

RESPONSE TO RESISTANCE – USE OF FORCE

PREAMBLE:

The Omaha Police Department (OPD) places the **highest priority on the sanctity of human life**, and requires OPD officers to act with the foremost regard for the preservation of human life, and the safety of all persons involved. Inappropriate or excessive use of force is not only fundamentally wrong, it damages public partnerships and diminishes the public trust that is a cornerstone of policing in a free society.

OPD officers are granted the responsibility and authority to apprehend criminal offenders and protect life and property, and are vested with lawful authority to use force to protect public welfare. The OPD seeks to gain subjects' voluntary compliance, when consistent with personal safety, to eliminate the need to use force, or to reduce the force that is needed. Officers are expected to utilize de-escalation techniques to provide themselves with more flexibility during potential use of force situations; however, the OPD recognizes officers are often forced to make split-second decisions about the amount of force, if any, that is necessary in a particular situation, in circumstances that are tense, uncertain, and rapidly evolving. This requires a careful balancing of competing interests, but apprehension of criminal offenders must, at all times, be subordinate to the protection of innocent human life.

POLICY:

It is the policy of the Omaha Police Department (OPD) that officers will use only that amount of force which is objectively reasonable to take a subject into custody, or otherwise bring an incident under control, while protecting the safety of the officer and others. Furthermore, it is the policy of the OPD that officers will use appropriate de-escalation techniques during potential use of force situations, will safely intervene when possible to stop any observed unreasonable force incidents, and will promptly report any observed unreasonable force incidents to a supervisor. Whether a use of force is reasonable is tested by balancing the type and quality of intrusion on the individual's rights against the governmental interests at stake. Officers maintain the right to self-defense and have a duty to protect the lives of others, and nothing in this policy requires officers to take actions, or fail to take actions, that unreasonably endanger themselves or others.

DEFINITIONS:

Deadly Force: Any use of force that is likely to cause death or serious bodily harm.

De-escalation: The strategic slowing down of an incident in a manner that allows officers more time, distance, space and tactical flexibility during dynamic situations.

Duty to Intervene: The responsibility incumbent upon OPD officers, when a reasonable opportunity exists, to stop or make every reasonable effort to stop a fellow officer from using force that is clearly beyond that which is objectively reasonable under the circumstances.

Duty to Report: The responsibility incumbent upon OPD officers who intervene in a fellow officer's excessive or unreasonable force incident, or officers who otherwise witness such an incident, to promptly (1) report their observations to a supervisor, and (2) document their observations and actions on a Chief's Report (OPD Form 214).

First-Aid: Care or treatment given to an ill or injured person before regular medical aid can be obtained. It usually consists of one-time, short-term treatment, such as bandaging cuts, applying a tourniquet to stop heavy bleeding, and providing hands-only CPR, etc.

Force: Any physical effort used to control or restrain a subject, or to overcome the resistance of a subject.

Involved Officer: Any officer who uses force and/or discharges a weapon, and their actions result in the serious bodily injury or death of a subject.

Less-Lethal Force: Any use of force other than that which is considered deadly force.

Low Lethality Target Areas: Areas of the body that when struck have a low risk of causing serious bodily injury and will most likely only cause temporary discomfort. Motor nerve points, soft tissue areas, pit of the abdomen, and extremities of the body are low lethality target areas. The head will typically not be considered a low-lethality target area. The head may be such a target area only if, considering the nature, location of the strike, and the type of strike, there is a low degree of risk for serious bodily injury.

Objectively Reasonable Force: The amount of force that a reasonable officer would use when faced with the circumstances presented. An officer's use of force is governed by the reasonableness standard set forth in *Graham v. Connor*. The inquiry is an objective one. The question is whether the facts and circumstances make the force reasonable without regard to the officer's underlying intent or motivation. The reasonableness of a particular use of force will be judged from the perspective of a reasonable officer on the scene, rather than with the 20/20 vision of hindsight.

Reasonable Belief: A belief that a reasonably prudent officer would hold given the facts and circumstances the officer knows or should know.

Serious Bodily Injury: Injury that creates a substantial risk of death, permanent disfigurement, or long-term loss or impairment of function of any bodily member or organ.

Vital Target Areas: Areas of the body that when struck with an empty hand tactic, a baton, or an improvised impact weapon have a high risk of causing serious bodily injury. These areas include: the midline of the neck, the spine, the sternum, the groin, the joints, the kidneys and, as described herein, areas of the head.

PROCEDURE:

I. Officer Priorities, Variables, and Options

- A. The OPD's highest priority is the sanctity of human life. In all aspects of their conduct, OPD officers shall act with the foremost regard for the preservation of human life and the safety of all persons involved.
 - 1. When safe under the totality of circumstances, and when time and circumstances permit, officers will use or attempt to use de-escalation techniques consistent with their training to provide themselves with more time, distance, space, and tactical flexibility in potential use of force situations.
 - 2. Officers will render first-aid to subjects who have been injured as a result of police actions, as is consistent with their training, and will promptly request medical assistance.
- B. OPD officers will demonstrate the highest degree of ethical behavior and professional conduct at all times.
- C. In determining what degree of force is objectively reasonable, officers shall evaluate the totality of circumstances at the time of the event, including, but not limited to, the following.
 - 1. The seriousness of the crime.
 - 2. The level of threat or resistance presented by the subject.
 - 3. The danger presented, including whether or not the subject poses an immediate threat to the safety of the officer(s) or others.
- D. The OPD realizes and acknowledges that during intense, uncertain, and/or rapidly evolving confrontations it may be reasonable for officers to use improvised techniques and weapons that

are not a part of OPD's formal training program. However, the Department expects that its training and policies will be followed except in rare and unique circumstances, and the use of improvised techniques and weapons will be an exception which is justified by the totality of the circumstances.

- E. When determining the reasonableness of an officer's actions, the totality of the circumstances will be considered. Circumstances such as the size disparity between the officer and the subject, the number of potential assailants and officers, environmental risk factors, and any other circumstances that can be articulated which would aggravate the danger level for officers or citizens will be considered.
- F. The use of excessive or unwarranted physical force is prohibited and will not be tolerated.
 - 1. Officers have a duty to intervene, if a reasonable opportunity exists, when they witness a fellow officer using force that is clearly beyond that which is objectively reasonable under the circumstances, in an effort to stop or attempt to stop the officer from using such force.
 - 2. Officers who intervene in an excessive or unreasonable force situation, or who otherwise witness such an incident, have a duty to report their observations by promptly informing a supervisor of the incident, and documenting their observations and actions on a Chief's Report (OPD Form 214).
- G. When appropriate, a supervisor will promptly respond to the scene during incidents that require a multiple-officer response (see [Radio Procedures - Dispatch, Talk Groups, and Call Prioritization](#) policy).
 - 1. If an "In Progress" or "Just Occurred" radio call or officer-initiated incident requires dispatch of more than two (2) officers, 911 will notify and dispatch the area sergeant, if available, to act as a third responder to the call.
 - 2. When four (4) or more officers are dispatched to any radio call or officer-initiated incident, regardless of the call/incident priority status, a supervisor shall be dispatched to the scene.

II. Authorization

- A. Where deadly force is not authorized, officers will use discretion to determine which less-lethal technique or less-lethal weapon will best de-escalate the incident and bring it safely under control.
- B. Officers are authorized to use Department-approved less-lethal force techniques and issued equipment to:
 - 1. Protect themselves, or others, from physical harm.
 - 2. Restrain or subdue a resistant individual.
 - 3. Bring an unlawful situation effectively and safely under control.
- C. The OPD does not authorize the use of choke holds, and officers are expressly prohibited from using any type of choke hold against a subject.

III. Defense of Life

- A. Officers may use a firearm or other deadly force in the performance of their duties to defend themselves or others from what is reasonably believed to be imminent threat of death or serious bodily injury.
 - 1. Officers are prohibited from using deadly force against individuals who pose a danger only to themselves.

NOTE: This prohibition is not intended to limit officers' options to respond when a potentially self-harming subject demonstrates behavior that also endangers officers or other persons.

- B. Before using a firearm or other deadly force in defense of self or others, officers will attempt to give loud verbal warnings/commands, if possible.

NOTE: Due to the complexity of deadly force confrontations, the ability to give verbal commands may not be feasible in all situations.

IV. Use of Deadly Force to Make a Lawful Arrest

- A. The justification for the use of deadly force to make a lawful arrest is extremely limited. Officers shall strictly adhere to the Nebraska Statutory guidance below.
- B. The use of deadly force to make a lawful arrest is NOT justifiable per [NRS §28-1412](#) unless:
 - 1. The arrest is for a felony.
 - AND –
 - 2. Such person making the arrest is authorized to act as a peace officer or is assisting a person whom they believe to be authorized to act as a peace officer.
 - AND –
 - 3. The officer believes that the force employed creates no substantial risk of injury to innocent persons.
 - AND –
 - 4. The officer believes that:
 - a. The crime for which the arrest is made involved conduct including the use or threatened use of deadly force.
 - OR –
 - b. There is substantial risk that the person to be arrested will cause death or serious bodily harm if the apprehension is delayed.
- C. A fleeing felon shall not be presumed to pose an immediate threat of death or serious bodily injury if apprehension is delayed. The threat shall exist based on additional and separate articulable facts and circumstances.
- D. Before using a firearm or other deadly force to make a lawful arrest, officers will attempt to give loud verbal warnings/commands, if possible.

NOTE: Due to the complexity of deadly force confrontations, the ability to give verbal commands may not be feasible in all situations.

V. Use of Firearms

A. In addition to the reasons listed above, officers may use a firearm in the performance of their duties to:

1. Give alarm, or call for assistance, when no other means is available.
2. Kill a dangerous animal, or kill an animal so badly injured that humanity requires its removal from further suffering.

NOTE: All attempts will be made to request assistance from the agency (i.e., Humane Society, game warden, zoo representative, etc.) responsible for disposal of animals. Destruction of vicious animals will be guided by the same rules set forth for self-defense and defense and safety of others.

B. Officers will follow these guidelines when using firearms in the line of duty:

1. No distinction will be made relative to age or gender of the intended target of deadly force.
 - a. The only guideline for employing deadly force in defense of self or others will be whether or not an imminent threat of death or serious bodily harm is present.
2. Officers shall not discharge their firearm at or from a moving vehicle unless one of the following situations exists.
 - a. A person in the vehicle is immediately threatening the officer or another person with deadly force by means other than the vehicle.
 - b. The vehicle is being used as a weapon to cause a mass casualty event (i.e., driving into a crowd).
 - c. The officer is unable to retreat for a reason that is clearly articulable.

NOTE: The moving vehicle itself does not presumptively constitute a threat that justifies an officer's use of deadly force. An officer threatened by an oncoming vehicle will, when possible, move out of its path instead of discharging a firearm at the vehicle or any of its occupants.

3. Caution shall be exercised to prevent injury to innocent bystanders as a result of firing a firearm.
4. Warning shots will not be used by officers in effecting any type of arrest.
5. The playful drawing or unnecessary exhibition of any weapon is forbidden.

VI. Use of Force Subject Categories and Officer Responses

A. Officers interact with five (5) types of subjects. Each subject category may require a different officer response depending on the subject's behavior.

1. As a subject's behavior changes during the interaction, the officer's response must escalate or de-escalate accordingly.

2. The officer's response to the subject interaction may be lower than the responses listed for the subject category.
3. The officer's response will use the least amount of force necessary to control the subject.
4. Officers shall be cognizant that not all persons respond to use of force and/or pain compliance techniques in the same manner. When any officer response technique, after repeated attempts, does not appear to be effective, officers will consider alternative officer response techniques or methods, including de-escalation, to control the subject/situation.

B. **Cooperative Subjects:** Cooperative interactions with subjects are defined as interactions with another person to achieve a particular goal. No physical force is needed to gain cooperation. The majority of interactions with subjects fit into this category. Cooperative individuals respond in a positive way to professional presence and are easily directed with verbal requests and demands. Cooperative Subjects allow control or searching to take place with no resistance. General control is achieved by the use of non-verbal actions, such as gestures, stance, and facial expressions.

1. Cooperative Subject officer responses include the following:
 - a. **Professional Presence:** The presence of an officer, either uniformed or plain clothes, acting in an official capacity, who have identified themselves by clothing, word, identification, or action.
 - b. **Non-verbal Directions/Commands:** This includes but is not limited to gestures, stances, and facial expressions.
 - c. **Verbal Commands:** Lawful orders given as direction to a subject to perform a specific action.
 - d. **Control, Handcuff, Search:** Escorting of a subject, handcuffing per OPD policy, and/or performing a pat-down or other lawful search of a subject.

C. **Passively Resistive Subjects:** Passively Resistive Subjects interact with officers by failing to follow the lawful orders of the officers. Most commonly, these subjects will fail to complete a physical action upon lawful direction. An example of a Passively Resistive subject is one who, when lawfully ordered to do so, fails to place their hands behind their back for handcuffing purposes but offers no physical resistance.

1. Passively Resistive Subject officer responses include the following:
 - a. **Control Holds and Leverage Techniques:** Utilization of strength, body weight, and/or trained techniques to attempt to get or maintain a position of control over a subject.
 - b. **Strength Techniques:** A maneuver performed by an officer to overpower and take control of a subject without using strikes or pressure points, or takedowns.
 - c. **Pressure Points/Joint Locks:** Locations on the human body that will, with adequate pressure, cause temporary discomfort to subjects in order to make them vulnerable to specific arrest and control techniques.

D. **Actively Resistive Subjects:** Actively Resistive Subjects interact with officers by physically impeding the officer's effort to exert control over them. They may display a number of actions including, but not limited to the following: running away, pulling away, flailing their arms, circling to face an officer, and/or knowingly hiding from law enforcement efforts to locate them.

1. An Actively Resistive Subject may simply assume a stance or posture that would reasonably indicate the subject will physically resist efforts to secure, control, or handcuff the subject. In these cases, the subject need not appear to be attacking the officer; but is simply using active conduct to not allow the officer to exert control over them.
2. Actively Resistive Subject officer responses include the following:
 - a. **Empty Hand Techniques (Low Lethality Targets):** The use of various parts of an officer's body (without use of a weapon or tool) directed to Low Lethality target areas on a subject in an attempt to get or maintain a position of control over a subject.
 - b. **Electronic Control Device (ECD):** An ECD is a battery powered device that uses propelled wires and probes, or direct contact, to conduct sufficient electrical energy to affect sensory and motor functions of human and animal nervous systems. The ECD's intended purpose is to temporarily incapacitate subjects and enable the officer to gain control without serious injury.
 - c. **Chemical Agent:** An approved chemical compound used to gain control of a subject. Chemical agents may be a solid, liquid, or gaseous substance that on dispersion in the atmosphere irritates mucous membranes in the eyes, nose, mouth, and lungs, and causes tearing of the eyes, sneezing, coughing, difficulty breathing, pain in the eyes, temporary blindness, etc.
 - d. **Pepperball Launcher:** Pepperball is a system that consists of a launcher and chemical agent projectiles. The projectiles contain a live active irritant compound engineered to burst on impact into a temporarily incapacitating cloud with no harmful after-effects. The purpose is to deploy the projectiles to saturate an area to gain control of a subject(s) and enable the officer to gain control without serious injury. Pepperball may also be used as a direct impact device for pain compliance.
 - e. **Takedown Techniques:** Manipulation of a subject's balance using force to move the subject to a grounded position to take control.
 - f. **Canine (K-9)/Police Service Dog (PSD):** A dog trained to aid the police by tracking subjects, detecting controlled substances, detecting explosives, recovering evidence, and assisting in locating and/or physically apprehending subjects.
 - g. **Impact Weapons:** An object intended to be used to strike a subject's Low Lethality Target Areas in a manner to create temporary motor dysfunction or mental distraction by creating pain.

NOTE: Officers shall articulate in the Chief's Report why lesser officer response would have been ineffective against Actively Resistive Subjects when an ECD or less-lethal launcher is used.

E. **Assaultive/High-Risk Subjects:** Assaultive/High-Risk Subject interactions include those in which there is a threat or unsuccessful attempt to do physical harm to the officer or others, causing a present fear of immediate harm; a violent physical attack; a situation in which the totality of

articulable facts would cause a reasonable officer to believe that a significant and credible threat of violence exists. The assaultive individual threatens an assault, attempts an assault, or physically assaults an officer or others. This category includes high-risk situations.

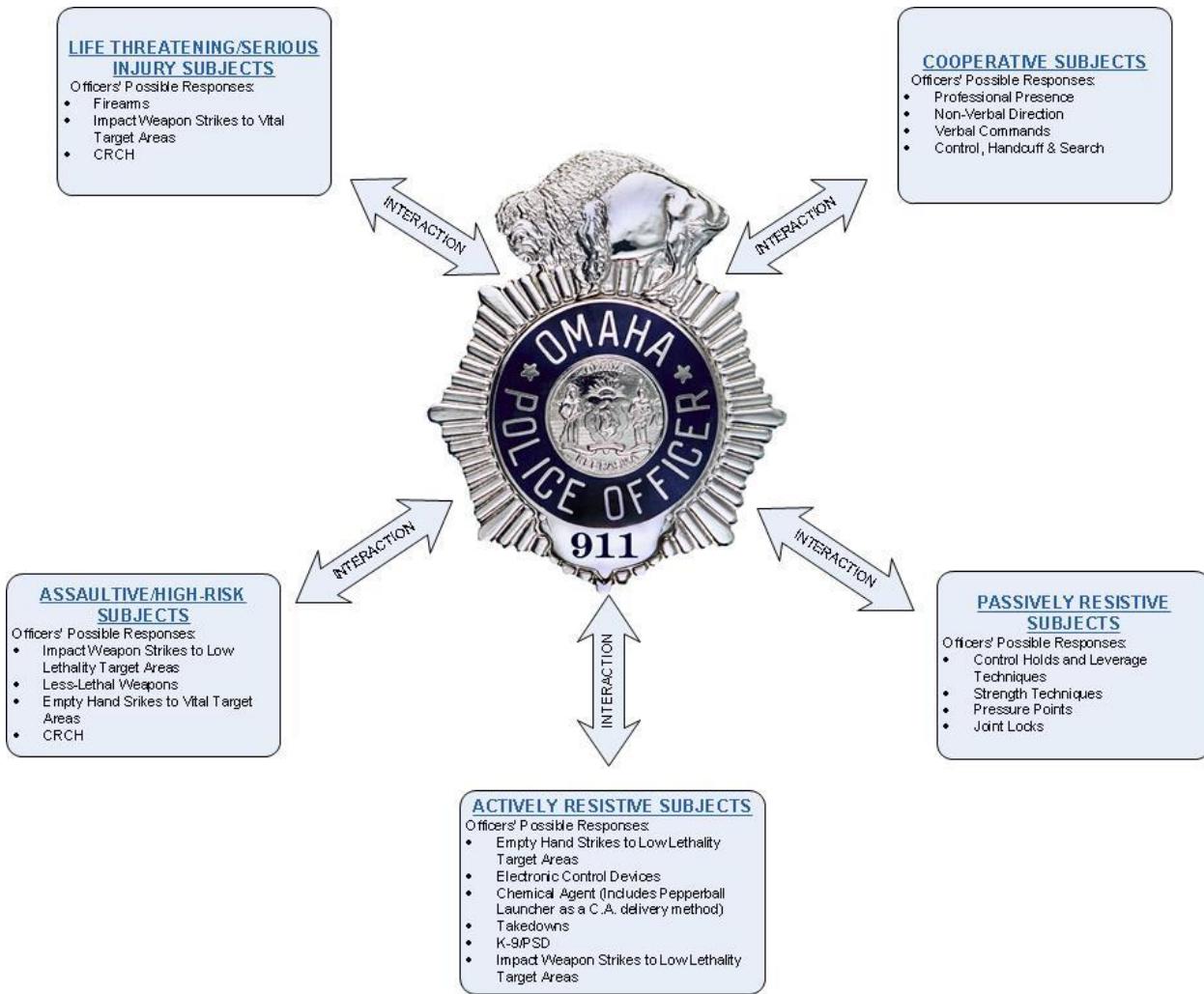
1. In Assaultive/High-Risk interactions, there is a reasonable likelihood of injury due to the assaultive actions or other significant threatened actions.
2. Assaultive/High-Risk Subject officer responses include the following:
 - a. **Impact Weapons**: An object intended to be used to strike a subject's Low Lethality Target Areas in a manner to create temporary motor dysfunction or mental distraction by creating pain.
 - b. **Less-Lethal Weapons**: Weapons that are not reasonably likely to cause death or serious bodily injury. A weapon will be considered less-lethal even if its deployment may, in rare cases, cause injury that results in death under unique circumstances.
 - c. **Empty Hand Techniques (Vital Targets)**: The use of various parts of an officer's body (without use of a weapon or tool) directed to Vital Target Areas on a subject in an attempt to get or maintain a position of control over a subject.
 - d. **Carotid Restraint Control Hold (CRCH)**: Neck restraint technique that relies on lateral compression of the arterial and venous systems within the neck, rather than the airway.

F. **Life-Threatening/Serious Bodily Injury Subjects**: Life-Threatening/Serious Bodily Injury Subject interactions encompass actions by suspects that are likely to immediately result in serious bodily injury or death of a person. These actions are reasonable cause for officers to use a deadly force response in self-defense or the defense of others. Officers shall continue to exercise caution that their use of deadly force does not unreasonably threaten the safety of fellow officers and/or innocent parties.

1. Life-Threatening/Serious Bodily Injury Subject officer responses include the following:
 - a. **Firearms**: A weapon, typically a pistol, rifle, or shotgun, capable of firing a projectile and using an explosive charge as a propellant.
 - b. Impact Weapon strikes to Vital Target Areas.
 - c. **Carotid Restraint Control Hold (CRCH)**: Neck restraint technique that relies on lateral compression of the arterial and venous systems within the neck, rather than the airway.

VII. OPD Officers' Use of Force Options

- A. Officers may use the below-illustrated techniques and weapons to control a subject.
- B. Officers' responses may include techniques and weapons from a lower subject category than the current subject interaction.
- C. Officers' responses will not include techniques and weapons from a higher subject category than the current subject interaction.



REFERENCES:

I. Court Cases

A. *Graham v. Connor*, 490 US 386, 395, 109 S. Ct. 1865, 104 L. Ed. 2d 443 (1989)

II. Nebraska Revised Statutes

A. NRS §[28-1412](#) and §[28-1414](#) are relevant to this policy.

III. Previous OPD Orders

A. Previous OPD General Orders include #51-87, 2-95, 3-95, 34-95, 35-96, 6-99, 14-99, 38-99, 38-99, 11-14 Supplement #1, 15-01, 15-01 Supplement #1, 16-02, 24-04, 35-06, 35-06 Supplement #1, 27-07, 23-08, 26-09, 25-11, 12-12, 10-13, 11-14, 66-15, 19-16, 115-16, 41-18, 41-18, 17-20, 17-20 Supplement #1, and 027-20.

IV. Accreditation Standards

A. CALEA accreditation standards 1.2.2, 1.3.1, 1.3.2, 1.3.3, 1.3.4, 1.3.8, 1.3.9, 1.3.10, 1.3.13, 52.2.7, 70.2.1, and 70.3.2.

V. Other

A. Chicago Police Department "Use of Force" policy

VI. DISCLAIMER:

This policy is for Omaha Police Department (OPD) use only and does not apply in any criminal or civil proceeding. This policy should not be construed as creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims. Violations of this policy will only form the basis for Departmental administrative sanctions. Violations of law will form the basis for civil and criminal sanctions in a recognized judicial setting.

RESPONSE TO RESISTANCE – SPECIAL TECHNIQUES AND LESS-LETHAL WEAPONS

POLICY:

It is the policy of the Omaha Police Department (OPD) that officers may use less-lethal force weapons, systems, and techniques that require specialized training and equipment to de-escalate potentially violent interactions with Actively Resistive, Assaultive/High-Risk, and Life-Threatening/Serious Bodily Injury Subjects. OPD officers will use only that amount of force which is objectively reasonable to take a subject into custody or otherwise bring an incident under control while protecting the safety of the officer and others.

DEFINITIONS:

See the [“Response to Resistance – Use of Force”](#) policy for all relevant definitions.

PROCEDURES:

I. Less-Lethal Force

- A. Officers shall not use a deadly or less-lethal weapon/technique unless qualified in its proficient use, as determined by OPD training procedures.
 - 1. It is understood that during intense, uncertain, and/or rapidly evolving confrontations, officers may have to use improvised techniques and weapons that may or may not be part of OPD's formal training program.
 - a. The use of such improvised techniques and weapons shall be based on the objectively reasonable standard.
 - b. Even in these circumstances, the use of force shall comply with this policy.
- B. The playful drawing of any weapon, or unnecessary exhibition of the same, is forbidden.
- C. Use of a less-lethal force officer response is not intended to take the place of the officers' firearms, but rather offer, when appropriate and available, an alternative prior to using deadly force.
- D. Officers will be cautious when utilizing less-lethal weapons/techniques, as improper use can result in serious injury or death.

II. Carotid Restraint Control Hold (CRCH)

- A. The Carotid Restraint Control Hold (CRCH) is a special technique authorized for use only against Assaultive / High-Risk or higher subjects.
- B. Following the application of the CRCH officers will.
 - 1. Provide medical care as follows.
 - a. If the subject had the CRCH applied but did NOT lose consciousness, officers will provide first-aid, as needed, and make certain that the subject is checked by a paramedic.
 - b. If the subject DID lose consciousness following the application of the CRCH, officers will provide immediate medical attention and transport them to a hospital emergency room per the “Response to Resistance–Special Considerations” policy.

NOTE: Subjects who lose consciousness as the result of the application of the CRCH shall receive full medical clearance from qualified medical personnel prior to being booked into DCDC.

2. Visually monitor the subject for signs of medical distress until the subject is no longer in the officer's custody.
3. Notify any person who receives custody of the subject (i.e., DCDC, medical personnel, etc.) that they were subjected to the CRCH and whether the subject lost consciousness as a result.

C. Officers shall receive documented biennial training in proper application of the CRCH to be authorized to use these techniques in performance of their duties.

1. Biennial CRCH training is mandatory for Lieutenants, Sergeants, and Officers.
2. Sworn employees with a rank of Captain or above and part-time sworn employees may choose to opt out of CRCH training.
 - a. Sworn employees who opt out of biennial CRCH training shall not be authorized to use these techniques.

III. Chemical Agent

A. Officers will carry OPD authorized chemical agent upon receiving training in the proper use of the equipment and appropriate techniques.

1. Officers shall receive documented biennial training in the proper use of chemical agent to be authorized to carry chemical agent in performance of their duties.

B. Officers may use chemical agent when interacting with Actively Resistive or higher subjects.

C. Officers shall only carry an OPD authorized chemical agent.

1. The OPD approved chemical agent shall be determined by the Training Unit with approval of the Chief of Police. Chemical agent specifications shall be maintained on file with the Training Unit.
2. The Training Unit shall be responsible for testing and evaluating chemical agent for duty and practice use.

D. Officers will apply chemical agent as follows:

1. Chemical agent may be used when other officer response techniques are ineffective or inappropriate.
 - a. Officers are not required to use other officer response techniques if, based on training or experience, other officer response techniques would be ineffective before escalating to the use of chemical agent.
 - b. Officers are not required to deploy chemical agent.
 - (1) The decision to utilize chemical agent should be based on existing conditions encountered by the officer, and that officer's direct response to the interaction as a result of training in Use of Force techniques. This

would include whether or not the officer could reach the chemical agent, wind conditions, presence of innocent third parties, or prior knowledge that the subject is not susceptible to chemical agent.

- c. Chemical agent is NOT permitted when interacting with Passively Resistive Subjects, since it would be inconsistent with this order's intent.
 - (1) Officers are to remain cognizant that the use of chemical agent is intended to prevent injury to the officer and the subject by avoiding Active Resistance from the subject.
- 2. Chemical agent will be deployed in accordance with OPD training standards.
 - a. Deployment will include the use of loud verbal commands before, during and after, if tactically feasible.
- 3. Medical attention may be necessary after using chemical agent to subdue a subject.
 - a. Officers will attempt first-aid measures as soon as possible. After first-aid measures have been taken, the subject will be advised that professional medical attention is available if requested.
 - b. If such treatment is requested, the subject will be transported to the nearest medical facility as soon as circumstances allow.

IV. Electronic Control Device (ECD)

- A. UPB officers shall carry an OPD authorized Electronic Control Device (ECD) on duty if an ECD is available.
 - 1. In the event there are not enough ECDs for all officers, those officers without an ECD shall carry a baton.
- B. ECD Equipment.
 - 1. Officers shall only carry an OPD issued ECD. Officers shall not carry a personal and/or privately owned ECD either on-duty or during off-duty employment.
 - a. ECDs will be checked out from OPD precincts with the approval of the Precinct Captain or their designee.
 - b. Officers who wish to carry an ECD during off-duty employment will check out the ECD just prior to the beginning of their off-duty work shift, and will return the ECD immediately after completing the off-duty shift.
 - 2. Officers shall only carry the ECD in an OPD approved cross draw holster. See Appendix B for specifications.
 - a. The OPD ECD Coordinator shall keep a list of approved ECD duty holsters and accessories.
 - b. Officers are prohibited from carrying non-approved holsters.
- C. ECD Training
 - 1. Officers shall receive OPD approved training in the proper use of the equipment and

appropriate techniques for use prior to carrying an ECD on duty.

2. Officers who have successfully completed an OPD approved training course and written test concerning use of the ECD shall carry it on duty if ECD units are available.
3. All outside-agency ECD certification shall be approved by the Training Unit commander prior to the OPD officer attending the course. Any such training must be instructed by a certified ECD instructor.
 - a. Officers who complete an outside agency ECD certification course shall be required to review the OPD policies and procedures regarding ECD usage via the OPD ECD Coordinator prior to carrying an ECD as an OPD officer.
4. Officers authorized to carry an ECD will:
 - a. Complete an annual proficiency exam for ECD operators. An exam score of at least 90% is required for proficiency.
 - b. Demonstrate ECD operational proficiency each year by firing two cartridges in the presence of a Taser Instructor.
 - c. Review the "Response to Resistance – Special Techniques and Less- Lethal Weapons" and "Response to Resistance – Use of Force" policies annually.
 - d. Review any additional training material provided by the Training Unit (i.e., Training Bulletins, etc.).

D. ECD Maintenance.

1. The ECD contains sensitive electronic components. Care shall be taken to avoid dropping the ECD.
2. Prior to each shift, the officer shall REMOVE the ECD cartridge, point the ECD in a safe direction, and conduct a five (5) second function test to make certain the ECD operates properly.
 - a. The function test shall be done with the ECD in the officer's "off-hand" to eliminate the risk of muscle memory and prevent the unintentional repetition of shutting off the ECD.
 - b. Officers will not attempt to pull the ECD trigger if the display is flashing or if anything other than the battery icon shows on the ECD display screen.
3. Officers shall check the Central Information Display (CID) prior to each shift to make certain there is adequate battery life.
 - a. The X26P Taser ECD will be taken out of service if:
 - (1) There is only one line displayed on the battery indicator.

– OR –
 - (2) The CID shows something other than the battery indicator.
 - b. ECD's that are taken out of service will be sent to the ECD Coordinator for a new Performance Power Magazine (PPM).

4. No changes, alterations, modifications, or substitutions shall be made to the ECD or any OPD owned holster.
5. Any ECD that is unsafe or not functioning properly will be sent to the OPD ECD Coordinator, who shall have it repaired or replaced.
6. Only the OPD ECD Coordinator is authorized to remove and/or replace the ECD PPM.
7. Officers who have an OPD issued X26P Taser ECD will bring their weapon and companion equipment to the ECD Coordinator annually or upon the request of the ECD Coordinator for firmware updates and inspection.

E. ECD Storage.

1. The ECD and all companion equipment shall be kept in secured areas at OPD precincts or in sections and checked-out by ECD-certified officers.
 - a. ECD's shall not be checked out for periods longer than the officer's duty shift or authorized use period.
 - b. ECD's shall not be taken home between shifts.
2. The ECD shall be secured in an OPD approved cross draw holster at all times when not in use.
3. ECD's shall be stored with the safety on at all times unless deployed for use.
4. ECD's shall NOT be stored in a vehicle or a vehicle's trunk.
5. ECD's shall only be stored in climate controlled areas.

F. Method of ECD Application.

1. The ECD shall be deployed in accordance with OPD training standards.
 - a. An ECD may be used when interacting with:
 - (1) Actively Resistive or higher subjects.
 - (2) Persons who pose a risk to self (i.e., self-inflicted injury, suicide attempt etc.).

NOTE: Officers shall articulate in the Chief's Report why lesser officer response would have been ineffective, for Actively Resistive Subjects, when an ECD or less-lethal launcher is used.

- b. Deployment will include use of loud verbal commands before, during, and after, when tactically feasible.

2. Officers deploying an ECD will attempt to have lethal force cover when feasible.
 - a. Officers shall not attempt to provide their own deadly force cover by having both the ECD and a firearm drawn simultaneously.
3. The use of an ECD is not the use of deadly force and will not replace the officer's firearm

in a situation when the use of deadly force is justified.

- a. The ECD will not be used in a situation where a person poses an imminent threat of great bodily harm or death to the officer or another person, unless another officer is present and capable of immediately deploying deadly force.
4. If tactically feasible, the ECD officer will notify other responding officers, "Taser ready," indicating the ECD may be deployed if needed.
5. If tactically feasible, the deploying officer will announce, "Taser, Taser, Taser," prior to deployment to notify backup officers of the deployment.
6. When deploying the ECD, the officer will not shut off the ECD before the end of the automatic five (5) second energy cycle.
7. The primary deployment method is to discharge the ECD cartridge, propelling probes, and probe wires.
 - a. The preferred target areas are below the neck area for back shots and the lower center mass area (below the chest or heart area) for front shots.
 - (1) Officers will avoid sensitive areas when deploying the ECD (i.e., head, throat, groin, etc.).
 - b. Officers will use the five (5) second energy cycle as a "window of opportunity" for handcuffing. Multiple energy cycles will only be used if officers are not able to gain control for handcuffing, or if the subject continues to resist.
 - c. Officers will deliver only the number of energy cycles reasonably necessary to control the subject. If multiple energy cycles have been delivered and the subject still cannot be controlled, officers will consider alternative uses of force or methods of control.
8. A secondary deployment method is to deploy the ECD as a 'drive stun' weapon. The ECD 'drive stun' may be used in cases where probes miss the desired target, or when deploying the cartridge in close quarters.
 - a. A 'drive stun' is completed by aggressively driving the ECD into the body of the subject as a stun-gun with the expended cartridge or the live cartridge on.
 - b. The ECD 'drive stun' is a backup application only.
9. For uniformity, the ECD illumination selector will be set to "LO" (Laser Only).

G. Elevated ECD Deployment Risk Factors.

1. The following factors, when reasonably perceived by officer(s) at the time of the interaction, require elevated justification for deployment of an ECD. Under the following conditions, the risk for direct or secondary injury is elevated. Officers shall balance the elevated injury risk with the need for immediate apprehension or control of the subject.
 - a. Subject is in an elevated (high) location or position.
 - b. Subject is very near an upper story window or open exterior doorway.
 - c. Subject is known to be pregnant.

NOTE: Factors “a” through “c” above concern the potential for secondary injury from a fall.

- d. Subject appears to be suffering a medical crisis.
- e. Subject appears to be suffering a mental health crisis. See the OPD “Mental Health Response – Adults” and/or “Mental Health Response – Juveniles” policies for details.
- f. Subject is in water deep enough to drown.
- g. Subject is obviously frail or infirm.
- h. Subject is very young or very old.
- i. Running subjects:
 - (1) Officers shall evaluate the need for immediate apprehension before deploying an ECD on a subject running across a concrete roadway, curb area or around moving traffic.

H. Prohibited ECD Applications.

- 1. Under the following conditions, the risk for direct or secondary injury with ECD deployment is extreme and shall not be permitted.
 - a. The ECD shall not be intentionally aimed at the head or groin of a subject.
 - b. Use of an ECD on a handcuffed subject is prohibited unless there are extenuating circumstances. Officers shall be able to articulate additional facts (i.e., subject is causing or attempting to cause injury to officer or damage to police property etc.).
 - c. The ECD shall not be utilized to dislodge, retrieve, or prevent swallowing of contraband.
 - d. The ECD shall not be displayed to threaten and intimidate, or used in conjunction with a “come-along” technique.
 - e. Officers will not knowingly deploy an ECD in the immediate presence of highly flammable chemicals or materials.

NOTE: ECDs can ignite explosive materials, liquids, fumes, gases, vapors, or other flammable substances and materials (e.g., gasoline, sewer gases, methamphetamine laboratories, flammable personal defense sprays, hair gels, butane lighters, etc.). Officers should be aware that some personal defense sprays use flammable carriers, such as alcohol, and may be dangerous to use in conjunction with an ECD.

- f. The ECD shall not be deployed from a moving vehicle.
- g. The ECD will not be deployed when the use of the ECD could reasonably be anticipated to cause the subject to lose control of a motor vehicle.

I. ECD Subject Medical Attention.

1. Officers shall call for a rescue squad and offer medical treatment for the subject.
2. Only officers certified to use an ECD, members of the rescue squad, or medical professionals are authorized to remove ECD probes.
 - a. ECD probes are a biohazard and shall be treated as such.
 - (1) Nitrile gloves shall be used when removing ECD probes.
 - (2) After removal, ECD probes shall be disposed of in proper biohazard containers.
3. In cases where a subject is struck with an ECD probe in a sensitive tissue area (face, groin, or breast area of a female), the probe will only be removed by a medical professional at a medical facility.

V. Impact Weapons

- A. The police baton is an optional weapon for UPB officers if they are carrying an Electronic Control Device (ECD).
 1. In the event there are not enough ECDs for all UPB officers, those officers without an ECD shall carry a baton.
- B. Officers are authorized to use an impact weapon when interacting with an Actively Resistive or higher subject.
 1. When using an impact weapon against an Actively Resistive Subject, officers shall be able to articulate in the Chief's Report why lesser officer response would have been ineffective.
- C. Officers shall receive training in appropriate techniques for use prior to carrying the authorized baton on duty. The baton is the approved police impact weapon and, if carried, will be used by officers to protect themselves or others from potential or actual bodily harm.
 1. Officers who carry a baton shall carry either a wooden, composite, or OPD approved collapsible baton during the course of their duties. See Appendix B for specifications.
 2. Mounted Patrol Officers and officers performing RDF duties may carry the authorized Bokken baton upon receiving training in the appropriate techniques for use.
- D. Officers are authorized to use improvised impact weapons in extreme circumstances. Improvised impact weapons are non-approved impact weapons that may be used in extreme circumstances due to intense, uncertain, and rapidly evolving circumstances in life-threatening situations.

NOTE: Pocket knives and flashlights are not considered auxiliary weapons but may be carried as a utility tool.

- E. Medical attention will be provided to subjects struck with impact weapons, if necessary. Although the sole intent in the use of an impact weapon is to temporarily disable a subject, it shall be recognized that potential for injury still exists.
 1. Once an impact weapon has been used, the subject will be advised that professional medical attention is available if requested.

2. If treatment is requested, the subject shall be transported to the nearest medical facility as soon as circumstances allow.

VI. Less-Lethal Launchers and Projectiles

- A. The OPD authorizes the use of several less-lethal launchers and projectiles, including various chemical agent rounds and a variety of kinetic energy impact rounds suited for multiple OPD approved less-lethal weapon systems.
- B. Officers may use less-lethal weapon systems and projectiles when interacting with Actively Resistive or higher subjects. The officer shall be able to articulate that use of lesser officer response techniques was not appropriate or would prove to be ineffective.
 1. Prior to deploying less-lethal weapon systems and/or projectiles, officers shall take into consideration the safety of innocent bystanders, other officers, and the subject.
- C. A SWAT Command Officer shall authorize deployment of kinetic energy impact rounds.

NOTE: Officers shall articulate in the Chief's Report why lesser officer response would have been ineffective, for Actively Resistive Subjects, when an ECD or less-lethal launcher is used.

EXCEPTION: A SWAT Command Officer's authorization is NOT required for kinetic energy impact rounds fired from Pepperball weapon systems.

- D. Civil disturbance situations will require command authorization unless the interaction involves a direct threat to officer safety.
- E. The following less-lethal launcher weapon systems and projectiles are authorized for use by trained employees:
 1. Kinetic energy impact rounds and launchers approved by the ERU Commander.
 - a. The ERU Commander will maintain a list of kinetic energy impact rounds and launcher weapon systems authorized for use by ERU officers.
 2. Chemical agent rounds and launchers approved by the ERU Commander.
 - a. The ERU Commander will maintain a list of chemical agent rounds and launcher weapon systems authorized for use by ERU officers.
 3. Pepperball launcher systems and projectiles.
 - a. Officers certified to use the Pepperball weapon system shall use a Department issued Pepperball launcher or an OPD authorized privately owned Pepperball launcher. See Appendix B for specifications.
 4. OPD approved chemical agent rounds and launchers.
 - a. The Training Unit will maintain a list of chemical agent rounds and launcher weapon systems authorized for use by non-ERU officers.
- F. The purpose of utilizing a less-lethal projectile is to create a psychological and physiological stunning effect (i.e., pain compliance) in order to temporarily disable the subject without intent to cause serious bodily injury or inflict deadly force.

1. The following guidelines will be followed when utilizing less-lethal projectiles:
 - a. Less-lethal projectiles will be targeted in a manner in which potential for serious injury or death is limited.
 - b. An officer will always seek to have a deadly force cover officer when deploying a less-lethal force weapon system. An arrest plan will also be in place whenever possible, as the stunning effect of the less-lethal projectile may only be momentary.
 - c. Officers will clearly announce, when possible, to other officers on the scene that less-lethal projectiles are about to be fired.
 - d. As with all uses of force, the subject will be given loud verbal commands to comply with officer's directions.
 - e. The primary target areas for kinetic energy impact rounds are:
 - (1) The front of the subject's body:
 - (a) Arm above or below the elbow.
 - (b) Upper torso.
 - (c) Legs above or below the knee.
 - (2) The rear of the subject's body:
 - (a) Buttocks.
 - (b) Arm above or below the elbow.
 - (c) Legs above or below the knee.
 - (3) The head, neck, chest, groin, spine, and joints, such as the knee or elbow, should be avoided as targets unless deadly force is justified.
 - f. The primary target areas for chemical agent projectiles are:
 - (1) The front of the subject's body:
 - (a) Entire front of body from the shoulders to the feet excluding the groin.
 - (2) The rear of the subject's body:
 - (a) Entire rear of body from the shoulder to the feet excluding the spine.
 - (3) The deployment of the chemical agent projectile at a subject can occur from 0-60 feet.
 - (4) The deployment of a chemical agent projectile, in order to saturate an area, can be done at distances up to 100-150 feet. Target areas for area saturation are:

- (a) The ground in front of crowds or suspects.
- (b) Walls to the side or above crowds or suspects.
- (c) This method allows the chemical irritant inside the projectiles to change the behavior of the crowd or suspect without having to directly impact any subjects.

NOTE: This OPD trained tactic is not considered warning shots for the purposes of this policy.

- G. Medical attention will be provided to subjects struck with less-lethal weapons/projectiles as follows:
 - 1. Any subject struck with a kinetic energy impact round shall be transported to a medical facility by rescue squad or police vehicle to be treated for injuries by a medical professional prior to booking.
 - 2. As with regular chemical agent, any subject struck with a chemical agent round shall be administered immediate first-aid, and decontamination of the subject will take place as soon as it is safe to do so.
 - a. Officers shall request an Omaha Fire Department (OFD) rescue squad to provide medical attention and assist with decontamination for any subjects struck with a chemical agent round, such as a Pepperball projectile.
 - b. If additional treatment is needed, the subject shall be transported to the appropriate medical facility as soon as circumstances allow.
 - 3. This policy recognizes that during large crowd control situations, it may not be possible to apprehend all of the subjects impacted by these weapon systems.
- H. Certification and annual proficiency.
 - 1. Only officers who successfully complete an OPD approved training program and demonstrate annual proficiency in the use of less-lethal weapon systems are authorized to utilize and deploy less-lethal weapon systems.
 - a. The Training Unit shall keep all lesson plans for each less-lethal weapon system and maintain a current listing of certified officers except for:
 - (1) Less-lethal weapon systems only authorized for ERU employees.
 - (a) The ERU Commander shall maintain all lesson plans and a list of certified ERU officers for these weapon systems.
 - (2) Less-lethal weapon systems only authorized for RDF employees.
 - (a) The RDF Commander shall maintain all lesson plans and a list of certified RDF officers for these weapon systems.
 - b. Recertification shall be held annually and will include a practical and an overview of this less-lethal weapons policy.
 - I. Storage of less-lethal weapons and projectiles.

1. Department-owned Pepperball weapon systems and companion equipment shall be stored in a secured area at OPD Precincts or in Sections and checked out by certified officers.
2. Officer-owned Pepperball weapon systems and companion equipment should be kept in a soft-sided case when not in use.
 - a. When off-duty, officers are encouraged to store privately-owned Pepperball launchers in areas protected from extreme hot or cold temperatures. In addition, launchers should be stored in locations where they are safeguarded from theft and unauthorized use.
3. On duty, the Pepperball weapon system shall be stored in its case in either the trunk or the inside of a police vehicle.
4. Members of the ERU, the RDF, and the Fugitive Squad shall follow their Unit Manuals in regard to storage and transportation of less-lethal equipment.

J. Maintenance and cleaning of less-lethal equipment shall be done per manufacturer's specifications.

1. Department-owned Pepperball launchers shall be maintained and cleaned by a certified armorer or Pepperball instructor.
 - a. A maintenance log shall be kept on each less-lethal weapon system documenting its care and test firing.
2. Officers who purchase their own Pepperball launcher will maintain and clean their own launcher; however, these officers may reach out to a certified armorer or Pepperball instructor for assistance, when necessary.
3. Refilling the SCUBA tanks that provide the high-pressure air to the Pepperball weapon systems will be done on an "as needed" basis by a certified Pepperball instructor.
4. The Training Unit is responsible for maintaining records of the yearly inspection of the SCUBA tanks. The Training Unit shall also be responsible for having each tank hydrostatically inspected every (5) five years.

REFERENCES:

I. Court Cases

- A. State v. Harris, 244 Neb. 289

II. Previous OPD Orders

- A. The previous OPD General Orders are #9-13, 13-14, 65-15, 16-16, 114-16, 40-18, 45-19, 17-20 and 28-20.

III. Accreditation Standards

- A. Relevant CALEA Accreditation standards include the following: CALEA Chapter 1 and 70.3.1.

IV. Other

- A. PPM Update #1-2017 and #6-2019.

RESPONSE TO RESISTANCE – SPECIAL CONSIDERATIONS

POLICY:

It is the policy of the Omaha Police Department (OPD) that officers will be cognizant of the possibility of injury or death to a subject after a Use of Force interaction and shall take reasonable and necessary steps to make certain of the care and safety of subjects under their direct control.

DEFINITIONS:

Excited Delirium Syndrome: A state of extreme mental and physiological excitement characterized by extreme agitation, hyperthermia, hostility, and exceptional strength and endurance without apparent fatigue.

Positional Asphyxia: A form of mechanical asphyxia that occurs when a person is immobilized in a position which impairs adequate pulmonary ventilation and results in respiratory failure.

Prone Position: A body position in which the person lies flat with the chest and stomach down, and the back facing up. Persons restrained in this position, or placed in this position while handcuffed, are at higher risk to suffer from positional asphyxia.

Sudden Arrest Related Death: Any subject's death within 24 hours of law enforcement interaction where force or restraint was employed on the subject in attempts to capture, control, and/or restrain the subject.

PROCEDURE:

I. Subject Transportation

- A. Officers transport subjects for a variety of reasons and in a variety of situations. All subject transports will conform to OPD policies and procedures.
- B. Handcuffing will be done in accordance with specific procedures for the transportation of arrestees and mentally ill subjects.
- C. Officers may restrain the legs (hobble) of combative subjects with appropriate leg restraints.
 1. Officers shall receive defensive tactics training in proper leg restraint procedures before hobbling prisoners.
 2. Hobbles may be flexible handcuffs, commercial leg restraint devices, or lengths of approximately a half-inch diameter cotton or nylon rope with a fixed loop on one end.
 3. Hobbles or flexible handcuffs shall not be used to secure a subject's legs to fixed objects inside a vehicle, as this could result in serious injury in the event of an accident. Leg restraining devices shall not be affixed to the subject's handcuffs, nor shall subjects be transported face down with their hands behind their back and their legs tied to handcuffs (commonly called "hog tying").
 4. When an officer uses leg restraints, the trailing end of the restraint will be anchored (pinched) out the passenger door of the vehicle so as to not catch on anything while the vehicle is in motion.
 5. Detained subjects shall not be left unattended or unobserved. Officers are responsible for the care of subjects in their custody.

II. Sudden Arrest Related Death

- A. The following factors heighten the possibility of Sudden Arrest Related Death:
 - 1. Blows to the abdomen.
 - 2. Significant struggle involving multiple officers (violent resistance).
 - 3. Restriction on the breathing of a subject due to the physical position of the subject's body.
 - 4. Excited Delirium Syndrome.
 - 5. Use of pepper mace or other chemical agents.
 - 6. Apparent respiratory distress.
 - 7. Drugs or alcohol or both.
- B. Detainees who are controlled and handcuffed shall not be placed and left on the ground, or in a cruiser, in the Prone Position due to the risk for Positional Asphyxia.

NOTE: There are times when an officer may briefly place a handcuffed subject on the ground in the prone position to prevent fleeing or fighting until more officers arrive to assist. In these instances, the subject will be removed from the prone position as soon as safely possible.

- C. Officers shall never place their knee or body weight on a subject's neck.
- D. Upon request, the Omaha Fire Department will transport subjects considered at-risk for Sudden Arrest Related Death.
 - 1. An OPD officer shall accompany the subject in the squad to make certain of the safety of paramedics and the subject and to prevent an escape attempt. Officers will consult with paramedics to make certain squad personnel are comfortable with the security of the situation.
 - 2. Officers who made the initial arrest shall NOT assist in the transportation, if possible. This allows officers time to recover and complete reports.
 - 3. After treatment at the hospital, most subjects calm down sufficiently to be transported from the hospital by OPD officers in a cruiser. However, if circumstances exist, officers may request the individual be transported by OFD squad to the Douglas County Department of Corrections (DCDC) for booking.

III. When a Subject Loses Consciousness

- A. Immediate medical attention shall be provided to any subject who loses consciousness following the use of any degree of force (i.e., use of the Carotid Restraint Control Hold (CRCH) techniques, etc.).
- B. In cases where the application of force causes unconsciousness, the subject shall be transported to a hospital emergency room and offered medical treatment.
 - 1. This provides additional, independent evidence that the subject was cared for properly and helps officers assess the individual's well-being with the advice of competent medical personnel.

2. The Medical Director for the Omaha Fire Department has advised that paramedics cannot offer such an opinion based upon examinations in the field.
3. Officers shall inform medical personnel who receive custody of the subject whether the subject was subjected to the CRCH and if the subject lost consciousness as the result of the use of the technique(s). (See the "Response to Resistance - Special Techniques and Less-Lethal Weapons policy).

NOTE: Subjects may refuse treatment by medical personnel. Officers shall document the refusal in their reports.

- C. Transportation may be by police vehicle or rescue squad.

IV. Douglas County Department of Corrections (DCDC) Facility

- A. Arresting officers shall notify DCDC staff of any prisoner coming into detention who:
 1. Has been rendered unconscious during arrest.
 2. Received medical treatment prior to being transported to detention.
 3. Had the CRCH applied (whether or not they lost consciousness).
 - a. If the CRCH technique was utilized and the subject lost consciousness, the subject shall receive full medical clearance from qualified medical personnel prior to being booked into DCDC.
 4. Is subject to factors that heighten the possibility of Sudden Arrest Related Death.

REFERENCES:

I. Previous OPD Orders

- A. Previous OPD General Orders include the following: #12-13, 14-14, 54-15, 17-16, 115-16, 39-18, and 29-20.

II. CALEA Accreditation Standards

- A. Relevant CALEA Accreditation standards include the following: 1.3.5 and 70.2.1.

RESPONSE TO RESISTANCE – USE OF FORCE REPORTING REQUIREMENTS

PREAMBLE:

The Omaha Police Department strives to protect and serve all citizens and at the same time respect the rights of suspects and balance the need for officer safety. The Omaha Police Department believes any use of force should be thoroughly and accurately documented by each responding officer.

POLICY:

The Omaha Police Department (OPD) will collect data on arrests involving the use of physical force by officers. The information collected will be used for management purposes, to assess future training needs and to comply with accreditation standards. Officer responses from the Actively Resistive Category or higher require further scrutiny due to the risk of injury to both the citizen and officer.

PROCEDURES:

I. General Use of Force Reporting Requirements

A. Chief's Report ([OPD Form 214](#)) Requirements.

1. Officers will document in detail their own use of force and the individual justification for the force used on a Chief's Report when an interaction with a citizen results in an Officer Response from the Actively Resistive Subject Category or higher.

NOTE: Officers shall articulate in the Chief's Report why lesser officer response would have been ineffective, for Actively Resistive Subjects, when an ECD, Impact Weapon, or Less-Lethal Launcher is used.

- a. This report will be completed in addition to any other official reports completed for the incident.
2. Officers ARE NOT required to complete a Chief's Report to document the use of handcuffs or strength techniques.
3. The officer will document the following information in the Chief's Report either via check-box/text-box or in the narrative portion of the report:
 - a. Citizen actions and resistance offered which led the officer to respond with force.
 - b. Any attempts to mitigate the need to use force, including commands or other de-escalation tactics.
 - c. Citizen actions once force was used.
 - d. Injuries sustained by the citizen will be described in the narrative portion and indicated via the check-boxes on the form.
 - e. If the citizen received medical attention, officers will indicate where the medical attention was given and if that medical attention was the result of:
 - (1) An injury.

– OR –

- (2) Required by policy.

4. Use of force involving officer responses from the Passively Resistive Subject Category or lower will not be an identified incident as defined by the Early Intervention Tracking System (EITS) unless the officer's use of force is found to be "Not in Compliance with Policy" (NCP).
5. Officers will complete a Chief's Report regardless of their duty status if the interaction is under the color of official authority and the use of force requires a Chief's Report.
 - a. If officers are off-duty when an incident occurs, they shall complete the Chief's Report immediately upon the start of their next duty shift, unless a command officer directs them to complete the Chief's Report immediately.

B. Use of Force Chief's Report Packets.

1. All reports related to the use of force incident will be attached to the Chief's Report.
 - a. The Chief's Report ([OPD Form 214](#)) serves as the cover sheet to the Chief's Report Packet.
2. Chief's Report Packets will be reviewed as described in the OPD "Chief's Reports" policy except when:
 - a. Officers respond from multiple precincts or sections.
 - (1) The Chief's Report Packet will be forwarded through the geographic precinct chain of command when the incident involves two or more submitting officers from different chains of command.
 - b. Use of force occurs during off-duty employment.
 - (1) If on-duty officers are called to assist the reporting off-duty officer, and on-duty officers are required to complete a Chief's Report, the precinct captain for the on-duty officers will review the entire incident and consult the off-duty officer's captain prior to making any final recommendations.
 - (2) If no on-duty officers are called to assist one or more reporting off-duty officers, the off-duty officer's chain of command will review the entire incident and consult with the other off-duty officer's captain prior to making any final recommendations. The precinct captain where the incident occurred will receive a copy of the original reports and Chief's Report.

C. Annual Use of Force Analysis.

1. The Research and Planning Unit will be responsible for completing an annual Use of Force Analysis examining the Department's use of force activities, policies, and practices.

D. Safety Review Board End of Year Summary.

1. The Chairperson of the Safety Review Board may provide an end of year summary that identifies emerging trends or changes in use of force by officers as well as training recommendations if applicable.
 - a. The summary will be forwarded to the Office of the Chief of Police.

II. Carotid Restraint Control Hold (CRCH) Reporting Guidelines

- A. Officers will complete a Chief's Report when the CRCH is used, regardless of success of the hold, or whether the officer was unable to successfully apply the hold for any reason.
- B. The Chief's Report will include the following information.
 - 1. A brief synopsis of the interaction will be completed listing the subject's behavior, including the Subject Interaction Category, or circumstances that led the officer to believe the use of the CRCH was appropriate.
 - 2. Details about the application of the CRCH will include:
 - a. The use of loud, repetitive, verbal commands.
 - b. Relaxing of the CRCH hold with compliance by the suspect (if compliance achieved).
 - c. Whether the suspect lost consciousness and, if so, the medical attention that was provided.

NOTE: Medical attention is required whenever a subject loses consciousness.

- C. In the event the subject is injured by the application of the CRCH, Section VIII or IX will be followed as appropriate.

III. Chemical Agent Reporting Guidelines

- A. Officers will complete a Chief's Report whenever a chemical agent is targeted at a specific person or group of people. A Chief's Report is not required when a chemical agent is used on an animal.
- B. The Chief's Report will include the following information.
 - 1. A brief synopsis of the interaction, including the Subject Interaction Category.
 - 2. The amount of chemical agent used by the officer(s) (as denoted in number and duration of sprays in seconds).
 - 3. The approximate distance from the subject at which the agent was deployed.
 - 4. The officer's actions after the deployment of the chemical agent.
 - 5. Whether professional medical attention was offered and/or first aid measures were taken (including times administered).
 - 6. Any instructions given regarding decontamination.
- C. If a citizen reports to an OPD officer that they were injured or exposed to a chemical agent, and the citizen was not the intended target of the chemical agent, or was part of a large crowd that was dispersed, the officer who receives the information will:
 - 1. Complete an Incident Report ([OPD Form 189](#)).
 - a. Officers who complete an electronic Incident Report will select the "Non-Criminal"

Incident Type and enter “Injury” in the “Offense” field.

- b. Officers who complete a paper Incident Report will check the “Non-Criminal” box and enter “Injury” in the “Offense” box.
2. Complete a Chief’s Report in order to initiate a review of the incident and document the possibility of liability against the City.
3. The reviewing supervisor will attempt to identify the original event that caused the suspected injury so that the injury can be appropriately linked to the correct incident.

IV. Electronic Control Device (ECD) Reporting Guidelines

- A. Officers will complete a Chief’s Report when an ECD is deployed.
 1. Forensic Investigations will be requested to take photographs when a subject is struck by any probe that breaks the skin, or a ‘drive stun’ is deployed.
 - a. Photos will be taken of the entire area of the subject’s body that was struck as well as any secondary injuries received from/after the deployment.
- B. Officers will document the following information either via check-box/text-box or in the narrative portion of the report:
 1. The ECD weapon serial number.
 2. The cartridge serial number.
 3. The number and duration of energy cycles given to subject.
 4. Any medical treatment given to the subject.
 5. A brief synopsis of the interaction, including the Subject Interaction Category.
 6. The approximate distance in which the officer engaged the subject.
 7. The location of both probes (or ‘drive stun’ contact) on the subject’s body.
 8. The subject’s actions after being struck by the ECD.
 9. Any injuries the subject received

NOTE: Officers will differentiate between secondary injuries that may occur from subject falling to the ground and primary injuries received directly from the ECD.
- C. In the event the subject is injured by the deployment of an ECD, Section VIII or IX will be followed as appropriate.
 1. The Chief’s Report is the only required report when an ECD is deployed on an animal.
- D. ECD Data Port Download.
 1. The OPD ECD Coordinator will track ECD data port information annually.
 2. In the event of a questionable deployment, or deployment leading to serious injury, the ECD data port information may be downloaded at the request of the Internal Affairs Unit

or Homicide Unit.

V. Impact Weapon Reporting Guidelines

- A. Officers will complete a Chief's Report when an impact weapon, including an improvised impact weapon, is used to subdue a subject.
 - 1. If an improvised weapon is used, officers will detail the rare and unique circumstances justifying the use of the improvised weapon in the Chief's Report.
- B. The Chief's Report will include the following information:
 - 1. A brief synopsis of the interaction, including:
 - a. The officer's observations and response.
 - b. The Subject Interaction Category including the subject's actions, comments, and demeanor.
 - c. The Officer Response Technique(s) used to subdue the subject.
 - 2. The method of application.
 - a. Forward strike, backhand strike, forward block, backhand block, or other method.
 - 3. The number of strikes.
 - 4. The precise part of the subject's body struck including:
 - a. Whether the part of the body struck was a Low Lethality or Vital Target Area.
 - b. If the part of the subject's body struck was not the officer's intended Target Area, include the circumstances explaining why the intended Target Area was not struck.
 - 5. The nature of any injuries.
 - 6. Who offered or requested medical treatment and the nature and location of any treatment.
 - a. If medical attention is refused, the exact time, day, date, and exact words used by the subject to refuse treatment will be included.
- C. In the event the subject is injured by the use of an impact weapon, Section VIII or IX, as appropriate, will be followed.

VI. Less-Lethal Projectile Reporting Guidelines

- A. Officers will complete a Chief's Report when less-lethal weapon systems are used.
 - 1. When a subject is struck by a less-lethal projectile, OPD Forensic Investigations employees will be requested to take photos of the area of the subject's body that has been struck.
- B. The Chief's Report will include the following information:

1. A brief synopsis of the interaction, including the Subject Interaction Category.
2. The type of less-lethal weapon system and projectile deployed.
3. The number of less-lethal rounds fired at the subject and where those rounds impacted on the subject's person, if known.
4. The distance the officer engaged the subject with the less-lethal weapon system.
5. The subject's actions after being struck by the less-lethal rounds.
6. Any professional medical attention offered and/or the first-aid measures taken, including the time(s) administered.
7. Any instructions given regarding decontamination.

C. An Incident Report will be completed.

1. Officers who complete an electronic Incident Report will select the "Non-Criminal" Incident Type and enter "Injury" in the "Offense" field.
2. Officers who complete a paper Incident Report will check the "Non-Criminal" box and enter "Injury" in the "Offense" box.

NOTE: An Incident Report is not required if a less-lethal weapon system or projectile is used on an animal. Only the Chief's Report will be completed in this circumstance.

D. The OPD Safety Review Board will forward a copy of the Chief's Report Packet to the Training Unit so each incident may be evaluated to determine the effectiveness of the less-lethal weapon system.

VII. Discharge of Firearms

A. Officers will complete a Chief's Report when an officer discharges a firearm either intentionally or accidentally.

1. A Chief's Report is not required when:
 - a. The discharge is during an OPD training or qualification shoot.
 - b. The discharge is for practice while the officer is off-duty.
2. The Chief's Report will be completed in accordance with the OPD "[Response to Resistance – Investigative Process for Use of Force Incidents Involving Serious Injury or Death](#)" policy if the discharge results in serious injury and/or death.

B. The Chief's Report will include the following information:

1. A brief synopsis of the details of the discharge.
2. The type of firearm discharged.

3. The number of shots fired.
4. Any known damage to property caused by the discharge.

C. An Incident Report will be completed if any property with a known owner, including an animal, is damaged or destroyed.

1. Officers who complete an electronic Incident Report will select the “Non-Criminal” Incident Type and enter “Non-Criminal DOP” in the “Offense” field.
2. Officers who complete a paper Incident Report will check the “Non-Criminal” box and enter “DOP” in the “Offense” box.

D. All other reports concerning the incident will be completed per OPD policy.

VIII. Use of Force Involving Non-Serious Injury

A. Officers will complete a Chief’s Report when an officer’s interaction with a subject causes any injury.

1. An injury is an actual injury visible to the officer or an injury identified by the subject.
2. A Chief’s Report is required if the subject alleges they are injured.

B. The Chief’s Report will include the following information:

1. A brief synopsis of the interaction, including the Subject Interaction Category.
2. The type of Officer Response technique used.
3. A description of the actual injury or the subject’s claim of injury.
4. The subject’s actions after the application of the Officer Response technique.
5. Any professional medical attention offered and/or the first-aid measures taken, including the time(s) administered.

C. An Incident Report will be completed.

1. Officers who complete an electronic Incident Report will select the “Non-Criminal” Incident Type and enter “Injury” in the “Offense” field.
2. Officers who complete a paper Incident Report will check the “Non-Criminal” box and enter “Injury” in the “Offense” box.

D. All other reports concerning the incident will be completed per OPD policy.

IX. Use of Force Involving Serious Injury and/or Death

A. A Chief’s Report and all other reports required shall be completed as described in the OPD [“Response to Resistance – Investigative Process for Use of Force Incidents Involving Serious Injury or Death”](#) policy.

X. Canine/Police Service Dog Use of Force

A. A Chief’s Report will be completed when a Canine/Police Service Dog (PSD) deployment

results in a use of force against a subject.

- B. The Chief's Report will be completed by or at the direction of the Canine Unit Sergeant in accordance with Canine Unit Use of Force Investigations procedures.
- C. All other reports concerning the incident will be completed per OPD policy.
 - 1. A copy of all other reports will be sent to the Canine Unit Sergeant.
 - 2. The Canine Unit Sergeant will assemble the Chief's Report Packet and submit the Packet per this policy.

XI. Excessive or Unreasonable Force

- A. Officers who intervene in an excessive or unreasonable force situation, or who otherwise witness such an incident, shall promptly report their observations to a supervisor and document their observations and actions on a Chief's Report (OPD Form 214).

REFERENCES:

I. Previous OPD Orders

- A. Previous OPD General Orders are #8-13, 12-14, 12-14 Supplement #1, 67-15, 18-16, 115-16, 42-18, 42-18 Supplement #1, 17-20, and 30-20.

II. Accreditation Standards

- A. CALEA Accreditation Chapter 1 is relevant to this policy.