

DIVISION OF INSPECTIONAL SERVICES



Office of the Sheriff

November 16, 2022



A. Carrillo



C. Wright



Lt. T. Greenawald



M. Lopez



G. Cortes-Garcia



M. Tingley



I. White



J. Spach

**1 Lieutenant
5 LE Sergeants
1 DET Sergeant
2 Administrative Staff**



M. Forbes

MISSION STATEMENT

- To assess internal processes and review high-risk events to create a more efficient and effective operational environment that lends to the delivery of the highest quality public safety services.
- How would you sum it up?
 - Quality Control, Process Improvement, Risk Management
 - Applies to sworn & non-sworn supervisors

DIS RESPONSIBILITIES

- **CLERB Liaison**
 - **Liaison to County Counsel**
 - **Claims**
 - **PREA Coordinator**
 - **Department P&P**
 - **DMV License Program**
 - **Special Tasks as Directed by Sheriff**
 - **Critical Incident Review**
 - **Inspections**
 - **Use of Force Review**
-

WHEN TO NOTIFY DIS

- **OIS**
- **All in-custody deaths**
- **Shooting animals in self-defense or defense of others**
- **UOF resulting in serious injury or death**
- ***PREA sexual abuse**
- **K9 contacts**
- **Traffic pursuits resulting in TC with moderate property damage, injury or death**
- **All forcible stops**
- **All traffic collisions resulting in moderate to serious property damage, injury or death**
- ***Unintended discharges**
- ***Work related illness or injury to Sheriff's personnel resulting in hospitalization or death (Exposures)**
- ***Escape and attempt escapes/Erroneous release**
- ***All serious in-custody injuries**
- ***In-Custody Attempted Suicides**

WHAT WILL DIS ASK?

- **WHAT HAPPENED**
- **CAD information: time, location, CN & Event #'s**
- **Use-of-Force**
- **Injuries. Serious Injuries**
- **Hospital. Treated**
- **Deputies or employees involved**
- **Suspects or inmates involved**
- **Media attention**
- **BWC or video viewed**
- **Potential risks for training**
- **Bloodborne pathogen exposure? If so did suspect/inmate give consent to blood draw?**
- **We may ask your thoughts on potential issues or concerns**
- **Send us a copy of WC log entry**
- **Were other units notified i.e. Homicide or DIU or Command Staff**

CRITICAL INCIDENT REVIEW BOARD

- Review critical incidents with an eye on process improvement and risk reduction regarding:

- **Training & Tactics**
- **Equipment**
- **Policy & Procedure**



INCIDENTS REQUIRING CIRB (4.23 P&P)

- **In-custody deaths (ICD)**
 - **Use of deadly force**
 - **Pursuits resulting in injury requiring hospital admittance or major property damage**
 - **Serious injury or death resulting from actions of Department member(s)**
-

INCIDENTS REQUIRING CIRB (4.23 P&P)

- **LE related injuries resulting in hospital admittance**
 - **Officer-Involved Shootings**
 - **Any other incident involving the discharge of a firearm, major property damage, or vehicle damage by Department member(s)**
 - **Any other incident the Sheriff, Undersheriff, A/S or CIRB member wants reviewed**
-

DEPARTMENT P&P



*San Diego County
Sheriff's Department*

**Policy and Procedure
Manual**



CITIZENS' LAW ENFORCEMENT REVIEW BOARD (CLERB)

1990 - PROPOSITION A; COUNTY CHARTER SECTION 606

- The Board of Supervisors, by ordinance, shall establish the duties of the Citizens Law Enforcement Review Board and its duties may include ...
 - (1) Receive, review and investigate citizen complaints ... (a) excessive force, (b) discrimination or sexual harassment, (c) the improper discharge of firearms, (d) illegal search or seizure, (e) false arrest, (f) false reporting, (g) criminal conduct or (h) misconduct...
 - (2) No Complaint required to review and investigate the death of any individual, Use of Force/GBI (AB71/SB1421).
 - (3) Prepare reports... including recommendations relating to the imposition of discipline, P&P updates, and training.

CLERB

- **11 CLERB volunteer members / 7 CLERB investigators**
- **CLERB will interview civilian complainants and civilian witnesses**
- **Deputies will be notified of the complaint by CLERB**
- **Evidence, mostly documents, is received from the complainant, the responding department (CLERB DIS Liaison) and other sources**
- **Sheriff Employee Response Form (SERF)**
 - **NOT OPTIONAL**
 - **Response within 14 days**
- **Deputy Interview Request**
 - **OPTIONAL**

THE COMPLAINT INVESTIGATION PROCESS

- **Detailed Investigative Reports are prepared for the Review Board with Recommended Findings / Rationale used to determine the finding.**
- **Determination of Findings: Established by a preponderance of the evidence, the following definitions apply:**
 - ▶ **Preponderance of the evidence: This preponderance is based on the more convincing evidence and its probable truth or accuracy, and not on the amount of evidence.**
 - ▶ **Investigative Reports are sent to Review Board Members and the Department; Redacted Hearing Notices are sent to complainants and subject deputies.**

BOARD MEETINGS

- **Monthly Review Board agenda includes meeting schedule and redacted allegations/findings/rationale**
 - **Open Session:**
 - **Business of the Board**
 - **Training / Presentations**
 - **Public Comments**
 - **Board Member Comments**
 - **Board queries to department liaison**
 - **Closed Session:**
 - **All case discussion / sustained findings**
- **Subject Officers, Complainants, Sheriff, and Chief Administrative Officer are provided a Final Notice of the Board Action.**



FINDINGS

- **Action Justified**: The investigation shows that the alleged act or conduct did occur but was lawful, justified and proper.
- **Not Sustained**: The investigation fails to support the allegation, but the allegation cannot be shown as false. There is insufficient evidence to either prove or disprove the allegation.
- ▶ **Unfounded**: The investigation shows that the alleged act or conduct did not occur
- ▶ **Sustained**: The investigation supports the allegation and the act or conduct was not justified (or was not legal or proper).
- ▶ **Summary Dismissal**: Findings are appropriate when:
 - Out of jurisdiction, not timely filed, or clearly without merit.



ADMINISTRATIVE BLOOD DRAW

- Supervisors have critical role in this process to ensure employees are treated properly:

- **Employee treatment**
- **Consent vs Forced**
- **MLU reported & F/U**



REDACTION UNIT SB1421 & SB16

- We release Reports, BWC, Photos, Audio, Evidence for:
 - OIS cases (at a person)
 - Use of Force incidents resulting in Death or Great Bodily Injury
 - IA Sustained Findings / Resolved:
 - Sexual Assault involving a member of the public.
 - Dishonesty related to prosecution of a crime or misconduct of another Deputy
 - Unreasonable or Excessive Force
 - Failure to intervene during excessive force
 - Discrimination or Prejudice (on basis of 17 protected categories)
 - Unlawful Arrests / Unlawful Searches

REDACTION UNIT SB1421 & SB-16

- **We Redact**
 - **All personal data related to persons other than Sworn Staff (still redact personal info, but not name or work info) and Suspect**
 - **All information to preserve the anonymity of complainants and witnesses**
 - **Confidential Medical records, financial records, and other records covered by the law**
 - **Any info needed to protect the physical safety of persons related to the case**
- **Release Process**
 - **Letter sent for IA cases**
 - **Command e-mail for all cases**

WHY INSPECT / AUDIT?

- Increases officer safety
 - Ensures Compliance
 - P&P, State & Federal Laws, etc.
 - Measures efficiency & effectiveness
 - Manages risk
 - Identifies “best practices” & leads to process improvement
-

DMV LICENSE PROGRAM



USE OF FORCE REVIEW





San Diego County Sheriff's Department

Use of Force Supplemental

+

UOF DATE AND TIME	EVENT NUMBER	CASE NUMBER	DOCUMENT NUMBER	STATION/FACILITY	
INCIDENT DESCRIPTION / OFFENSES					
SUBJECT'S NAME (LAST, FIRST, MI)		DATE OF BIRTH	ARRESTED <input type="checkbox"/> Yes <input type="checkbox"/> No	SUPERVISOR PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE/TIME SUPERVISOR NOTIFIED
REASON(S) FOR USING FORCE: <input type="checkbox"/> Necessary to effect an arrest <input type="checkbox"/> Necessary to prevent a violent forcible felony <input type="checkbox"/> Delaying Jail Operations <input type="checkbox"/> Necessary to defend self or another <input type="checkbox"/> Necessary to restrain for subject's safety <input type="checkbox"/> Necessary to prevent escape/evasion <input type="checkbox"/> Necessary during high-risk incident <input type="checkbox"/> Necessary to effect a lawful detention <input type="checkbox"/> Necessary during riot					
SUBJECT APPEARED TO BE <input type="checkbox"/> Under the Influence of alcohol and/or drugs <input type="checkbox"/> Mentally Impaired			NUMBER OF OFFICERS ON SCENE	NUMBER OF OFFICERS USING FORCE	
LEVEL(S) OF RESISTANCE ENCOUNTERED <input type="checkbox"/> NONE (subject cooperated/complied) <input type="checkbox"/> PSYCHOLOGICAL INTIMIDATION (non-verbal cues indicating subject's attitude or physical readiness to resist) <input type="checkbox"/> VERBAL NON-COMPLIANCE (subject's expressed unwillingness to comply with the officer's commands) <input type="checkbox"/> PASSIVE RESISTANCE (represents by a refusal to respond to verbal commands but also offers no form of physical resistance) <input type="checkbox"/> ACTIVE RESISTANCE (pushing, pulling or running away from the officer to avoid control; not attempting to harm the officer) <input type="checkbox"/> ASSAULTIVE BEHAVIOR (physical actions of assault) <input type="checkbox"/> AGGRAVATED ACTIVE AGGRESSION (potential injury or death)					
LAW ENFORCEMENT TOOL/TECHNIQUE USED TO GAIN COMPLIANCE OR OVERCOME RESISTANCE (CHECK ALL THAT APPLY) <input type="checkbox"/> Verbal Commands: <input type="checkbox"/> Empty Hand Control <input type="checkbox"/> Grab, Push, Pull, or Body Weight <input type="checkbox"/> Control Hold (Duration:) <input type="checkbox"/> Pressure Point (Duration:) (# of Contacts:) <input type="checkbox"/> Strike (Body part used:) (# of Contacts:) <input type="checkbox"/> Takedown Type: _____ <input type="checkbox"/> Carotid (Rendered Unconscious? <input type="checkbox"/> Yes <input type="checkbox"/> No) (Duration:) <input type="checkbox"/> Tool/Device/Weapon <input type="checkbox"/> OC Agent (Duration:) (# of Contacts:) <input type="checkbox"/> Decontaminated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cord Cuff Restraint Device (Duration:) <input type="checkbox"/> Impact Weapon (# of Contacts:) Type: _____ <input type="checkbox"/> Canine (Duration:) (# of Contacts:) <input type="checkbox"/> Vehicle/Forcible Stop <input type="checkbox"/> Weapon Pointed at Subject (Duration:) Type: _____ <input type="checkbox"/> Spit Sock (Duration:) <input type="checkbox"/> Pro-Strait Chair <input type="checkbox"/> Tactical Shield <input type="checkbox"/> WRAP <input type="checkbox"/> Less-Lethal Weapon System Discharged <input type="checkbox"/> PepperBall - OC Powder <input type="checkbox"/> PepperBall - Water <input type="checkbox"/> 37 mm Rifle - Standard <input type="checkbox"/> 37 mm Rifle - Low Energy <input type="checkbox"/> 40 mm Rifle - Bean Bag <input type="checkbox"/> 40 mm Rifle - Sponge <input type="checkbox"/> Taser - Probes <input type="checkbox"/> Taser - Drive Stuns <input type="checkbox"/> Stingball Grenade <input type="checkbox"/> Sound/Light device <input type="checkbox"/> 12-Gauge Super Sock <input type="checkbox"/> Ultron/NOVA Shield <input type="checkbox"/> REACT Belt <input type="checkbox"/> Firearm <input type="checkbox"/> Type: _____ <input type="checkbox"/> Other: _____					
WAS INITIAL USE OF FORCE EFFECTIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No		WAS ADDITIONAL CONTROL OR FORCE NEEDED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
SUBJECT INJURED <input type="checkbox"/> Yes <input type="checkbox"/> No		EXTENT OF TREATMENT <input type="checkbox"/> None <input type="checkbox"/> Treated at hospital <input type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment			
SUBJECT INJURY DESCRIPTION nose cut about a quarter inch due to fall, TASER probe in Allan's left bicep & left chest		OFFICER(S) INJURED <input type="checkbox"/> Yes <input type="checkbox"/> No EXTENT OF TREATMENT <input type="checkbox"/> None <input type="checkbox"/> Treated at hospital <input type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment			
OTHER FORCE USED/COMMENTS/EQUIPMENT PERFORMANCE:					
SERGEANT _____	ARJIS _____	DATE _____			
LIEUTENANT _____	ARJIS _____	DATE _____			
CAPTAIN _____	ARJIS _____	DATE _____			

QUESTIONS ?

