determined that the Subject sustained a fractured left elbow.

Officer B stated that as additional units arrived they assisted with firm grips to the Subject's arm. Officer B stated he delivered approximately two to three closed fist punches to the Subject's face as "distraction strikes" because the Subject was not putting his hand behind his back. Officer B stated the purpose for the strikes was to distract the Subject and allow the officers to effectively handcuff him by providing the other officers a second to get his hands behind his back. Officer B stated that he did not voice his intentions to the other officers, who were attempting to take the Subject into custody. Officer B stated that nothing else was working as it pertained to taking the Subject into custody. Sergeant B instructed Officer B to step back because the strikes were not effective. Officer E stated he placed the Subject's left hand behind his back, as unknown officers handcuffed the Subject.

Sergeant B's BWV depicted him providing direction to the officers. Sergeant B can be heard telling the officers to roll the Subject onto his stomach and to bring his arm back. After the handcuffs were applied, Sergeant B could be heard telling the officer to sit the Subject up. Sergeant B broadcast that the incident had been resolved (Code 4), and that the Subject was in custody.

According to Officer E, the Subject was initially handcuffed with two sets of handcuffs, with his left arm behind his back and his right hand over the top of his face toward his left shoulder. Officer E decided to back away from the Subject because there were multiple officers there at that time, and he stated he needed to allow those officers more space to properly handcuff the Subject.

Sergeant C arrived and began providing direction to the officers regarding adjusting the Subject's hands to a proper position. According to Sergeant C, the officers safely secured the Subject's hands behind his back.

According to Officer A, once the Subject was handcuffed, no additional use of force occurred. The Subject was transferred from the floor of the Emergency Room to a bed. Once he was placed on the bed, the hospital staff administered medication to sedate the Subject. Once the Subject calmed down, he was placed in hospital restraints and the handcuffs were removed.

Officer D stated that when he arrived, he heard Officer A providing direction on how to take the Subject into custody. Officer D grabbed the Subject's right arm, which was underneath him and attempted to bring it behind his back, but was unable to because the Subject was resisting. Officer D stated that he grabbed the Subject by his right forearm, with his right hand, and his left wrist with his left hand. Uniformed Officer F stated he handcuffed the Subject's right wrist, brought the Subject's right arm behind his back, and applied the other handcuff to a second set of handcuffs that were on the Subject's left wrist.

Officers G, H, and I responded to the backup request as well. Officer G reported holding the Subject's head down for approximately 1-2 seconds. Officer H reported applying bodyweight with his right knee to the Subject's back during handcuffing to prevent him from moving. Officer I reported holding the Subject's lower legs with a firm grip while other officers handcuffed the Subject.

Sergeant A arrived at the hospital after the use of force occurred and began a Non-Categorical Use of Force Investigation. Sergeant A stated that he met with the medical staff who indicated that the Subject was going to be treated for the pre-existing injury to his leg. Sergeant A told the officers he would review their videos to assist with the Non-Categorical Use of Force Investigation.

Sergeant A completed a brief canvass for witnesses and video evidence. Sergeant A indicated that he met with the hospital staff a second time, approximately an hour later, and they advised him that the Subject had a possible broken elbow. Sergeant A asked if that was related to the use of force. The hospital staff advised Sergeant A that it was possibly related to the use of force.

Sergeant A met with Sergeant B and provided him the updated information regarding the Subject's condition. Sergeant B contacted the Watch Commander and advised him of the Subject's condition. Force Investigation Division (FID) was contacted and responded to the hospital to conduct an assessment of the incident.

FID and Sergeant A met with the hospital staff, who advised that the Subject's elbow was dislocated and had two bone fractures, requiring admittance to the hospital for surgery. FID advised Sergeant A that FID detectives would assume the investigation, given that the incident became a categorical use of force (CUOF) when the Subject was admitted to the hospital on the possible basis of the officers' use of force.

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 and B's tactics to warrant a finding of Administrative Disapproval. The BOPC found Sergeant B, along with Officer's C, D, E, F, G, H, and I's tactics to warrant a Tactical Debrief.

B. Non-Lethal Use of Force

The BOPC found Officer B's non-lethal use of force (punches to the Subject's face) to be out of policy. The BOPC found Officer's A, B, C, D, E, F, G, H, and I's non-lethal use of force to be in policy.

C. Less-Lethal Use of Force

The BOPC found Officer A's first TASER Activation to be out of policy. The BOPC found Officer A's second TASER Activation to be in policy. The BOPC found Officer A's third TASER Activation to be out of policy.

Basis for Findings

In making its decision in this matter, the Commission is mindful that every "use of force by members of law enforcement is a matter of critical concern both to the public and the law enforcement community. It is recognized that some individuals will not comply with the law or submit to control unless compelled to do so by the use of force; therefore, law enforcement officers are sometimes called upon to use force in the performance of their duties. It is also recognized that members of law enforcement derive their authority from the public and therefore must be ever mindful that they are not only the guardians, but also the servants of the public. The Department's guiding value when using force shall be reverence for human life. Officers shall attempt to control an incident by using time, distance, communications, and available resources in an effort to de-escalate the situation, whenever it is safe and reasonable to do so. When warranted, Department personnel may objectively use reasonable force to carry out their duties. Officers who use unreasonable force degrade the confidence of the community we serve, expose the Department and fellow officers to legal and physical hazards, and violate the rights of individuals upon whom unreasonable force is used. Conversely, officers who fail to use force when warranted may endanger themselves, the community and fellow officers." (Use of Force Policy, Los Angeles Police Department Manual.)

The Commission is cognizant of the legal framework that exists in evaluating use of force cases, including the United States Supreme Court decision in Graham v. Connor, 490 U.S. 386 (1989), that:

“The reasonableness of a particular use of force must be judged from the perspective of a reasonable officer on the scene, rather than with the 20/20 vision of hindsight. The calculus of reasonableness must embody allowance for the fact that police officers are often forced to make split-second judgments – in circumstances that are tense, uncertain and rapidly evolving – about the amount of force that is necessary in a particular situation.”

The Commission is further mindful that it must evaluate the actions in this case in accordance with existing Department policies. Relevant to our review are Department policies that relate to the use of force:

Law enforcement officers are authorized to use deadly force to:

- Protect themselves or others from what is reasonably believed to be an imminent threat of death or serious bodily injury; or
- Prevent a crime where the subject’s actions place person(s) in imminent jeopardy of death or serious bodily injury; or
- Prevent the escape of a violent fleeing felon when there is probable cause to believe the escape will pose a significant threat of death or serious bodily injury to the officer or others if apprehension is delayed. In this circumstance, officers shall to the extent practical, avoid using deadly force that might subject innocent bystanders or hostages to possible death or injury.

The reasonableness of an Officer's use of deadly force includes consideration of the officer's tactical conduct and decisions leading up to the use of deadly force. (Use of Force Policy, Los Angeles Police Department Manual.)

An officer’s decision to draw or exhibit a firearm should be based on the tactical situation and the officer’s reasonable belief that there is a substantial risk that the situation may escalate to the point where deadly force may be justified. (Los Angeles Police Department Manual.)

Tactical de-escalation involves the use of techniques to reduce the intensity of an encounter with a suspect and enable an officer to have additional options to gain voluntary compliance or mitigate the need to use a higher level of force while maintaining control of the situation. 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. (Tactical De-Escalation Techniques, October 2016.)

A. Tactics

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

1. Waiting for Additional Resources (Substantial Deviation – Officers A and B)

Officers A and B did not wait for backup units to arrive prior to approaching the Subject and attempting to take him into custody.

Operational success is based on the ability of the officers to effectively plan and approach each incident in a safe manner. Officers, when faced with an ongoing tactical situation, must remain alert to improve their overall safety, by their ability to recognize an unsafe situation and work collectively to ensure a successful resolution. A sound tactical plan should be implemented to ensure minimal exposure to the officers, while keeping in mind officer safety concerns.

In this case, after Officer B requested a back-up unit, the Subject remained seated on the floor, in the corner of the hospital room, with his hands open and raised above his head. Although the Subject was ignoring the officers' commands to stand up, he was not actively resisting or trying to escape. The officers made the decision to approach the Subject and not wait for the back-up units. Consequently, a struggle ensued before the back-up units could arrive to assist.

Based on the totality of the circumstances, the BOPC determined that Officers A and B's decision not to wait for the back-up units was a substantial deviation, without justification, from approved Department tactical training.

This topic was to be discussed during the Tactical Debrief.

- The BOPC additionally considered the following:

1. Initiating Physical Contact While Holding a TASER

The investigation revealed that Officer A had his TASER in his right hand while he initiated contact with the Subject with his left hand. Officer A was reminded that an officer's hands should be free of equipment when initiating physical contact with a Subject, as it may inhibit an officer's ability to fully engage the Subject.

2. Maintaining Equipment

The investigation revealed that Officer A dropped his TASER on the ground to transition to non-lethal force options to control the Subject. Officer A was

reminded of the importance of maintaining control of his equipment prior to transitioning to other force options.

3. Punches to Bony Areas

The investigation revealed that Officer B punched the Subject with a closed fist approximately three times to his face. Officer B was reminded that punches to bony areas can cause injury, thus reducing the officer's effectiveness and limiting their ability to defend themselves.

The above issues were to be discussed during 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 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 and discuss the incident and individual actions that took place during this incident.

In conclusion, the BOPC found Officers A and B's tactics to warrant a finding of Administrative Disapproval. The BOPC found Sergeant B, along with Officer's C, D, E, F, G, H, and I tactics to warrant a Tactical Debrief.

B. Non-Lethal Use of Force

- **Officer A** – (bodyweight, twist locks, firm grips, and physical force)

According to Officer A, when the Subject ended up back on the ground, he used bodyweight, a firm grip, and a twist lock to control his left hand. Officer A then discharged his TASER in drive-stun mode. Officer A observed that it was ineffective, so he maintained his bodyweight on the Subject until additional units arrived.

- **Officer B** – (firm grips, physical force, takedown, bodyweight, and punches)

According to Officer B, after the Subject sat down in the corner, he approached him and put a firm grip on his left wrist.

According to Officer B, after his partner discharged the TASER, he approached the Subject, applied a firm grip to his left wrist, and attempted to get his arm around his back.

The Subject resisted and stood up. Officer B maintained the firm grip and used a bear hug from behind to prevent the Subject from exiting the room. The door opened and the Subject and Officer B fell to the floor. Officer B then maintained a firm grip to his left wrist and waited for back-up units to arrive.

According to Officer B, after additional officers arrived, the Subject was resisting the officers' attempt to put his hands behind his back. Officer B then punched the Subject two to three times in the face, with a closed fist, to allow the officers to get his hands behind his back.

- **Officer C** – (firm grips and bodyweight)

According to Officer C, he grabbed the Subject's legs with his hands and put pressure on them to control his movement because he was kicking and moving around. After the Subject was handcuffed, Officer C applied his HRD to the Subject's legs to make sure his legs were controlled before they moved him.

- **Officer D** – (firm grips, physical force, and bodyweight)

According to Officer D, he approached the Subject, gripped his right forearm with both of his hands, and pulled the Subject's forearm from underneath his body. Officer D then applied bodyweight with his knee to the Subject's upper back to prevent him from getting up.

- **Officer E** – (bodyweight, firm grips, and physical force)

According to Officer E, he approached the Subject, and applied bodyweight with his left knee to the Subject's lower back area. Officer E then grabbed the Subject's left forearm with his left hand, placed the Subject's right arm towards the right side of the Subject's back, and flipped him over onto his stomach. Officer E then placed his right and left hands on the Subject's left arm and placed it behind the Subject's back for handcuffing.

- **Officer F** – (firm grips and bodyweight)

According to Officer F, he approached the Subject and immediately grabbed the Subject's left arm and held it down to the ground. Once the Subject was pinned down, Officer F handcuffed one of the Subject's hands.

- **Officer G** – (physical force)

According to Officer G, he approached the Subject, placed both of his hands on the rear of his head and held his head still for approximately one or two seconds until the officers were able to get the Subject under control and handcuffed.

- **Officer H – Bodyweight.**

According to Officer H, he approached the Subject, and placed his right knee on his upper back to prevent him from flailing around.

- **Officer I – Firm grips and bodyweight.**

According to Officer I, one of the officers asked him to get the Subject's legs, so he placed his hands on the Subject's left leg to hold his legs.

Based upon the totality of the circumstances, the BOPC determined that an officer with similar training and experience as Officers A, B (firm grips, physical force, takedown, bodyweight, and punches to the chest/abdomen area), C, D, E, F, G H, and I, while faced with similar circumstances, would believe that this same application of non-lethal force would be reasonable to overcome the Subject's resistance.

Therefore, the BOPC found Officers A, B's (firm grips, physical force, takedown, bodyweight, and punches to the chest/abdomen area), C, D, E, F, G, H, and I's non-lethal use of force to be objectively reasonable and in policy.

Additionally, based upon the totality of the circumstances, the BOPC determined that given the lack of any apparent resistance by the Subject while the officers were attempting to control and handcuff him, Officer B's punches to the Subject's face were not reasonable. The BOPC also determined that an officer with similar training and experience as Officer B, when faced with similar circumstances, would not believe that this same application of non-lethal force would be reasonable.

Therefore, the BOPC found this application of Officer B's Non-Lethal Use of Force to not be objectively reasonable and Out of Policy, Administrative Disapproval.

C. Less-Lethal Use of Force

- **Officer A – (two five-second TASER activations, in probe mode, and one five-second TASER activation in drive-stun mode)**

Probe Mode

According to Officer A, the Subject was very tense and rigid. In an effort to de-escalate the situation, the officers decided to step back to gain distance and time. Officer A then called the Subject's name and provided him with commands one more time to get his compliance. The Subject was unresponsive, had a blank stare on his face and then clenched his fists. Officer A then discharged his TASER at the Subject for one five-second activation.

The investigation revealed that Officer A activated his TASER for two five-second bursts in probe mode.

Drive-Stun Mode

According to Officer A, after the Subject pulled the TASER darts out, he lost control of his TASER, and the Subject ended up back on the ground. Los Angeles Fire Department personnel retrieved Officer A's TASER and gave it back to him. Officer A then discharged his TASER in drive-stun mode on the Subject's torso/abdomen area for one five-second activation.

Based on the totality of the circumstances, the BOPC determined that the Subject was not violent and did not pose an immediate threat at the time of Officer A's first and third TASER activations.

Therefore, the BOPC found Officer A's first and third TASER activations to be out of policy.

Additionally, based on the totality of the circumstances, the BOPC determined that an officer with similar training and experience as Officer A, during his second TASER activation, while face with similar circumstances, would believe that this same application of less-lethal force would be reasonable because the Subject, at the moment, posed an immediate threat to the officers.

Therefore, the BOPC found Officer A's second TASER activation of less-lethal force to be objectively reasonable and in policy.