Seattle
Office of Police
Accountability

CLOSED CASE SUMMARY

ISSUED DATE: DECEMBER 1, 2019

CASE NUMBER: 2019OPA-0407

Allegations of Misconduct & Director's Findings

Named Employee #1

Allegation(s):		Director's Findings
# 1	5.170 - Alcohol and Substance Use - 1. Employees Shall Not Report for Duty Under the Influence of any Intoxicant	Not Sustained (Unfounded)
# 2	5.170 – Alcohol and Substance Abuse 8. Employees Shall Report the Use of Impairing Medications	Not Sustained (Unfounded)

Named Employee #2

Allegation(s):		Director's Findings
# 1	5.002 - Responsibilities of Employees Concerning Alleged Policy Violations 5. Supervisors Will Investigate or Refer Allegations of Policy Violations Depending on the Severity of the Violation	Not Sustained (Unfounded)
# 2	5.170 - Alcohol and Substance Use - 5.170–PRO–1 Testing for Impairment	Not Sustained (Unfounded)

Named Employee #3

Allegation(s):		Director's Findings
# 1	5.002 - Responsibilities of Employees Concerning Alleged Policy Violations 5. Supervisors Will Investigate or Refer Allegations of Policy Violations Depending on the Severity of the Violation	Not Sustained (Training Referral)

Named Employee #4

Allegation(s):		Director's Findings
# 1	5.002 - Responsibilities of Employees Concerning Alleged Policy Violations 5. Supervisors Will Investigate or Refer Allegations of Policy Violations Depending on the Severity of the Violation	Not Sustained (Unfounded)

This Closed Case Summary (CCS) represents the opinion of the OPA Director regarding the misconduct alleged and therefore sections are written in the first person.

EXECUTIVE SUMMARY:

It was alleged that Named Employee #1 may have reported to work while impaired and that he may have failed to report the use of impairing medications, as required by policy. It was further alleged that Named Employee #2 did not report potential misconduct to a supervisor and/or to OPA and, as such, that he did not ensure that Named Employee

#1 was tested for impairment. Lastly, it was alleged that Named Employee #3 also failed to report potential misconduct to a supervisor and/or to OPA.

SUMMARY OF INVESTIGATION:

Named Employee #1 (NE#1) works as an instructor in SPD's Training Unit. On June 3, 2019, officers who he worked with observed that he appeared to be impaired. Specifically, he seemed tired and was slurring his words. While at work on June 4, 2019, one of NE#1's officer colleagues called other SPD personnel to come to the Training Unit to provide assistance to NE#1. An officer and a sergeant from the Southwest Precinct came to the Training Unit. The decision was made by those individuals that NE#1 would leave work and be driven home. They then drove NE#1 home. The officers from the Southwest Precinct did not run this decision past NE#1's chain of command or inform the chain of command that they were driving NE#1 home.

The Training Unit's chain of command later learned that NE#1 had been potentially impaired on June 3 and June 4. The chain of command noted that NE#1 had been driven home and, as such, no fit for duty assessment had been conducted to determine whether NE#1 was impaired by intoxicants, narcotics, or pill overuse. Based on the possibility that NE#1 had abused substances causing his impairment at work, this matter was referred by the chain of command to OPA. The chain of command further temporarily relieved NE#1 from duty and placed him on administrative leave. It was further alleged that the Southwest Precinct sergeant – Named Employee #2 (NE#2) – and one of the Training Unit sergeants who was aware that NE#1 was possibly impaired – Named Employee #3 (NE#3) – may have violated policy when they did not report what they knew to a supervisor and/or OPA or ensure that a contemporaneous fit-for-duty assessment was completed.

After receiving the referral from the chain of command, this investigation ensued. OPA's investigation included interviewing NE#1, as well as a number of his colleagues in the Training Unit, the Training Unit chain of command (including NE#3), and the Southwest Precinct officer and NE#2. Lastly, OPA interviewed NE#1's doctor concerning his medication and the possible side effects of that medication.

Interviews of NE#1's Training Unit Colleagues

On June 3, Officer #1 (OFC#1) received texts from two other Training Unit officers indicating that NE#1 appeared impaired ("high" and "messed up"). OFC#1 saw NE#1 later that day and thought NE#1 seemed tired. NE#1 said that there was an issue with his medication. NE#1 then went home. Subsequently, OFC#1 saw Lieutenant #1 (LT#1) in the gym adjacent to the Training Unit. OFC#1 asked LT#1 what he should do with what he was told by the other officers concerning NE#1's condition. LT#1 told OFC#1 that he should probably report the issue to his chain of command. OFC#1 believed that he then informed his direct supervisor, Named Employee #3 (NE#3). OFC#1 also called an officer from the Southwest Precinct (SWOFC), who was NE#1's friend. SWOFC said that he was aware of the issue and agreed to come to the Training Unit to asset NE#1. SWOFC and a sergeant from the Southwest Precinct, Named Employee #2 (NE#2), came to the training unit and they and OFC#1 spoke with NE#1 in an office. NE#1 told them that his medication was off, and he was not sleeping well. He agreed to leave for the day. OFC#1 said that NE#1 was very emotional and talked about his medications, which were for depression and anxiety, and the problems he was having with them. NE#1 said that he had a doctor's appointment the next day. OFC#1 said that NE#2, who was also a Guild representative, told NE#1 that he needed to take care of these issues or that NE#2 would report him to OPA. NE#1 said that he would. NE#1 was then taken home by SWOFC and NE#2. OFC#1 said that he told NE#1's sergeant – Sergeant #1 (SGT#1) – that he should talk directly to NE#1. He did not say more because he was worried about

potential HIPAA issues. NE#1 said that he also told both NE#3 and SGT#1 that NE#1 had gone home for the day. He was not sure whether they asked why.

OFC#1 denied that he, SWOFC, and NE#2 intended to cover anything up. He said that he ultimately reported the issue to multiple supervisors (NE#3, SGT#1, and LT#1). OFC#1 said that the other members of his chain of command never discussed what occurred with him. Lastly, OFC#1 denied that NE#1 had alcohol on his breath at any point and did not believe that these issues involved alcohol.

Officer #2 (OFC#2) and Officer #3 (OFC#3) were the two officers assigned to the Training Unit who texted OFC#1. OFC#2 told OPA that he worked with NE#1 on June 3 and that NE#1 appeared "very tired." He recalled that NE#1 mentioned medication he was taking that was not making him feel very good. OFC#2 did not believe that NE#1 appeared under the influence of any substance and he did not feel that this was misconduct that he was required to report to a supervisor. OFC#3 recollected that: "At the end of the day, when we were doing our final debrief, I noticed [NE#1's] eyes were kind of half opened. A little glassy, and his speech was slurred." OFC#3 said that, earlier in the day, he saw NE#1 and NE#1 appeared normal. OFC#3 had never seen NE#1 act like that before. He knew NE#1 took a number of medications but he did not know if NE#1's present condition was based on a problem with or abuse of those medications. OFC#3 contacted NE#1. He also contacted Peer Support and believed that Peer Support made a CODE4 referral.

Interviews of the Training Unit Chain of Command

LT#1 said that he learned of NE#1's condition when he spoke with OFC#1 in the gym. LT#1 remembered that the conversation took place the day after NE#1 was taken home – June 5, 2019. LT#1 stated that OFC#1 told him that NE#1 was "messed up." LT#1 told OFC#1 to report this issue to his chain of command. LT#1 also directly contacted the Training Unit chain of command and relayed the generalities of what OFC#1 told him. LT#1 said that he spoke with two other lieutenants – Lieutenant #2 (LT#2) and Lieutenant #3 (LT#3).

LT#2 told OPA that NE#1 was not within his chain of command. He stated that NE#1 worked for LT#3. LT#2 said that he first heard from LT#3 that something had happened with NE#1 and that he had been taken home. LT#3 told him that they did not have a lot of information at that time. LT#2 said that he also spoke with LT#1, who informed him of what OFC#1 had said in the gym. LT#1 conveyed that OFC#1 described NE#1 as "high on pain killers." LT#2 believed it to be potentially problematic that the decision to take NE#1 home not been run through a Training Unit supervisor and that no fit-for-duty had been performed. LT#2 stated that his expectation was that this should have been done. LT#2 met with the Training Unit captain the next day and the decision was made to initiate an OPA referral, to relieve NE#1 of duty, and to place NE#1 on administrative leave.

LT#3 said that he spoke to SGT#1, who he supervised, on June 4. He said that SGT#1 told him that there was something going on with NE#1 and that NE#1 had gone home. He said that he spoke with SGT#1 again on June 5. At that time, SGT#1 spoke with OFC#1, who said that SGT#1 needed to speak with NE#1. SGT#1 also reached out to NE#1 but had not heard back from him. LT#3 spoke to LT#2 on the afternoon of June 5. At that time, LT#2 told LT#3 what he had learned from LT#1. LT#3 said that the situation then began to take a different path given the concern that NE#1 had been impaired and had been taken home without his chain of command being informed and without a fit-for-duty. On June 6, 2019, LT#3 met with the Training Unit captain and the decision was made to place NE#1 on administrative leave. The Training Unit chain of command also became aware that SWOFC and NE#2 were involved in some capacity in the decision to take NE#1 home without completing a fit-for-duty.

SGT#1 said that he learned of the issues involving NE#1 from NE#3. He spoke to NE#3 on June 4 and NE#3 told him that NE#1 had been potentially impaired and had gone home. NE#3 told SGT#1 that he had seen NE#1 earlier in the day and did not think that there was anything out of the ordinary. SGT#1 also saw NE#1 that morning and did not have any concerns. SGT#1 said that he did not believe that NE#1 had been abusing alcohol based on SGT#1's experience working with and supervising him. SGT#1 told OPA that he was surprised that NE#1 was sent home without anyone telling him. SGT#1 said that NE#2 called him several days later to apologize for taking NE#1 home without telling him. SGT#1 then spoke with LT#3 and, based on what they knew, they discussed elevating this issue up the Training Unit chain of command. SGT#1 later spoke with NE#1 and NE#1 disclosed that he was going to be out sick for a couple of days and that he was going to see his doctor. SGT#1 further spoke with SWOFC. During this conversation, SWOFC informed him that something was not right with NE#1's medications. SWOFC said that he thought it best if NE#1 was driven home. SWOFC did not believe that he was abusing substances.

Sergeant #2 (SGT #2), another sergeant assigned to the Training Unit, told OPA that she was aware that NE#1 left early on June 3. She said that she was not aware of what occurred on June 4. On June 7, 2019, she spoke with NE#3. During that conversation, NE#3 asked whether he should have reported what OFC#1 told him to another supervisor. SGT#2 told him that he should do so. SGT#2 spoke to LT#2 the following Monday, June 10, 2019, and, at that time, LT#2 had not yet heard from NE#3. Later that morning, NE#3 spoke with LT#2 and informed him of what he knew. While she did not have any first-hand knowledge, SGT#2 believed that NE#1's medication was off and that the other officers who took him home were not trying to cover anything up or acting inconsistent with policy.

NE#3 said that he was not at work on June 3. On June 4, he interacted with NE#1 and did not observe anything out of the ordinary at that time. Later that day, OFC#1 spoke to him and told him that NE#1 may be "messed up." NE#3 observed NE#1 again after that time and did not believe that NE#1 appeared impaired. NE#3 asked NE#1 if everything was okay, and NE#1 said that he was tired. NE#3 believed that NE#1 may have stumbled once when he was observing him during a training session; however, NE#3 was not "too concerned." NE#3 said that he was later informed by OFC#1 that he was going to drive NE#1's car home and that NE#1 was also going home. He also knew that SWOFC and NE#2 were involved at that time. He said that he never spoke to NE#2.

NE#3 stated that he later learned that this incident might be referred to OPA and that OFC#1 could get in trouble for not reporting. NE#3 did not think that was fair given that OFC#1 had spoken to him about it and NE#3 wanted to take ultimately responsibility for the failure to report. NE#3 said that he did ask SGT#2 hypothetically about what he should do with what OFC#1 told him. NE#3 later spoke with LT#2. NE#3 told LT#2 the information that OFC#1 relayed to him. He also told LT#2 that OFC#1, SWOFC, and NE#2 coordinated in getting NE#1 home.

NE#3 told OPA that it was possible that NE#1 was under the influence of an intoxicant, but that he did not know for sure. When asked what supervisors were supposed to do when someone was impaired at work, NE#3 said that he looked up the policy and understood that supervisors needed to investigate, report the matter to a lieutenant, and, if needed, conduct sobriety tests.

Interviews of SWOFC and NE#2

SWOFC told OPA that he had known NE#1 for around 20 years. He said that he went down to the Training Unit on June 3 after speaking with OFC#1. He said that he spoke with NE#1 and asked if everything was okay. NE#1 told him that his medication was off, and he was not sleeping well. On June 4, SWOFC was at the Southwest Precinct when he was asked by OFC#1 to come back down to the Training Unit to again assist with NE#1. SWOFC went to speak with NE#2, briefed him as to what was going on, and asked him to come to the Training Unit help. NE#2 agreed to do so.

SWOFC told OPA that he, NE#2, OFC#1, and NE#1 all met in an office. NE#1 was surprised that they were all there. SWOFC said that he told NE#1 that he should go home based on his condition. NE#1 reiterated that he was being affected by his medication and was not sleeping as a result. SWOFC said that NE#1 was responsive to their questions and did not provide meandering answers; however, NE#1 had a slight slur. SWOFC recalled that NE#2 told NE#1 that, while what he was saying seemed reasonable, if NE#1 was self-medicating, NE#2 would report him to OPA. He said that NE#1 became emotional at that time and said that he was "tired" and "sad." NE#1 stated that he was meeting with his doctor the next day. NE#1 talked about driving home and it was decided that they would drive him home and OFC#1 would drive NE#1's car home. However, OFC#1 could not get the car started. NE#1 said that he had things in the car that he could not leave overnight, and he arranged for the car to be towed.

SWOFC said that, during multiple occasions during their June 4 interaction, NE#1 said things and made decisions that suggested that he was not impaired. SWOFC believed that his slurring of his words was based on a medication issue. As such, SWOFC felt that NE#1 being taken home was the same as him going home with the flu. SWOFC did not feel that they were required to report anything to supervisors as, in his perspective, there was no potential misconduct.

NE#2 told OPA that, on June 4, he was asked to go to the Training Unit by SWOFC. He said that this was regarding SWOFC's concerns about NE#1. NE#2 learned that OFC#1 told SWOFC that there was "something off" with NE#1. SWOFC further relayed that NE#1's eyes were a little bloodshot and had slurred speech. NE#2 believed that this could be indicative of impairment. NE#2 said that he may have informed a lieutenant that he was going to the Training Unit. He said that his initial thought was that he was going down to the scene as a Guild representative and he was given leeway to engage in Guild-related duties during work hours.

NE#2 said that he went to the Training Annex and he, NE#1, OFC#1, and SWOFC had a meeting in an office. He stated that, prior to that, he observed NE#1 and felt that NE#1 was not his normal "peppy" self. As such, NE#2 concurred that there was something off. During the meeting, NE#2 noted that NE#1's eyes were a little bloodshot, but he did not detect the odor of alcohol or see any signs of obvious impairment. NE#1 informed them that he was having an issue with his medication and that he had not been sleeping as a result. NE#2 told NE#1 that, if he was intoxicated or abusing his medication, NE#2 would report him to OPA. Based on NE#1's responses to his questions, NE#2 did not believe that he was impaired and felt that his behavior was consistent with sleep deprivation.

He then, with others, made the decision that NE#1 would go home. OFC#1 planned to drive NE#1's car home but could not get it started. NE#1 said that they could not leave the car there and that he would have it towed. NE#2 told OPA that this was further evidence to him that NE#1 was not intoxicated or impaired.

NE#2 said that there was no plan to cover up their meeting or to make it a secret. He told OPA that the only thing he would have done differently is that he would have notified a Training Unit sergeant and informed the sergeant that they were taking NE#1 home. However, he denied that the failure to do so violated policy. He further stated that he later spoke to Training Unit sergeants about what had occurred.

Interview of NE#1

NE#1 said that, on June 3, he felt really tired and that he went home early. He said that no one sent him home. He recalled that, on the following day, he was brought into an office by OFC#1, NE#2, and SWOFC. He said that, until that time, he had been working all day. They informed him that he had been slurring his words. He told them that his medication was interfering with his sleep and that he had a doctor's appointment on June 5. NE#1 stated that the others in the meeting asked him a number of questions and ultimately believed what he was saying. NE#1 said that

NE#2 informed him that, if there was anything else aside from medication side effects, NE#2 would report him to OPA. They advised that he go home, and he agreed. NE#1 said that there was no agreement to keep the meeting a secret.

NE#1 told OPA that he was not aware of any possible side effects from his medication. He said that his doctor told him that the medications were not supposed to affect him in a negative fashion. NE#1 said that he decided to stay home sick for a couple of days and that he was not told to do so by NE#2. He told OPA that, over the next few days, rumors started about the incident and he was then put on administrative leave by the Training Unit chain of command.

He said that he spoke with someone from CODE4 and indicated that he did not need any services or to be referred to any programs. NE#1 met with his doctor and worked out the issues with his medication. He stated that his medications were now fine, and he was not suffering any ill effects.

While NE#1 said that he should probably have completed an APF for his medication, he did not know that he was required to and had not done so in the past. Moreover, he stated that he was told by his doctor that the medication should not impair his work. He further explained that his supervisors knew he took medication for depression and anxiety and they had not previously directed him to complete an APF.

Interview of NE#1's Doctor

OPA spoke to NE#1's doctor. The doctor confirmed that NE#1 was taking a medication that was causing him to suffer negative side effects. The doctor further stated that, among those possible side effects, were slowed speech and drowsiness. The doctor told OPA that it was possible that NE#1 might not have even known that his speech was slowed/slurred. The doctor said that NE#1 was otherwise using his medication as prescribed and was a responsible patient.

ANALYSIS AND CONCLUSIONS:

Named Employee #1 - Allegation #1
5.170 - Alcohol and Substance Use - 1. Employees Shall Not Report for Duty Under the Influence of any Intoxicant

SPD Policy 5.170-POL-1 prohibits Department employees from reporting for duty under the influence of any intoxicants. Had NE#1 been impaired by alcohol while at work or had he abused pills/narcotics and come to work, this would have violated policy.

NE#1 explained that, on June 3 and June 4, he had been having negative side effects from a specific medication. These side effects caused him to have difficulty sleeping, made him drowsy, and caused his speech to slow down. NE#1 denied that he was using alcohol on either of the dates in question. Unfortunately, this was not verified by Training Unit supervisors due to reporting delays and the lack of a contemporaneous fit-for-duty assessment.

However, NE#1's doctor later confirmed to OPA that NE#1 was taking a medication that was causing him to suffer negative side effects. The doctor further stated that, among those possible side effects, were slowed speech and drowsiness. The doctor told OPA that it was possible that NE#1 might not have even known that his speech was slowed/slurred. The doctor said that NE#1 was otherwise using his medication as prescribed and was a responsible patient.

Based on OPA's investigation and when applying a preponderance of the evidence standard, OPA concludes that there is insufficient evidence to find that NE#1 was impaired at work because he used an intoxicant. To the contrary, OPA finds that the evidence indicates instead that NE#1 was suffering negative side effects from a medication that were outside of his control and that caused him to involuntarily suffer some impairment. As such, OPA finds that he did not violate SPD policy and recommends that this allegation be Not Sustained – Unfounded.

Recommended Finding: **Not Sustained (Unfounded)**

Named Employee #1 - Allegation #2
5.170 – Alcohol and Substance Abuse 8. Employees Shall Report the Use of Impairing Medications

SPD Policy 5.170-POL-8 requires Department employees to report the use of impairing medications. The policy further explains that: "Employees using any medication which has side effects that might impair their performance on-duty shall notify their immediate supervisor."

NE#1 told OPA that he had been using a number of medications for several years. These medications were purposed to treat his anxiety and depression. He said that he did not believe that these medications should cause him to suffer side effects that would impair his work performance and that he did not receive information from his doctor indicating that this would be the case. He further stated that he had not suffered any side effects until the medication at issue here. He explained that he had not reported his medications in the past and that he had not ever been asked to fill out an APF. He said that this was the case even though his supervisors knew that he used various medications purposed to treat anxiety and depression.

Based on OPA's review of the policy, it does not appear that NE#1 was required to report his medications to the Department. Notably, based on the information he received from his doctor, these medications would not have reasonably impaired his performance at work. That he suffered negative side effects does not seem to have been foreseeable and does not, in OPA's opinion, create a retroactive duty to have notified his supervisors.

As such, OPA recommends that this allegation be Not Sustained – Unfounded.

Recommended Finding: **Not Sustained (Unfounded)**

Named Employee #2 - Allegation #1
5.002 - Responsibilities of Employees Concerning Alleged Policy Violations 5. Supervisors Will Investigate or Refer Allegations of Policy Violations Depending on the Severity of the Violation

SPD Policy 5.002-POL-5 concerns the reporting of misconduct by Department employees. It specifies that minor misconduct must be reported by the employee to a supervisor, while potential serious misconduct must be reported to a supervisor or directly to OPA. (SPD Policy 5.002-POL-5.) The policy further states the following: "Employees who witness or learn of a violation of public trust or an allegation of a violation of public trust will take action to prevent aggravation of the incident or loss of evidence that could prove or disprove the allegation." (*Id*.)

NE#2 explained that he met with NE#1 at the Training Unit. Prior to and during that meeting, he observed NE#1's condition. While NE#1's eyes were somewhat bloodshot and he seemed less energetic than usual, he did not smell like alcohol and did not seem to be impaired in NE#2's opinion. NE#2 told OPA that NE#1 explained that he had not been sleeping and that this was caused by a side effect of his medication. NE#2 felt that this was consistent with

what he was observing. Moreover, NE#2 believed that NE#1 was able to give lucid and believable answers to his questions. Given this, NE#2 concluded that NE#1 was not impaired. As a result of that conclusion, he did not believe that there was any potential misconduct to report.

OPA's investigation into this matter indicates that this was ultimately the correct determination. As indicated by NE#1's doctor, NE#1 did suffer unforeseen side effects from one of his medications, which included slowed speech, drowsiness, and trouble sleeping. As such, OPA finds that NE#2 did not violate policy when he failed to inform a supervisor and/or OPA of potential misconduct given that he reasonably did not believe that any misconduct was afoot. While OPA agrees with NE#2 that he should have notified NE#1's supervisors of what was going on and that he was taking NE#1 home, this did not constitute misconduct on NE#2's part.

For the above reasons, OPA recommends that this allegation be Not Sustained – Unfounded.

Recommended Finding**: Not Sustained (Unfounded)**

Named Employee #2 - Allegation #2
5.170 - Alcohol and Substance Use - 5.170–PRO–1 Testing for Impairment

SPD Policy 5.170-PRO-1 sets forth how a supervisor is to test whether an on-duty officer is impaired by an intoxicant.

As discussed above, OPA concludes that NE#2's investigation revealed that NE#1 was not actually impaired by an intoxicant. As such, he did not test NE#1 for possible impairment. Moreover, as indicated by OPA's investigation and when applying a preponderance of the evidence standard, NE#2 was correct that NE#1 was not impaired by an intoxicant. NE#1 was instead, suffering from unforeseen side effects of one of his medications.

Accordingly, OPA recommends that this allegation be Not Sustained – Unfounded.

Recommended Finding: **Not Sustained (Unfounded)**

Named Employee #3 - Allegation #1
5.002 - Responsibilities of Employees Concerning Alleged Policy Violations 5. Supervisors Will Investigate or Refer Allegations of Policy Violations Depending on the Severity of the Violation

NE#3 was informed by OFC#1 that NE#1 was "messed up." While his observations of NE#1 did not indicate to him that NE#1 was necessarily intoxicated, NE#1 acknowledged that he was tired and NE#3 believed that he saw NE#1 slip at one point. Moreover, NE#3 later told OPA that be believed that it was possible that NE#1 was impaired from some intoxicant and that he ultimately did not know.

Given this, NE#3 should have reported what he was aware of to his chain of command and/or to OPA. Unlike NE#2, who questioned NE#1 at length and received a full explanation of what was going on with NE#1's medication, NE#3 did not have this additional information. All he knew was that NE#1 was possibly impaired, which, without more explanatory information, could have constituted a possible serious violation of policy.

While NE#3 did speak to other sergeants and did later report this matter to LT#2, this was after the fact. Moreover, by late reporting, NE#3 did not ensure that NE#1 was evaluated to dispel any concerns that he was intoxicated. Given the information provided by NE#1's doctor, this would have ultimately been beneficial for NE#1 and would

potentially have prevented him from being put on administrative leave. Moreover, it would have ultimately been beneficial for the Training Unit, as a whole, as it may have nipped the rumor mill in the bud and may have potentially avoided this investigation.

The above being said, OPA does not believe that this warrants a Sustained finding for NE#3. This is particularly the case given that OPA found that the issue was, in fact, caused by a problem with NE#1's medication and no misconduct actually occurred, as well as because NE#3 did ultimately report what he knew to his supervisor. As such, OPA issues NE#3 the below Training Referral.

- **Training Referral**: NE#3 should be reminded of the obligation to refer potential misconduct to a supervisor and/or OPA. NE#3 should be specifically reminded of the importance of doing so when it is suspected that an officer may be impaired by an intoxicant. This retraining and counseling should be documented, and this documentation should be maintained in an appropriate database.

Recommended Finding: **Not Sustained (Training Referral)**

Named Employee #4 - Allegation #1
5.002 - Responsibilities of Employees Concerning Alleged Policy Violations 5. Supervisors Will Investigate or Refer Allegations of Policy Violations Depending on the Severity of the Violation

OPA's investigation did not reveal that another unknown officer had firsthand knowledge of alleged misconduct and failed to report it. As such, OPA recommends that this allegation be Not Sustained – Unfounded.

Recommended Finding**: Not Sustained (Unfounded)**