



CLOSED CASE SUMMARY

ISSUED DATE: NOVEMBER 18, 2024

FROM: DEPUTY DIRECTOR BONNIE GLENN, ON BEHALF OF DIRECTOR GINO BETTS, JR.
OFFICE OF POLICE ACCOUNTABILITY

CASE NUMBER: 2024OPA-0232

Allegations of Misconduct & Director's Findings

Named Employee #1

Allegation(s):		Director's Findings
# 1	16.130 – Providing Medical Aid, 16.130-POL-2 Sworn Employees Providing Medical Aid, 1. Recognizing the Urgency of Providing Medical Aid and the Importance of Preserving Human Life, Sworn Employees Will Request Medical Aid, if Needed, and Render Appropriate Medical Aid Within Their Training as Soon as Reasonably Possible	Not Sustained - Unfounded (Expedited)
# 2	16.110 – Crisis Intervention, 16.110-PRO-1. Referring a Subject for an Involuntary Behavioral Health Evaluation	Not Sustained - Unfounded (Expedited)

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:

Named Employee #1 (NE#1) responded to a request for a welfare check on Community Member #1 (CM#1) and arrested her for a felony warrant. The Complainant—a Downtown Emergency Service Center (DESC) employee—alleged that NE#1 should have requested medical aid for CM#1. It was also alleged that NE#1 should have hospitalized CM#1 under the Involuntary Treatment Act (ITA).¹

ADMINISTRATIVE NOTE:

During its intake investigation, OPA identified NE#1 failing to notify CM#1 that she was being audio and video recorded. OPA sent NE#1's potential violation of SPD Policy 16.090-POL-2(1) (Notification of Recording) to his chain of command for Supervisor Action.²

This case was approved for Expedited Investigation. That means OPA, with the Office of Inspector General's (OIG) agreement, believed it could issue recommended findings based solely on its intake investigation without interviewing the named employee. As such, OPA did not interview the named employee in this case.

¹ The ITA permits an officer to take into custody and deliver a person to a facility when the officer reasonably believes that such person is suffering from a behavioral health disorder and presents an imminent likelihood of serious harm or is in imminent danger because of being gravely disabled. See RCW 71.05.153(2).

² Supervisor Actions generally involve a minor policy violation or performance issue the employee's supervisor addresses through training, communication, or coaching. See OPA Internal Operations and Training Manual section 5.4(B)(ii).



On June 27, 2024, OIG certified OPA's investigation as thorough, timely, and objective.

SUMMARY OF INVESTIGATION:

On May 22, 2024, the Complainant submitted an OPA complaint. It stated that CM#1 was partially undressed, minimally responsive, and laying next to an elevator, but first responders declined to respond to what they perceived as a nonemergent situation. It also stated that SPD officers responded and arrested CM#1 based on a warrant. The Complainant alleged that CM#1's arrest was inappropriate, believing that this medical call led to a nontherapeutic encounter with no on-site clinical assessment.

OPA investigated the complaint by reviewing the computer-aided dispatch (CAD) call report, body-worn video (BWV), and arrest report. OPA also interviewed the Complainant.

On May 20, 2024, at 2:59 AM, CAD call remarks noted, "IN FRONT OF ELEVATORS ON 2ND [FLOOR], RESIDENT CURLED IN FETAL POSITION, PANTS AROUND ANKLES, NOT VERBALLY RESPON[S]IVE WHEN STAFF SPEAKS TO HER, ONLY ROCKS IN PLACE, POSSIBLE HIGH/INTOX[ICATED], NO [WEAPONS]."

NE#1 responded to the incident location and activated his BWV, capturing the following:

NE#1 approached backing officers and told them he would arrest CM#1 for a felony warrant.³ NE#1 and the officers entered the DESC building and contacted an employee, who expressed concern about CM#1 laying in the fetal position and being nonresponsive. That employee said the Seattle Fire Department (SFD) declined to respond, and then he escorted NE#1 and the officers to CM#1, who was laying in the fetal position next to the elevator. NE#1 asked CM#1 to move away from the elevator for her safety, but she was nonresponsive. NE#1 and an officer stood CM#1, who groaned and spoke incoherently. NE#1 asked whether CM#1 needed medical attention, but CM#1 declined. NE#1 handcuffed CM#1 and told her she had a felony warrant. CM#1 cried as NE#1 and the officers escorted her outside, where dispatch radioed a verified felony warrant. An officer transported CM#1 to the North Precinct.

NE#1's arrest report was consistent with BWV observations.

On June 3, 2024, OPA interviewed the Complainant. The Complainant expressed confusion about why SPD officers responded to a medical call requiring medical attention for CM#1.

ANALYSIS AND CONCLUSIONS:

Named Employee #1 – Allegation #1

16.130 – Providing Medical Aid, 16.130-POL-2 Sworn Employees Providing Medical Aid, 1. Recognizing the Urgency of Providing Medical Aid and the Importance of Preserving Human Life, Sworn Employees Will Request Medical Aid, if Needed, and Render Appropriate Medical Aid Within Their Training as Soon as Reasonably Possible

The Complainant alleged that NE#1 inappropriately arrested CM#1 when CM#1 required medical attention.

³ NE#1's arrest report stated that he performed a records check on the CM#1, saw her mugshot, and found an unverified felony warrant and an unverified misdemeanor warrant.



Recognizing the urgency of providing medical aid and the importance of preserving human life, sworn employees will request medical aid, if needed, and render appropriate medical aid within their training as soon as reasonably possible. SPD Policy 16.130-POL-2(1).

NE#1 had no reason to believe that CM#1 required medical attention. Although the DESC employee expressed concern about CM#1, his description of CM#1's behavior did not suggest she was injured. In fact, SFD declined to respond to CM#1, further indicating that CM#1 was uninjured. CM#1 declined medical attention, and BWV depicted CM#1 with no apparent signs of injury. NE#1 had no legitimate basis to request medical aid under these circumstances.

Accordingly, OPA recommends this allegation be Not Sustained – Unfounded (Expedited).

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

Named Employee #1 – Allegation #2

16.110 – Crisis Intervention, 16.110-PRO-1. Referring a Subject for an Involuntary Behavioral Health Evaluation

It was alleged that NE#1 should have hospitalized CM#1 under the ITA.

When referring a subject for an involuntary behavioral health evaluation, an officer must determine that the subject may be eligible for evaluation, determine that the subject meets the involuntary behavioral health evaluation criteria pursuant to RCW 71.05.153(2), and screen the incident with a sergeant. SPD Policy 16.110-PRO-1. The sergeant must review the incident and advise the officer whether to order the evaluation. *Id.*

CM#1 could have been high, intoxicated, or in crisis because she was laying in the fetal position next to an elevator and unresponsive to DESC and SPD contacts. However, insufficient facts suggested CM#1 posed an imminent threat of harm to herself or others. Mandating hospitalization under these circumstances would have been unwarranted.

Accordingly, OPA recommends this allegation be Not Sustained – Unfounded (Expedited).

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