
USE OF FORCE DOJ RECOMMENDATION 4.5

SGT. STACY YOUNGBLOOD #1211

EIS UNIT – LEGAL DIVISION



DOJ Recommendation 4.5

The SFPD should continue the manual entry of use of force data until the electronic use of force report is operational. To ensure consistency and accuracy in the data, this entry should be conducted in a single unit rather than in multiple units.

Please use
Adobe Acrobat



San Francisco Police Department Supervisory Use of Force Evaluation



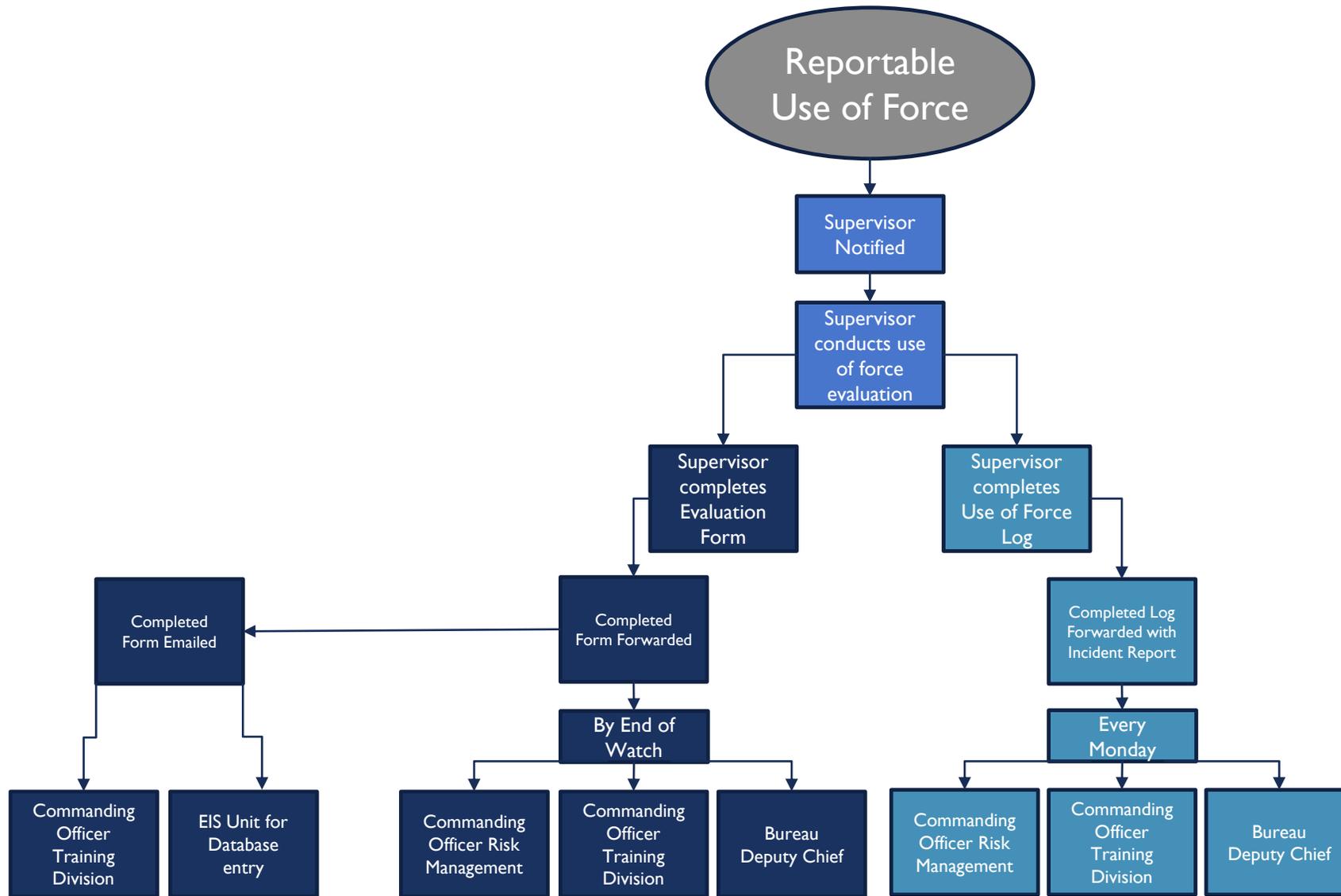
INCIDENT NUMBER:		Date:	Time:	Day of Wk:
SFPD CAD#:	Type of Incident: --			
On View <input type="checkbox"/>	Dispatch <input type="checkbox"/>	Critical Incident/Special Event:	USE OP. ORDER NAME	
Location of Occurrence:		District of Occurrence:		
Supervisory Officer Rank, Name & Star No.:		Broadcast Time of Use of Force:		
RANK, LAST NAME, FIRST NAME, STAR NO.		Supervisor On Scene Time:		
Did Supervisor Respond to Scene: Y <input type="checkbox"/> N <input type="checkbox"/>		If No, why?		
Subject #1	Subject Name: LAST, FIRST, MIDDLE		DOB:	
Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>				
Sex: M <input type="checkbox"/> F <input type="checkbox"/>		LEP: Y <input type="checkbox"/> N <input type="checkbox"/>	Language:	Height: Weight:
Complaint of Pain: Y <input type="checkbox"/> N <input type="checkbox"/>		Unrelated <input type="checkbox"/>	Injured: Y <input type="checkbox"/> N <input type="checkbox"/>	Unrelated <input type="checkbox"/> Serious Bodily Injury*: Y <input type="checkbox"/> N <input type="checkbox"/>
Death: Y <input type="checkbox"/> N <input type="checkbox"/>		Photo Taken of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>	Injuries Description:	
Photo Taken By: LAST, FIRST, STAR NO.		Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>		
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>		Admitted <input type="checkbox"/>		
Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>		Hospital Name:		
Hospital Name:		Reason for Use of Force (DGO 5.01):		
Subject Armed:		<input type="checkbox"/> To effect a lawful arrest, detention, or search		
Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> To overcome resistance or to prevent escape		
Type of Weapon:		<input type="checkbox"/> To prevent the commission of a public offense		
<input type="checkbox"/> Firearm		<input type="checkbox"/> In defense of others or in self-defense		
Subject Homeless:		<input type="checkbox"/> To gain compliance with a lawful order		
Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> To prevent a person from injuring himself/herself,		
Charge: (most serious only)		when the person also poses an imminent danger of		
<input type="checkbox"/> Blunt Object		death or serious bodily injury to another person or officer		
<input type="checkbox"/> Other				
Disposition: --				
Levels of Resistance: (Label sequence of resistance numerically)		___ Compliant ___ Passive Non-compliance		
Active Resistance		Assaultive ___ Life Threatening		
At the time of incident, the subject appeared to be under the influence of alcohol and/or drugs? Y <input type="checkbox"/> N <input type="checkbox"/>				
Officer #1	Officer Name: LAST, MIDDLE, FIRST, MIDDLE		Unit ID:	
Star:	Station/Assignment:		Video/BWC Available: Y <input type="checkbox"/> N <input type="checkbox"/>	
Injured: Y <input type="checkbox"/> N <input type="checkbox"/>	Death: Y <input type="checkbox"/> N <input type="checkbox"/>	Identification:	Plainclothes Identification:	
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>	Admitted <input type="checkbox"/>	<input type="checkbox"/> Uniform	<input type="checkbox"/> Verbally	
Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Plain clothes	<input type="checkbox"/> Display of Star	
Medical Evaluation (By doctor): Y <input type="checkbox"/> N <input type="checkbox"/>			<input type="checkbox"/> Raid Jacket	
Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>	Photo Taken By: LAST, FIRST, MIDDLE, STAR NO.			
Short description of injury:				
Verbal commands issued before force used: Y <input type="checkbox"/> N <input type="checkbox"/>				
Type of Force Used (Specify sequence of force used, if applicable, and subject number on which force was used):				
___ Firearm OIS <u>SUBJECT #</u>		___ Chemical Agent <u>SUBJECT #</u>		
___ Firearm Pointing <u>SUBJECT #</u>		___ Physical Control Hold/Take Down <u>SUBJECT #</u>		
___ Strike by Obj. (personal body weapon)/Fist <u>SUBJECT #</u>		___ Spike Strips <u>SUBJECT #</u>		
___ Impact Weapon <u>SUBJECT #</u>		___ Vehicle Intervention (Deflection) <u>SUBJECT #</u>		
___ ERIW <u>SUBJECT #</u>		___ K-9 Bite <u>SUBJECT #</u>		
		___ Other: <u>SUBJECT #</u>		

*Serious bodily injury, as defined in 12525.2(d) of the California Government Code, means "a bodily injury that involves a substantial risk of death, unconsciousness, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member or organ."

Add Additional Subjects Below

Add Additional Officers Below

SFPD 575B (06/17)





San Francisco Police Department Supervisory Use of Force Evaluation

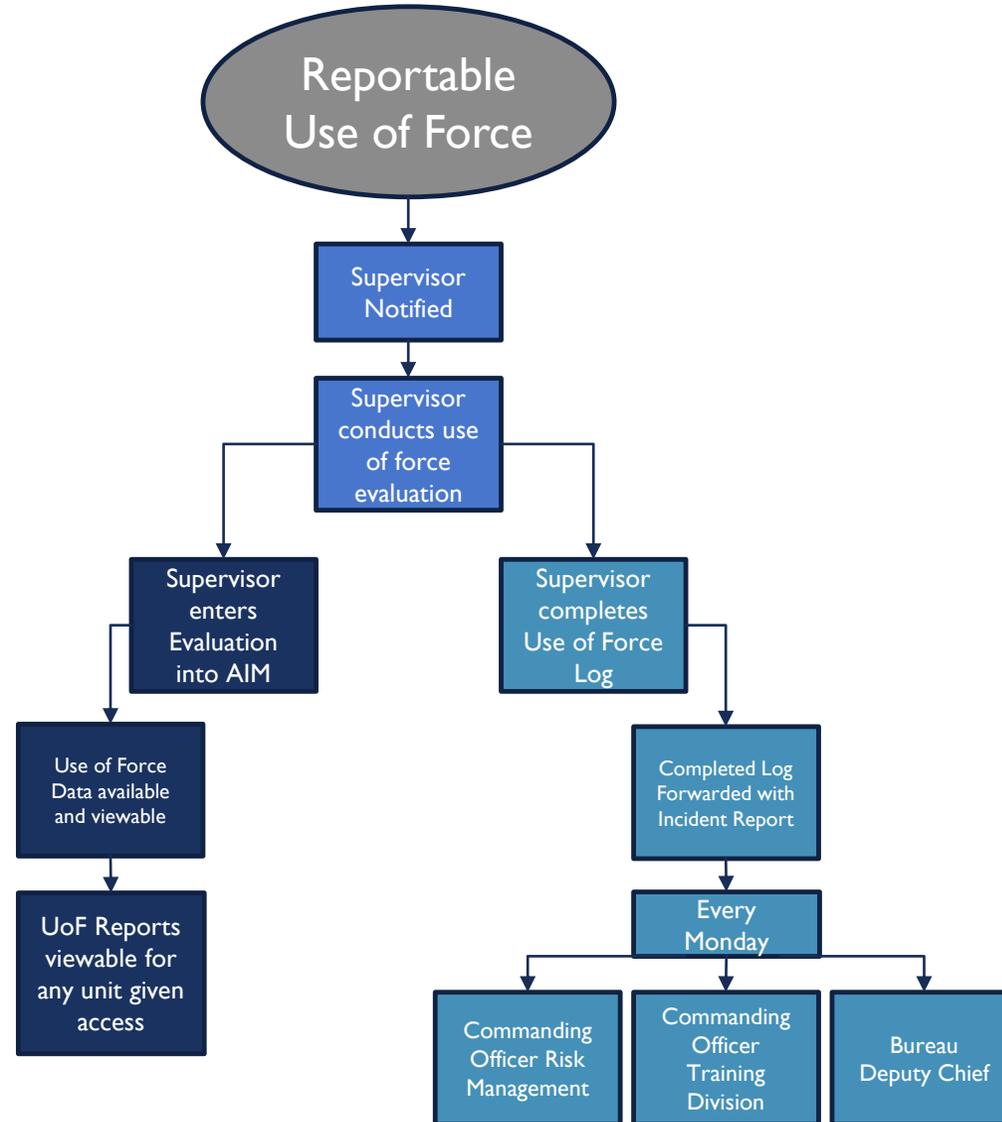


INCIDENT NUMBER:		Date:	Time:	Day of Wk:
SFPD CAD#:		Type of Incident:		
On View <input type="checkbox"/>	Dispatch <input type="checkbox"/>	Critical Incident/Special Event:		USE OP. ORDER NAME
Location of Occurrence:			District of Occurrence:	
Supervisory Officer Rank, Name & Star No.: RANK, LAST NAME, FIRST NAME, STAR NO.			Broadcast Time of Use of Force:	
			Supervisor On Scene Time:	
			Officer Initial Contact Time:	
Did Supervisor Respond to Scene: Y <input type="checkbox"/> N <input type="checkbox"/> If No, why?				

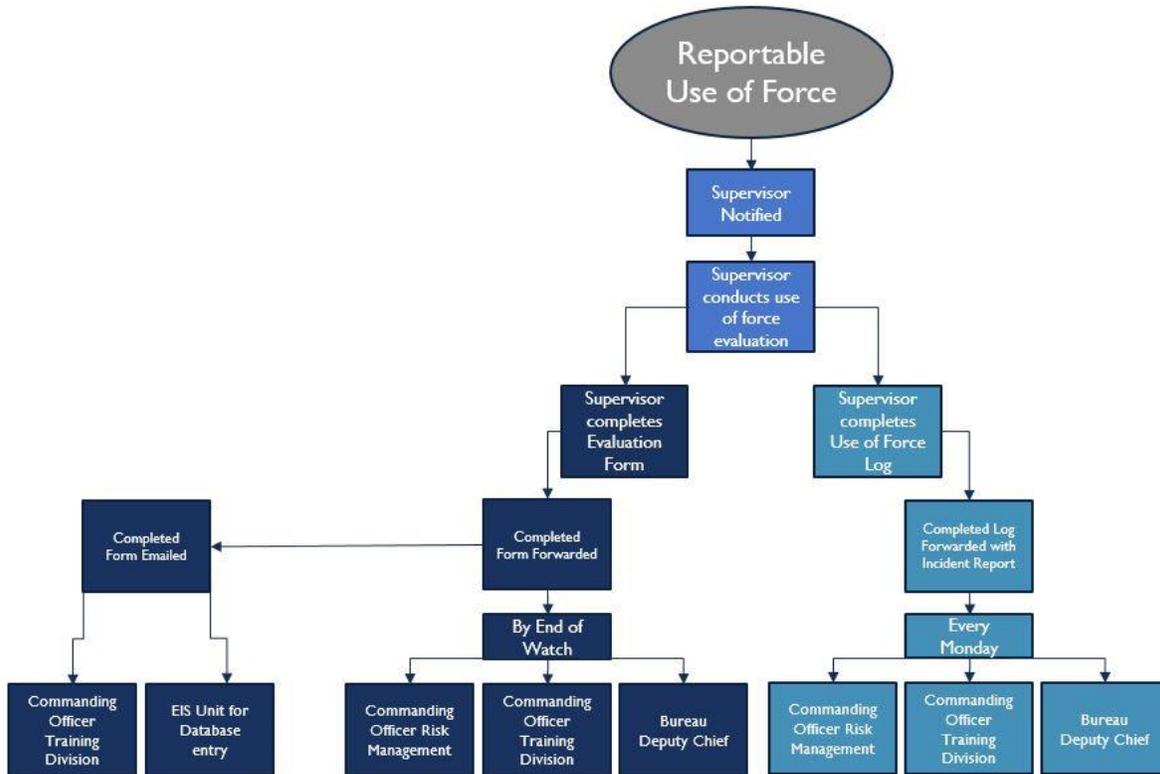
Subject #1	Subject Name: LAST NAME, FIRST NAME	DOB:
Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>		
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	LEP: Y <input type="checkbox"/> N <input type="checkbox"/>	Language: _____ Height: _____ Weight: _____
Complaint of Pain: Y <input type="checkbox"/> N <input type="checkbox"/> Unrelated <input type="checkbox"/>	Injured: Y <input type="checkbox"/> N <input type="checkbox"/> Unrelated <input type="checkbox"/>	Serious Bodily Injury*: Y <input type="checkbox"/> N <input type="checkbox"/>
Death: Y <input type="checkbox"/> N <input type="checkbox"/>	Photo Taken of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>	Injuries Description: _____
Photo Taken By: LAST, FIRST, STAR NO. _____	Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>	
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/> Admitted <input type="checkbox"/>	Treating Physician Name: _____	
Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>	Reason for Use of Force (DGO 5.01):	
Hospital Name: _____	<input type="checkbox"/> To effect a lawful arrest, detention, or search <input type="checkbox"/> To overcome resistance or to prevent escape <input type="checkbox"/> To prevent the commission of a public offense <input type="checkbox"/> In defense of others or in self-defense <input type="checkbox"/> To gain compliance with a lawful order <input type="checkbox"/> To prevent a person from injuring himself/herself, when the person also poses an imminent danger of death or serious bodily injury to another person or officer	
Subject Armed: Y <input type="checkbox"/> N <input type="checkbox"/>	Type of Weapon: <input type="checkbox"/> Firearm	
Subject Homeless: Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> Replica Firearm	
Charge: (most serious only) _____	<input type="checkbox"/> Knife/Other Edged Weapon	
	<input type="checkbox"/> Blunt Object	
	<input type="checkbox"/> Other _____	
Disposition: _____		
Levels of Resistance: (Label sequence of resistance numerically)	___ Compliant	___ Passive Non-compliance
Active Resistance	Assaultive	Life Threatening
At the time of incident, the subject appeared to be under the influence of alcohol and/or drugs? Y <input type="checkbox"/> N <input type="checkbox"/>		

Officer #1	Officer Name: LAST NAME, FIRST NAME	Unit ID:
Star:	Station/Assignment:	Video/BWC Available: Y <input type="checkbox"/> N <input type="checkbox"/>
Injured: Y <input type="checkbox"/> N <input type="checkbox"/>	Death: Y <input type="checkbox"/> N <input type="checkbox"/>	Identification:
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>	Admitted <input type="checkbox"/>	<input type="checkbox"/> Uniform
Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Plain clothes
Medical Evaluation (By doctor): Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Verbally
Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>	Photo Taken By: LAST NAME, FIRST NAME, STAR NO	<input type="checkbox"/> Display of Star
Short description of injury:		
Verbal commands issued before force used: Y <input type="checkbox"/> N <input type="checkbox"/>		
Type of Force Used (Specify sequence of force used, if applicable, and subject number on which force was used):		
<input type="checkbox"/> Firearm OIS <u>SUBJECT #</u>	<input type="checkbox"/> Chemical Agent <u>SUBJECT #</u>	
<input type="checkbox"/> Firearm Pointing <u>SUBJECT #</u>	<input type="checkbox"/> Physical Control Hold/Take Down <u>SUBJECT #</u>	
<input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist <u>SUBJECT #</u>	<input type="checkbox"/> Spike Strips <u>SUBJECT #</u>	
<input type="checkbox"/> Impact Weapon <u>SUBJECT #</u>	<input type="checkbox"/> Vehicle Intervention (Deflection) <u>SUBJECT #</u>	
<input type="checkbox"/> ERIW <u>SUBJECT #</u>	<input type="checkbox"/> K-9 Bite <u>SUBJECT #</u>	
	<input type="checkbox"/> Other: _____ <u>SUBJECT #</u>	

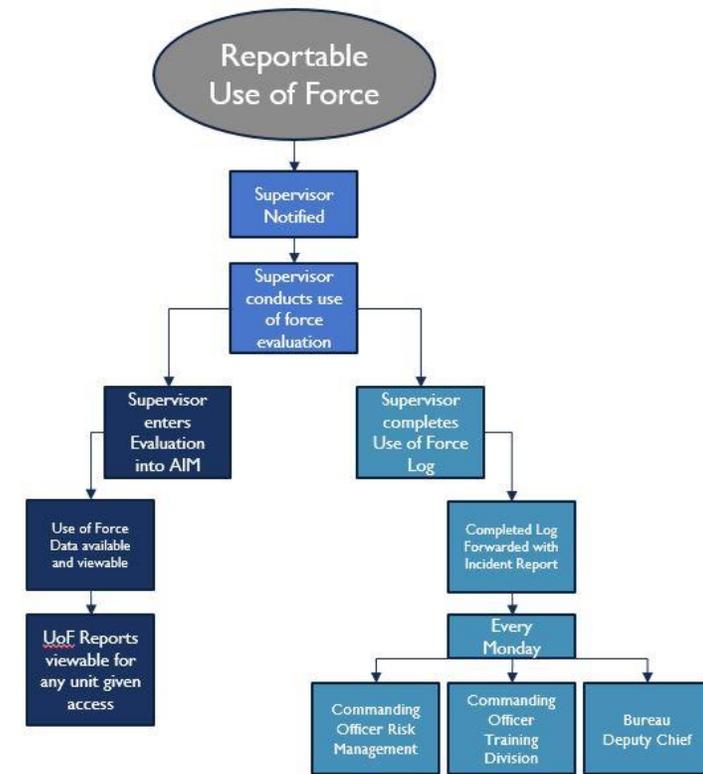
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Current Use of Force Process



Next Phase Use of Force Process





Achievements:

RMO and IT Division have worked well together in finding a road map for gathering use of force data. A clear end point has been established and how we are going to get there.

Challenges:

Multifaceted project which involves vendors, data collection, training and programming.

- Meetings
- Time frames
- Learning and understanding other units abilities and limits

Percent Complete:

25% Complete

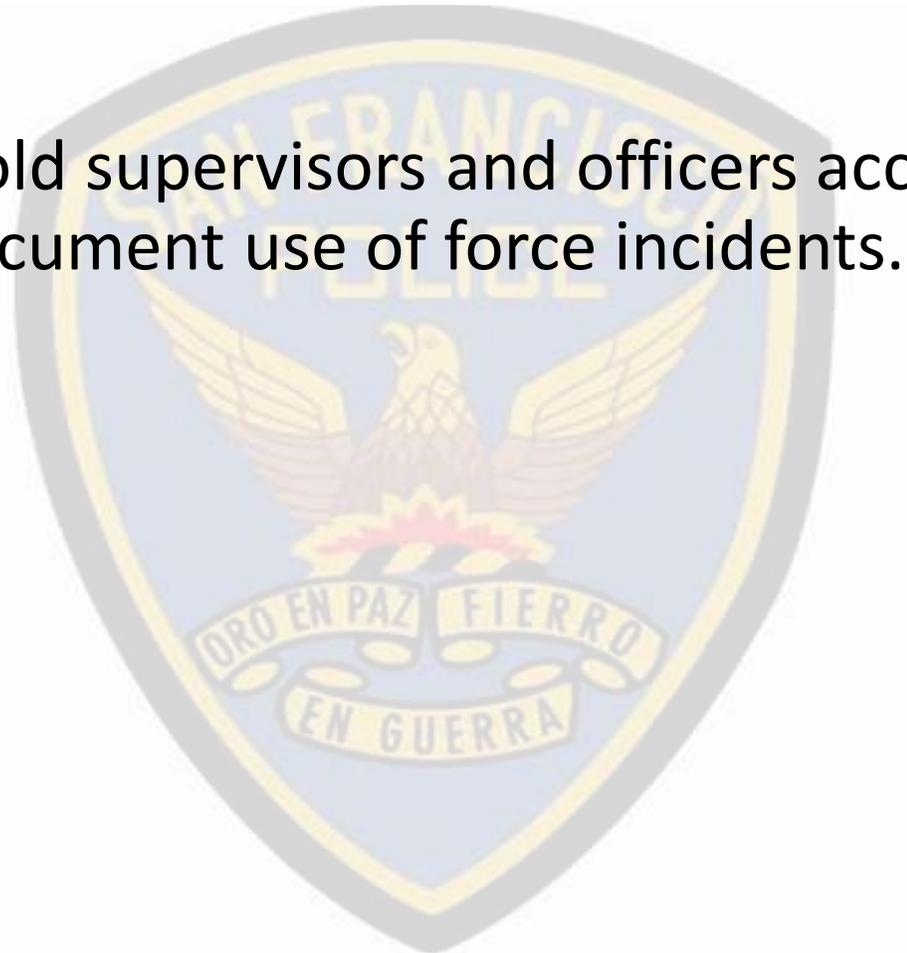
Finding 5 *Use of Force*

The SFPD does not consistently document the types of force used by officers. Out of a sample of more than 500 reported incidents of use of force, only five had documented the type of use of force on the Use of Force Log. Department Bulletin 14-111 – Documenting Use of Force, drafted April 4, 2014, requires officers to document the type and amount of force used, including the use of impact weapons, with supervisors responsible for ensuring compliance with the policy. However, through 2015, the team found that force data remained incomplete. The overall lack of consistent data collection is indicative of limited oversight of force reporting.

Recommendation 5.2

High

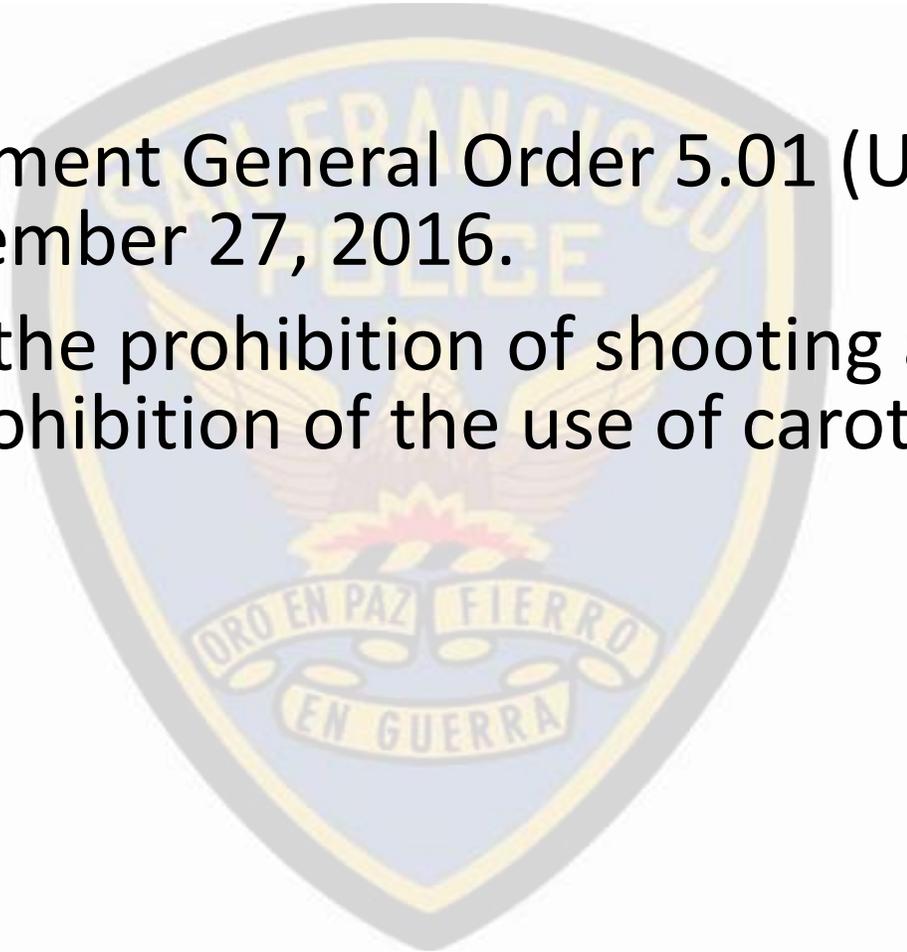
- The SFPD needs to hold supervisors and officers accountable for failure to properly document use of force incidents.



Recommendation 5.2

High

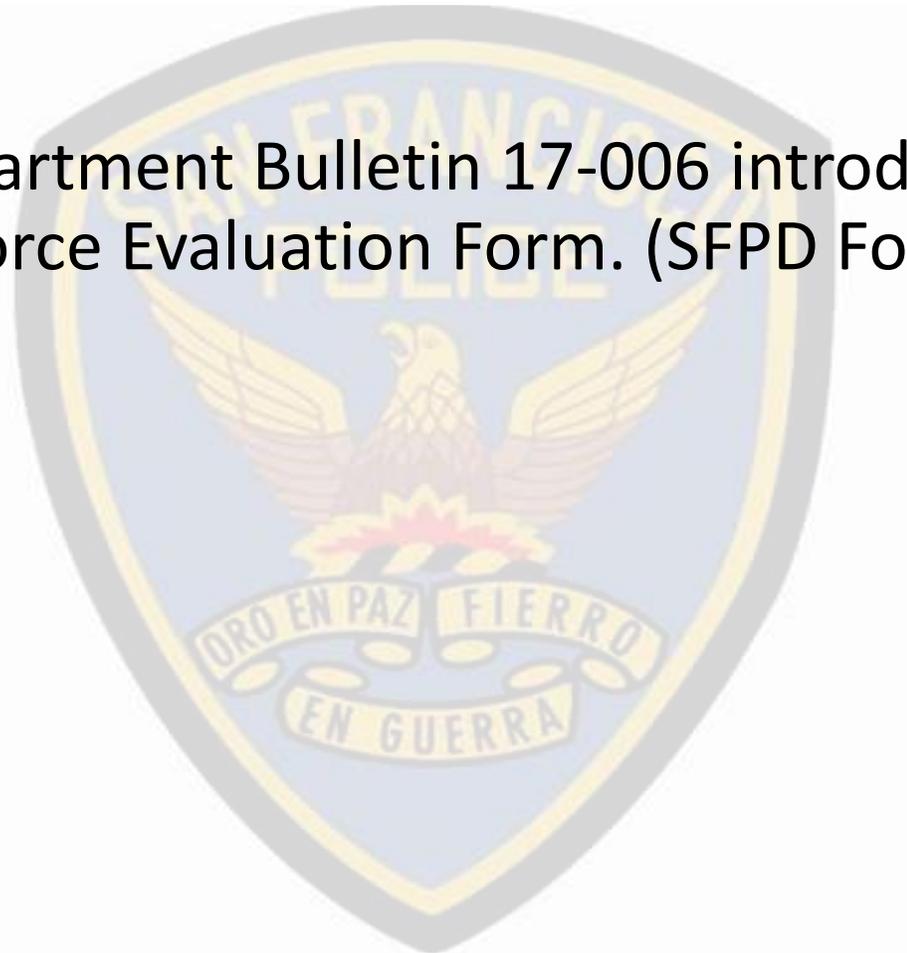
- The revised Department General Order 5.01 (Use of Force) introduced on December 27, 2016.
- Revisions included the prohibition of shooting at moving vehicles and the prohibition of the use of carotid restraint.



Recommendation 5.2

High

- In January 2017, Department Bulletin 17-006 introduced the Supervisory Use of Force Evaluation Form. (SFPD Form 575b)



Recommendation 5.2

High

 San Francisco Police Department Supervisory Use of Force Evaluation 			
INCIDENT NUMBER:		Date:	Time:
SFPD CAD#:		Type of Incident: --	
On View <input type="checkbox"/>	Dispatch <input type="checkbox"/>	Critical Incident/Special Event: <u>USE OP. ORDER NAME</u>	
Location of Occurrence:		District of Occurrence:	
Use of Force Time Line (Use 24 Hour Format)			
Supervisory Officer Rank, Name & Star No.:		Broadcast Time of Use of Force:	
RANK, LAST NAME, FIRST NAME, STAR NO.		Supervisor On Scene Time:	
		Officer Initial Contact Time:	
Did Supervisor Respond to Scene: Y <input type="checkbox"/> N <input type="checkbox"/> If No, why?			
Subject #1	Subject Name: <u>LAST NAME, FIRST NAME</u>		DOB:
Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>			
Sex: M <input type="checkbox"/> F <input type="checkbox"/> LEP: Y <input type="checkbox"/> N <input type="checkbox"/> Language: _____ Height: _____ Weight: _____			
Complaint of Pain: Y <input type="checkbox"/> N <input type="checkbox"/> Injured: Y <input type="checkbox"/> N <input type="checkbox"/> Serious Bodily Injury*: Y <input type="checkbox"/> N <input type="checkbox"/> Death: Y <input type="checkbox"/> N <input type="checkbox"/>			
Photo Taken of Injury: Y <input type="checkbox"/> N <input type="checkbox"/>		Injuries Description:	
Photo Taken By: <u>LAST, FIRST, STAR NO.</u>		Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>	
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>		Treating Physician Name:	
Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>		Reason for Use of Force (DGO 5.01):	
Hospital Name:		<input type="checkbox"/> To effect a lawful arrest, detention, or search	
Subject Armed: Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> To overcome resistance or to prevent escape	
Type of Weapon:		<input type="checkbox"/> To prevent the commission of a public offense	
<input type="checkbox"/> Firearm		<input type="checkbox"/> In defense of others or in self-defense	
Subject Homeless: Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> To gain compliance with a lawful order	
<input type="checkbox"/> Replica Firearm		<input type="checkbox"/> To prevent a person from injuring himself/herself,	
<input type="checkbox"/> Knife/Other Edged Weapon		when the person also poses an imminent danger of	
Charges: _____		death or serious bodily injury to another person or officer	
<input type="checkbox"/> Blunt Object			
<input type="checkbox"/> Other _____			
At the time of incident, the subject appeared to be under the influence of alcohol and/or drugs? Y <input type="checkbox"/> N <input type="checkbox"/>			
Officer #1	Officer Name: <u>LAST NAME, FIRST NAME</u>		Unit ID:
Star:	Station/Assignment:	Video/BWC Available: Y <input type="checkbox"/> N <input type="checkbox"/>	
Years of Service: _____	Rank: _____	Age: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Race (Choose only one): Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/>			
Injured: Y <input type="checkbox"/> N <input type="checkbox"/> Death: Y <input type="checkbox"/> N <input type="checkbox"/>		Identification:	
Medical Treatment: Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Uniform	
Assessment (Paramedic/EMT): Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Plain clothes	
Medical Evaluation (By Doctor): Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/> Verbal	
Photo of Injury: Y <input type="checkbox"/> N <input type="checkbox"/> Photo Taken By: <u>LAST NAME, FIRST NAME, STAR NO.</u>		<input type="checkbox"/> Display of Star	
		<input type="checkbox"/> Raid Jacket	
Type of Force Used (Specify subject number on which force was used):			
<input type="checkbox"/> Firearm OIS <u>SUBJECT #</u>		<input type="checkbox"/> Chemical Agent <u>SUBJECT #</u>	
<input type="checkbox"/> Firearm Pointing <u>SUBJECT #</u>		<input type="checkbox"/> Physical Control Hold/Take Down <u>SUBJECT #</u>	
<input type="checkbox"/> Strike by Obj. (personal body weapon)/Fist <u>SUBJECT #</u>		<input type="checkbox"/> Spike Strips <u>SUBJECT #</u>	
<input type="checkbox"/> Impact Weapon <u>SUBJECT #</u>		<input type="checkbox"/> Vehicle Intervention (Deflection) <u>SUBJECT #</u>	
<input type="checkbox"/> ERIW <u>SUBJECT #</u>		<input type="checkbox"/> K-9 Bite <u>SUBJECT #</u>	
		<input type="checkbox"/> Other: <u>SUBJECT #</u>	

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Recommendation 5.2

High



San Francisco Police Department
Supervisory Use of Force Evaluation

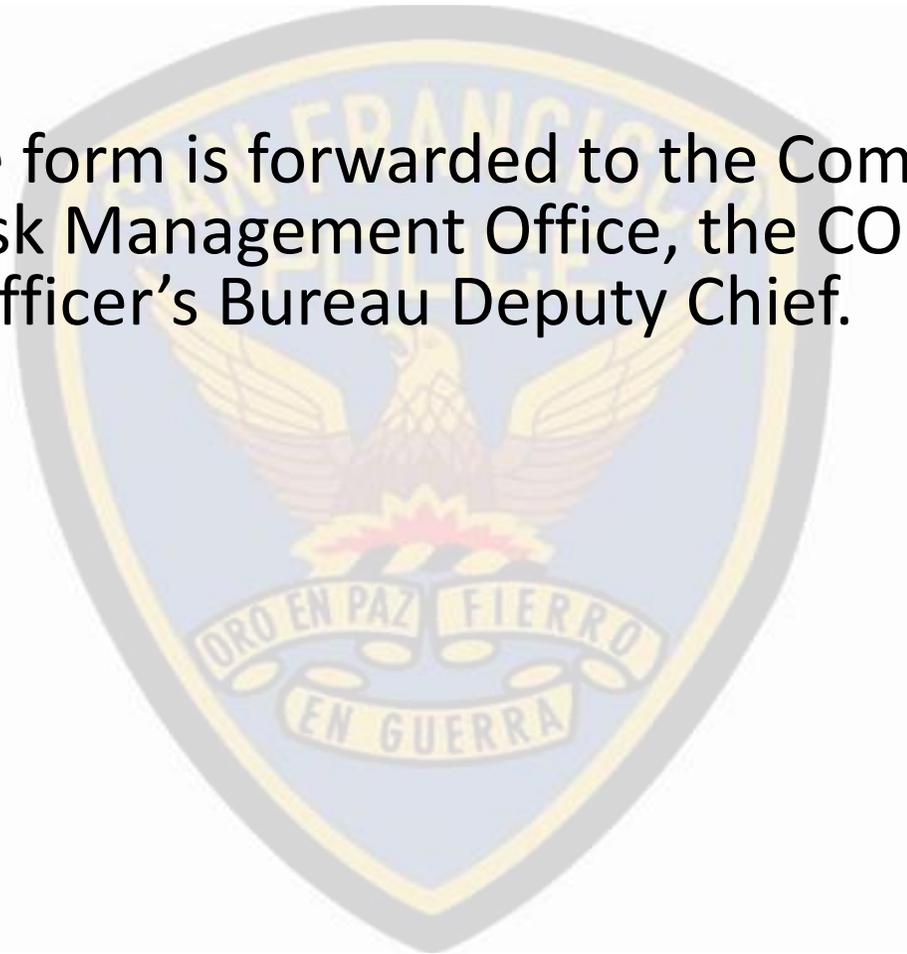


Preliminary Findings of Supervisory Evaluation	
INCIDENT NUMBER:	
Does the Use of Force Appear to be reasonable?	Y <input type="checkbox"/> N <input type="checkbox"/>
If No, Notify a Superior Officer. Submit for Commanding Officers Approval Prior to Reporting Off-Duty.	
Name of Supervisor Completing Evaluation:	Rank: _____ Date: _____ Star: _____
Name of Lieutenant Reviewing:	Date: _____
Name of Captain Approving:	Date: _____
Commanding Officers: Forward original to Commanding Officer of Risk Management	
Copies to: Commanding Officer of Training Division Members Bureau Chief (Through the Chain of Command)	

Recommendation 5.2

High

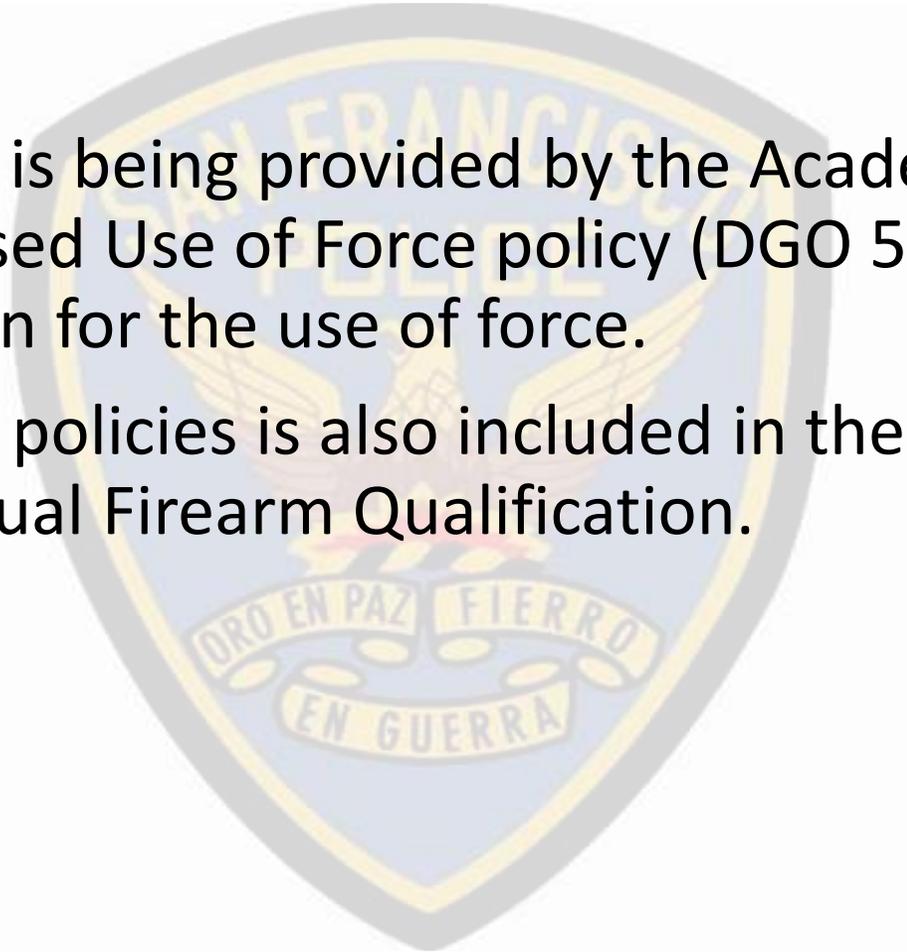
- After completion, the form is forwarded to the Commanding Officer (CO) of the Risk Management Office, the CO of the Training Division, and to the officer's Bureau Deputy Chief.



Recommendation 5.2

High

- Force Option training is being provided by the Academy with emphasis on the revised Use of Force policy (DGO 5.01) and the proper documentation for the use of force.
- Reinforcement of the policies is also included in the classroom portion of the Bi-Annual Firearm Qualification.



Recommendation 5.2

High

- The recommendation is completed, and is under PSPPB review.





Executive Sponsor Working Group

COMMANDER PETER D. WALSH

JUNE 13, 2017



Use of Force Objective - Finding 7



Finding 7

SFPD officers have not been trained on operational field use of the mandated 36" baton. Department Bulletin 16-071, which was published on April 30, 2016, requires all officers to carry a 36-inch baton as part of their daily uniform requirements. The assessment team was concerned that the Training Academy staff did not have advance knowledge of the baton policy change. During the team's visit, Training Academy staff members were drafting training guidelines for use of the 36-inch baton after the policy had already been issued. There must be good communication before and following the publication of orders that affect daily activities or provide for a change in organizational focus. This would allow for smoother implementation and ensure that appropriate training is available, particularly for key orders.



Recommendation 7.2



- 7.1 The SFPD must develop a policy on the use of the 36-inch baton for the use of interacting with individuals with edged weapons. The policy should also dictate the proper handling of the baton, and the policy should dictate when it's appropriate to use a two-hand stance and when a one-hand approach is needed.

- 7.2 **The SFPD must develop training on the use of the 36-inch baton for the use of interacting with individuals with edged weapons. Once developed, the training should be deployed to all officers.**

- 7.3 The SFPD should prohibit the use of the 36-inch baton until all officers are properly trained in the intended use. **(DOJ REVIEWED)**



History of Policy



DEPARTMENT BULLETIN

A
16-071
04/30/16

Department Issued Impact Weapons

Department General Order 10.02.E.1.f requires officers of all ranks while on duty in uniform to be equipped with a Department-issued impact weapon.

Effective immediately, unless there is articulable reason why it would not be safe to do so, the Department-issued 36" baton shall be the impact weapon carried (in hand or in baton ring) by all ranks while on duty, in uniform, and working a radio car assignment when responding to calls for service or on view of homeless, person in crisis, and/or weapon(s) other than a firearm incidents.

Per DB 15-141, sworn members are required to electronically acknowledge this Department Bulletin in HRMS.


GREGORY P. SUHR
Chief of Police



History of Policy



- Department Bulletin 16-006 – Required Equipment (1/27/16)



- DB 16-071 - Department Issued Impact Weapons (4/30/16)



- DB 16-162 - Department Issued Impact Weapons Update (10/7/16)



Purpose of Policy



- The SFPD was looking for an intermediate use of force against edged weapons and defensive weapon to give time and distance.
- How did SFPD implement it?
- We sent out a bulletin and told officers to read it.



How did we fulfill the DOJ Finding and Recommendation



- Originally, we simply rescinded the policy.
- We examined our 36” baton policies and training.
- Academy staff updated the training and presentation.
- Submission to COP and DOJ.



Questions?



Thank you!