


Issued Date: December 8, 2025

From: Director Bonnie Glenn
Office of Police Accountability



Case Number:2025OPA-0235

Allegations of Misconduct & Director's Findings

Named Employee #1

- 1. Allegation #1: 15.080-POL-1 Follow-Up Unit Notification 2. Sergeants of Primary Investigating Units are Required to Notify Appropriate Follow-Up Unit Sergeants of Certain Incident on a 24-Hour Basis**

Finding: Sustained

- **Imposed Discipline: Written Reprimand**
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This Closed Case Summary (CCS) represents the opinion of the OPA Director regarding the misconduct alleged and therefore sections may be written in the first person.

Executive Summary:

Community Member #1 (CM#1) was driving a one-wheeled scooter when he was struck in a hit-and-run collision, resulting in CM#1 fracturing his femur and other injuries. Named Employee #1 (NE#1), a sergeant, responded to the call but did not screen the incident with SPD's Traffic Collision Investigation Section (TCIS). The Complainant, CM#1's partner, alleged NE#1 violated policy by not screening the call with TCIS and failing to conduct a thorough and complete investigation

Administrative Note:

On August 25, 2025, the Office of Inspector General certified OPA's investigation as thorough, timely, and objective.

Summary of the Investigation:

OPA investigated by reviewing the Complainant's written complaint, the computer-aided dispatch (CAD) call report, SECTOR collision report, body-worn video (BWV), and 911 call audio. OPA also contacted the Complainant, who declined to provide a recorded interview noting that her written complaint was comprehensive. OPA also interviewed NE#1.

1. OPA Complaint

In her complaint, the Complainant described the May 25, 2025, hit-and-run collision against CM#1. The Complainant wrote CM#1 suffered a broken left femur, two broken vertebrae, a fractured tailbone, and other injuries resulting in a week-long hospitalization, surgeries, extreme pain, and life disruption. The Complainant also provided a description and observations of the suspect vehicle. The Complainant said "weeks passed" without follow up despite her attempts to call the East Precinct. The Complainant described conducting her own investigation "out of desperation" and learning of witnesses and possible private security video, going so far as to request its preservation. The Complainant wrote that she contacted TCIS and her councilmember on June 7. She said she heard back from her councilmember's staff on June 9 and, on June 10, was contacted by a TCIS detective who told her, "this case should have been referred to his department right away, but it hadn't been referred at all." The Complainant alleged that the lack of intervening investigation may have led to lost evidence, the suspect repairing their vehicle, and fading witness memories. She asked for a clear explanation as to why this case was not referred to TCIS immediately and for oversight and accountability, so this incident was not repeated in the future. In her brief phone call with the OPA investigator, the Complainant described the TCIS detective as "pretty responsive" and noted she did not "want anyone to get in trouble," but would like this to not recur.

2. Collision Report

OPA reviewed the collision report entered by Officer #1, the primary officer. Officer #1 recounted his conversation with Officer #2, an earlier-arriving officer. The report described the call notes, identified two witnesses with contact information, described the alleged mechanics of the crash, provided the suspect's direction of flight, described the suspect's vehicle, and listed suspect's gender and race. The report noted responding officers located debris from the collision and that SFD responded and transported CM#1 to the hospital for a "possible broken or fractured left leg and reported pain to his tailbone." The collision report also included a diagram that indicated CM#1 was rear ended by the suspect vehicle. The report was completed on May 25, 2025, the collision date. NE#1 approved the report the same day.

After the collision report was completed, it was automatically imported to SPD's case management system. On May 28, a case jacket was created for TCIS by a data center employee. On May 30, the case and attachments were viewed by a TCIS acting sergeant and SPD public

information officer. The TCIS acting sergeant inactivated the case that same day. On June 9, 2025, the case was reactivated and assigned to the TCIS detective.

3. Body-Worn Video

Review of the body-worn video (BWV) showed the following.

Officer #3 was the first officer to arrive on scene. SFD also responded. Officer #3 and SFD members began rendering aid to CM#1, who stated their tooth was broken and the buttocks hurt. Other officers arrived. Officer #2 interviewed two witnesses to the collision then briefed Officer #1, who offered to take primary on the collision. Officer #2 informed Officer #1 that CM#1 had a broken left leg and other injuries. NE#1 also arrived and, later, Officer #3 broadcast over the radio that CM#1 had a broken left leg—this was clearly audible from NE#1’s radio.

NE#1 reviewed SPD Manual 15.080 at his police vehicle. The relevant section states: “The Traffic Collision Investigation Section (TCIS) ([phone number]) is contacted for a possible response for certain collisions. See manual section 15.260 – Collision Investigations for information concerning TCIS call out procedures.” NE#1 then entered his police vehicle and reviewed his mobile data terminal (MDT) for about eight minutes. NE#1 appeared to look through SPD Policy 15.260.

NE#1 left his police vehicle and spoke with Officer #1, who reiterated that Officer #3 had broadcast CM#1 had a broken leg. NE#1 asked SFD members about CM#1’s injuries. SFD informed NE#1 that CM#1 had an “isolated” injury to his left leg. Another SFD member told NE#1 that CM#1 had a “femur injury.” Officer #1 told NE#1 he would clarify further with the medic. NE#1 then instructed another officer to take photographs. SFD transported CM#1 to the hospital. NE#1 did not screen the case with TCIS before departing.

4. OPA Interview – Named Employee #1

In his OPA interview, NE#1 stated he was aware CM#1 probably had a fractured left leg. He described reviewing policy at the scene to determine whether he should notify TCIS. NE#1 stated he saw he was required to notify TCIS for hit-and-run collisions with “serious bodily injury,” but he was unsure whether a leg fracture qualified. He described searching unsuccessfully for an email he remembered that could clarify the issue.

NE#1 stated that he now realizes he was required to call TCIS. He stated the information he needed—the definition of a “serious bodily injury”—was on the preceding page of the one he was reviewing. NE#1 said that, not finding this information, he relied on his experience and judgment. He recounted that, in his experience, TCIS only responded when a person had died or was likely to die, or when a suspect was in custody.

NE#1 described being overwhelmed with trying to understand the manual while also managing the scene. NE#1 described feeling that the definition of “serious bodily injury” should have been listed

later in the policy and that “the way the policy was structured” made him more overwhelmed and contributed to his confusion. OPA asked if NE#1 called anyone for help, which he denied stating, “At the time ... I didn’t think I need[ed] any assistance.”

5. SPD Policy Manual Screenshots

SPD Policy 15.080-POL-1(2)(n) appears electronically as follows:

n. The Traffic Collision Investigation Section (TCIS) ((206) 684-8923) is contacted for a possible response for certain collisions. See manual section [15.260 - Collision Investigations](#) for information concerning TCIS call out procedures.

SPD Policy 15.260-POL-6 appears electronically as follows, with a page break indicated:

6. TCIS Responds to Certain Collisions

Serious Bodily Injury – involves a temporary but substantial disfigurement, or which causes a temporary but substantial loss or impairment of the function of any bodily part or organ, or which causes a fracture of any bodily part.

15.260-Collision Investigations

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Special consideration should be given for a TCIS response for serious injuries to persons over 70-years-old or under 5-years-old.

TCIS is called for any collision involving:

- Death or injury likely to cause death
- Collisions where there is probable cause for vehicular homicide, vehicular assault, or hit-and-run investigations with serious bodily injury
- Collision during a police pursuit that results in serious injuries to any party
- Collisions involving City equipment with serious bodily injury

A sergeant may screen any incident with TCIS. Officers will document if TCIS was contacted and what direction was provided.

Sworn employees will try to protect the scene and secure evidence.

Analysis and Conclusions:

Named Employee #1 – Allegation #1

1. 15.080-POL-1 Follow-Up Unit Notification 2. Sergeants of Primary Investigating Units are Required to Notify Appropriate Follow-Up Unit Sergeants of Certain Incident on a 24-Hour Basis

The Complainant alleged that NE#1 failed to notify TCIS when he was required to do so.

SPD policy requires sergeants of primary investigations to notify appropriate follow up units on a 24-hour basis. SPD Policy 15.080-POL-1(2). TCIS is contacted for a possible response for certain collisions as set forth in 15.260 – Collision Investigations. SPD Policy 15.080-POL-1(2)(n). SPD Policy 15.260-POL-6 defines “serious bodily injury” to include “a fracture” of any bodily part.” The policy requires a TCIS call for “hit-and-run investigations with serious bodily injury.” The policy continues: “A sergeant may screen any incident with TCIS. Officers will document if TCIS was contacted and what direction was provided.”

It is beyond dispute that NE#1 failed to follow the policy in this instance. CM#1 was hit in a hit-and-run collision resulting in a broken femur, which NE#1 knew with reasonable certainty¹ at the time of the incident. This required NE#1, as the primary sergeant, to call TCIS. His failure to do so potentially resulted in the concerns flagged by the Complainant: potentially lost evidence, opportunities for the suspect to mask their crime, and faded memories. Even if TCIS declined to respond, at least that decision would have been made knowing there was a recent scene to investigate. By not immediately screening this incident with TCIS, the first opportunity for this case to be reviewed was five days later, when the case was inactivated by the TCIS acting sergeant.

The more difficult question for OPA is whether NE#1’s failure to follow policy in this instance constituted misconduct. OPA finds that, more likely than not, it did and recommends a Sustained finding for the following reasons.

First, OPA reviewed NE#1’s explanation that his failure to follow policy was due to the way the policy was structured. Notably, NE#1 cited feeling overwhelmed and the fact that the definition of “serious bodily injury” was provided on the page preceding the one he was reviewing. OPA is not persuaded by this. BWV showed NE#1 apparently reviewing policy for about eight minutes. He first appeared to review 15.080, which provides the phone number for TCIS and—in electronic

format, which NE#1 had access to through his MDT—a hyperlink to 15.260. In 15.260, the header for POL-6 (TCIS Responded to Certain Collision) is immediately followed by the definition of “**Serious Bodily Injury**” (emphasis in original). Although OPA understands this may have been more obvious to NE#1 if it all appeared on a single page, the policy is still remarkable clear in providing the definition. OPA is not going to recommend policy changes based on the placement of page breaks in policy.

Second, to the extent NE#1 was unclear whether a fractured leg qualified as a serious bodily injury, he did not appear to seek clarification and, instead, relied on his experience. He noted in his OPA interview, however, that he had limited experience with hit-and-runs without a suspect in custody or life-threatening injuries. Given this limited experience, he should have done more. At a minimum, he could have reached out to another sergeant or his supervisor. Importantly, immediately following the section of policy NE#1 said he reviewed, the policy states, “A sergeant may screen any incident with TCIS.” Under these circumstances and with the time he had, it was not reasonable for NE#1 to guess.

Finally, OPA has already issued NE#1 two prior training referrals concerning his failure to appropriately screen or investigate incidents in his capacity as a superior officer. In 2020OPA-0300, OPA found that NE#1, while acting as a field training officer, approved a mistitled report and failed to screen an auto theft with the Auto Theft Unit as required by policy. In 2021OPA-0552, OPA found that NE#1 did not conduct a preliminary inquiry into bias-based policing when required by policy.

Ultimately, OPA recognized that the purpose of the disciplinary process is to ensure future compliance with policy, not to needlessly punish for simple missteps. To that end, OPA appreciates NE#1’s recognition in his OPA interview of how to better handle a similar incident in the future. But OPA finds that a Sustained finding is still indicated here given NE#1’s prior training referrals, his recognition in the moment that he was unsure about whether this needed to be screened, and the level of potential impact this had on CM#1, the Complainant, and the ability of TCIS to immediately respond to the scene of this hit-and-run collision.

Accordingly, OPA recommends this allegation be Sustained.

Recommended Finding: **Sustained**

Named Employee #1 – Allegation #2

1. 15.180 – Primary Investigations, 15.180-POL 1. Officers Shall Conduct a Thorough and Complete Search for Evidence

The Complainant alleged that NE#1 did not conduct a thorough and complete search for evidence.

SPD Policy 15.180-POL-1 requires that, in primary investigations, officers conduct a thorough and complete search for evidence.

On review, OPA was unable to identify any specific evidence NE#1 or other responding officers did not collect that would have been required of a primary investigation. To the extent that additional follow up should have been conducted, OPA finds the root cause of this not being done was NE#1's failure to notify TCIS immediately. OPA finds this allegation is duplicative and should be removed.

Accordingly, OPA recommends this allegation be removed.

Recommended Finding: **Allegation Removed**

Footnote 1: OPA notes that NE#1 commented at the scene that it was a "possible" fracture. However, at this juncture, Officer #3 had already broadcast that CM#1 had a broken leg and there SFD provided NE#1 with sufficient information that there was an isolated femur injury. NE#1 also noted in his OPA interview that he knew CM#1 likely had a broken leg. To the extent NE#1 was unsure whether CM#1's leg was broken, or his decision-making turned on this point, he had ample opportunity to clarify that with SFD or Officer #1, who did so.