

Introduction

Since 2014, in collaboration with the Department of Justice and community partners, the Seattle Police Department has become nationally renowned as a model for delivering meaningful and compassionate police services to individuals in behavioral health crises. In this third annual report on its Crisis Response Team and Crisis Intervention Program, the Department provides a broad overview of its performance in the area of Crisis Intervention from May 15, 2016 to May 14, 2017, and discusses four major areas of the Department's Crisis Intervention program: (1) Crisis Intervention training; (2) Responses to and Disposition of crisis calls; (3) Uses of Force involving persons in crisis and (4) Crisis Response Team activity.

Background and Accomplishments

The Crisis Intervention Unit consists of the CIT Commander (Operations Lieutenant), the CIT Coordinator (Sergeant), and the Crisis Response Team (CRT). The CIT Coordinator is responsible for overseeing the dayto-day operations of the crisis intervention program, assists in Department's crisis developing the intervention training, coordinates with the Crisis Intervention Committee (CIC), a voluntary interagency advisory committee that includes the region's leading mental and behavioral health experts, social service providers, clinicians, community advocates, academics, other law enforcement agencies, the judiciary and representatives of SPD. composed of five CIT-certified officers and a civilian mental health professional and serves as a mobile response team, available to respond city-wide to provide onsite consultation. The CRT also provides on-going follow-up for certain individuals who are flagged as frequent contacts in crisis incidents, which includes coordination with case managers to establish response plans tailored to their particular needs. The Unit also includes a team of four Seattle Housing Authority liaison officers. The Unit reports directly to the Assistant Chief of Patrol Operations.

In last year's report, the Department highlighted two upcoming projects designed to enable more effective and efficient responses to crisis incidents and to inform the work of the crisis intervention unit based on a data-driven approach.

The first, RideAlong Response, a web application developed in partnership with Code for America, is now live; this app, which can be displayed either on officers' in-car computer terminals or on their mobile devices, displays key information in a way that is easier for officers to scan while in route to a scene, including background information about the person in crisis, a summary of their previous interactions with police, tips to help officers approach and talk to the person, and contact information for any current caseworkers or identified safety network. With information from this app, officers are able to provide more effective and efficient responses and more targeted diversion strategies to persons in crisis.

Second, in the last quarter of 2016 the Department implemented its new Data Analytics Platform (DAP) – an integrated database solution that provides the Department with enhanced reporting and analytical

capabilities related to a spectrum of events, including uses of force, *Terry* stops, complaints, and crisis events. The DAP is configured to perform the following types of functions:

- Consolidate and manage data provided by a variety of transaction systems related to police calls and incidents, citizen interactions, administrative processes, training and workforce management.
- Integrate information from existing key data sources into an online data store, providing a 360-degree view of the information required to efficiently and effectively manage SPD resources and personnel.
- Provide SPD with enhanced reporting and analytical capabilities related to topics listed above.

In support of the ongoing mission of the Crisis Response Unit to manage more than 9,000 annual contacts with people in crisis, the Department has customized in DAP a suite of specialized reports specific to this Unit:

- The Crisis Events data set allows the user to view information regarding crisis events by officer, squad, unit, precinct/section, and bureau of the officer, as well as the location of the event. Information as to whether or not the responding officer is CIT certified is also available.
- The CAD (Computer Aided Dispatch) Events to Crisis Events data set combines the functionality of both the CAD Events data set and the Crisis Events data set to allow the user to view all CAD Events with an associated Crisis Template (a screenshot of this dashboard, provided for illustrative purposes, is presented below in Figure 1).
- The Crisis Events to Use of Force data set combines the functionality of both the Crisis Events data set and the Use of Force data set to allow the user to view all Crisis Events with an associated Use of Force incident.
- The Crisis Response Team data set combines selected functionality of Crisis Event and CAD information along with General Offense and Street Check information to allow the user to review

information regarding events that are routed, notified, or assigned to the Crisis Response Team for follow up investigation.

These interactive tools, backed by the DAP technical and analytical infrastructure, present a near real-time picture of crisis contacts, citywide. Further, in keeping with its commitment to the open and public release of data, the Department is preparing to make available to the public, through the City's open data portal (data.seattle.gov) and by way of dashboard functionality, all non-identifying information relating to its crisis calls. The Department anticipates this release will occur in Q4 2017. This Crisis dashboard will supplement the Department's existing dashboards on use of force, officer-involved shootings, bias

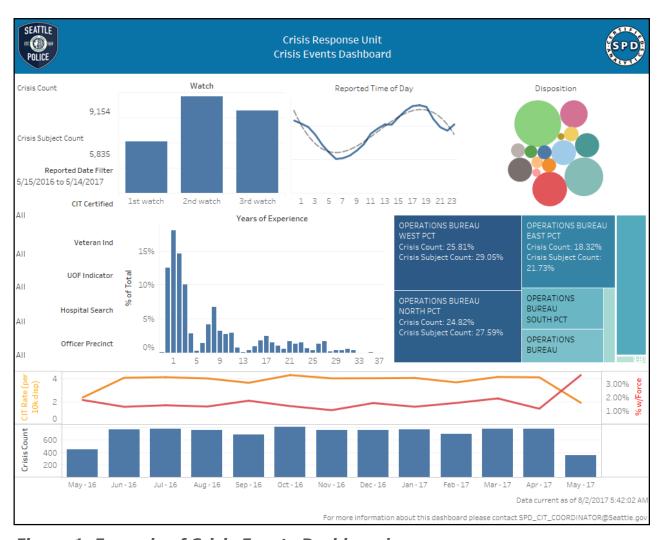


Figure 1: Example of Crisis Events Dashboard

crimes, and city-wide crime already available at https://www.seattle.gov/police/information-and-data/public-data-sets).

Based on fielded data from the Mental Health Contact Form, a data collection template maintained in the Department's Records Management System, the DAP now allows the Crisis Intervention Unit to break down and quickly analyze its data at a granular level, including the ability to run relationship analyses by subject demographic, officer demographic, officer history and assignment, type, location, and disposition of call, and any combinations thereof. Through this system, the Unit is more easily able to identify trends that help to inform policy, training, deployment, and coordinated efforts of the Crisis Intervention Committee.

All data presented in this report concerning crisis responses and use of force is sourced directly from the DAP.

Training

Training in 2017 continued to support the delivery of services to community members with the objective of minimizing conflict with persons in behavioral crisis and referring those subjects in need to services, when appropriate.

As the Department previously reported, in 2016 the Department began a more comprehensive approach to integrated training by incorporating CIT skills into tactical de-escalation training and scenario-based trainings to create a seamless and more practical approach in responding to individuals exhibiting escalating behavior. In 2017, the Department expanded this approach, designing specific drills and scenarios across all tactical training that emphasize the application of crisis intervention/de-escalation concepts.

All officers and sergeants participate in hands-on exercises over three training days that emphasize de-escalating persons in crisis. Training focuses on differentiating between circumstances where exigent officer or public safety concerns exist that require immediate action and circumstances in which time and the opportunity to make tactical decisions that allow for distance and shielding permit officers to slow down the course of events, potentially mitigating the need to use force. By integrating crisis intervention training as a core skill across multiple

disciplines, officers evaluate each incident for symptomatic behaviors of a behavioral crisis as well as the need for and feasibility of de-escalation. This process, in turn, reinforces CIT / De-Escalation concepts in all training scenarios.

In-person training for all personnel is supported by a series of e-Learning modules that address developing topics, reinforce trained skills and expand on existing approaches to persons in crisis. These modules were designed, where appropriate, for specific audiences. Topic-specific e-learnings this past year included:

• Crisis Intervention and De-escalation for Subjects with Alzheimer's or Dementia

Alzheimer's disease and dementia present unique challenges for officers. During criminal investigations, citizen contacts, missing persons investigations, and welfare checks, officers regularly interact with persons living with these conditions. As a result of the increasing frequency of encounters involving such subjects, many officers requested additional crisis intervention training specific to these unique topics. The Crisis Intervention Unit worked with community partners to craft a training program that focuses on identifying signs and symptoms of these conditions, deescalation techniques for interacting with persons affected, and resources available to assist officers, family members, and those living with these illnesses.

• Emergent Detentions, Investigations and Updates

Emergent detentions of persons who are in imminent risk of harm due to mental disorders continues to be a large body of work for officers. Continuing our collaborative work with mental health care providers, the Department developed e-learning modules to update officers on changes in legislation that affect how detentions are processes. These included, this past year, a review of RCW 71.05.153 (Emergent Detention), RCW 71.05 457 (Law enforcement referrals to mental health agencies), and RCW 7.94 (Extreme Risk Protection Order Act).

SPD's crisis-related training continues to garner national attention, with law enforcement agencies from around the country continuing to reach out for assistance in developing their own crisis response structures and

programs. To meet this growing demand, both locally and nationally, for SPD's crisis intervention and de-escalation training, the Department hosted its first Train-the-Trainer course in 2017, covering the following topics:

- Why de-escalation and crisis intervention are important to you and your organization;
- · Understanding changing community expectations;
- Intersection of crisis intervention, de-escalation, and use of force;
- Impact of the "suicide by cop" trend;
- · Police response to edged weapons;
- Critical analysis of force;
- Practical application of trained material;
- How to train officers in experiential learning, tactical instructor training, and reality-based scenario training.

Due to an overwhelmingly positive response to the class, the Department will host a second session in November 2017.

Finally, SPD Crisis Intervention trainers continue to provide crisis intervention and de-escalation training through the Department of Justice, Bureau of Justice Assistance's VALOR program. Since 2016, SPD officers have assisted with 27 individual sessions, reaching a total of 2,757 officers in 23 states.

Deployment

Although an optimal saturation level for CI certified staffing has never been empirically tested¹, levels accepted in law enforcement practice and in the academic literature vary from 10% of a department overall² to 25% of patrol.³ SPD's Department-wide certified CI coverage continues to be substantially higher than these percentages, with approximately **44% of officers** certified department-wide (up from the 35% reported last year). As of May 14, 2017, the percentage of CI

¹ Watson, A.C., M.S. Morabito, J. Draine, and V. Ottati. (2008). "Improving Police Response to Persons with Mental Illness: A Multi-Level Conceptualization of CIT." *International Journal of Law and Psychiatry*. 31(4): 359-368

² Morabito, M.S., M. Watson, J. Draine. (2013). "Police Officer Acceptance of New Innovation: The Case of Crisis Intervention Teams", Policing: An International Journal of Police Strategies and Management, 36:2; 421-436.

³ Watson, A.C., M.S. Morabito, J. Draine, and V. Ottati. (2008). "Improving Police Response to Persons with Mental Illness: A Multi-Level Conceptualization of CIT." International Journal of Law and Psychiatry. 31(4): 359-368.

certified officers within patrol had increased to **64%** (up from 58% last year) with a saturation level across most watches in most precincts that continues to be well over **50%**. See Fig. 2.

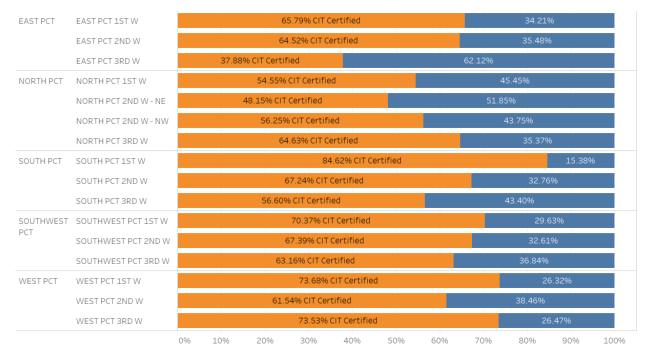


Figure 2: CIT Certified Distribution across Precinct/Watch

During the 12-month period reported here, a total of 888,154 officers were dispatched to 409,091 unique CAD events. In approximately 65% of all CAD events, at least one CIT-certified officer logged to the call (responded). Of these 409,091 total CAD events, 87% (357,489) were handled by the Operations (Patrol) and Professional Standards (which includes student officer) Bureaus, and include all 911 response calls. In 75% of these calls, at least one CIT-certified officer responded. *See* Figure 3.

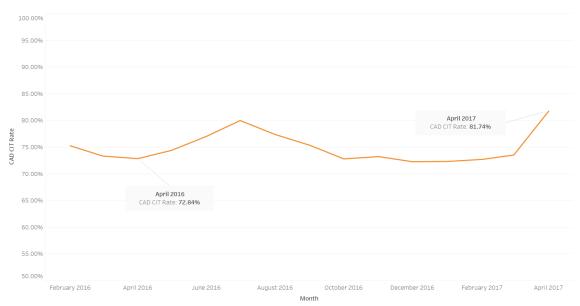


Figure 3: CIT Certified Response Rates - Operations and Professional Standards

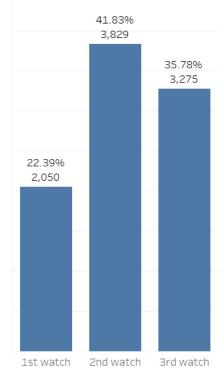
There were no significant differences between certified officers, and officers who had less than the 40 hours of advanced training (noncertified), with respect to incident disposition.

Crisis Responses

During the 12-month period between May 15, 2016 and May 14, 2017, officers reported 9,154 contacts with approximately 5,835 unique members of our community. The vast majority (77%) of contacts with persons in crisis occurred during 2nd and 3rd Watch. See Fig. 4.

This finding is confirmed in a time series analysis of the hour reported, suggesting a two period wave-like movement across the 24-hour clock with a minimum occurring around 6 AM, and a maximum reported twelve (12) hours later, around 6 PM. See Figure 5.

An awareness of trends in the timing of crisis calls assists the Department in assuring that resources are deployed appropriately and the Figure 4: Crisis Contacts additional workload to appropriately manage by Watch



and report the event is anticipated, so as not to adversely impact the availability of other services.

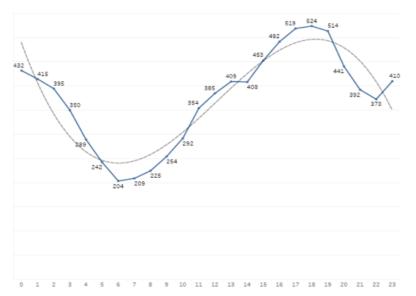


Figure 5: Crisis Contacts by Hour of Day (moving average)

An awareness of where these events are occurring is likewise important. The Crisis **Events** Dashboard enables Department commanders and supervisors to explore particular areas of interest, or select areas specific to their span of control operation. As shown in Figure 6, half of all contacts crisis were reported by officers

assigned to the West (25.8%) or North (24.8%) Precincts. Officers from the East Precinct reported just under 20% of all crisis contacts; Officers in the South and Southwest reported less than 10% of crisis contacts each (9.1% and 7.3% respectively). Student Officers and Field Training Officers (administratively assigned to the Compliance and Professional Standards Bureau) reported 11.5% of all crisis contacts reported during the study period.

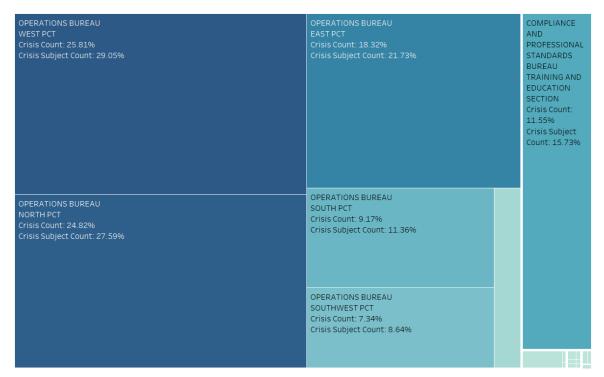


Figure 6: Crisis Contacts by Bureau/Precinct

Incident Disposition

Figure 7 shows the relative frequency of the disposition of crisis responses. The majority of crisis contacts, cumulatively more than 50%, were resolved with either a decision to emergently detain the person for their own safety under the Involuntary Treatment Act (RCW 71.05 and 71.34) or the coding "No Action Possible or Necessary," indicating either that the subject had left the scene or did not pose an imminent threat of harm to themselves or others. In nearly 17% of cases, the subject declined resources; in slightly more than 10% of contacts, the subject agreed to a voluntary commitment. Approximately 8.8% of contacts identified the subject as a "Chronic Complaint." An additional 8.3% resulted in an arrest.

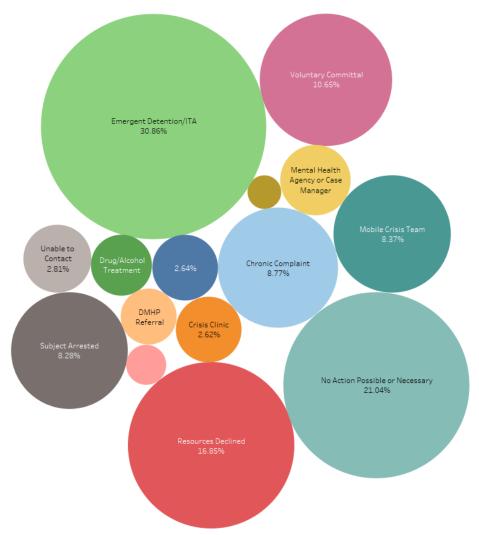


Figure 7: Disposition of Crisis Responses

Cumulatively, approximately 20% of all crisis contacts resulted in some form of referral to a community or social service support agency (e.g. Crisis Clinic, Drug / Alcohol Treatment, Mobile Crisis Team). Slightly less than 3% (2.81%) of crisis contacts results in the officers being unable to contact the community member.

Again, representations of contact disposition remained relatively stable, with no appreciable change in disposition between CIT certified and non-certified officers. This indicates that the substantial training that all officers receive, in both crisis intervention and tactical de-escalation, has provided all officers with good foundation to manage these calls.

As the Department described in last year's Crisis Intervention Annual report, in addition to providing fielded data for analysis through the DAP, the narrative component of the Mental Health Contact Form provides additional context and insight into how officers are applying their training, de-escalation tactics, and judgment in terms of resolving the incident. The following narratives from incidents over the past year are illustrative of this point:

2017 - 96XXX

At approximately 1817 hours Officers responded to a report of a suicidal male cutting his wrist on the sidewalk. Officers discovered the subject sitting on the walkway which ran between a building and a raised sidewalk (essentially a passageway open on both ends). The subject was actively cutting into his wrist with a sewing needle (small, thread needle). Officers contained both ends of the passageway with contact teams and closed off civilian traffic that could be put in harm's way. A CIT officer began dialoguing with the subject, who was not responsive to attempts at communication and verbal deescalation. The containment teams used barricades when possible, and assigned shields and less-lethal options for officers in a formed tactical plan. An on-duty negotiator was called to assist with communication. At one point a staff member who knew the subject from the adjacent building, who was safely behind a metal rolling gate, was able to effectively communicate with the subject who stood and walked over to her. In doing this, the subject dropped the needle, and coincidentally had moved closer to one of the contact teams. The subject appeared woozy on his feet and was turned away from the contact team. A supervisory decision was made to move up and take physical control of the subject with the team before he could obtain the needle again and create a situation again that involved a higher level of risk of harm to officers and the subject. The team moved forward and with the shield and control holds was able to pin the subject against the wall, move him to the ground and place him in handcuffs. The subject became combative when the officers did this but was quickly restrained using team tactics. The subject was able to punch one officer and kick another in the process. The subject continued to be violently resistive and had to be held down. During this time, the subject expressed pain from being restrained by officers and a Level 1 Force investigation was initiated. The subject was taken to the hospital for ITA criteria. Assault charges were requested on the subject.

2017-64XXX

A Seattle Park Security Officer was locking up the gates at Lincoln Park and located the Suspect unconscious in her vehicle. The Suspect was inside the park after closing hours. SFD and SPD responded to the south end of the park and located the Suspect. It appeared that the Suspect was experiencing an emotional crisis. The Suspect had a knife and a pair of scissors with her but threw them in the back seat/cargo area of her vehicle while the Officers were contacting her. The Suspect refused to open her vehicle's door and would only roll down her right front passenger window about 1/2 inch to talk to Officers.

The Suspect then rolled up her window not wanting to talk to Officers. The Officers continued to attempt to establish a dialog with the Suspect. The Officers were able to establish communication with the Suspect and got phone numbers for the Suspect's friends and family members. Officers learned from the Suspect's friend that the Suspect has a history of mental illness, attempted suicides in the past and have indicated to the friend that she "doesn't want to live anymore". CIT Officers and an HNT Officer were onscene and took turns talking to the Suspect for over 90 minutes. The Suspect eventually opened her vehicle's door to talk to Officers and agreed to go to the hospital for mental health assessment and treatment. The Suspect was transported to the hospital via AMR for an involuntary mental health evaluation.

2017-44XXX

On February 6, 2017 at 0820 hours, Officers were dispatched to 2025 Terry AV, in regards to male threatening to jump off the roof, which is on the twentieth floor of the building. Upon arrival, Officers went up to the roof and they observed the male standing on the edge of the roof. The male told Officers he was hearing voices and he wanted to jump. Officers were able to start a dialogue with the male, as the waited for additional resources and SFD personnel. While speaking with Officers, the male removed his prosthetic leg and appeared to be preparing to jump. Officers were able to calm the male down. After a few minutes, Officers were able to convince the male to back away from the edge of the roof. The male told Officers he no longer wanted to jump and he needed help. Officers, along with SFD personnel, assisted the male off of the roof and walked him back into the building where they were met by AMR medics. Officers transferred custody of the male to AMR medics without incident. AMR transported the male to HMC for a (ITA) psychiatric evaluation.

2017-14XXX

Officers responded to the 6500 block of 35 Av SW on a suicidal female who was holding a knife to her chest. Officers arrived and quickly established communications with the subject. The subject was not responding to request to put the knife down and speak with them. Officers removed the two adults and 5 children from inside the residence to safety outside. HNT arrived and assisted officers on scene with communication. After 90 minutes of speaking to the subject, officers were able to safely get the knife away and apply handcuffs. No force was used as the subject seemed emotionally and physically exhausted. SFD arrived on scene as a precaution as the subject was hyperventilating for the past 40 mins. The primary officer established that the subject assaulted her mother prior to picking up the knife. With no medical attention needed, AMR transported the subject to YSC for booking.

2017-10XXX

On this date and time, Suspect repeatedly called 911 and reported being suicidal/homicidal. The Suspect called back and reported he had murdered someone by cutting their head off with a knife. During the subsequent call(s), the Suspect stated he had military experience and carried a gun to kill cops. 911 Dispatchers reported hearing another voice with the Suspect during one

of the calls. The Suspect made his calls from several cell phones which initially went to CENCOM. The calls were then transferred to SPD for resolution. A check of the cellphones showed multiple crises calls from this same Suspect. On the prior incidents officers were unable to locate the Suspect and had cleared. On today's date officers responded but were able to locate a general location for the Suspect. The Suspect, who was clearly in crises, could be heard yelling at officers. The Suspect was on a plateau south of Carkeek Park in a heavily wooded area. Containment was established and Negotiators attempted to de-escalate the Suspect from a distance. The SFD Technical Rescue Team was requested and responded. Burlington Northern Railroad was contacted and train services were interrupted for a period of time. Officers were safely able to navigate their way to the Suspect from a lower pathway of Carkeek Park. Once the Suspect was contacted he was taken into custody. SPD and SFD were able to escort the Suspect out of the wooded area to awaiting patrol units. During the incident, the Suspect had made multiple threats to kill officers and SFD staff. The suspect was Subsequently booked into King County Jail.

Use of Force

Of the 9,154 crisis contacts reported during the study period, 128 (1.4%) involved the use of reportable force. Within these 128 incidents, 249 separate force counts were reported, involving 123 unique individuals.4 Of these 249 force counts, a CITcertified officer was on-scene in approximately 62% of instances.

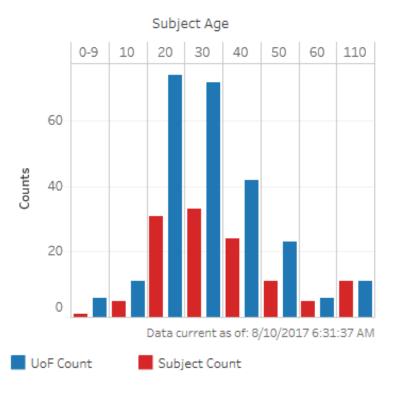


Figure 8: Use of Force by Subject Age

⁴ Each use of force is counted as the relationship between the officer, the community member and the unique incident. As such, UOF counts tend to be reflective of the one to many relationships between officers and subjects against whom force was used, on a given incident.

As shown in Figures 8 and 9, subjects of force tended to be white, male, and in their twenties or thirties.

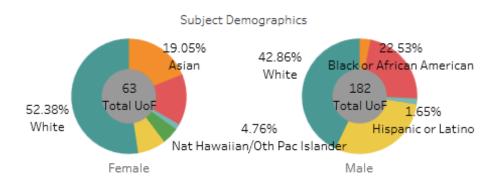


Figure 9: Use of Force by Reported Subject Race/Gender

Force used in interactions with persons in crisis mirrors patterns observed in all force applications generally. Roughly 70% of force applied (169 of 249 applications) across these 128 incidents involved the lowest level of reportable force (Type I); roughly 32% of applications (80 of 249 applications) comprised Type II force. Three of the 249 applications were categorized as Type III, which included one non-fatal Officer Involved Shooting (described later in this report).

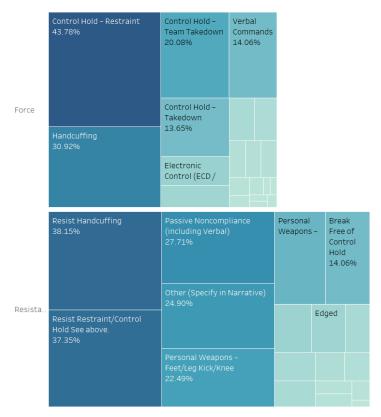


Figure 10: Force and Resistance Counts by Type

accounted for one count, each.

Figure 10 shows breakdowns frequent the most mechanisms of both force used and subject resistance. As shown, most force counts consisted of either a control hold - restraint only (N =109) or were reported as complaints of pain associated with handcuffing (N = 77). hold Control team takedowns accounted for 50 applications, force individual control-hold takedowns accounted for 34 A total of 17 force counts. force counts involved the pointing of a firearm. Use of a Taser (electronic control) accounted for another counts. baton Α use (pressure point) and a nonfatal officer-involved shooting

Most subject resistance encountered comprised either active resistance (physically resisting handcuffing or physical restraint) or passive noncompliance (N=319). Officers reported 134 counts of resistance comprising personal weapons (punch, kick, elbow/knee strike or body weight); in four instances, the subject brandished a blunt weapon, and in 17 instances the subject either brandished (N=14) or used (N=3) an edged weapon. In one instance, the subject was armed with a firearm.

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⁵ A subject may present multiple types of resistance in one incident; each type is separately recorded, which accounts for the higher counts of resistance than number of subjects or incidents.

Figure 11 shows a breakdown of the physical distribution of force applications on subjects. Complaints of injury were most frequently reported near the wrists, consistent with complaints of pain associated with handcuffing or restraint. With Type II applications, injuries to the face and knees were most common, as would be associated with a takedown; of the 3 Type III force counts, 2 resulted in a shoulder dislocation.

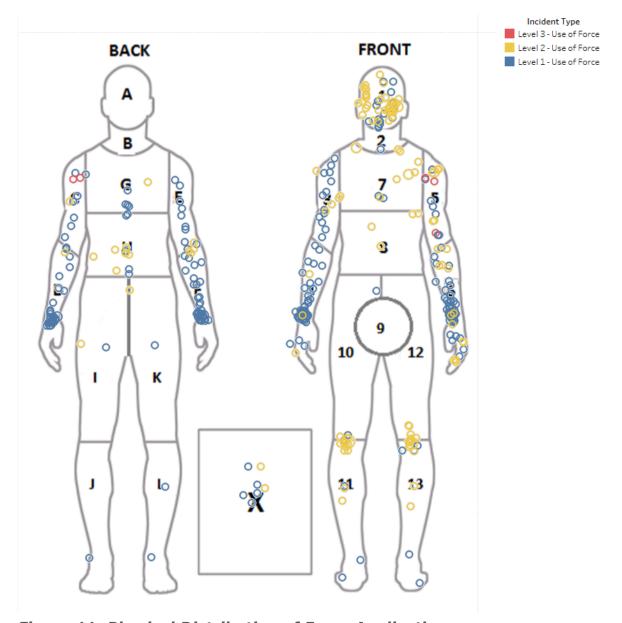


Figure 11: Physical Distribution of Force Applications

Use of Force - Type III - Officer-Involved Shooting

During the year reported here, one reported crisis incident involved an officer-involved shooting of a subject armed with knives. That incident is separately reported on the Department's OIS Dashboard (see Fig. 12, https://www.seattle.gov/police/information-and-data/use-of-force-data/officer-involved-shootings-dashboard); a redacted copy of the Force Investigation Report in its entirety is attached as Appendix A to this report.

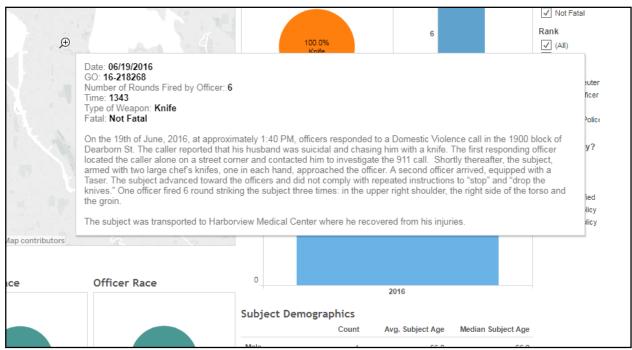


Figure 12: Screenshot from Officer-Involved Shooting Dashboard

Crisis Response Unit

The Crisis Response Unit (CRU) serves as a city-wide resource to provide continuity of care. In addition to coordinating training and outreach efforts, the CRU reviews all reports of contacts with persons in crisis and develops response plans for persons officers are likely to have frequent contact with. The Crisis Response Unit (CRU) comprises two teams: the Crisis Response Team (CRT), which responds to incidents in the field that involve subjects in extreme states of behavioral crisis, and the Crisis Follow-Up Team (CFT) that follows up on cases involving serious behavioral crisis through intervention at the lowest-level, least-intrusive interception point and works to prevent and reduce harm by helping a subject gain behavioral self-control through engagement with treatment.

In 2017, the Crisis Response Unit changed its deployment strategy to assign two full time officers and a mental health professional to responding to in-progress crisis incidents. The other two full time officers were assigned to complete post-incident case management. The team rotates responsibilities on a quarterly basis. Early data indicates that the Crisis Response Team is able to have more regular contact with patrol and are able to respond to dynamic crisis incidents on a more regular basis. Additionally, those officers who are assigned to post-incident follow up are able to complete their investigations in a more time efficient manner which allows for completion of new reporting requirements (RCW 71.05.457, Reports of Threatened or Attempted Suicide), completion of Extreme Risk Protection Orders, and publication of crisis response bulletins for those incidents involving escalating crisis-based behavior.

For purposes of this report, and because of the manner in which CRT data is currently maintained, only CRT data between January 1, 2017 and May 30, 2017 is presented. In this five-month period, CRT received 203 cases, placing the unit on pace to manage over 480 cases this year. Over this same period, CRT officers continue to report a significant increase in activity on the front-end of crisis incidents, including patrol support and field outreach, working with service providers, and responding to shelters and day services. Table 1 provides a more complete breakdown of CRT activity log counts over the first six months of this year; Table 2 shows a breakdown in activity by precinct.

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⁶ As the Department continues to build out the functionality of the DAP, improvements are in progress to enhance the Crisis Response Unit suite of reports. A High Utilizer Report, which will combine information from the Ride Along Application, is currently in production; this dashboard will both enable easy queries across CRT activity and bring further strategic focus to the management of incidents involving people in crisis.

Table 1: CRT Cases by Precinct

Precinct	Cases	Outreach	Total	%
WP	23	15	38	18.7%
EP	20	13	33	16.3%
NP	56	36	92	45.3%
SP	19	8	27	13.3%
SW	6	7	13	6.4%
SPD	124	79	203	

Table 2: CRT Activity January 1 - May 30, 2017

Year End 2017 Jan - Dec (Thru May 30)	Total
Patrol Support	456
Field Outreach & Assessments	120
Mental Health Court Support	53
Service Partners	121
Citizen ride along	2
Shelters & Day Services	49
MH Facilities	27
Roll Call Attendance	15
Follow-ups / Office based	59

In addition, the Crisis Response Unit has published 41 new crisis response bulletins so far this year.

Conclusion

The data presented in this report highlights the Seattle Police Department's continuing commitment to dedicating trained and compassionate resources towards many of the most vulnerable members of the community. While the City cannot legislate the many systemic and societal changes that are needed to treat, or prevent, the underlying causes of crisis, the Department remains committed to the principle that through its Crisis Intervention Program it may continue to provide a data-driven groundwork for broader discussions.

The Department is unaware of any other law enforcement agency in this country that has as expansive a crisis intervention unit, both with respect to training and deployment, as Seattle – a point that is underscored by the demand around the country for Seattle's trainers and curricula. While each crisis incident – as with any incident – is unique, and any encounter has the potential to involve a threat that may ultimately require a use of force to contain, the continued remarkably low rate, year-over-year, at which officers are using force in what are inherently unpredictable circumstances provides continuing evidence that Seattle officers are consistently and conscientiously putting in practice the de-escalation and crisis intervention skills that are now a regular part of annual training.

This fact is reflected as well in the many commendations the Department receives monthly, from community members; one such example is provided below:

I know that much of the news and conversation around the police in our country is generally negative lately. But I wanted to tell a brief story of how the Seattle PD did an excellent job in our neighborhood yesterday and give credit where it is due. Around 4p yesterday a few of the kids in our neighborhood (mine included) came to me and one other adult expressing alarm at a homeless male who was shouting out profanities and acting aggressively towards them in a very threatening manner. He had hidden between two houses with quite a bit of overgrowth and they were quite scared. As I left the house to check on the man, I saw him rocking back and forth, shouting, and did not seem well. We called 911 and in about 15 minutes we were greeted by 4 police cars arriving over about a 5-minute span. During that wait period - the individual had broken into one of the houses (which was vacant awaiting sale) and continued to shout. When the police arrived, I helped them contact the owner. During this time, they strategized on what to

do and advised us to stay out of the way in the event that the individual became violent or out of control. In addition, one of the officers handed out badge stickers to the kids in the neighborhood. Once the officers went inside, they were able to subdue the man who had clearly become even more agitated and enraged. The officers, with the help of the EMT's, were able to escort him into the ambulance without issue. This was not an easy task. I stood there thinking to myself how difficult it must be to encounter this type of situation. As a civilian, it was both disturbing and tragic to watch even once. I cannot imagine what these men and women must be faced with on a daily basis. I respect that and also have empathy for what they face. I was impressed by their ability to stay calm in the face of this potentially dangerous situation while still keeping it humane. There was no yelling or threatening. There was visible concern and an attempt to communicate with this man while he verbally abused them and resisted. Their goal seemed to be safety first and taking care of this person. And they did just that. I went over to thank them. They all seemed appreciative of that. Well done Seattle PD. Well done.

As we have previously emphasized, law enforcement alone cannot resolve the underlying drivers of the behavioral health crises that so often intersect with the justice system, but officers can play a vital role in responding to these incidents with awareness and compassion, thus helping to drive systemic change. The Seattle Police Department remains proud of its officers' extraordinary work in this area and maintains its commitment to continuing its model training program, developing stronger analytic abilities to evaluate performance, and working with external partners to improve and expand service models.

APPENDIX A



General Offense Number: 2016-218268

Unit File Number: 2016-0011

Type of Incident: Officer Involved Shooting

Date of Incident 6/19/2016

FIT Detective(s): Detective

Force Investigation Team, Unit

Desk:

Email:

Officers:

Involved Officer(s):

Rank	Name	Serial	Call Sign	DICV	Statement
Officer				Yes	Audio

SPD Personnel and Use of Force Witness Officer(s):

Rank	Name	Serial	Call Sign	DICV	Statement	Role
Officer				Yes	Yes-Written	Patrol
Officer				Yes	Yes-Written	Patrol
Lieutenant				N/A	N/A	Training
Officer				N/A	N/A	OPA
Officer				N/A	Yes-Written	CSI
Officer				Yes	E-mail	Patrol
Civilian				N/A	N/A	VST5
Officer				Yes	Yes-Written	Patrol
Detective				N/A	Yes-Written	Homicide
Officer				No	E-mail	Patrol
Officer				Yes	Yes-Written	Patrol
Officer				Yes	Yes-Written	Patrol
Detective				N/A	Yes-Written	FIT
A/ Chief				N/A	N/A	Compliance



Rank	Name	Serial	Call Sign	DICV	Statement	Role
Sergeant				N/A	N/A	FIT
Officer				Yes	E-Mail	Patrol
Officer				Yes	Yes-Written	Patrol
Sergeant				N/A	N/A	OPA Sgt.
Officer				Yes	Yes-Written	Patrol
Officer				N/A	E-Mail	Patrol
Sergeant				N/A	Yes-Written	CSI
Lieutenant				Yes	Yes-Written	Command
Officer				Yes	Yes-Written	Patrol
Officer				Yes	Yes-Written	Patrol
Lieutenant				N/A	N/A	A/Captain
Detective				N/A	Yes-Written	FIT Det.
Detective				N/A	Yes-Written	CSI
Detective				N/A	N/A	PIO
Officer				N/A	N/A	SPOG
Officer				Yes	Yes-Written	FTO
Officer				Yes	Yes-Written	Patrol
Officer				Yes	E-Mail	Patrol
Officer				Yes	Yes-Audio	Patrol
Officer				Yes	Yes-Written	Patrol
Officer				No	E-Mail	Patrol
Director				N/A	N/A	OPA Dir.
Officer				No	Yes-Written	K9 Officer
Detective				N/A	Yes-Written	CSI Lead
Officer				No	Yes-Written	Patrol
Sergeant				Yes	Yes-Written	Patrol Sgt.
Officer				Yes	Yes-Written	Patrol
Det.				N/A	Yes-Written	FIT Det.
Officer				N/A	Yes-Written	FIT
Officer				Yes	Yes-Written	Patrol
Lieutenant				N/A	N/A	OPA
Officer				N/A	N/A	SPOG
Lieutenant				N/A	N/A	Training
Detective				N/A	Yes-Written	Homicide



Rank	Name	Serial	Call Sign	DICV	Statement	Role
Asst. Chief				N/A	N/A	Spec. Ops.
Detective				N/A	CIR	DV Det.
Civilian				N/A	N/A	VST5
Officer				No	Yes-Written	Patrol
Officer				Yes	Yes-Written	Patrol
Detective				N/A	Yes-Written	FIT Det.
Officer				Yes	Yes-Written	Patrol
Officer				N/A	Yes-Written	Range
Officer				Yes	Yes-Written	Patrol
Officer				Yes	Yes-Written	Patrol
Sergeant				No	E-Mail	Patrol Sgt.

DICV Video Log:

Officer	Serial	Role	Contents	Bookmark
		Primary	-Emergency response to the call.	13:46:31
			-Officer arrives at 20th and Dearborn.	13:49:06
			walking up north side sidewalk.	13:49:15
			-Announces shots fired, call for medics.	13:49:21
			-Officer locates knife near S Dearborn.	13:53:17
			-Sgt. arrives on scene.	13:53:30
			-Sgt. with Ofc. (PSS).	13:56:18
			(victim) escorted back to his residence.	14:30:36
			-Sgt. per FIT DICV shut down.	15:01:41
		Patrol	-Arriving on scene.	13:53:43
			-Officer interviewing witnesses.	13:57:17
			-Officer and Officer arrive.	14:13:08
			friend escorted into incident location.	14:31:20
			friend escorted from location.	14:34:08



	-Officer and Officer exit vehicle.	14:53:52
	-Lt. arrives at scene.	14:57:56
Patrol	-Arrives, contact Officer and and	13:50:39
	- directs Officers, crime and containment.	13:52:18
	interviews the victim.	13:56:02
	-Aid 5 Unit arrived.	13:57:14
	-Medic 10 arrives.	13:57:45
	- interviews the victim.	14:02:42
	- 10 moving into the ambulance.	14:03:04
	- 10 leaves scene with	14:06:21
	-Ladder 3 leaves the scene.	14:18:58
	- advised media arrived and they relocate.	14:23:00
	friend assists retrieving property.	14:27:44
	-OPA Director arrives.	14:34:41
	-Officers leave scene to relocate to HMC.	14:37:37
Patrol	-Emergency response to scene.	13:49:28
	-Arrives on scene.	13:52:23
	-Ladder 3 arrives at the scene.	13:53:09
	-SFD A5 arrives.	13:56:07
	-Officer and Officer enter vehicle.	14:02:47
	-Medic 10 unit leaves with	14:06:23
	-Officer and Officer leave in vehicle.	14:07:47
	-SFD A5 leaves scene.	14:13:15
	-Ladder 3 leaves scene.	14:17:39
	-Officer escorts	14:23:23
	friend escorted to residence.	14:30:09
	-Officer escorts residents through scene.	14:43:58
	-Officer escorts residents from scene.	14:52:40
Patrol	-Emergency response to domestic violence call.	13:46:27
	-Arrives on scene. Officer looking west.	13:49:02
	-Exits patrol vehicle. Officer arrives.	13:49:11
	-Announces less lethal to Officer	13:49:16
	-Warns to drop knives or be Tasered.	13:49:20
	-Officer exits patrol vehicle.	13:49:20
	-Officer Fires weapon.	13:49:22
	- advance stopped.	13:49:23



		1
	-Orders stay on ground and away from knives.	13:49:25
	-Goes hands on to control and knives.	13:49:31
	-First Aid started.	13:49:31
	-Officer relocates knives from reach.	13:49:40
	-Officer arrives with medical kit.	13:52:53
	-Sgt. arrives.	13:53:35
	-SFD Ladder 3 and Medic units arrive.	13:53:44
	-Medic units remove	14:01:55
	-Officer escorts citizens through crime scene.	14:44:19
	-Officer escorts citizens from their residence.	14:52:14
	-Sgt. announces, per FIT DICV shut down.	15:01:44
Patrol	-Emergency response to OIS.	13:50:39
	-Arrived at scene.	13:53:20
	-Obtains initial information from Officer	13:54:04
	-Reads Officer PSS.	13:56:21
	-Medic 10 arrives.	13:57:52
	-Medic 10 transports	14:03:07
	-Officers decontaminating blood from uniforms.	14:04:51
	-Sgt. call to Lt.	14:18:50
	friend and dog escorted to residence.	14:30:32
	-Officer escorts citizens through crime scene.	14:44:22
	-DICV shut down per FIT.	15:01:39
Patrol	-Emergency response to OIS.	13:50:39
	-Arrives, contacts witnesses, finds knife.	13:52:37
	friend escorted to the residence.	14:31:14
	has conversation with Officer	14:53:50
	-Lt. arrives to the scene.	14:58:02
	-DICV shut down per FIT.	15:11:29
Patrol	-Arrives on scene.	13:52:18
	-SFD Command arrives.	13:53:58
	-Medic 10 transports	14:06:09
	-SFD Ladder 3 leaves scene.	14:18:56
	-DICV shut down per FIT.	15:02:28
	-Transport of Officer to E. Pct.	16:29:47
	-Transport of Officer to FIT Office.	17:12:08
	transport of Officer to 111 Office.	17.12.00



-Ofc. Ofc. respond to shots fired.	13:50:00
-Arrived at 19th Ave S and S Dearborn St.	13:57:47
-Lt. arrives.	13:59:24
-Follows M10 and M44 Unit to HMC.	14:06:28
-M10 stops to intubate	14:08:05
-M10 resumes transport to HMC.	14:14:14
-M10 arrives at HMC.	14:16:54
-Ofc. updates HMC staff member.	14:18:52
-Emergency response to Domestic Violence call.	13:45:05
-Announces in the area at 23 rd and S Dearborn St.	13:47:35
-Officer announces making contact.	13:48:52
-Officer gives DICV advisement.	13:49:11
-Officer told is approaching. Officer	13:49:15
gives order to drop the knife.	
-Officer announces is armed.	13:49:27
-Shots fired and goes to ground. Officer	13:49:32
and Officer contact and	2—
remove knives.	
-Officer places knives on vehicle.	13:50:13
Officer and Officer start first aid.	
-Officer arrives on scene and assists with	13:53:04
first aid.	10.00101
-Sgt. on scene, contacts Officer	13:53:45
-Sgt. discusses PSS.	13:56:31
-Medic 5 and Medic 10 arrives on scene.	13:57:40
-Sgt. PSS questions.	13:58:19
-Lt. arrives on scene	14:00:03
-Medic 10 transports	14:02:05
-Officer guards evidence.	14:05:04
-A/Sgt. asks about weapon condition.	14:06:36
-Officer speaks with SFD regarding clothing.	14:10:02
friend is escorted to residence by Officers.	14:30:53
-DICV shut down per FIT.	15:03:02
-Arrives on scene.	13:51:12
-SFD Ladder 3 and M44 arrives on scene.	13:53:34
of D Ladder 5 and 1111 annives on seeme.	
-A/Sgt. arrives.	13:54:09



-Aid 5 arrives.	13:57:05
-Medic 10 arrives.	13:57:53
-Officer accompanies Officer Medic 10	14:02:38
Unit leaves with Sgt. checks on	
Officer	
-Medic 10 and Medic 44 transport	14:03:07
-Officer request to A/Sgt. to call	14:06:33
lawyer.	
-SFD Ladder 3 leaves the scene.	14:19:07
-FIT A/Capt. arrives.	14:58:41

911 log (times based on NICE software):

Time	Console	Caller	Contents
13:43:17	SE15		Initial 911 call of suicidal partner armed with knife.
13:49:49	PR1		Female reported hearing six shots fired in the area.
13:50:28	PR8		Male reported hearing shots fired.
13:50:47	PR1		Female reported hearing 4 shots fired.



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911/NICE Audio Log:

	Contents	Officer/Caller	Call Sign	Time
ide of S	Call dispatched caller's partner suicidal inside of			13:44:07
and	Dearborn St armed with a knife; and			
	assigned to respond			
by partner	Broadcast that caller is now being chased by partr			13:44:05
, 1	E/B			
ect described	Broadcast both subjects on foot; one subject desc			13:45:26
eater with	as White male, 54, gray, white and blue sweater was			
	shorts			
6-2, 210	Broadcast physical description per DOL- 6-2, 210			13:46:03
ne house;	Broadcast suicidal subject going back to the house			3:46:30
	logged to call; aware of call; believe suicidal su			
Ford F150	going back to house to get keys to a black Ford F			
	Arriving			3:47:25
rn	Broadcast caller waiting at 20 and Dearborn			3:47:49
	Out with the caller			3:48:42
d	Broadcast for subject walking toward			13:49:03
on"	acknowledged and advised had "eyes on"			
itiated)	"He's got 2 knives; Hold the Air (tones initiated)			3:49:17
	"Shots fired!" "Shots fired!"			3:49:27
	Shots fired; requested medics; male down			3:49:32
	Requested call be sent to him			3:50:11
; requested	Getting scene under control; SFD arriving; reques			3:53:04
•	guild rep			
	Arriving			3:53:45
rborn	Established command post at 19 and Dearborn			3:55:30
	Arriving			
rborn	Assuming Command of the incident; Dearborn			3:59:20
	Command			
rb	Assuming Command of the incident; Dearb			13:58:56 13:59:20



Subject:

Name:

Race/Sex: White Male

Date of Birth:

Height/Weight: 6' 2/ 210 lbs.

LKA:

Seattle, WA 98144

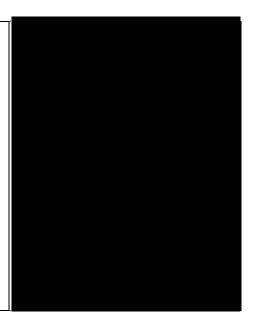
Conviction Record: None

Pending Charges

Assault 3 (non –DV on the nurse),

Assault 2 (non – DV on the officer)

Assault 2 DV (on Robert Wisdom).



Seattle Fire Department Personnel:

Name	Employee #	Rank	Unit #	Phone	Statement
	11	Medic			No
		FF			Audio
		FF			Audio
		BC			Audio
		RC			Audio
		CAP			Audio
		FF			Audio
		FF			Audio
		FF			Audio
		N/A			Audio
		FF			Audio
		FF			Audio
		LT			Audio



Civilian Witnesses:

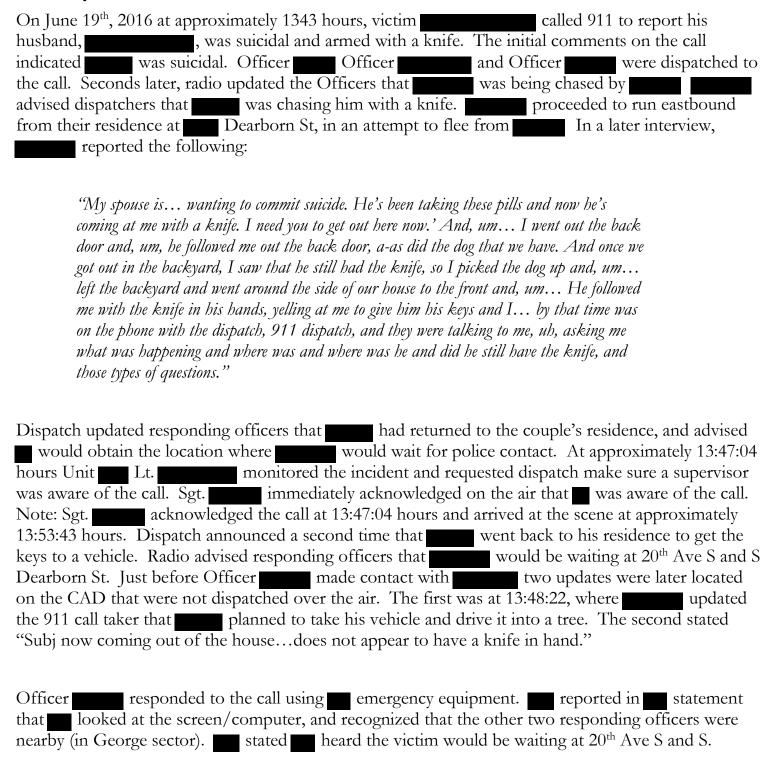
Name	Address	Phone	Audio	Summary
			Statement	•
			Yes	Heard shots, called 911
			Yes	Heard shots
			Yes	Heard shots
			Yes	Cell phone photos-post incident
			Yes	Heard shots
			Yes	Heard shots
			Yes	Heard shots, called 911
			Yes	Heard shots
			Yes	Heard Shots
			Yes	Heard shots
			Yes	Heard shots
			Yes	Heard shots
			Yes	Didn't see/hear anything
			Yes	Heard shots
			No	Heard shots, declined to provide statement
			Yes	Wasn't at home

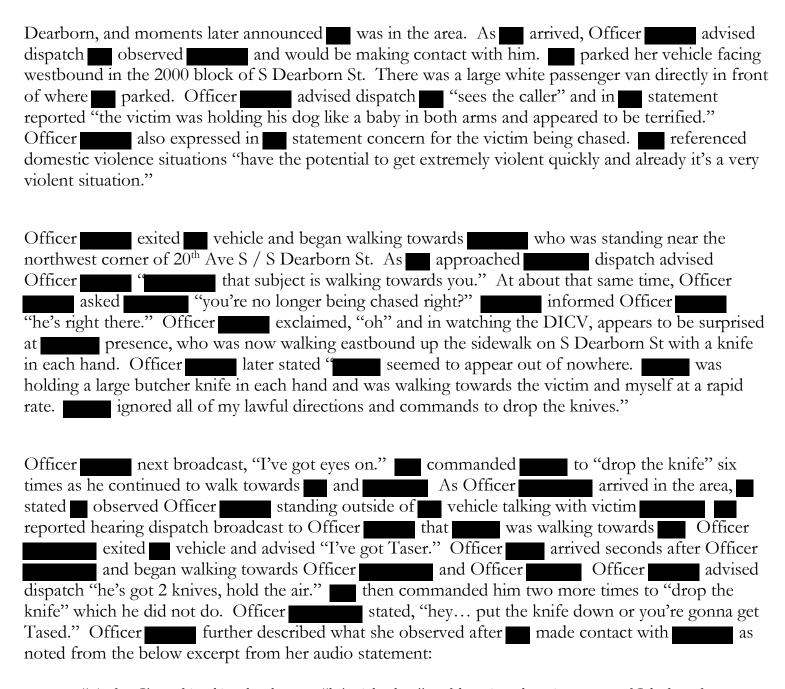


Name	Address	Phone	Audio Statement	Summary
			Yes	Heard shots
			Yes	Heard shots
			No	Heard shots, declined to provide statement
			Yes	Was in shower, didn't hear anything, but saw aftermath
			Yes	Wasn't home
			Yes	Drove by 20/Dearborn on way home and saw on sidewalk just before incident. Heard shots while parking in her driveway.
			Yes	Victim-First 911 caller
			Yes	Was with W/



Summary:





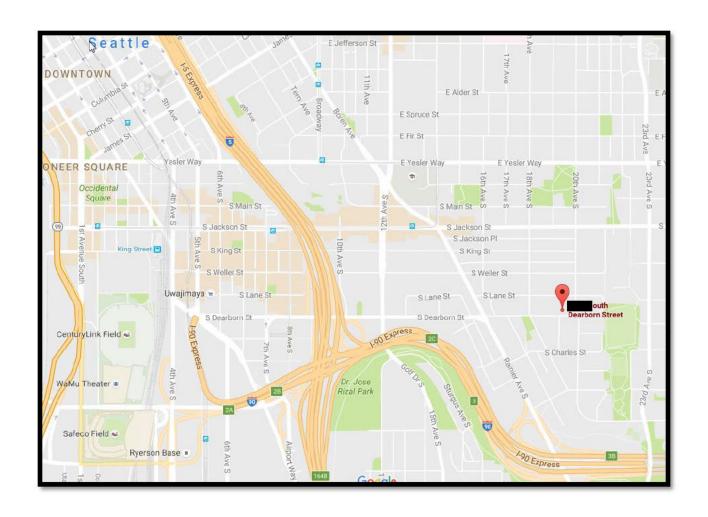
"And as I'm asking him that he goes, "he's right there" and he points, he points west and I look and I see the suspect and the suspect is his partner and he's walking towards us and he's got in his hands 2 huge butcher knives and he's walking towards us with his arms out-stretched and he's got this crazy dead look in his eyes, like just crazy, just a haunting, dead look it's, I hadn't seen anything like it. And so the caller's behind me, his partner and the partner's holding the dog behind me maybe 2 feet

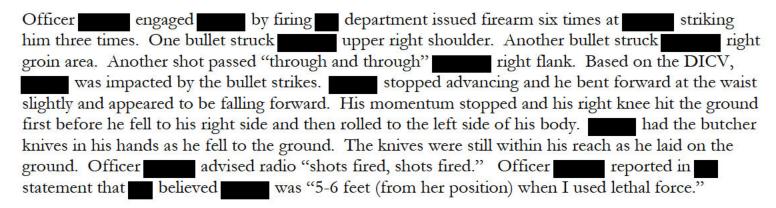


and so I put myself between, I put myself in front of the partner and I get out my gun and I'm like, "drop the knives, stop, drop the knives, stop" and I'm yelling it like 7/8 times. I'm just screaming at him to stop, he doesn't stop he keeps walking at me, walking at me and by then Officer arrived, arrived, next to me and I believe has Taser, so we're continuing to yell, drop the knives, drop the knives, he keeps walking to us, quicker and quicker, doesn't drop the knives....."



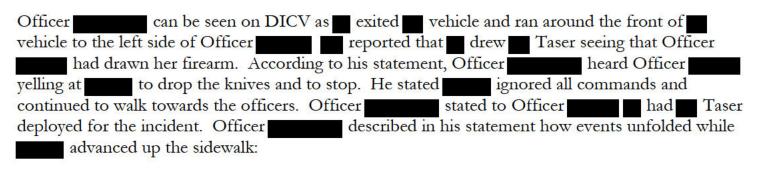












"He had his elbows at his side and both knives pointed outwards in our direction. As he steadily walked up the sidewalk, I could hear him saying over and over, "I just want to die. I just want to die." As Officer continued to give him commands to drop the knife, he completely ignored and continued to approach. I then pointed my Taser directly at him and stated, "Drop the knife or I'm going to "Tase" you, and it will-" As I made this statement I noticed that I could not see my

of my warning, the suspect approached too close and Officer fired weapon approximately four times, striking the suspect in the abdomen.
The suspect stopped on location and dropped both knives as he fell to the ground. I then approached with Officer who stated he would go "contact," and removed the knives from the ground and out of the suspect's reach. I then holstered my Taser and immediately began administering medical aid.
On the suspect's person I located two entry wounds and two exit wounds. The first one was just above the suspect's groin and was bleeding. The second one was located in his left abdomen just below the sternum and was not bleeding. Both exit wounds were not bleeding any significant amount. With Officer and later Officer assistance we packed all four entry/exit wounds. While doing so we continued to engage verbally with the suspect to which he continued to respond."
Officer arrived on scene just after Officer and Officer parked vehicle on the south side of the street across from Officer and Officer patrol vehicles. Officer can be observed on video crossing the street as Officer and Officer were engaging Officer reported hearing Officer give commands to to drop the knives. Then observed Officer shoot handgun westbound in the direction of and heard him fall. Officer stated when passed behind a white van observed down and notified radio of shots fired and called for medics. Officer also reported observed Officer with Taser drawn on
Officer and Officer are observed on DICV approaching. They remove the knives and then began to provide first aid to Officer continued first aid with the assistance of Officer and Officer arrived later with a first aid medical kit to assist with first aid. The officers are seen on video rendering first aid until SFD Ladder 3 and Medic 10 relieved them. Officer gave an account of what observed as indicated below from a caption of his written statement:
"The suspect was semi-conscious and kept saying, "I just wanna die", "Just let me die" as I informed the suspect "I can't let that happen", "You are going to be fine we have medics on the way". We kept making small talk with the suspect trying to get his name in which he responded, "

Taser directional lasers and was unsure of where the probes would hit. Before I gave the final portion



appeared to be going in and out of consciousness. When he would wake, he would repeat the same line, "Just let me die".

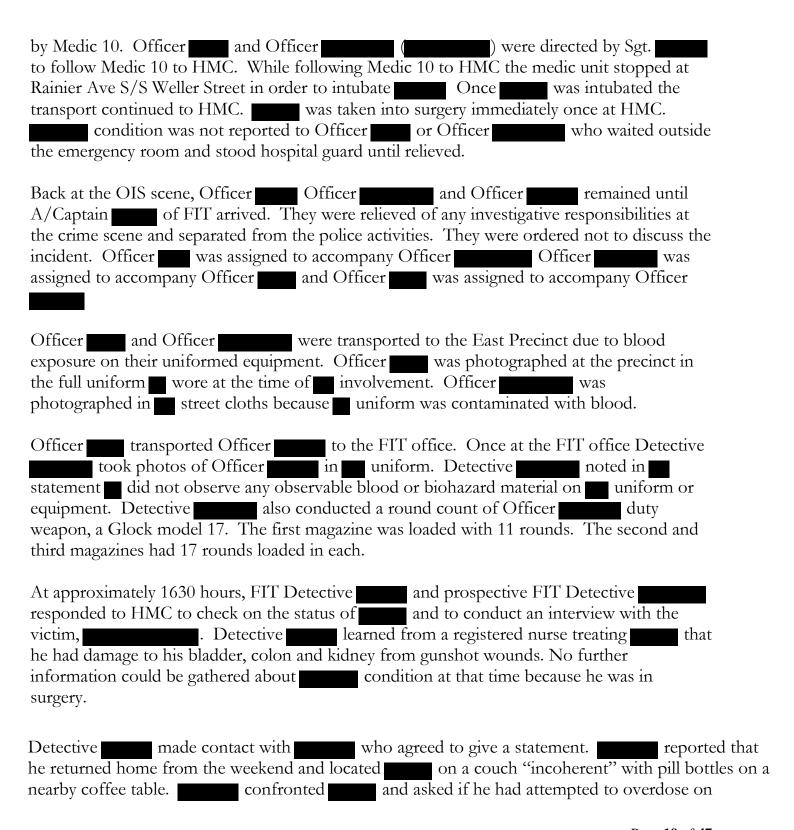
Officer then joined us a few moments later and began applying a tourniquet from first aid pack. We remained with the suspect applying pressure and speaking with him until medics and fire arrived."

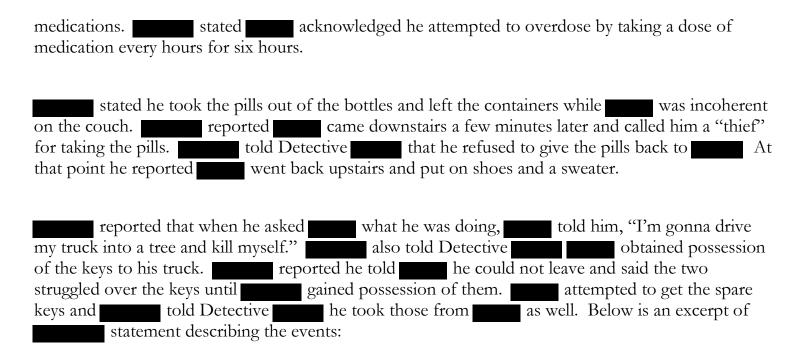
Officer removed the knives from the reach of says as officers began to apply first aid to This was captured on DICV. Officer reported that did not want to be able to recover and use the knives against the officers so moved them and placed them on top of patrol car.



Seattle Fire Department Ladder 3 and Medic 10 arrived and assumed medical care of were requested at approximately 13:49:41 hours and SFD Ladder 3 arrived at approximately 13:53:55 hours. Was treated at the scene and then transported to HMC







And then after that happened, he grabbed one of the kitchen knives and started to come towards me, and so Ic-, I got immediately on the phone with the 911 dispatch and said that, you know, this is what's happening, there's a... 'My spouse is... wanting to commit suicide. He's been taking these pills and now he's coming at me with a knife. I need you to get out here now.' And, um... I went out the back door and, um, he followed me out the back door, a-as did the dog that we have. And once we got out in the backyard, I saw that he still had the knife, so I picked the dog up and, um... left the backyard and went around the side of our house to the front and, um... He followed me with the knife in his hands, yelling at me to give him his keys and I... by that time was on the phone with the dispatch, 911 dispatch, and they were talking to me, uh, asking me what was happening and where was and where was he and did he still have the knife, and those types of questions. And so I related the information that was happening back to them. And I could hear the sirens in the background, so I told 'em, 'I think the officers have been dispatched 'cause I can hear the sirens now.' And then, um, he went back into the house and came back out, and this time... I need to back up a little bit because before the police got there, he threw the knife across the yard towards me and it landed on the parking strip. And then he went back in the house and that's when the police arrived. And then when he came back out, he had, I think it was two more knives, a bread knife and another carving knife. And he was walking... kind of... I could tell that he wasn't really coherent 'cause he was walking like he was intoxicated and, um, he was walking slowly with the knives in each h-, one knife in each hand, towards us. And as he approached us, the officer and two other officers who had arrived told him to stop and to, um, put the knives down. And they said, 'If you don't put the knives down, we're gonna tase you.' And he didn't put the knives down and he... took another step or two. And then I... saw them draw their guns and tell him to stop again. And he, uh,



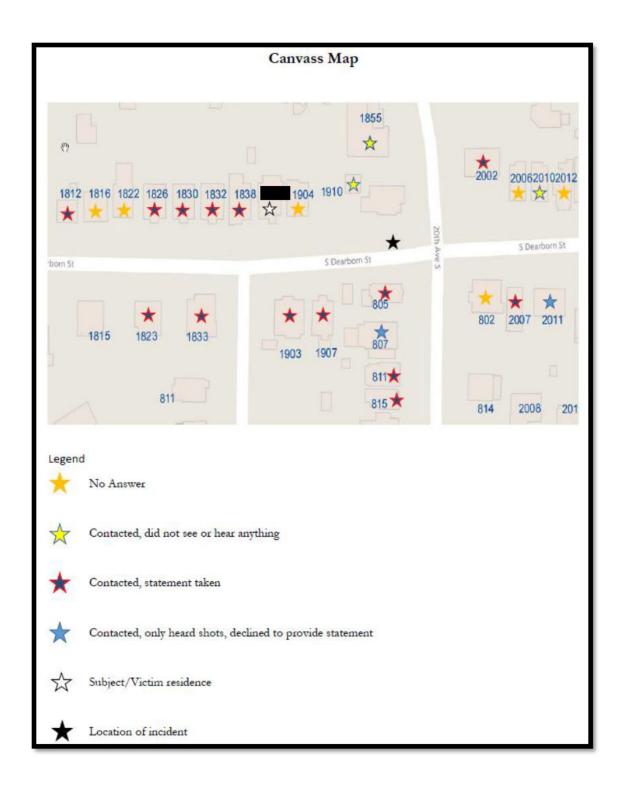
didn't and they shot him four times, is what I recall hearing, four shots. And then he fell down and, um they went over to pull the knives from near him and put them on top of the police cruiser and, um, she went back and there was two other officers attending to him, and then I decided to go around the corner and not watch that anymore. And during that time when I went to the corner, that's when the two officers that you wwere speaking to earlier came and talked to me and, um, stayed with me and asked questions and You know, who I am and what's my name and how we were related. That kind of stuff."
reported that has diagnosed and had been seeing a counselor. In the past he claimed he had to hide medications from because of suicidal tendencies. He called 911 in the past because made claims of suicide. stated has also had trouble at his job where he is a project manager. described how has a stressful job. He described as a perfectionist and it triggers his symptoms.
The crime scene was secured and FIT responded to the scene. The scene was held for CSI who responded and processed the scene. CSI measured the distance between (Placard B) and Officer (based on her placard placement-Placard A) as being approximately 20 feet. Detective and Detective of the Homicide Unit responded to the scene and conducted

a canvass of the area for witnesses.



Seattle Police Department Force Investigation Report

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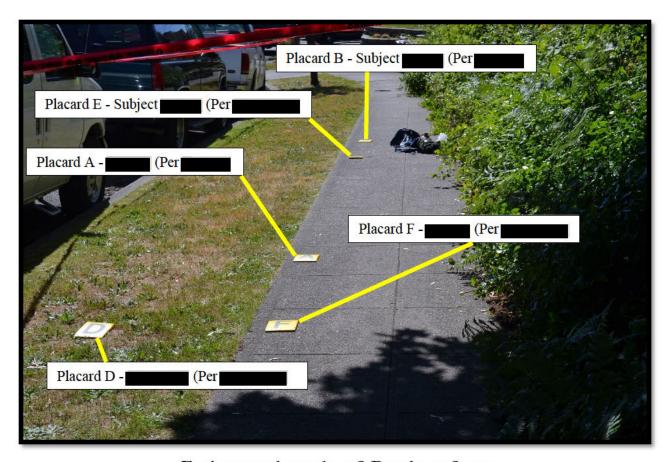


Domestic Violence Detective in	envestigated the criminal portion of the incident. Two charges
of Assault in the second degree, and one of	charge of Assault in the third degree were filed by the King
County Prosecutors Office. was re	eleased from custody on September 7th, 2016. Please
reference Det. CIR for details. P	er the request of FIT command staff, on July 12th, Certified
Forensic Video Analyst,	, of Forensic Video Solutions responded to the area of the
OIS and took various measurements. He	reported that "position was 16.96 feet from
position.	osition cannot be determined by examining the video images.
However, based on the audible sound of	the gunshots, she is located close to Please
reference Mr. report for extend	ded details.

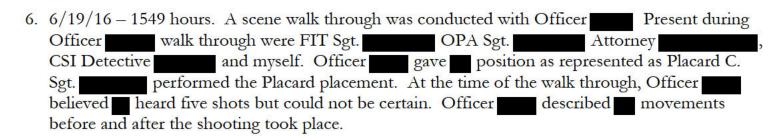


Investigation:

1.	6/19/16 – 1403 hours. I received a phone call from Sgt. who advised there was an Officer Involved Shooting in the East Precinct near 20 th and Dearborn St. asked if I was able to respond to the scene as the primary Detective. I advised Sgt. I would respond to the scene. At 1444 hours Sgt. called and provided me with an update on responding Detectives and that Detective would be my second on the initial investigation. I later learned the involved Officer was
2.	6/19/16 – 1505 hours. I arrived at the incident scene and met with Sgt. I took possession of the unit camera from Sgt. and began to take scene photos.
3.	6/19/16 – 1510 hours. I learned that East Precinct Officer completed an initial scene sketch. I took possession of the sketch for the case file. East Precinct Lt. was on scene and requested I send a copy of the sketch at my earliest convenience.
4.	6/19/16 – 1537 hours. Lt. was present on the scene and gave me a general briefing of the incident. I learned there was a domestic violence call involving a male in crisis. The first Officer on scene attempted to interview victim Officer and the victim were confronted by who had two knives. Other Officers responded and engaged with the subject and shots were fired. There was one shooting Officer, two witness officers and one subject identified. Officer were determined to be witness officers. I learned Officer was identified as possibly struck in the leg and abdomen. Was transported to HMC by SFD Medic 10. The victim of the DV was identified as possibly struck in the leg and was present and witnessed the incident.
5.	6/19/16 – 1543 hours. A scene walk through was conducted with Officer walk through were FIT Sgt. OPA Sgt. Attorney, CSI Detective and myself. Officer gave approximate positions of and Officer in relation to the subject. Placard A was dropped to represent position and placard B was dropped at the location on the sidewalk that represented Officer described positions before and after the shooting took place and Sgt. performed the placard placement.

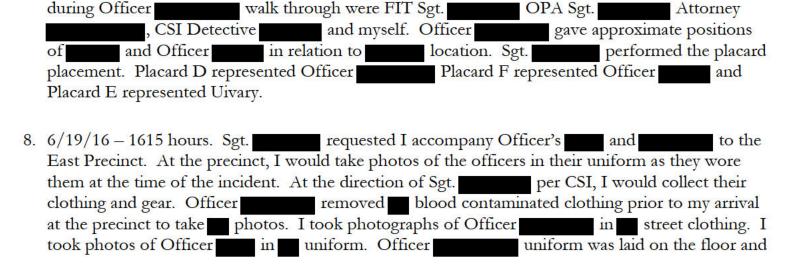


Facing westbound on S Dearborn Street



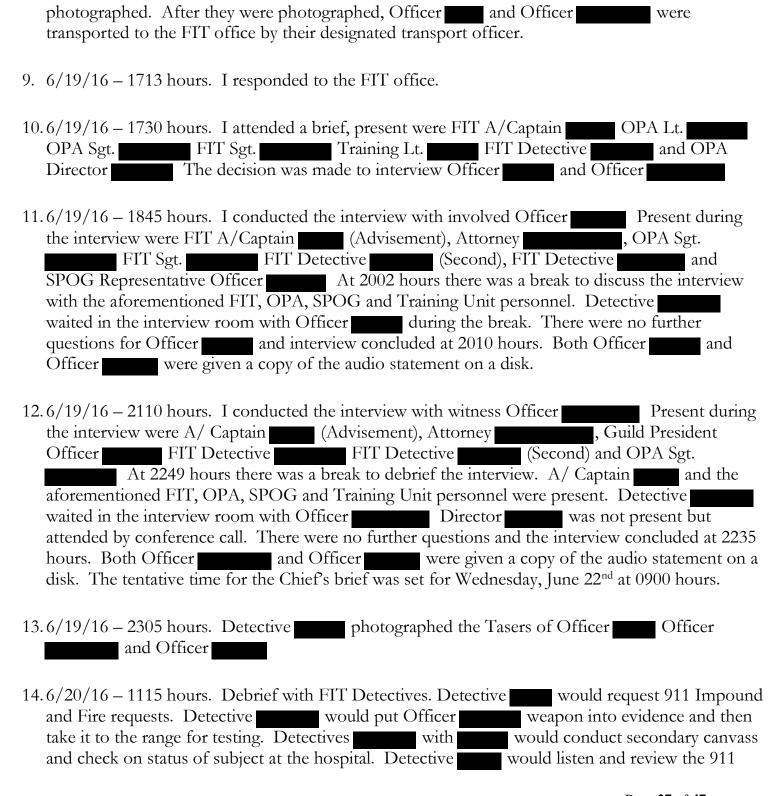


Facing southwest on S Dearborn Street

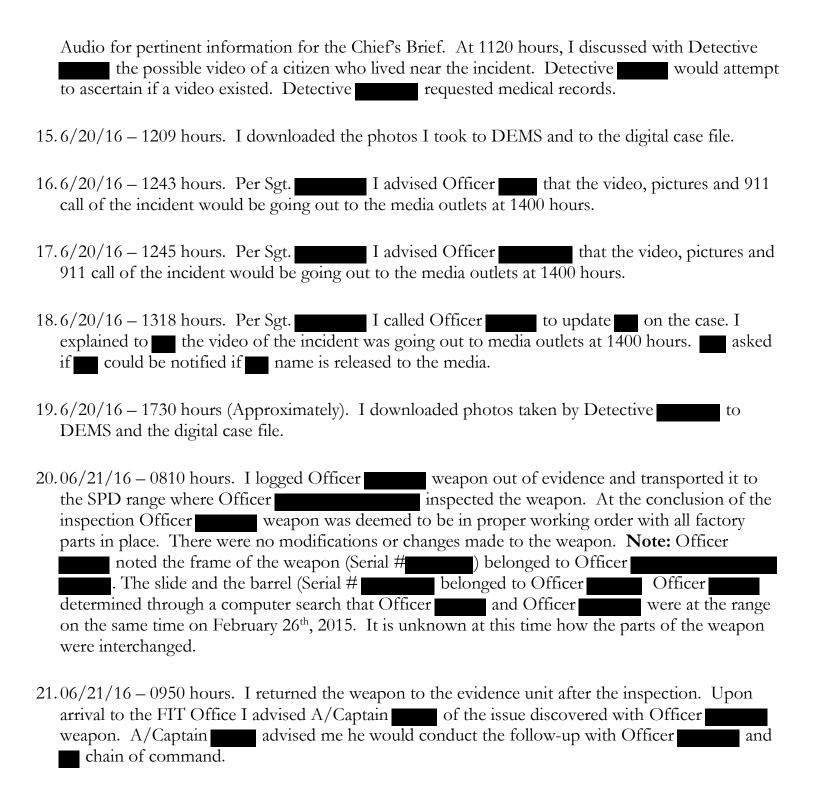


7. 6/19/16 - 1603 hours. A scene walk through was conducted with Officer

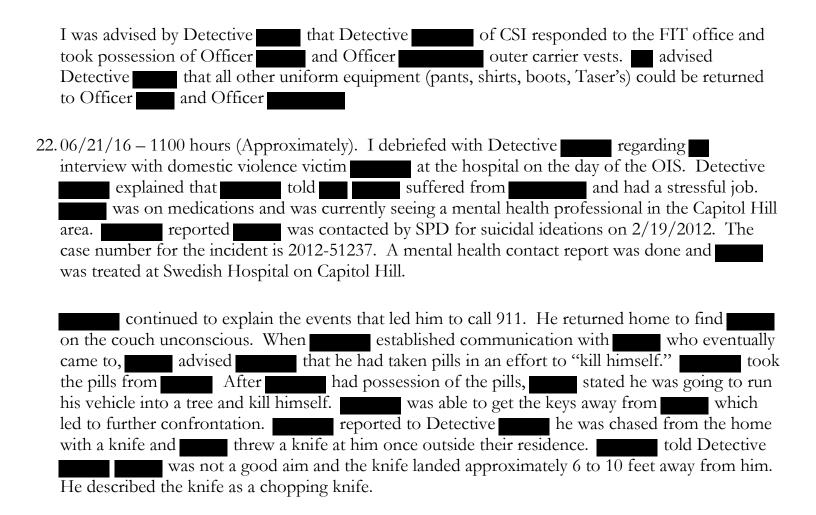
Present



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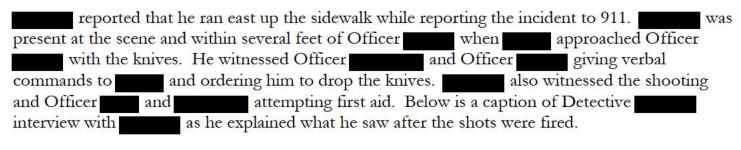








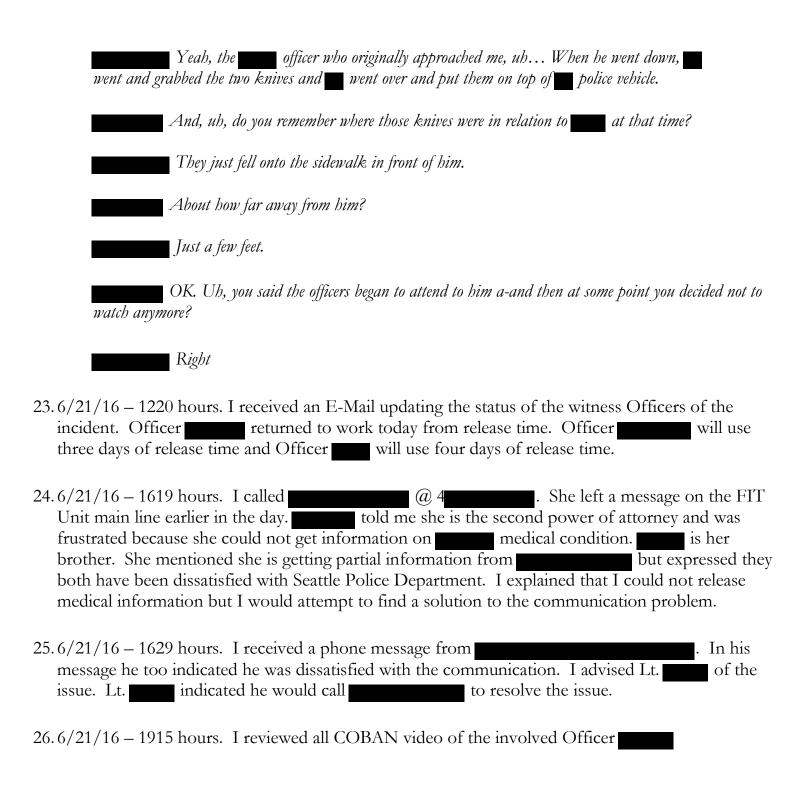


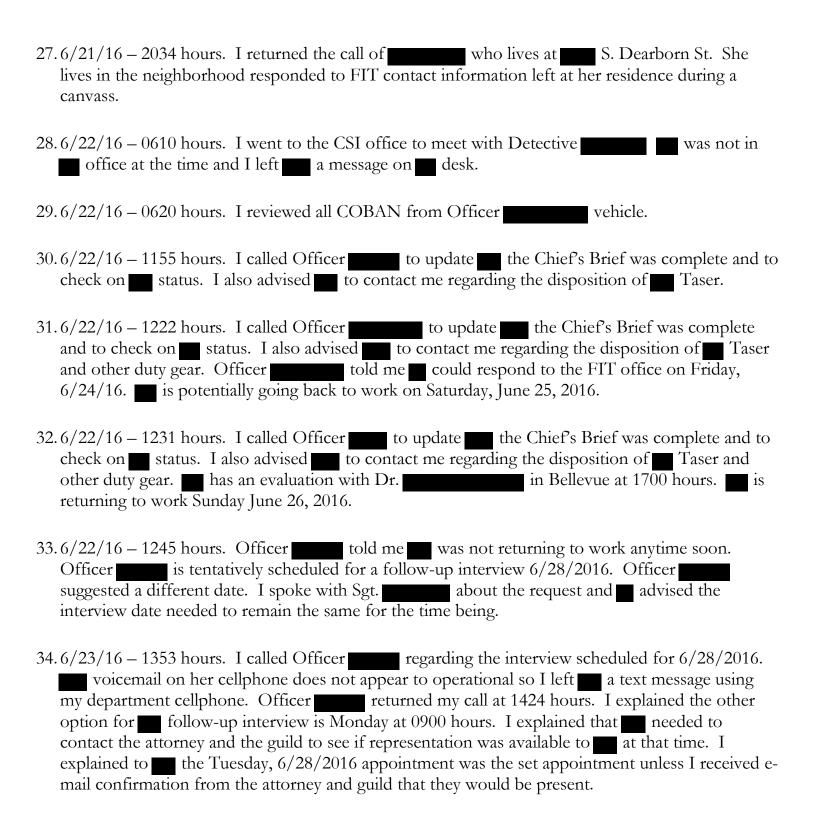


fell down to the ground. Um, he fell to his right and landed on his side and then rolled over. And, um... The officers started to attend to him. And he was all bloody in his groin area, it looked like. And, uh... That's when I figured I should probably not keep watching and stepped around the corner.

And earlier when we were talking I think you said that, uh, you saw one of the officers move the knives away from him?

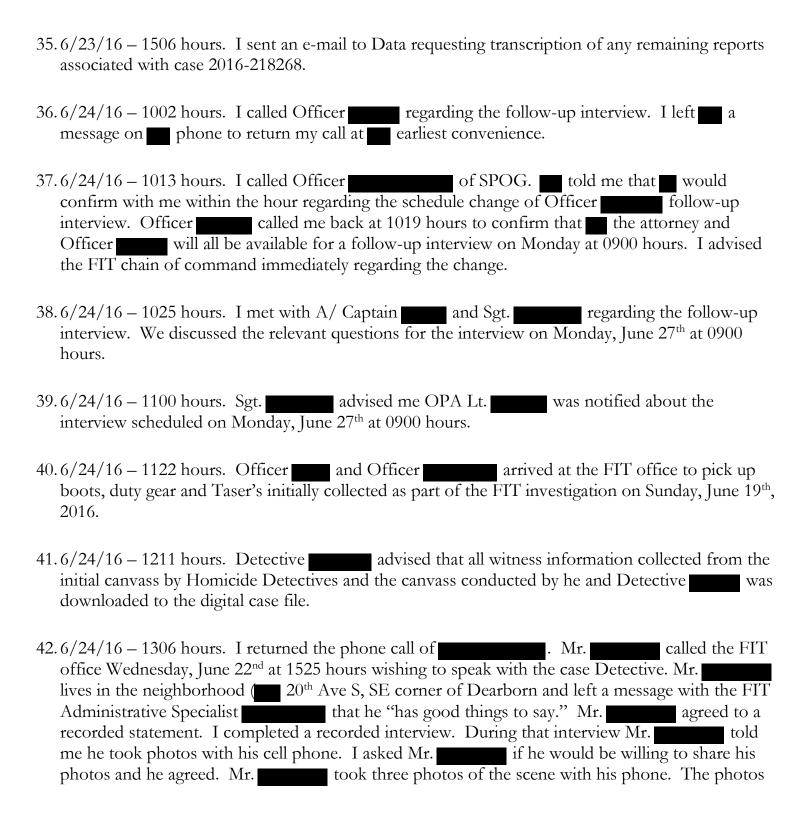






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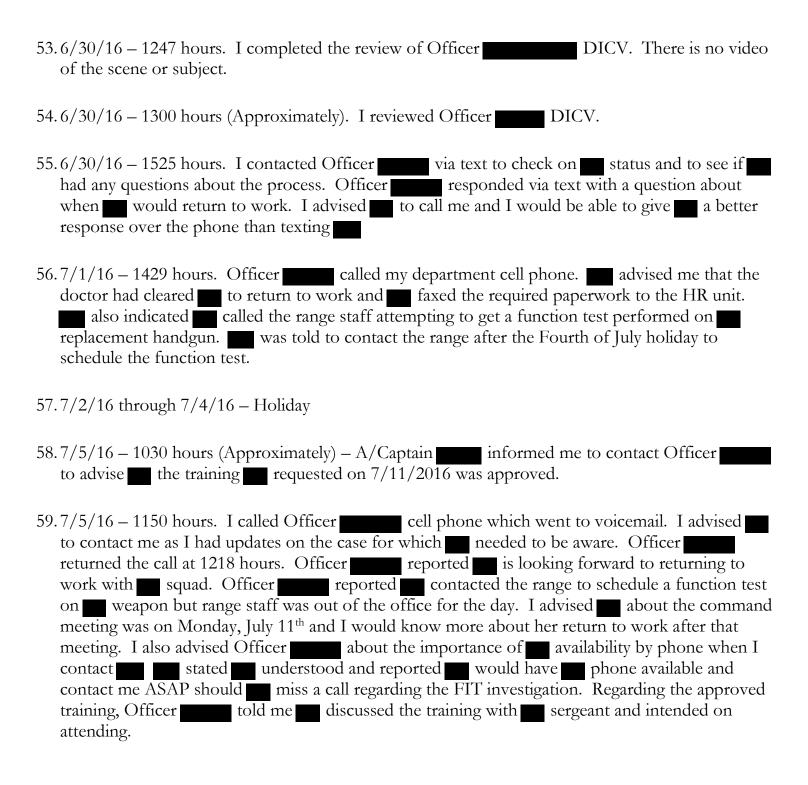


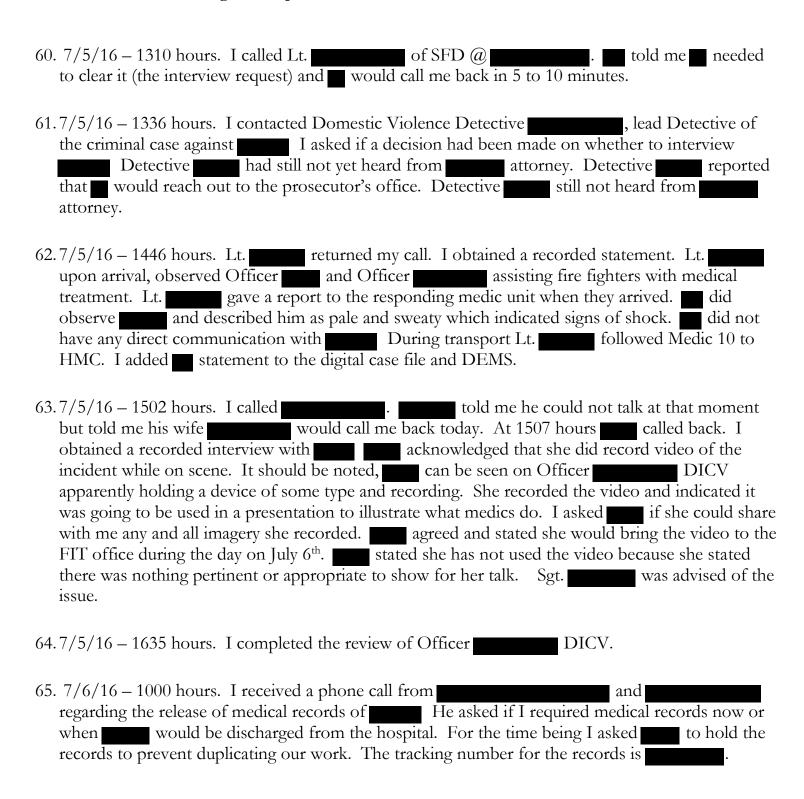




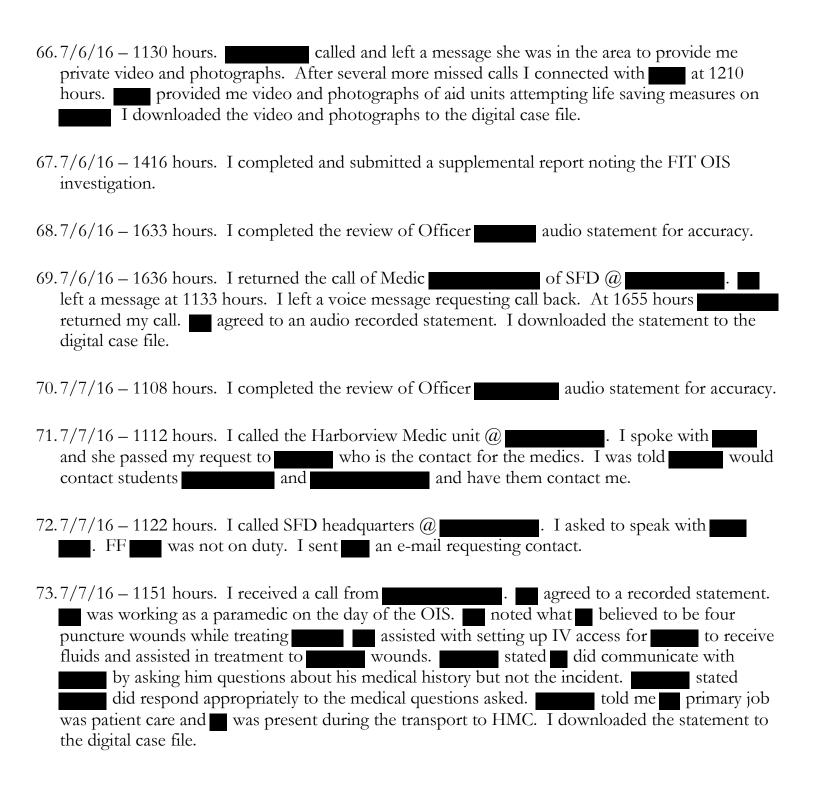
depicted emergency vehicles, Officer standing on the corner and images of Officer and Officer in the distance providing first aid to For complete details Mr. interview is available for review in the digital case file.	
43.6/24/16 – 1345 hours. I attempted to call . She has contacted the FIT office severa times regarding what she had heard and observed on June 19 th , 2016. I left her a voicemail requesting she call my desk phone directly and leave a time that was best to contact her.	1
44.6/24/16 – 1430 hours. FIT Call Out. Type III incident 2016-224740.	
45.6/25/16 to 6/26/16 – Off.	
46.6/27/16 – Rapid Intervention Training.	
47.6/28/16 – 0900 (Approximately). I received an e-mail from Mr. dated 6/24/2016 at 1832 hours. Included in the e-mail were three photos took of the scene using his smarphone. I added the photos to the digital case file.	
48.6/28/16 – 0949 hours. Detective briefed me on the follow-up interview with Officer	
49.6/28/16 – 1344 hours. I called and obtained a statement. Lives at S. Dearborn Street and did not see or witness the incident. Her statement indicated these facts.	
50. 6/28/16 – 1414 hours. I advised Officer and Officer I would return their Tass I removed the Tasers from the locked FIT locker and at approximately 1455 hours, I met Officer in the 900 Block of Broadway with and Officer Tasers and returned them stated would return Officer Taser to	er
51. 6/29/16 – 1030 hours. Detective and Detective accepted the task of reviewing all audio statements with the exception of Officer and Officer	ıg
52.6/30/16 – 1201 hours. I requested statements from Officers who have yet to complete a writte statement. There were nine Officers total. The e-mail was added to the communication file.	en





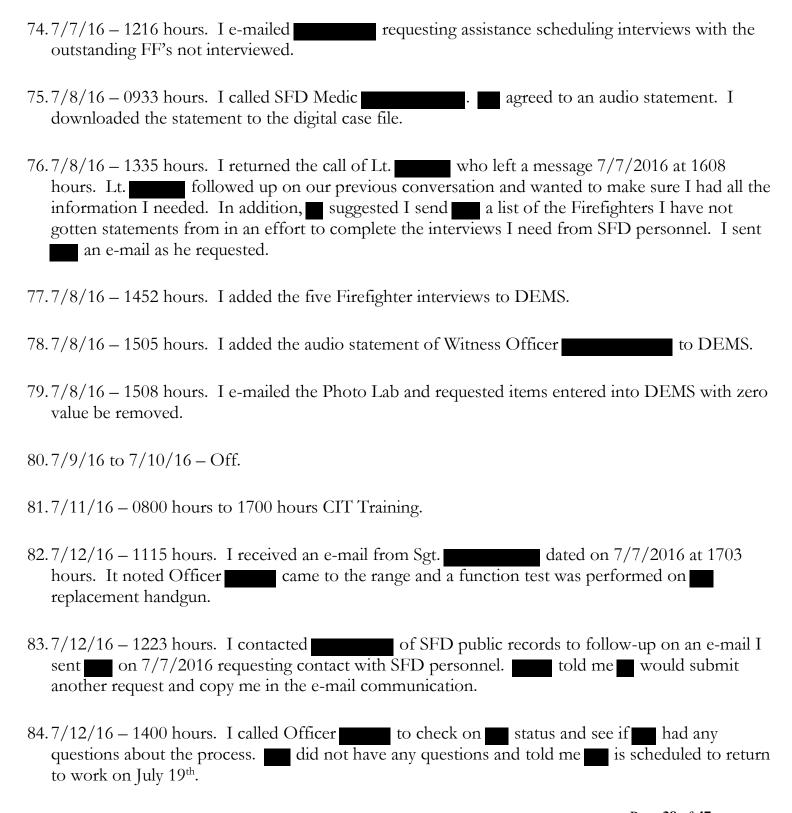




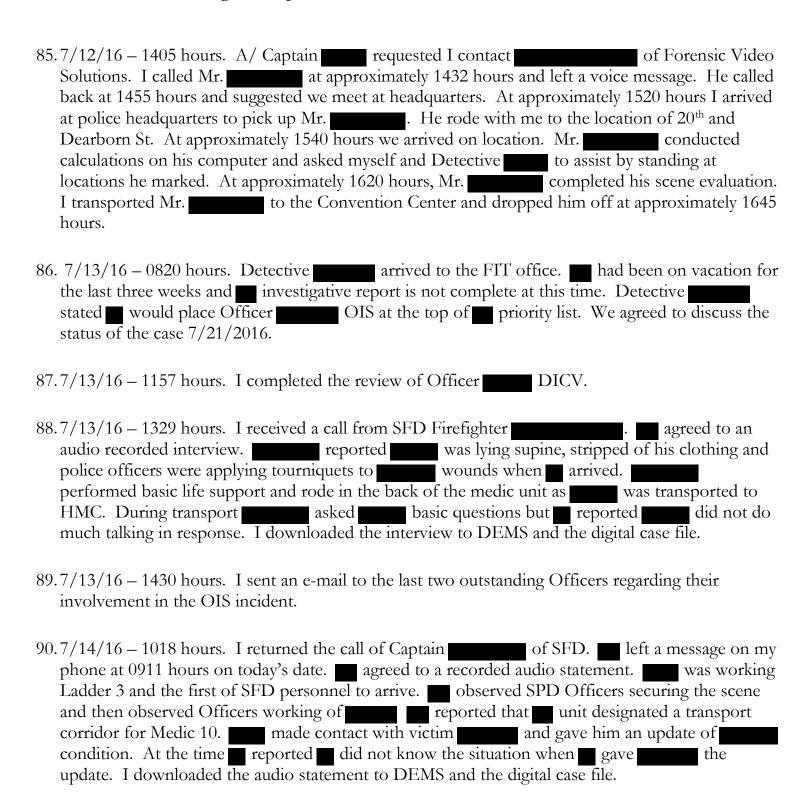


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	4/16 – 1440 hours. I sent an e-mail to Detective to see if had scheduled a time to advised there were no plans at the time to interview
92.7/1	5/16 to $7/17/16 - Off$.
req	1.8/16 – 0920 hours. I discussed the case with Sgt. I advised uested Officer DICV in order to complete report. Sgt. told me a short e later the video would e-mailed to by Lt.
	28/16 – 1232 hours. I returned the call of FF called Thursday July at 1700 hours and left a message. did not answer and I left a voicemail.
inte obs	8/16 – 1237 hours. I returned the call of FF agreed. agreed to an audio recorded arrivew. was working as the SFD Battalion Chief on the date of the OIS. arrived and served Fire Fighters and Officers working on made contact with a sergeant that did not name. only other role was to confirm the transport corridor for Medic 10. I wholeaded the video to DEMS and the digital case file.
inte Me	8/16 – 1248 hours. I made contact with FF and and agreed to an audio recorded erview. The reported reported regard right leg wound with other Fire Fighters and dics. The told me also prepared a couple of IV bags. Ided not participate in the asport. I downloaded the video to DEMS and the digital case file.
97.7/1	9/16 – Workday consisted of DICV Video review.
98.7/2	20/16 - 0800 hours to 1700 hours SPD Range qualification and training.
	21/16 – 0800 hours. I received an update from Detective via e-mail dated on Wednesday 20/2016. attorney advised Detective that will not be able to interview attorney.
	0830 hours I responded to SPD Headquarters to attend the FRB of an unrelated case estigation by fellow Detective

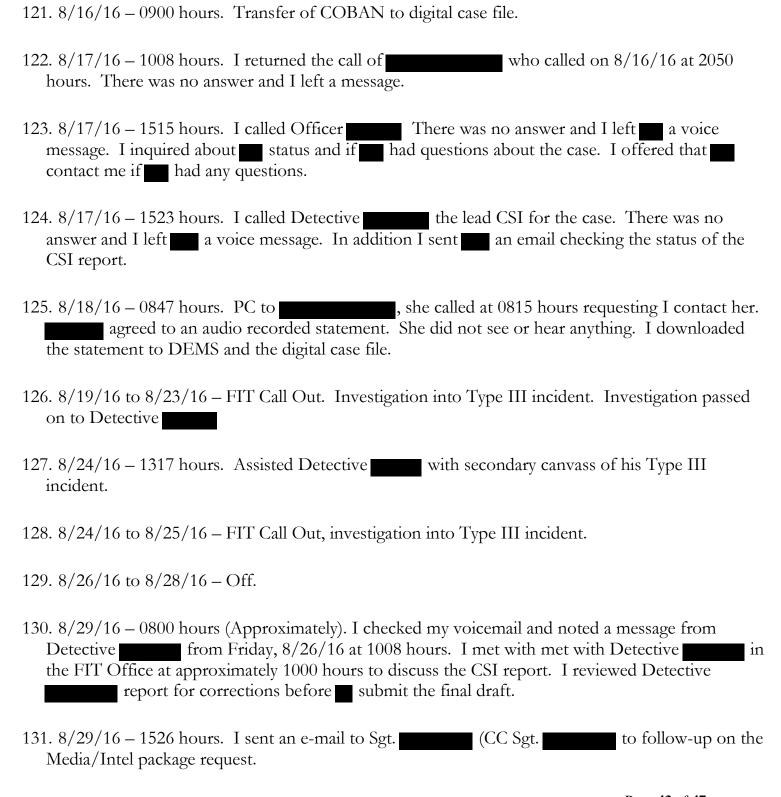


100. 7/22/16 – 0800 hours to 1700 hours. Reviewed and organized the FIR and digital case file to determine tasks needing completed.
101. 7/23/16 – 1030 hours to 1430 hours. DICV review of Officers
102. 7/24/16 – Off.
103. 7/25/16 – 0918 hours. I called the office of Medic 10. I spoke with who assists with the Medic program. She told me Medic was out on a run and Medic student was in training for the day. She stated she would leave them messages to call my desk phone.
104. 7/25/16 – 0926 hours. I called SFD station for Ladder 3. I left messages for FF and FF
105. 7/25/16 – 1007 hours. Detective updated me on the case via e-mail. arraignment is set for August 9 th , after which, the prosecutor's office will assign a prosecutor. He still currently charged with Assault 3 (non –DV on the nurse), Assault 2 (non – DV on the officer) and Assault 2 DV (on ———————————————————————————————————
106. 7/25/16 – 1030 hours. SFD FF called and agreed to an audio recorded statement. was the driver of Ladder 3 on the day of the OIS. assisted by grabbing needed equipment and placing oxygen on reported did not have much patient contact. The statement was added to DEMS and the digital case file.
107. 7/25/16 – 1116 hours. I called UW Medical Records and requested the current records be released.
108. 7/25/16 – 1600 hours (Approximately). A/ Captain requested I reach out to East Precinct CPT to extend an invitation to community members wishing to discuss the OIS.
109. 7/26/16 – 0952 hours. I called of Medic 10. agreed to an audio recorded interview. was working as a Fire Fighter Paramedic on the day of the OIS. reported responsibilities were to prepare IV lines and intubation of the patient if needed.

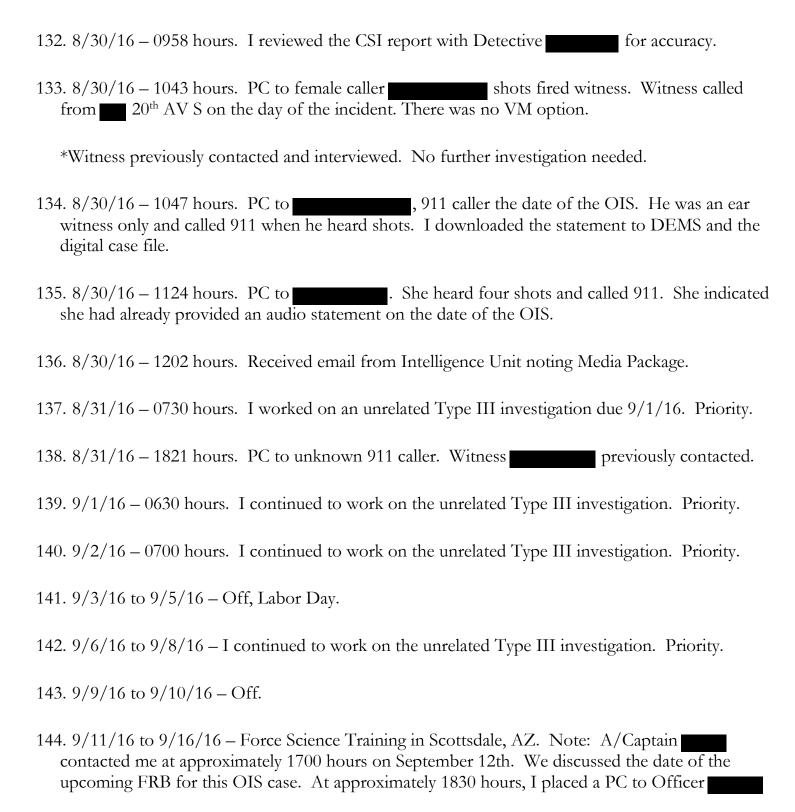


the necessary procedures and skills were performed. primary role was supervision. I downloaded the audio to DEMS and the digital case file.
110. 7/26/16 – 1009 hours, SFD FF contacted me regarding the incident agreed to an audio recorded interview was working on Ladder 3 on the day of the OIS reported the Seattle Officers did a good job of first aid on in opinion used an Israel trauma dressing and mostly treated right leg wound also recalled team assisted getting on a backboard. I downloaded the audio to DEMS and the digital case file.
111. 7/26/16 – 1202 hours. I sent Officer an e-mail inquiring about status and if had any questions about the case.
112. 7/26/16 – 1318 hours. I called Officer of the East Precinct Community Police Team. I left a message.
113. 7/27/16 – 0800 hours to 1700 hours. DICV review.
114. 7/28/16 – 0800 hours to 1700 hours. DICV review.
115. 7/29/16 to 8/8/16 – Vacation.
116. 8/9/16 – 0800 hours. medical records received. I added the records to the case file.
117. 8/10/16 – 1244 hours. I called Officer to update on the case. There was no answer and I left a message. At the completion of the day, I completed the review of all DICV videos
118. 8/11/16 – 0900 hours. I initiated the export of all COBAN videos.
119. 8/12/16 to 8/14/16 – Off.
120. 8/15/16 – 0830 hours. Export of COBAN video was completed.



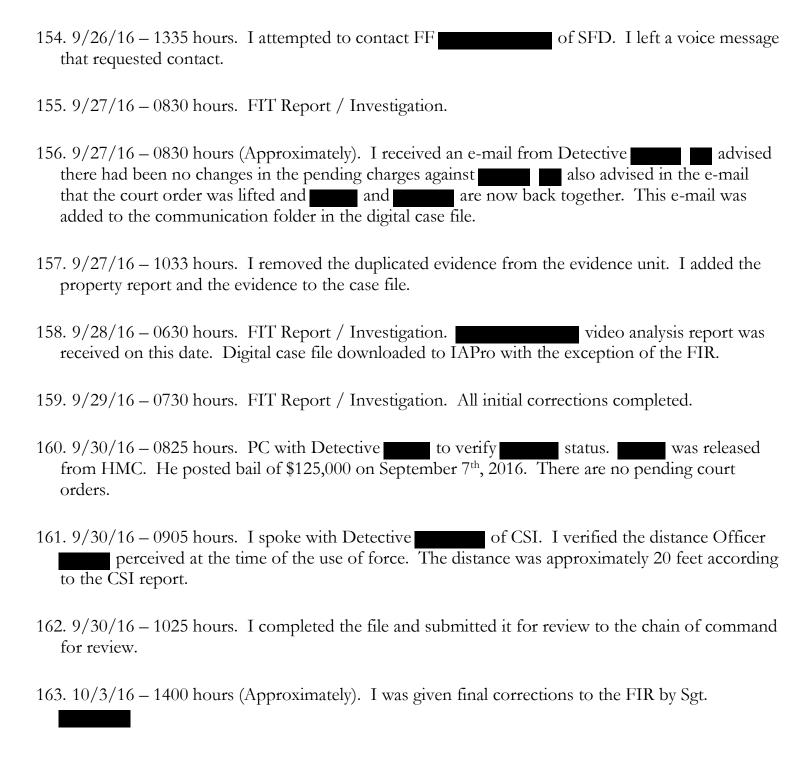








There was no answer and I left a voice message on personal cell phone. In the message I notified the FRB for case would be Tuesday, November 15, 2016. I followed the PC up with a text message to Officer as indicated to me early in the investigation, preferred text messages.
On September 15 th , 2016 at approximately 0709 hours, A/Captain contacted me regarding the report of of Forensic Video Solutions. At 0908 hours, I sent Forensic Video Solutions an e-mail. At approximately 0942 hours, I called Forensic Video Solutions and attempted to contact was out of town teaching and a message would be left for him. I advised A/Captain of my attempted contact.
145. 9/17/16 to 9/18/16 – Off.
146. 9/19/16 – 0900 hours (Approximately). Reviewed the file with Sgt.
147. 9/20/16 – 0800 to 1700 hours. FIT Report / Investigation.
148. 9/21/16 – 0700 to 1600 hours. ICC Training.
149. 9/22/16 – 0700 to 1600 hours. FIT Report / Investigation. I received an e-mail from dated September 20 th at 1940 hours. Mr. apologized for his late response and indicated he had been out of the country and just returned to Spokane. His e-mail stated he would provide an update when he returned to his office.
150. 9/22/16 – 1007 hours. I e-mailed Detective and inquired if there was any new development I needed to note in my file.
151. 9/23/16 to 9/25/16 – Off.
152. 9/26/16 – 0630 hours. FIT Report / Investigation.
153. 9/26/16 – 0830 hours (Approximately). I entered private citizen video into evidence. I later learned this task had been completed by Detective I advised Sgt. I advised Sgt. was advised to remove the duplicated evidence.





164. 10/4/16 –	0900 hours (Approxima	tely). Sgt.	advised me ther	e was a discrepancy in	
	' report that needed		\mathcal{C}	\odot	
believed other 19.96	was in relation to feet.	was conflicted. (One distance indic	ated 16.96 feet and the	
165. 10/4/16 –	1230 hours (Approxima sent him an e-mail :	• /		<u> </u>	у.
measured by communicat	of Officion was added to the case		was 16.96 fee	t. The e-mail	

 $166.\ 10/6/16 - 1330$ hours. I downloaded the FIR to IAPro.



Seattle Police Department

Seattle Police Headquarters 610 5th Ave Seattle, WA 98104

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