

EXECUTIVE ORDER



DISTRICT OF COLUMBIA

Subject:	Transporting Prisoners with a Wheelchair Accessible Van (WAV)
Number	20-049
Effective Date	September 25, 2020
Related To:	GO-SPT-301.01 (Vehicle Operation and Maintenance) GO-OPS-301.03 (Vehicular Pursuits) GO-PCA-502.01 (Transportation and Searches of Prisoners)

I. PURPOSE

The purpose of this executive order is to inform Metropolitan Police Department (MPD) members of the procedures for the wheelchair accessible van (WAV).

II. REGULATIONS

- A. The WAV is considered a patrol wagon, and members shall adhere to all relevant Department policies for patrol wagons and Department vehicles including, but not limited to, GO-SPT-301.01 (Vehicle Operation and Maintenance) and GO-OPS-301.03 (Vehicular Pursuits) when operating and maintaining the WAV. Members shall be aware that the WAV lift has a maximum weight capacity of 800 pounds.

NOTE: Attachment A of this order is an instruction sheet for the WAV.

- B. The WAV shall only be operated by trained MPD members.
- C. Unless otherwise authorized by the field commander, members shall ensure the WAV is **only** used for the transportation of arrestees who:
1. Use a wheelchair or motorized chair that cannot be transported in the member's Department vehicle or other Department vehicle; and
 2. Are being transported to district stations, the Central Cellblock (CCB), hospitals, the Comprehensive Psychiatric Emergency Program (CPEP), or other authorized holding facilities.
- D. The Commanding Official of the Command Information Center (CIC) shall:
1. Be responsible for controlling access to the WAV.
 2. Ensure the WAV is stored at MPD Headquarters in its designated parking space.

3. Ensure a PD Form 775AW (Weekly Wheelchair Accessible Van Inspection Checklist) is completed weekly (Attachment B).

III. PROCEDURES

A. Requesting Use of the WAV

1. When members determine transportation of an arrestee who uses a wheelchair or motorized chair may be necessary, members shall make **immediate** notification to their watch commander to request use of the WAV unless the arrestee states that he or she is able to walk and his or her wheelchair can be transported in a regular patrol vehicle.
2. The watch commander shall:
 - a. Notify the Watch Commander of the CIC of the need for the WAV.
 - b. Send a WAV-trained member to MPD Headquarters to pick up the WAV.
 - c. Note the request for the WAV on the PD Form 150 (Watch Commander Report).
3. Retrieving the WAV
 - a. Members sent to retrieve the WAV shall report to the CIC.
 - b. The watch commander of the CIC or a designated official shall provide the member with the key to the WAV and a PD Form 775W (Wheelchair Accessible Van Activity Report) (Attachment C).
 - c. The member in consultation with the watch commander of the CIC or designated official shall activate his or her body-worn camera, inspect the WAV, and begin filling out the PD Form 775W prior to using the WAV.

B. Transporting Arrestees with the WAV

1. Members shall ensure that no more than two arrestees are transported in the WAV at a time.
2. Absent exigent circumstances, members **shall not** handcuff an arrestee to his or her wheelchair or motorized chair.
3. Members shall ensure arrestees transported in the WAV are thoroughly searched for contraband **prior** to being placed inside the WAV in accordance with GO-PCA-502.01 (Transportation and Searches of Prisoners).

4. Members shall note any existing damage to the arrestee's wheelchair or motorized chair in the Arrest Report and record the damage with their BWC.
5. Members shall operate the WAV in accordance with Department training.
6. For safety, members shall ensure all emergency lighting on the WAV is activated while loading and unloading the arrestee. Members are reminded, in accordance with GO-SPT-301.01, that when two or more members are present and it is practicable, a member who is operating the WAV and backing up shall only do so with the assistance of the other member who shall be positioned outside of the WAV to direct the driver.
7. Members shall ensure the arrestee and the wheelchair or motorized chair are securely fastened in the WAV, in accordance with Department training and Attachment A, before beginning transport.
8. If at any time during the transport the arrestee complains of illness or injury, members shall act in accordance with GO-PCA-502.07 (Medical Treatment and Hospitalization of Prisoners).
9. If more than two wheelchair arrestees need to be transported:
 - a. Members shall make **immediate** notification to the CIC and to an official of their organizational element.
 - b. The CIC shall promptly notify available companies to arrange for a transport and shall notify the member of the name of the company and the expected time of arrival.
 - c. Members requesting the transport shall note the time notification was made to the CIC and the name of the notified company in the narrative portion of the Arrest Report.
10. The watch commander shall document the transport and note any prisoner process delays on the PD Form 150.

C. Returning the WAV

1. Members returning the WAV shall:
 - a. Park the WAV in its designated parking spot at HQ.
 - b. Complete the PD Form 775W, in conjunction with the watch commander of the CIC or designated official, and return the PD Form 775W and the keys to the WAV to the watch commander or a designated official of the CIC.
2. The watch commander of the CIC or a designated official shall sign, date, and time stamp the PD Form 775W and maintain it in accordance with the

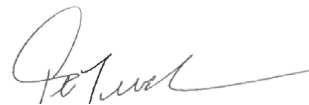
Department's records retention schedule regarding the PD Form 775 (Daily Vehicle and Inspection and Activity Report).

D. Traffic Crashes and Other Incidents Involving the WAV

1. Members who are involved in a traffic crash while operating the WAV shall immediately notify an official and follow the procedures outlined in GO-SPT-401.03 (Traffic Crash Reports).
2. The assigned member's watch commander shall be responsible for obtaining incident summary (IS) numbers and notifying the Fleet Services Division and Watch Commander of the CIC of traffic crashes or other incidents involving the WAV.
3. The assigned member's chain of command officials shall be responsible for handling any incidents [e.g., notices of infraction (NOIs)] and conducting any administrative investigations involving their members and the WAV.

IV. ATTACHMENTS

1. Attachment A: WAV User Instructions.
2. Attachment B: PD Form 775AW (Wheelchair Accessibility Van Inspection Checklist)
3. Attachment C: PD Form 775W (Wheelchair Accessibility Van Activity Report)



Peter Newsham
Chief of Police

PN:KDO:MOC:JC



AMF-Bruns of America PROTEKTOR RESTRAINTS USER INSTRUCTIONS DECAL

SECURE WHEELCHAIR

- 1) Position wheelchair to face forward. Engage wheel locks. Power-off motorized units.
- 2) Locate 4 tie-downs (retractors). Attach and lock-in to floor anchorage.
- 3) Attach 4 tie-downs to solid frame members of wheelchair. Do not:
 - Pass straps through wheels of a wheelchair.
 - Allow the straps to conform or bend around any object such as wheels or footrests.
 - Cross-connect the securement strap assemblies.
- 4) Rear tie downs (See Figures 1 and 3):
 - From back of wheelchair, straps should never be closer than 12" (305 MM).
 - Straps should extend out of wheelchair at 10° angle with the vertical.
 - From side of wheelchair, straps should be at 30-45° with horizontal.
- 5) Front tie downs (See Figures 2 and 3):
 - From front of wheelchair, straps should never be closer than 12" (305 MM).
 - Straps should extend out of wheelchair at 25° angle with the vertical.
 - From side of wheelchair, straps should be at 40-60° angle with horizontal.
- 6) Make sure tie downs are locked and properly tensioned.

FIGURE 1

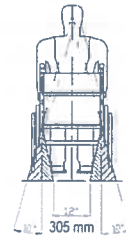


FIGURE 2

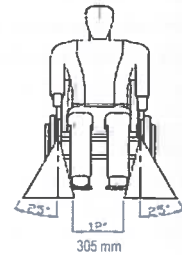
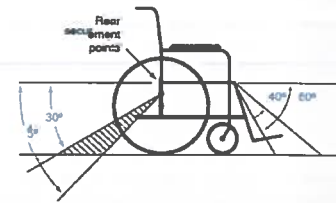


FIGURE 3



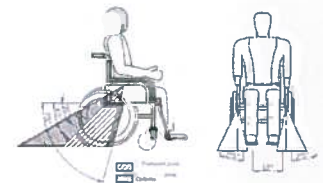
SECURE PASSENGER

AMF-Bruns of America's restraints are designed to bear upon the bony structure of the body and shall be worn low and snug across the front of the pelvis, with the junction between the lap and shoulder belts located near the passenger's hip.

Lap Belts (See Figures 4,5 and 6):

- 1) Use the back of your hand when making physical contact with passenger.
- 2) Ensure that lap belt is snug and flat against the body. Lap belt should never be twisted or go over or around the arm rests, side panels or any other object.
- 3) Make sure lap belt is under the arm rest. Lap belt should be worn low on the pelvis.
- 4) Attach the other end of the lap belt to the tongue on the right rear retractor.
- 5) Protect seat belt webbing from sharp edges and corners.

FIGURE 4



Lap Belt (See Figures 4,5 and 6):

- 1) Take the end of the shoulder belt from the anchor point on the vehicle wall.
- 2) Place over the center of the passenger's shoulder and attach the end-buckle to the tongue buckle attached to the lap belt.
- 3) Ensure the belt does not travel across the passenger's neck. Adjust the height of the shoulder belt if necessary to ensure a proper positioning on the passenger's shoulder.
- 4) Shoulder belt upper anchorage or guide support should always be positioned so that:
 - a) Belt webbing lies across the center of wheelchair passenger's chest and shoulder.
 - b) It extends upward and rearward of the wheelchair occupant's shoulder level to avoid any downward force on the spine.

FIGURE 5

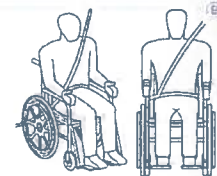


FIGURE 6



RELEASE PASSENGER

- 1) Carefully remove passengers's lap and shoulder belts.
- 2) Unlock front and rear tie downs from wheelchair and floor anchorage.
- 3) Unlock wheels or turn power on if motorized unit.

**PLEASE AFFIX DECAL IN VEHICLE
NEAR WHEELCHAIR LOCATION.**

WARNINGS



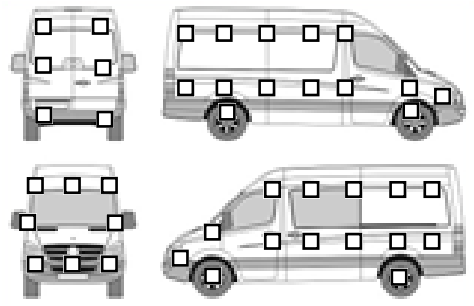
- Do not allow webbing to get twisted inside retractors.
- Wheelchair accessories and equipment should be removed from wheelchair and secured in the AMF-Bruns storage pouch.
- Whenever possible, items attached to wheelchair in front of passenger (i.e. trays) should be removed and secured separately.
- Lap and shoulder belt should not be held away from passenger's body by wheelchair components (i.e. wheelchair wheels, arm rests, panels or frame).
- Never rely on wheelchair's seat belt for postural support belt unless properly approved and crash-tested.
- Wheelchair securement systems should be used as shown in these instructions.

- Systems should only be used with forward-facing wheelchairs.
- Report all potential damage and defects to your supervisor.
- For questions relating to installation and/or use of wheelchair and occupant securement systems (and components) contact AMF-Bruns of America.
- If vehicle is towed away the wheelchair tie down and occupant restraint system components -- including straps, belts and anchorages -- must be replaced, even if there is no visual damage.
- Do not attach belt hooks to wheels, plastic or removable parts of wheelchair.
- Wheelchair securement systems should be used as show in these instructions. For additional instruction go to www.amfrunsamerica.com.

PD 775AW Rev. 5/2019 METROPOLITAN POLICE DEPARTMENT Washington, D.C.				Date Inspected	
WEEKLY WHEELCHAIR ACCESSIBLE VAN (WAV) INSPECTION CHECKLIST				Tour of Duty	
Unit Call Number	Tag #	Year		Model	Mileage

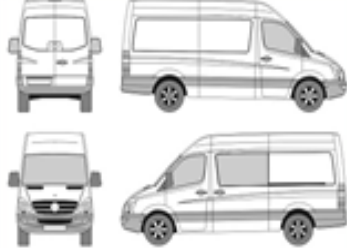
<input type="checkbox"/> ITEM IS IN GOOD SERVICEABLE CONDITION. <input checked="" type="checkbox"/> ITEM MISSING, NEEDS REPAIR, REPLACEMENT, ETC. EXPLAIN IN REMARKS.			Print & Signature of Inspecting Official <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
EXTERIOR					EQUIPMENT
<input type="checkbox"/> 1. HEADLIGHTS –HIGH BEAM	<input type="checkbox"/>	27. BATTERY CABLES SERVICABLE	<input type="checkbox"/>	28. FAN BELTS	<input type="checkbox"/>
<input type="checkbox"/> 2. HEADLIGHTS – LOW BEAM	<input type="checkbox"/>	29. HOSES, Radiator & Heater	<input type="checkbox"/>	30. AIR CONDITIONER (Cycle for 15 minutes)	<input type="checkbox"/> 54. CHECK RETRACTORS
<input type="checkbox"/> 3. PARKING LIGHTS	<input type="checkbox"/>	31.	<input type="checkbox"/>	32. DEFROSTER	<input type="checkbox"/> 55. CHECK WEBBING
<input type="checkbox"/> 4. TURN SIGNALS	<input type="checkbox"/>	INTERIOR		33. HEATER	<input type="checkbox"/> 56. CHECK METAL PARTS
<input type="checkbox"/> 5. EMERG. FLASHER LIGHT	<input type="checkbox"/>	34. REAR VIEW MIRROR	<input type="checkbox"/>	35. DOME LIGHTS	<input type="checkbox"/> 57. CHECK MOUNTING HARDWARE
<input type="checkbox"/> 6. SPOT LIGHTS	<input type="checkbox"/>	36. DASH LIGHT	<input type="checkbox"/>	37. RADIO LIGHTS	<input type="checkbox"/> 58. CHECK FLOOR ANCHORAGES
<input type="checkbox"/> 7. POLICE LIGHT BARS	<input type="checkbox"/>	38. HORN	<input type="checkbox"/>	39. EMERG. Light Indicator	<input type="checkbox"/> 59. CHECK SHOULDER BELT ANCHORAGES
<input type="checkbox"/> 8. TAIL LIGHTS	<input type="checkbox"/>	40. SIREN (All Switch Positions)	<input type="checkbox"/>	41. P. A. SYSTEM	<input type="checkbox"/> 60. CHECK FLOOR & SIDEWALL ANCHORAGES
<input type="checkbox"/> 9. BRAKE LIGHTS	<input type="checkbox"/>	42. WINDSHIELD WIPERS	<input type="checkbox"/>	43. WINDSHIELD WASHER	<input type="checkbox"/> 61. CHECK BUCKLE
<input type="checkbox"/> 10. LICENSE PLATE LIGHT	<input type="checkbox"/>	44. SPEEDOMETER	<input type="checkbox"/>	45. INSTRUMENT (Indicator Lights)	<input type="checkbox"/> 62. CHECK MALE BUCKLE TONGS
<input type="checkbox"/> 11. REVERSE LIGHTS	<input type="checkbox"/>	46. GAS GAUGE (Indicate Level)	<input type="checkbox"/>	47. SEAT BELTS	<input type="checkbox"/> 63. FUNCTION OF TOTAL RESTRAINT SYSTEM
<input type="checkbox"/> 12. WIPER BLADES	<input type="checkbox"/>	48. FLOOR MATS <input type="checkbox"/> N/A	<input type="checkbox"/>	49. HAND BRAKE	<input type="checkbox"/> 64. INSPECTION & OPERATION OF THE LIFT
<input type="checkbox"/> 13. GLASS (All)	<input type="checkbox"/>	49. HAND BRAKE	<input type="checkbox"/>	50. FOOT BRAKE	<input type="checkbox"/> 65.
<input type="checkbox"/> 14. TIRES (Front) <input type="checkbox"/> L. <input type="checkbox"/> R.	<input type="checkbox"/>	50. FOOT BRAKE	<input type="checkbox"/>	51. INSPECTION STICKER (Current)	<input type="checkbox"/> 66.
<input type="checkbox"/> 15. TIRES (Rear) <input type="checkbox"/> L. <input type="checkbox"/> R.	<input type="checkbox"/>	51. INSPECTION STICKER (Current)	<input type="checkbox"/>	52. CLEANLINESS	<input type="checkbox"/> 67.
<input type="checkbox"/> 16. SPARE TIRE	<input type="checkbox"/>	52. CLEANLINESS	<input type="checkbox"/>	53. Type Other Information Here	<input type="checkbox"/> 68.
<input type="checkbox"/> 17. BODY DAMAGE	<input type="checkbox"/>	53. Type Other Information Here	<input type="checkbox"/>		<input type="checkbox"/> 69.
<input type="checkbox"/> 18. PAINT and LETTERING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> 70.
<input type="checkbox"/> 19. CLEANLINESS	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> 71.
<input type="checkbox"/> 20. HUB CAPS	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> 72.
<input type="checkbox"/> 21. DRIVER SIDE MIRROR	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> 73.
<input type="checkbox"/> 22. PASS. SIDE MIRROR	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> 74.
MOTOR COMPARTMENT			<input type="checkbox"/>		<input type="checkbox"/> 75.
<input type="checkbox"/> 23. OIL LEVEL	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> 76.
<input type="checkbox"/> 24. TRANSMISSION FLUID	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> 77.
<input type="checkbox"/> 25. POWER STEERING FLUID	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> 78.
<input type="checkbox"/> 26. RADIATOR LEVEL	<input type="checkbox"/>		<input type="checkbox"/>		

ITEM NO.	REMARKS: (List any damage – note if reported: Use Reverse Side if Necessary.)



Section B: Daily Vehicle Inspection Check List

INSTRUCTIONS: Check a box to indicate item discrepancy; missing item; or item that needs repair, replacement, etc. // Leave check box blank to indicate item is in good serviceable condition and/or equipped. // * Indicates item is applicable to motor scooters/HD Motorcycles
 Notify an official when items are missing and/or damaged. // Explain deficiencies in REMARKS section.

<p>1. Cleanliness</p> <input type="checkbox"/> Exterior Washed <input type="checkbox"/> Interior Washed <input type="checkbox"/> Trunk Cleaned <input type="checkbox"/> Check for Leaks <input type="checkbox"/> Windows Clean <p>2. Fluids</p> <input type="checkbox"/> Fuel* <input type="checkbox"/> Motor Oil* <input type="checkbox"/> Anti-freeze <input type="checkbox"/> Windshield Washer <input type="checkbox"/> Auto-Transmission <input type="checkbox"/> Radiator <input type="checkbox"/> Battery <p>3. Tires</p> <input type="checkbox"/> Air pressure* <input type="checkbox"/> General Condition* <input type="checkbox"/> Spare Tire and Tools	<p>4. Emergency Lights* <input type="checkbox"/></p> <p>5. Siren (all switch positions) <input type="checkbox"/></p> <p>6. Air Conditioning <input type="checkbox"/></p> <p>7. Operating Performance</p> <input type="checkbox"/> Engine* <input type="checkbox"/> Chain* <input type="checkbox"/> Transmission* <input type="checkbox"/> Gear Shift* <input type="checkbox"/> Steering* <input type="checkbox"/> Throttle Cable* <p>8. Emergency Brake and Release <input type="checkbox"/></p> <p>9. Brake Adjustment* <input type="checkbox"/></p> <p>10. Horn* <input type="checkbox"/></p> <p>11. Windshield Wipers and Washers <input type="checkbox"/></p> <p>12. Mirrors* <input type="checkbox"/></p> <p>13. Fuel Ring <input type="checkbox"/></p> <p>14. Fuel Key <input type="checkbox"/></p>	<p>15. Fuel Key with Vehicle <input type="checkbox"/></p> <p>Key (if applicable)</p> <p>16. Lights</p> <input type="checkbox"/> High Beams*/ <input type="checkbox"/> Indicator <input type="checkbox"/> Low Beams <input type="checkbox"/> Turn Signals* <input type="checkbox"/> Spotlights <input type="checkbox"/> Dome/Courtesy Lights <input type="checkbox"/> Gauges/Lights <input type="checkbox"/> Tag Light* <p>17. MDC</p> <input type="checkbox"/> Equipped <input type="checkbox"/> Docking Station <input type="checkbox"/> Laptop Screen <input type="checkbox"/> Laptop Keyboard <input type="checkbox"/> Laptop Power <input type="checkbox"/> Intranet Connection Log In? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>18. Damage</p> <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Glass <input type="checkbox"/> Scratch <input type="checkbox"/> Upholstery <div style="text-align: center;">  </div> <p style="text-align: center; font-size: small;">MARK DAMAGED PART WITH AN X ON THE PICTURE.</p>
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Section C: Daily Vehicle Inspection Check List

Equipment

<input type="checkbox"/> Retractors	<input type="checkbox"/> Floor and Sidewall Anchorages	<input type="checkbox"/> Inspection and Operation of Lift System
<input type="checkbox"/> Webbing	<input type="checkbox"/> Buckles	
<input type="checkbox"/> Metal Parts	<input type="checkbox"/> Male Buckle Tong	
<input type="checkbox"/> Mounting Hardware	<input type="checkbox"/> Function of Total Restraint System	
<input type="checkbox"/> Floor Anchorages		
<input type="checkbox"/> Shoulder Belt Anchorages		

Discrepancy Notification

OFFICIAL NOTIFIED	DATE	TIME	COMPLAINT NUMBER (IF A REPORT IS MADE)
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Remarks

(Explain discrepancies; note any rear vehicle damage)

VEHICLE KEY ISSUED BY:	VEHICLE KEY RELIEVED TO:		
1. MEMBER ASSIGNED: NAME	CAD	BODY-WORN CAMERA ASSIGNED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. MEMBER ASSIGNED: NAME	CAD	BODY-WORN CAMERA ASSIGNED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE OF REVIEWING OFFICIAL		DATE	TIME