



## **Incident Summary**

Officers were assigned to investigate a stolen commercial vehicle report. The vehicle was equipped with a navigation system and a review of the system indicated that the vehicle was now in a residential area. Officers responded to the neighborhood and observed the vehicle, with the hood up, in the rear yard of a home with three males standing nearby. Officers broadcast their observations to Communications Division (CD), and requested additional units.

Officers established a perimeter around the location. A tactical plan was developed; an entry team was formed; and the Public Address (PA) system was used to order the occupants out of the residence. A Command Post (CP) was also established and Sergeant A assumed the role of Incident Commander. Numerous subjects subsequently exited the residence and were taken into custody without incident, including Subject 1, who was cooperative.

**Note:** No force was used by any LAPD personnel in the removal of the subjects from the residence. However, an officer-involved shooting (OIS) of a dog occurred inside the house during this incident (see Categorical Use of Force 054-11), which resulted in individual findings for some of the officers involved in this incident.<sup>1</sup>

According to Officer A, he escorted Subject 1 to the curb at which time Subject 1 related that he had asthma and asked Officer A to give him a puff from his asthma inhaler. Officer A retrieved an asthma inhaler from Subject 1 and allowed him to use the inhaler. According to Officer A, Subject 1 did not appear to have any difficulty breathing. Officer A then returned to the residence to assist in the investigation, while Officer E was directed by a supervisor to go back to the CP and supervise other individuals, including Subject 1.

Officer E completed a Field Interview (FI) Card on Subject 1 and, according to Officer E, Subject 1 was calm and informative. Officer E also asked Subject 1 if he was on any type of drug, to which Subject 1 replied that the only type of drugs he was on were for his bipolar diagnosis.

After approximately 45 minutes to an hour of being monitored, Subject 1 began to sweat and shake in an involuntary manner. Officer E asked Subject 1 if he was okay, and he replied, "Yes." Officer E again asked Subject 1 if he was using any drugs that would cause this, and he again said that the only drug he was on was the medication for his bipolar diagnosis. Officer E opined that Subject 1 might be under the influence of a stimulant because Subject 1 had some muscle reaction and was sweating.

During this time, Sergeant B responded to the CP to ascertain which officers could be returned to field duties, and observed Subject 1 seated on the curb. Officers B and C, who were deployed on the perimeter, were directed back to the CP to assist with

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<sup>1</sup> Officer E in the instant case is referred to as "Officer C" in the public report for OIS 054-11. Otherwise, none of the officers referred to in this report are individually referenced in that report.

transporting the subjects to the station. Officer B observed that Subject 1 appeared to be twitching and asked if he needed anything. According to Officer B, Subject 1 stated that he needed his inhaler. Officer B walked over to the CP and received permission for Subject 1 to use his inhaler. Subject 1 was allowed to use his inhaler, and according to Officer E, after Subject 1 was administered the inhaler, his symptoms did not improve.

Sergeant B, who was in the general area of the CP, saw that Subject 1 was involuntarily shaking his hands and feet and opined that he was under the influence of methamphetamine. Sergeant B observed officers at the CP assist Subject 1 to his feet and place him into the back seat of a police vehicle. According to Sergeant B, Subject 1 seemed fine, and rested his head against the back cushion of the seat.

Sergeant B stepped away from where Subject 1 was being detained and when he returned noted that Subject 1's twitching had increased and he had begun to sweat. Sergeant B noted that the police vehicle windows were open, but directed that the air conditioner be turned on. Officer D could see Subject 1 in the back of the police vehicle, and described him as twitching, with involuntary shaking movements. From various positions at the CP, Officer D and other officers observed Subject 1 seated in the back of the police vehicle, and described him as twitching, with involuntary shaking of the head, body, hands, and that he was sweating profusely.

According to Sergeant A, he began coordinating transportation of other subjects. Sergeant A approached Subject 1, who was seated in the police vehicle, and observed that he was making some facial expressions. Sergeant A asked the officers in the area what was wrong, and heard an unknown officer reply that Subject 1 was probably coming down off of his high.

After a few minutes, Subject 1 was taken out of the police vehicle for transport to the police station. Officer D noticed that his condition was getting worse, at which time Sergeant B suggested to Sergeant A that rather than transporting Subject 1 to a medical dispensary, to request a rescue ambulance (RA). Sergeant A, observing Subject 1, yelled out an order to call an RA and Officer D complied.

Los Angeles Fire Department (LAFD) RA responded to the scene. Subject 1 was transferred to a gurney and into the RA as paramedics provided emergency medical assistance for a possible drug overdose. Subject 1 was admitted to a local hospital and was admitted in critical condition. Subject 1 failed to respond to emergency life-saving medical treatment, and was pronounced dead by medical personnel.

The investigation revealed that Subject 1 died of a methamphetamine overdose.

### **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 the BOPC's review of the instant case, the BOPC made the following findings.

#### **A. Tactics**

Does not apply.

The BOPC determined that the actions of the involved personnel did not contribute to Subject 1's death. Additionally, there was no use of force involved in Subject 1's detention or arrest. Therefore, individual findings are not required.

Although individual findings were not required for this incident, the BOPC identified issues and topics for the Tactical Debrief, as well as the personnel who should be directed to attend. Those personnel include Sergeants A and B, along with Officers A, B, C, D, and E.

#### **B. Drawing/Exhibiting**

Does not apply.

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

Does not apply.

### **Basis for Findings**

#### **A. Tactics**

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

##### 1. Identification of Subjects in Medical Crisis

In this instance, officers monitored Subject 1 and took affirmative steps to inquire if he was okay. Subject 1 concealed the consumption of drugs from the officers and when it was reasonably apparent that Subject 1 was in need of medical attention, an RA was requested.

At the time of the incident, Officer E had two years and eight months with the Department. He had no specialized training in narcotics and had not made an arrest for under the influence of methamphetamine. His inability to identify Subject 1 as being under the influence is understandable.

However, in assessing the reasonableness of the delay in calling an RA, the BOPC assessed the following chronological timeline of events:

- The separation and monitoring of the significantly involved and percipient witnesses to the officer-involved animal shooting (OIAS) had to be determined.
- Coordinating the transportation of multiple subjects had to occur.
- Officers B and C allowed the inhaler to be administered to Subject 1.
- Sergeant B observed Subject 1's hands and feet shaking and opined that Subject 1 was under the influence of methamphetamine.
- Subject 1 was assisted to his feet and placed into the back seat of a marked black and white police vehicle by unidentified officers. The investigation was unable to determine the identity of the officers.
- Sergeant B observed Subject 1 seated in the police vehicle, noted that the twitching had increased and that he had begun to perspire, and directed the air conditioner be turned on.
- Sergeant A approached Subject 1 as he was seated in the police vehicle, asked the officers in the area what was wrong, and was advised that Subject 1 was displaying withdrawal symptoms.
- An RA was summoned.

The BOPC also took into consideration the discrepancies regarding what statements were made including the following:

- The first discrepancy noted was regarding Subject 1 notifying Officer E that he had ingested methamphetamine. According to Officer E, the only drug Subject 1 confessed to taking was a prescribed medication for a bipolar diagnosis.

Subject 2 recalled that Subject 1 said that he digested "Crystal Meth." Subject 3 recalled that he (Subject 3) told the officers that he swallowed a quarter gram of Crystal Meth. Subject 4 stated that he did not hear Subject 1 say anything.

All officers who were interviewed, and Subject 4, a witness sitting next to Subjects 1 and 2, stated they did not hear Subject 2, Subject 3, or Subject 1 say that Subject 1 had ingested a narcotic substance.

- The second discrepancy noted stems from LAFD personnel that transported Subject 1 to the hospital. Two LAFD personnel stated that Officer E advised them that Subject 1 had potentially ingested methamphetamine.

Officer E stated that his assumption was that Subject 1 may have ingested methamphetamine but that he did not specifically recall using the word "ingested" during his conversation with LAFD personnel.

Accordingly, the BOPC determined that Officer E's description further supports that Officer E did not know that Subject 1 had ingested methamphetamine.

Conceivably, a trained Drug Recognition Expert may have been able to detect that Subject 1 was under the influence of some stimulant. While being under the influence is a crime, this would not in and of itself require requesting an RA. Also, it does not appear objectively apparent that Subject 1 exhibited clear signs of being in medical distress until shortly before the RA was requested.

When consulted about the ability of line personnel to identify such a condition as a medical crisis, two experts opined, respectively, that it is difficult to distinguish early withdrawal symptoms from overdose symptoms and that there was no way to know that Subject 1 was overdosing unless officers had knowledge of the overdose.

Based on the totality of information, the conflicts noted above cannot be definitely resolved. However, the BOPC was satisfied that no personnel knowingly or intentionally ignored evidence that Subject 1 was in medical distress and in need of immediate medical assistance.

However, the BOPC was concerned that when Sergeant B returned to the area where Subject 1 was seated, he saw him twitching and sweating. Also, during that time, several officers saw that Subject 1 was shaking and sweating profusely. Based on that information and those observations, the BOPC would expect that a Department supervisor would take precautionary measures based on the objective signs of a possible medical crisis and call an RA sooner. This specific supervisory issue will be addressed with Sergeant B and all supervisors present at the Tactical Debrief.

The BOPC determined that the actions of officers who had contact with Subject 1 were reasonable and did not constitute a violation of any Department policy or deviation from any training standard. By Subject 1 refusing to advise the officers that he ingested methamphetamine, he created a circumstance that delayed the medical treatment he so desperately needed. Nevertheless, the BOPC directed that the topic of identification of subjects in medical crisis be covered during the Tactical Debrief.

## 2. Persons in Department Custody Providing Personal Medication

In this instance, officers permitted the use of an inhaler on two occasions. Subject 1 advised Officer A that he had asthma and asked if he could utilize his asthma inhaler. Officer A retrieved an asthma inhaler from Subject 1's pants pocket, allowed him one puff, and set it down on a police vehicle. Subject 1 was allowed to utilize his asthma inhaler a second time. According to Officer B, he responded to the CP and obtained approval from Sergeant A prior to allowing the utilization of the inhaler.

Investigators conducted a follow-up interview with Sergeant A and he stated he had no knowledge of an asthma inhaler. The issue of who granted permission for the inhaler to be administered at the CP remains unresolved but it appears that Officer B did request approval.

Nevertheless, Officers A, B, and C are reminded that an arrestee shall not be allowed to administer prescription medication to themselves. As the officers' actions were prompted by Subject 1's request to minimize discomfort of a medical condition, the BOPC determined that those actions were reasonable. This will be a topic of discussion at the Tactical Debrief.

### 3. Maintaining Control of a Subject's Property

Subsequent to the incident and Subject 1's transportation to the hospital, Subject 1's inhaler and other personal property were released to family members. In this instance, an officer stated he relinquished control of the property bag to the transporting officer. When an investigator took custody of Subject 1's property from a nurse, it included his clothing, a bottle of prescription medication in Subject 1's name, and an empty, white plastic inhaler cartridge case. The investigation revealed that the nurse released a ring, wallet, necklace, Subject 1's identification, and Subject 1's completed FI card to another party. The Tactical Debrief will include discussions pertaining to the responsibility of guarding officers to safeguard arrestees' property.