

| | | | | | | | | | | |
|---|--|---------------------------------|--|------------------------|--|--|---------------------------|----------------|---|-------------------------------------|
| CRIME | INCIDENT NUMBER | RELATED REPORTS N | ADDN'L PROPERTY N | ADDN'L OFFENSES N | VACAVILLE POLICE DEPARTMENT CRIME / INCIDENT REPORT | | | PAGE 1 OF 4 | CASE NUMBER 2016-04431 | |
| | BEAT | DISTRICT | | DATE 6/4/2016 | DAY OF WEEK Sat | | TIME 22:20 | | | |
| | CODE SECTION AND DESCRIPTION (ONE INCIDENT ONLY) WI 5150 - MENTALLY ILL | | | | | | | | | |
| LOCATION OF INCIDENT, CITY STATE ZIP 1 Quality DR, Vacaville, CA 95688 | | | | | | | | | | |
| VICTIM / WITNESS | V | W-TYPE 06 | VICT M'S NAME (LAST, FIRST MIDDLE / OR ORGANIZATION) | | | | | | PHONE (Cell) | |
| | RESIDENCE ADDRESS, CITY STATE ZIP | | | | | | | PHONE (Cell) | | |
| | RACE W | SEX M | DATE OF BIRTH | ID TYPE | D NUMBER | | ID TYPE | D NUMBER | INTERPRETER?/LANGUAGE No | RELATION TO: VICTIM SUSPECT N |
| | STATUS U | EMPLOYER / SCHOOL | | | OCCUPATION / RANK / GRADE | | | DAYS OFF | WORK HOURS | |
| | BUSINESS ADDRESS, CITY STATE ZIP | | | | | | | PHONE | V/W ASSIST N | |
| ADDITIONAL INFORMATION (VICT M VEHICLE INFO. IF APPLICABLE) | | | | | | | | | | |
| VICTIM / WITNESS | W | W-TYPE 06 | VICT M'S NAME (LAST, FIRST MIDDLE / OR ORGANIZATION) | | | | | | PHONE (Cell) | |
| | RESIDENCE ADDRESS, CITY STATE ZIP | | | | | | | PHONE (Cell) | | |
| | RACE W | SEX M | DATE OF BIRTH | ID TYPE DL | D NUMBER | | ID TYPE | D NUMBER | INTERPRETER?/LANGUAGE No | RELATION TO: VICTIM SUSPECT R |
| | STATUS U | EMPLOYER / SCHOOL | | | OCCUPATION / RANK / GRADE | | | DAYS OFF | WORK HOURS | |
| | BUSINESS ADDRESS, CITY STATE ZIP | | | | | | | PHONE | V/W ASSIST N | |
| ADDITIONAL INFORMATION (VICT M VEHICLE INFO. IF APPLICABLE) | | | | | | | | | | |
| M.O. INFORMATION | TOTAL # OF WITNESSES AT CRIME: 2 | | PLACE OF ATTACK 1. Structure | | | DESCR PTION OF SURROUNDING AREA 9. Other (Hospital) | | | | |
| | FORCE/TOOL/WEAPON | | SPECIFY | | | HOW USED | | | | |
| | FORCE/TOOL/WEAPON | | SPECIFY | | | HOW USED | | | | |
| | TYPE OF STRUCTURE Non-Residential 6. Drug/Medical TARGET(S) | | POINT OF ENTRY 0. N/A | | SECURITY USED 0. N/A | | SUSPECT ACTIONS | | | |
| | | TYPE OF LOCK ATTACKED 0. N/A | | | | | | | | |
| PROPERTY | ITEM NO. | ARTICLE NAME | STOLEN RECV'D | IDENTIFICATION NUMBERS | BRAND, MAKE OR MANUFACTURER | MODEL NAME AND MODEL NUMBER | MISCELLANEOUS DESCRIPTION | | VALUE | |
| | 1 | | | | | | | | | |
| | 2 | | | | | | | | | |
| | 3 | | | | | | | | | |
| | 4 | | | | | | | | | |
| ADMIN | VICTIM INJURED N | | EXTENT OF TREATMENT | | | SUSPECT IN CUSTODY Adult | | | | |
| | REPORTING OFFICER Canady | | D# 655 | DIVISION | | APPROVED BY Smith | | ID# 483 | DATE AND TIME OF REPORT 06/04/2016 23:52 | |
| | DETECTIVE(S) ASSIGNED | | D# | DIVISION | | CASE STATUS Priority OTHER | | AGENCY VV | CRIME TYPE WI 5150 | |

| | | | | | | | | | | | | | | |
|---------|---|-------------------------------------|------------|---------------|-------------|---------|---------------|--------|----------------|--------------------------|-------------|--|-----------|-------|
| SUSPECT | ARRESTED | SUSPECT'S NAME (LAST, FIRST MIDDLE) | | | | | | | | | | | | |
| | NICKNAME / AKA | | | | | ID TYPE | ID NUMBER | D TYPE | D NUMBER | | | | | |
| | ADDRESS, CITY STATE ZIP | | | | | | | | PHONE | | | | | |
| | RACE | SEX | AGE | DATE OF BIRTH | HEIGHT | WEIGHT | BUILD | HAIR | EYE | | | | | |
| | ADDITIONAL INFORMATION / FURTHER SUSPECT DESCRIPTION (I.E. GLASSES, TATTOOS, TEETH, BIRTHMARKS, JEWELRY, SCARS, ETC.) | | | | | | | | | | | | | |
| | SUSPECT CLOTHING | | | | | | | | | | | | | |
| | HAIR LGTH/TYPE | | HAIR STYLE | | FACIAL HAIR | | COMPLEXION | | GEN APPEARANCE | | DEMEANOR | | SPEECH | VOICE |
| | SUSPECT VEHICLE | YEAR | MAKE | | MODEL | | COLOR / COLOR | | BODY TYPE | | LICENSE NO. | | LIC STATE | |
| | ADDITIONAL VEHICLE IDENTIFIERS (DAMAGE, CHROME WHEELS, ETC.) | | | | | | VIN | | | MPOUND? / TOWING COMPANY | | | | |

| | | | | | | | | | | | | | | |
|---------|---|-------------------------------------|------------|---------------|-------------|---------|---------------|--------|----------------|--------------------------|-------------|--|-----------|-------|
| SUSPECT | ARRESTED | SUSPECT'S NAME (LAST, FIRST MIDDLE) | | | | | | | | | | | | |
| | NICKNAME / AKA | | | | | ID TYPE | ID NUMBER | D TYPE | D NUMBER | | | | | |
| | ADDRESS, CITY STATE ZIP | | | | | | | | PHONE | | | | | |
| | RACE | SEX | AGE | DATE OF BIRTH | HEIGHT | WEIGHT | BUILD | HAIR | EYE | | | | | |
| | ADDITIONAL INFORMATION / FURTHER SUSPECT DESCRIPTION (I.E. GLASSES, TATTOOS, TEETH, BIRTHMARKS, JEWELRY, SCARS, ETC.) | | | | | | | | | | | | | |
| | SUSPECT CLOTHING | | | | | | | | | | | | | |
| | HAIR LGTH/TYPE | | HAIR STYLE | | FACIAL HAIR | | COMPLEXION | | GEN APPEARANCE | | DEMEANOR | | SPEECH | VOICE |
| | SUSPECT VEHICLE | YEAR | MAKE | | MODEL | | COLOR / COLOR | | BODY TYPE | | LICENSE NO. | | LIC STATE | |
| | ADDITIONAL VEHICLE IDENTIFIERS (DAMAGE, CHROME WHEELS, ETC.) | | | | | | VIN | | | MPOUND? / TOWING COMPANY | | | | |

| | | | | | | | | | | | | | |
|-----------|--|--|--|--|--|--|--|--|--|--|---------------------------|--|---|
| EVID/NARR | SEE ATTACHED FORMS FOR EVIDENCE, NARRATIVE, AND OTHER SUPPLEMENTAL INFORMATION. | | | | | | | | | | | | |
| | ADDITIONAL VIOLATIONS | | | | | | | | | | WITNESS CHECK | | N |
| | | | | | | | | | | | ADDITIONAL PERSONS LISTED | | N |

| | | | | | | | | | | | | |
|-----|-----------------|--|--|--------|------------------------------|--|---------------------------------|----------------|--------------------------------|--|-----------|--|
| OAK | OFFICER ASSAULT | | | OAK ZZ | OFFICERS WITH PERSONAL NJURY | | OFFICERS WITHOUT PERSONAL NJURY | | ACTIVITY WHEN ASSAULT OCCURRED | | | |
| | ARSON TYPE | | | | CONTENT LOSS | | | STRUCTURE LOSS | | | ABANDONED | |

| | | | | | | | | | | | | |
|-------|------------|--|--|--|--|--|--|--|--|--|--|--|
| ARSON | DESCRPTION | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | | | | | |
|------------------------------------|------------------|----------|-----------------------------|-------------------|--|
| REPORTING OFFICER Canady | D# 655 | DIVISION | APPROVED BY Smith | ID# 483 | DATE AND TIME OF REPORT 06/04/2016 23:52 |
|------------------------------------|------------------|----------|-----------------------------|-------------------|--|

| | | | | | |
|--|------|---|--------------------|--------------------|---------------------------|
| INCIDENT NUMBER | | VACAVILLE POLICE DEPARTMENT OFFICER'S REPORT NARRATIVE | | PAGE 3 OF 4 | CASE NUMBER 2016-04431 |
| CONTINUED FROM CRIME | BEAT | DISTRICT | DATE 06/04/2016 | DAY OF WEEK Sat | TIME 22:20 |
| PRIMARY CODE SECTION WI 5150 - MENTALLY ILL | | | | | |
| ADDITIONAL CODE SECTION(S) | | | | | |
| LOCATION OF INCIDENT, CITY STATE ZP 1 Quality DR, Vacaville, CA 95688 | | | | | |

SYNOPSIS:

This report is a supplement to my original hard copy W&I 5150 report.

SOURCE OF ACTIVITY:

On 06/04/16, at approximately 2220 hours, I was dispatched to Kaiser Hospital, Emergency Department, B-11 to assist hospital staff in restraining V-██████. V-██████ was reportedly out of control and emergency staff called Vacaville Police Dispatch yelling for help.

INVESTIGATION:

This incident originated on this day, at approximately 1620 hours, when V-██████ was brought to the Kaiser E.R. by his parents. In that original call for service, I placed V-██████ in protective custody per W&I 5150. During that incident, V-██████ was extremely combative and had to be physically subdued and restrained by several police officers and hospital staff and security. Officer Hill was an assisting officer in the physical altercation and reportedly injured his hand during the struggle to subdue V-██████.

At approximately 2100 hours, I returned to the Emergency Department to check on V-██████ and found him unsecured, not sedated, and up walking around. I spoke with V-██████ briefly and she he was exhibiting the same behavior I saw when I first encountered him at 1620 hours. During that short conversation with V-██████ It appeared as though V-██████ was still in crisis and was tried to leave as I left. V-██████ had to be escorted (not physically, but coerced) to his room. I was immediately concerned for the safety and well being of not only medical staff by responding officers when V-██████ decides to fight again.

I told the security officers monitoring V-██████, V-██████ needed to be restrained again and very soon. I also talked to the nurse supervisor at emergency intake (who was present during the original altercation) that V-██████ was not secured and he was still in crisis. I specifically told her V-██████ was still very dangerous and staff could be injured if he was not restrained.

At 2220 hours, I was called back to Kaiser to assist staff who where now in a violent physical altercation with V-██████ (more than an hour after I advised staff of the danger). Upon arrival, I found V-██████ on the floor, face down, in front of his room, with several Kaiser staff member holding V-██████ down. Staff looked at me and needed me to physically restrain V-██████. I placed V-██████ in handcuffs and stepped away from V-██████. Hospital staff and security took control of V-██████ and moved him back into his room and onto his bed. Once on the bed, V-██████ needed to be transferred to soft restraints and I was asked to step into the room and remove my handcuffs as they placed V-██████ into soft restraints. I was asked by an ER nurse to remove the right handcuff and hold onto the left one as they secured V-██████ right arm over his head. While staff was securing V-██████' right arm, I held onto the free handcuff by the free loop. I maintained control and pressure on V-██████' left arm until instructed to release the second cuff. V-██████ became more combative and turned away from the pressure on his arm. As V-██████ turned away, I maintained control and pressure on his arm until I heard a "popping" sound. V-██████ became to scream that his arm just broke and the nurse told me he suspected his arm just fractured. V-██████' let arm was soon placed into soft restrains once the second cuff was removed.

| | | | | | |
|-----------------------------|-----------|----------|----------------------|------------|---------------------------------------|
| REPORTING OFFICER Canady | D# 655 | DIVISION | APPROVED BY Smith | ID# 483 | DATE AND TIME OF REPORT 06/04/2016 |
|-----------------------------|-----------|----------|----------------------|------------|---------------------------------------|

| | | | | | | |
|--|------|---|--------------------|--------------------|----------------|---------------------------|
| INCIDENT NUMBER | | VACAVILLE POLICE DEPARTMENT OFFICER'S REPORT NARRATIVE | | | PAGE 4 OF 4 | CASE NUMBER 2016-04431 |
| CONTINUED FROM CRIME | BEAT | DISTRICT | DATE 06/04/2016 | DAY OF WEEK Sat | TIME 22:20 | |
| PRIMARY CODE SECTION WI 5150 - MENTALLY ILL | | | | | | |
| ADDITIONAL CODE SECTION(S) | | | | | | |
| LOCATION OF INCIDENT, CITY STATE ZP 1 Quality DR, Vacaville, CA 95688 | | | | | | |

V- [REDACTED] left elbow and arm was soon x-rayed and showed V- [REDACTED] suffered a dislocated elbow and no immediate signs of broken or fractured bones were seen.

MPO Smith responded to the location and spoke witnesses about the physical altercation.

FOLLOW-UP:

- Video Uploaded to iLems
- Photos Uploaded to iLems
- Audio Uploaded to iLems

DISPOSITION BY OFFICER:

Referred to Vacaville Police administration.

ROUTE REPORT TO:

(if to D.A. note suspect, dob, charges or outside of Vacaville PD)

| | | | | | |
|-----------------------------|-----------|----------|----------------------|------------|---------------------------------------|
| REPORTING OFFICER Canady | D# 655 | DIVISION | APPROVED BY Smith | ID# 483 | DATE AND TIME OF REPORT 06/04/2016 |
|-----------------------------|-----------|----------|----------------------|------------|---------------------------------------|

COPY - 06/05/2016

AGENCY CA-0480600

VACAVILLE POLICE DEPARTMENT
PROTECTIVE CUSTODY REPORT

CASE NUMBER

16-04431

| | | | | | | | | | | |
|---------|----|------|-----|-----|-----|-----|---------------|-------|------------|---------|
| COPY TO | DA | PROB | DOJ | INV | YSB | SOD | MENTAL HEALTH | OTHER | INDEXED BY | PAGE NO |
|---------|----|------|-----|-----|-----|-----|---------------|-------|------------|---------|

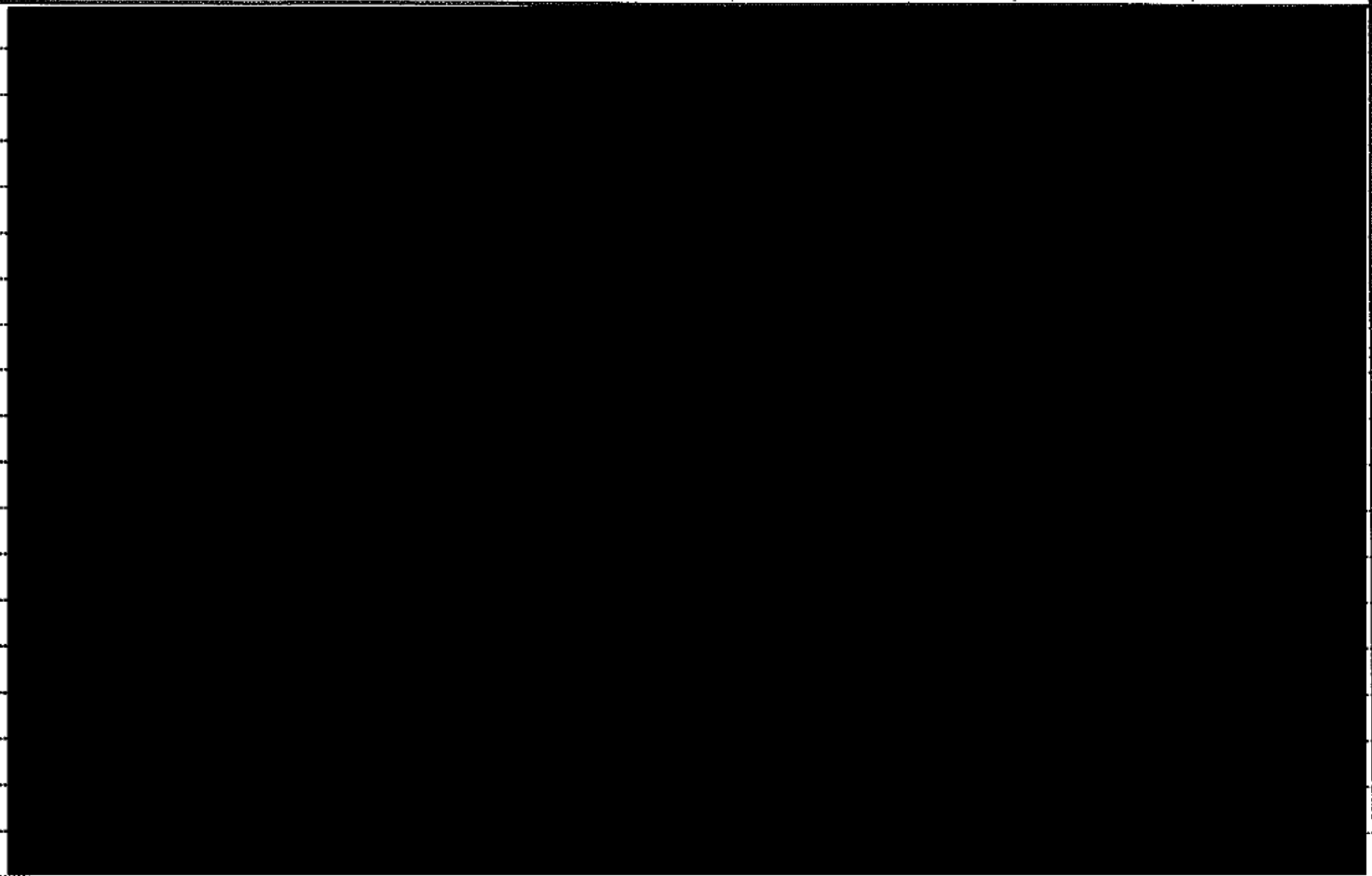
| | | |
|----------------------|----------------------|------------------------|
| Date & Time Occurred | Date & Time Reported | Location of Occurrence |
|----------------------|----------------------|------------------------|

INVOLVED PARTIES

DESIGNATOR CODES V - VICTIM W - WITNESS

| | | | | | | | | |
|---------------------------------------|---|-----|---------------------|-----|--|------|--|--------|
| Code ✓ | Name - Firm if Business (Last, First, Middle) | DOB | Race | Sex | Hair | Eyes | Height | Weight |
| Residence Address | | | Residence Telephone | | Driver License Number | | State | |
| Business Address (School if juvenile) | | | Business Telephone | | CONTACTED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | STATEMENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | | |
|---------------------------------------|---|-----|---------------------|-----|--|------|--|--------|
| Code RP | Name - Firm if Business (Last, First, Middle) | DOB | Race | Sex | Hair | Eyes | Height | Weight |
| Residence Address | | | Residence Telephone | | Driver License Number | | State CA | |
| Business Address (School if juvenile) | | | Business Telephone | | CONTACTED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | STATEMENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |



REPORTING OFFICER

R. CANADY

ID NO.

655

APPROVED BY

[Signature]

ID NO.

4001

CASE STATUS

CLOSED

PENDING

SUSPENDED

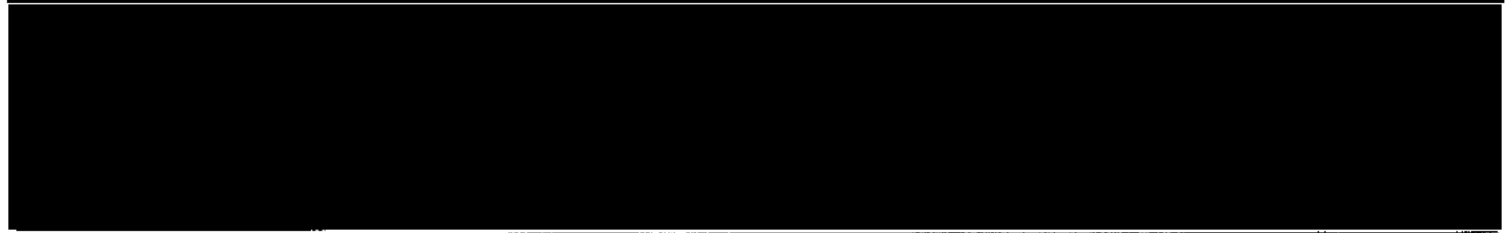
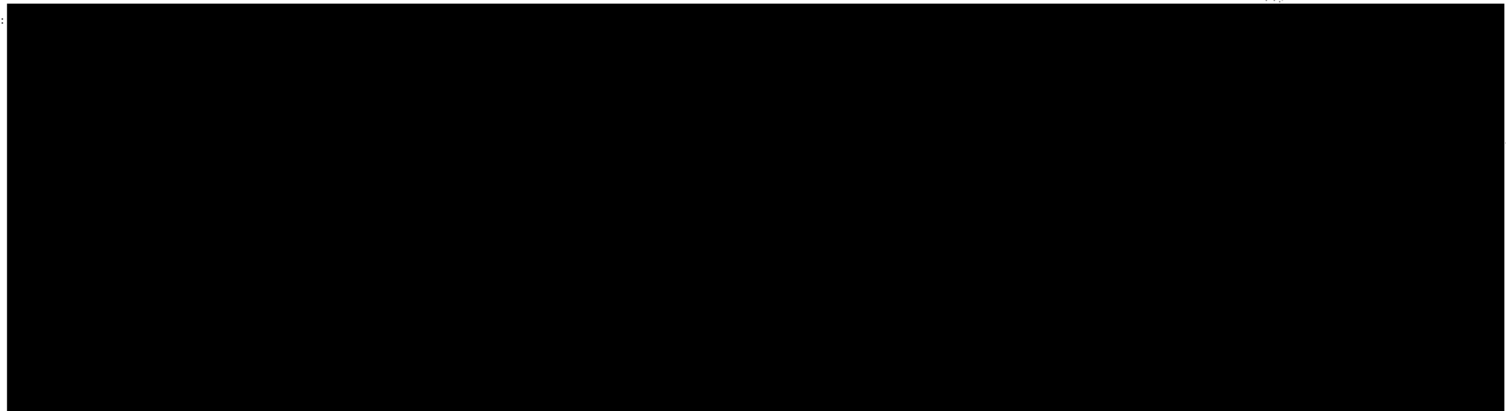
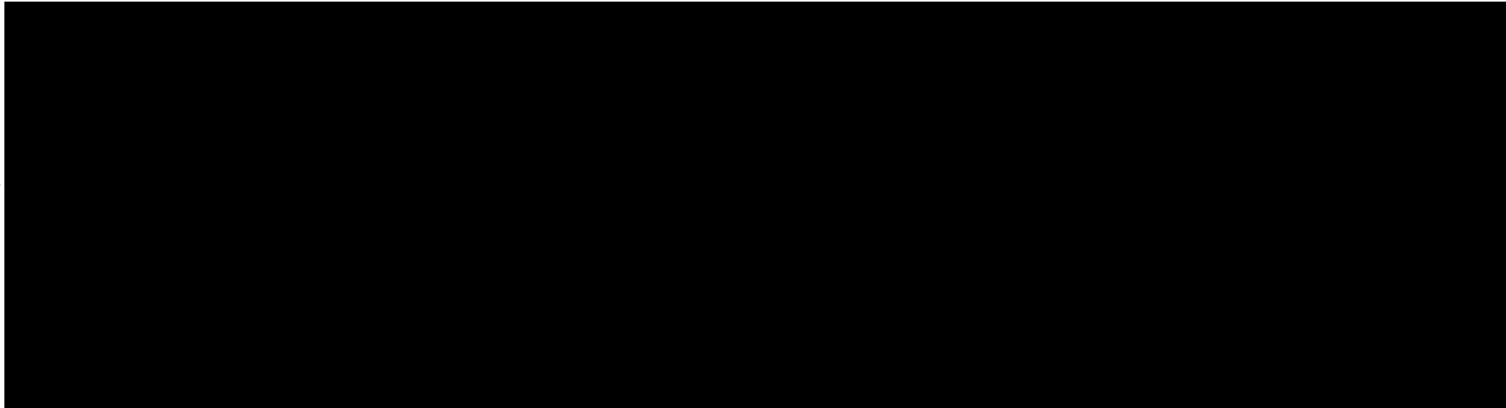
UNFOUNDED

16-04431

DETAINMENT ADVISEMENT



| Position | Date |
|----------------|--------|
| POLICE OFFICER | 6/9/16 |



Vacaville Police Department – Use of Force Review Form

This report is based on the initial information available at the time the incident is reviewed.

| | | | |
|--|--|---|-------------------|
| Reviewing Supervisor: E. RAMIREZ #464 | | Case # 16-04431 | |
| Policy/Procedure 300 Followed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Needs Further Review (both boxes may be checked) | | Date/Time: 06-04-16 | RD: 301 |
| Location of Occurrence: 1 QUALITY DRIVE CWAISER | | Charges: W+I 5150 | |
| Suspect(s) Name and DOB(s): <div style="background-color: black; width: 100%; height: 20px;"></div> | | | |
| Use of Force Information | | | |
| Primary Officer(s) using force: R. CANADY #655 | | | |
| Other Involved Officer(s): J. BAILEY, K. WELTER | | | |
| Reason for Initial Contact: Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Infraction <input type="checkbox"/> BOL/Wanted <input type="checkbox"/> Other <input checked="" type="checkbox"/> : W+I 5150 | | | |
| Supervisor(s) on scene when use of force occurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: Sgt/Lt | | | |
| Supervisor – Use of Force statement obtained? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes: Statement Recorded and Attached? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |
| Allied agency involved: None <input checked="" type="checkbox"/> CHP <input type="checkbox"/> SSO <input type="checkbox"/> FFLD <input type="checkbox"/> Other <input type="checkbox"/> : | | | |
| Force Used by Officer(s) | | Force Used Which Gained Compliance | |
| <input type="checkbox"/> Hand-Foot Striking Force <input type="checkbox"/> Chemical Agent <input type="checkbox"/> Taser <input type="checkbox"/> Baton <input type="checkbox"/> Canine <input type="checkbox"/> Vehicle <input type="checkbox"/> Less Lethal <input type="checkbox"/> Handgun <input type="checkbox"/> Carotid Restraint <input type="checkbox"/> Shotgun <input type="checkbox"/> Rifle | | <input type="checkbox"/> Hand-Foot Striking Force <input type="checkbox"/> Chemical Agent <input type="checkbox"/> Taser <input type="checkbox"/> Baton <input type="checkbox"/> Canine <input type="checkbox"/> Vehicle <input type="checkbox"/> Less Lethal <input type="checkbox"/> Handgun <input type="checkbox"/> Carotid Restraint <input type="checkbox"/> Shotgun <input type="checkbox"/> Rifle | |
| <input checked="" type="checkbox"/> Other Force Used to Effect the Arrest: HAND CUFFING REMOVAL (If injury resulted, explain in synopsis) | | <input type="checkbox"/> Other Force Used to Effect the Arrest (If injury resulted, explain in synopsis) | |
| Actions of Suspect | | Other Factors Present (Check all that Apply) | |
| <input type="checkbox"/> Cooperative <input type="checkbox"/> Uncooperative <input type="checkbox"/> Non-Responsive <input type="checkbox"/> Passive Resistance <input checked="" type="checkbox"/> Active Resistance or Aggression/Assault or Threat of Assault <input type="checkbox"/> Life Threatening Assault of Likely to Cause Great Bodily Injury | | <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input checked="" type="checkbox"/> 5150 <input type="checkbox"/> Other | |
| Suspect Injuries | | Forward for Review | |
| <input type="checkbox"/> None DISLOCATED ELBOW <input checked="" type="checkbox"/> Injuries: <input type="checkbox"/> Visible <input type="checkbox"/> Complaint of pain <input type="checkbox"/> EMS Requested <input checked="" type="checkbox"/> Transported to Medical Facility <input type="checkbox"/> AMA at Scene: <input checked="" type="checkbox"/> Photographs <input checked="" type="checkbox"/> Video-Cam Recording | | <input type="checkbox"/> Training – Training Unit <input type="checkbox"/> Policies & Procedures – Admin Services Division <input type="checkbox"/> Equipment – Training Manager <input type="checkbox"/> Office of Professional Standards <input type="checkbox"/> ARCON Supervisor <input type="checkbox"/> None | |
| Officer Injured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Visible <input type="checkbox"/> Complaint of Pain Medical Treatment <input type="checkbox"/> Yes <input type="checkbox"/> No Correction MINOR HAND INJURY SC | | | |
| Notes | | | |
| <input type="checkbox"/> Division Commander <input type="checkbox"/> Chaplain <input type="checkbox"/> Peer Support Program <input type="checkbox"/> Other: | | | |

Entered into DOJ URSUS 02/21/17 Carey

Carey

Synopsis of Use of Force

S150 SUBJECT AT KAISER VIOLENTLY RESISTING STAFF. I HANDCUFFED SUBJECT AND WHILE SUBJECT WAS BEING TRANSFERRED TO SOFT RESTRAINTS CONTINUED TO RESIST AND STRUGGLE. SUBJECT DISLOCATED HIS LEFT ELBOW WHILE I HAD CONTROL OF HIS LEFT HAND WHICH WAS STILL CUFFED. THIS WAS THE SECOND ALTERCATION I HAD WITH THIS SUBJECT TODAY

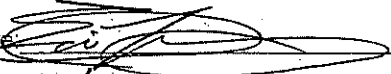
Crime Report Attached

Staff Review/Comments

Comments: DURING THE INTERVIEW OF THIS SUBJECT, HE STATED HE COULD NOT RECALL THE INCIDENT. THE SUBJECT STATED IT IS COMMON FOR HIM TO "BLACKOUT" DURING HIS EPISODES OF SCHIZOPHRENIA. THE SUBJECT SHOOK HIS HEAD IN THE NEGATIVE WHEN ASKED IF HE WOULD BE SHAKED TO DISCOVER HE BECAME COMBATIVE DURING HIS BLACKOUT.

SERGEANT/K-9 SUPERVISOR

Print Name: ERWIN RAMIREZ

Signature: 

Date: 6/5/16

Forward for Review:


- Training - Training Unit
- Policies & Procedures - Admin Services Division
- ARCON Supervisor
- Office of Professional Standards
- See Attached Action Taken

I agree with the Officer's Use of Force synopsis and found it to be within policy. No further action is necessary.

Comments:

DIVISION COMMANDER

Print Name: D. QUATMAN

Signature: 

Date: 6/11/16

Forward for Review:

- Training - Training Unit
- Policies & Procedures - Admin Services Division
- ARCON Supervisor
- Office of Professional Standards
- See Attached Action Taken

I agree with the Sergeant's preliminary findings. No further action is necessary.

Comments:

Although NOT an actual use of force, due to the injury, a UOF Review/Audit was completed. No policy violations.

BUREAU COMMANDER

Print Name: Eam Schmutzler

Signature: 

Date: 7/12/16

Forward for Review:

- Training - Training Unit
- Policies & Procedures - Admin Services Division
- ARCON Supervisor
- Office of Professional Standards
- See Attached Action Taken

I agree with the Division Commander's preliminary findings. No further action is necessary.

ROUTE TO OFFICE OF PROFESSIONAL STANDARDS WHEN ALL REVIEWS ARE COMPLETE