

SPECIAL ORDER



DISTRICT OF COLUMBIA

Subject
Instructions for Completing the Reportable Incident Form (RIF: PD Forms 901-g and 901-h)

Series	Number
06	06

Effective Date
April 7, 2006

Related to
General Order RAR-901.07 (Use of Force)
General Order RAR-901.08 (Use of Force Investigations)
Special Order 06-05 [Instructions for Completing the Use of Force Incident Report (UFIR: PD Forms 901-e and 901-f)]

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I. BACKGROUND

The Metropolitan Police Department considers the pointing of a firearm at, or in the direction of, another person to be a reportable incident. The Department remains committed to documenting and reviewing these incidents to proactively identify safety and training issues, and to improve community relations. This Special Order explains the procedures for completing the PD Form 901-g [Reportable Incident Form (RIF)] that was created to document incidents during which members, to include armed Reserve Corps officers, point their firearms at, or in the direction of, another person. This Special Order also explains procedures for completing the PD Form 901-h (Reportable Incident Form, Subject Supplement) that is to be used when more than one individual is the subject of a reportable incident (See Attachments A and B).

II. DEFINITIONS

When used in this directive, the following terms shall have the meaning designated:

1. Member – In this order, the term “member” shall apply to all sworn personnel, and armed Reserve Corps officers.
2. Incident Summary (IS) – Previously identified as the Complainant Summary system (CS), the CS system is now referred to as the IS system. The procedures for requesting IS numbers from OPR remains unchanged.

III. REGULATIONS

Only managers assigned to the Force Investigation Team (FIT), the rank of lieutenant or above, shall authorize the issuance of Reverse-Garrity warnings to members who decline to complete the PD Form 901-g [Reportable Incident Form (RIF)].

IV. PROCEDURAL GUIDELINES (CALEA 82.2.1-e)

A. Use of the PD Form 901-g (RIF) (CALEA 82.2.1-a-c)

1. Members shall complete the PD Form 901-g (RIF) immediately following the drawing and pointing of a firearm at, or in the direction of, another person when no other force was used.
2. Members shall immediately complete a PD Form 901-h (RIF Subject Supplement) for each additional person at whom the member pointed his or her firearm.
3. Members who have engaged in a use of force shall complete a PD Form 901-e [Use of Force Report (UFIR)].

B. Members shall: (CALEA 82.2.1-d)

1. Immediately notify an official following the pointing of their weapon at, or in a direction of, another person.
2. Submit the PD Form 901-g (RIF) form to an official for review and approval prior to the end of his/her tour of duty. (CALEA 82.2.1-b)

C. Supervisory officials shall:

1. Respond to the scene of an incident upon being notified that a member has pointed his/her weapon at, or in the direction of, another person. See GO-RAR-901.08 (Use of Force Investigations).
2. When a member declines to complete the PD Form 901-g (RIF) immediately following a "pointing" incident, take the following actions:
 - a. Notify the element Watch Commander to respond to the scene.
 - b. Do **not** compel or order the subject member to make a statement or complete the PD Form 901-g (RIF) until one of the following occurs:
 - (1) The element Watch Commander receives approval by the FIT on-call manager (lieutenant or above) to authorize a Reverse-Garrity warning; or

- (2) The United States Attorney's Office (USAO) has issued a written criminal declination.
 3. Within one hour of learning of an incident where a member points his/her weapon at, or in the direction of, another person, notify the Office of Professional Responsibility (OPR) to obtain IS tracking numbers according to the following:
 - a. During normal weekday business hours (from 0700 – 1900), notify the OPR, or
 - b. During non-business hours (from 1900 – 0700), notify the on-call OPR manager. The manager may be contacted through the Synchronized Operations Command Center (SOCC).
 4. Review the PD Form 901-g (RIF) to ensure that the form is complete, and that there is no indication a use of force incident occurred. (CALEA 82.2.4)
 5. If it is suspected that a member engaged in a use of force and intentionally failed to report that force, report the incident as outlined in GO-PER-120.23 (Serious Misconduct Investigations).
 6. Prior to the end of his/her tour of duty, forward the signed, completed PD-901-g (RIF) to the element Watch Commander.
- D. The Watch Commander shall:
1. Upon receiving a PD Form 901-g (RIF), review and ensure: (CALEA 82.2.4)
 - a. The member has completely filled out the form; and
 - b. The form has been reviewed and signed by an official.
 2. Prior to the end of his/her tour of duty, sign the completed PD Form 901-g (RIF), and fax the form to the attention of the Commanding Officer, Force Investigation Team.
 3. Forward the original copy of the signed PD Form 901-g (RIF), through channels, to the Commanding Officer, Force Investigation Team.
 4. Upon notification that a member has declined to complete the PD Form 901-g (RIF) immediately following a "pointing" incident, respond to the scene.

- a. Contact the SOCC, and request that the on-call FIT manager (lieutenant or above) be paged.
- b. Provide the SOCC with a telephone number and location where the Watch Commander can be contacted.
- c. When contacted by the FIT manager, provide a detailed summary of the incident.
- d. If the FIT manager authorizes the issuance of a Reverse-Garrity warning, issue a Reverse-Garrity warning to the member.

NOTE: Sample Reverse-Garrity warning language for “pointing” incidents:

“The PD Form 901-g (RIF) concerns administrative matters relating to the official business of the MPD. This form is not intended for the purpose of instituting a criminal prosecution against you. During the course of completing the form, even if you disclose criminal conduct, neither self-incriminating statements nor the fruits of any self-incriminating statements will be used against you in any criminal proceeding.

Since this is an administrative matter and any self-incriminating information you disclose will not be used against you in a court of law, you are required to fill out the form fully and truthfully. General Order 201.26 (Duties, Responsibilities and Conduct of Members of the Department) states in part, ‘members shall respond truthfully when questioned by supervisory officers about matters relating to official business of the police department...’. Failure to fill out the form will result in disciplinary action.” (CALEA 82.2.1-c)

- e. If the FIT manager **does not** authorize the issuance of a Reverse-Garrity warning:
 - (1) Prior to being relieved from duty, complete a written request for review of the incident by the USAO.
 - (2) Submit the request using the “Use of Force Preliminary Investigation Template.”
 - (3) Ensure that the request contains the following specific information:
 - (a) Summary of the event;

- (b) Member information: if the member declined to provide a statement, this should be documented in the report;
 - (c) If the member provided a statement/interview, the willingness to provide the statement/interview should be documented;
 - (d) All non-subject members who were involved in the incident should be interviewed;
 - (e) The first official on the scene and the first member on the scene should be interviewed;
 - (f) All civilian eyewitnesses should be identified and interviewed;
 - (g) A completed PD Form 313 (Arrestee Illness or Injury Report), including the portion filled out by the hospital physician, should be obtained when applicable;
 - (h) Any other documentation of injuries to the defendant should be documented and provided;
 - (i) All arrest paperwork should be provided, such as the PD Forms 163 (Prosecution Report), 251 (Incident-Based Event Report), 252 (Supplement Report) and/or 123 (Report of Investigation);
 - (j) If a member is injured, provide a copy of the PD Form 42 (Injury or Illness Report); and
 - (k) All defendant statements, remarks, or complaints of misconduct should be documented and provided.
- f. Forward the request, through channels, to the Assistant Chief, OPR.
- E. Element Commanders and Directors shall ensure that all members under their command comply with the requirements of this Special Order.
- F. The Commanding Officer, Force Investigation Team, shall ensure that hard copies of the PD Form 901-g (RIF) are maintained in a centralized file in the FIT Office.

V. CROSS REFERENCES

- A. GO-RAR-901.07 (Use of Force)
- B. GO-RAR-901.08 (Use of Force Investigations)

VI. ATTACHMENTS

- 1. Attachment A: PD Form 901-g (Reportable Incident Form)
- 2. Attachment B: PD Form 901-h (Reportable Incident Form, Subject Supplement)

//SIGNED//
Charles H. Ramsey
Chief of Police

CHR:MJF:SOA:DAH:JAH:pas:mck

**METROPOLITAN POLICE DEPARTMENT
REPORTABLE INCIDENT FORM (RIF)**

A. REPORTING OFFICER

CS NUMBER:		LAST NAME:			FIRST NAME			MI	RANK
CAD NO.	ELEMENT	ASSIGNMENT	PSA	SEX	RACE	HEIGHT			
WEIGHT	APPOINTMENT DATE	DUTY STATUS (CHECK ONE)		UNIFORM (CHECK ONE)			DOB		
<input type="checkbox"/> ON <input type="checkbox"/> OFF	<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <input type="checkbox"/> PLAIN CLOTHES								
SUPV. NOTIFIED	DATE	TIME	SUPERVISOR NOTIFIED LAST NAME		FIRST NAME		MI	RANK	CAD NO.
<input type="checkbox"/> YES <input type="checkbox"/> NO									
ON-SCENE SUPERVISOR LAST NAME			ON-SCENE SUPERVISOR FIRST NAME			MI	RANK	CAD NO.	

B. EVENT INFORMATION

INCIDENT DATE	INCIDENT TIME	DATE OF REPORT	TIME OF REPORT	CCN	DISTRICT	PSA
LOCATION OF INCIDENT					OTHER JURISDICTION	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
LIGHTING CONDITIONS				GROUND CONDITIONS		

C. SUBJECT INFORMATION

TOTAL NO. OF SUBJECTS AT WHOM WEAPON WAS POINTED:			(COMPLETE PD 901-g FOR EACH ADDITIONAL SUBJECT)			
LAST NAME		FIRST NAME			MI	SSN
ADDRESS			CITY	STATE	ZIP	
PHONE		EMPLOYMENT/SCHOOL				
DOB	SEX	RACE	HEIGHT	WEIGHT		

SUBJECT ACTION (CHECK ONE)	
<input type="checkbox"/> COMPLIANT	<input type="checkbox"/> ASSAULTIVE (PHYSICAL INJURY)
<input type="checkbox"/> RESISTANT (PASSIVE)	<input type="checkbox"/> ASSAULTIVE (SERIOUS PHYSICAL INJURY / DEATH)
<input type="checkbox"/> RESISTANT (ACTIVE)	

SUBJECT ACTIVITY (CHECK ALL THAT APPLY)			
<input type="checkbox"/> APO	<input type="checkbox"/> DISORDERLY CONDUCT	<input type="checkbox"/> HOSTAGE	<input type="checkbox"/> DANGEROUS ANIMAL
<input type="checkbox"/> ATTEMPT ARREST	<input type="checkbox"/> DEMONSTRATION	<input type="checkbox"/> LANDLORD/TENANT DISPUTE	<input type="checkbox"/> ROBBERY
<input type="checkbox"/> ADW	<input type="checkbox"/> DEFENDING AN ASSAULT	<input type="checkbox"/> SUICIDE ATTEMPT	<input type="checkbox"/> BURGLARY
<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> DOMESTIC VIOLENCE	<input type="checkbox"/> TRANSPORTING	<input type="checkbox"/> FOOT PURSUIT
<input type="checkbox"/> BARRICADE	<input type="checkbox"/> DRUGS	<input type="checkbox"/> TRAFFIC STOP	<input type="checkbox"/> VEHICLE PURSUIT
<input type="checkbox"/> CROWD CONTROL	<input type="checkbox"/> DUI	<input type="checkbox"/> OTHER (SPECIFY BELOW)	
OTHER SUBJECT ACTIVITY:			

METROPOLITAN POLICE DEPARTMENT REPORTABLE INCIDENT FORM (RIF)

SUBJECT WEAPON INFORMATION				
WEAPON	FIREARM	BLUNT WEAPON	EDGED WEAPON	OTHER WEAPON
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	TYPE:	TYPE:	TYPE:	TYPE:
	RECOVERED <input type="checkbox"/> YES <input type="checkbox"/> NO	RECOVERED <input type="checkbox"/> YES <input type="checkbox"/> NO	RECOVERED <input type="checkbox"/> YES <input type="checkbox"/> NO	RECOVERED <input type="checkbox"/> YES <input type="checkbox"/> NO
	RECOVERY LOCATION	RECOVERY LOCATION	RECOVERY LOCATION	RECOVERY LOCATION
	DISCHARGED <input type="checkbox"/> YES <input type="checkbox"/> NO			

D. OTHER OFFICER INFORMATION

DID ANY OTHER MEMBERS POINT THEIR WEAPONS AT, OR IN THE DIRECTION OF, ANOTHER PERSON DURING THIS INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	(IF YES, LIST BELOW. USE ADDTL. SHTS. IF NECESSARY)			
CAD NUMBER:	LAST NAME:	FIRST NAME	MI	RANK
CAD NUMBER:	LAST NAME:	FIRST NAME	MI	RANK

E. OFFICER NARRATIVE

F. REVIEW

OFFICER SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
WATCH COMMANDER SIGNATURE	DATE

**METROPOLITAN POLICE DEPARTMENT
REPORTABLE INCIDENT FORM (RIF)
SUBJECT SUPPLEMENT**

OFFICER LAST NAME	OFFICER FIRST NAME	MI	CAD NUMBER

A. SUBJECT INFORMATION

CS NUMBER: _____	DATE OF INCIDENT: _____	SUBJECT _____ OF _____ (TOTAL)	
LAST NAME	FIRST NAME	MI	SSN
ADDRESS	CITY	STATE	ZIP
PHONE	EMPLOYMENT/SCHOOL		
DOB	SEX	RACE	HEIGHT
			WEIGHT

SUBJECT ACTION (CHECK ONE)	
<input type="checkbox"/> COMPLIANT	<input type="checkbox"/> ASSAULTIVE (PHYSICAL INJURY)
<input type="checkbox"/> RESISTANT (PASSIVE)	<input type="checkbox"/> ASSAULTIVE (SERIOUS PHYSICAL INJURY / DEATH)
<input type="checkbox"/> RESISTANT (ACTIVE)	

SUBJECT ACTIVITY (CHECK ALL THAT APPLY)			
<input type="checkbox"/> APO	<input type="checkbox"/> DISORDERLY CONDUCT	<input type="checkbox"/> HOSTAGE	<input type="checkbox"/> DANGEROUS ANIMAL
<input type="checkbox"/> ATTEMPT ARREST	<input type="checkbox"/> DEMONSTRATION	<input type="checkbox"/> LANDLORD/TENANT DISPUTE	<input type="checkbox"/> ROBBERY
<input type="checkbox"/> ADW	<input type="checkbox"/> DEFENDING AN ASSAULT	<input type="checkbox"/> SUICIDE ATTEMPT	<input type="checkbox"/> BURGLARY
<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> DOMESTIC VIOLENCE	<input type="checkbox"/> TRANSPORTING	<input type="checkbox"/> FOOT PURSUIT
<input type="checkbox"/> BARRICADE	<input type="checkbox"/> DRUGS	<input type="checkbox"/> TRAFFIC STOP	<input type="checkbox"/> VEHICLE PURSUIT
<input type="checkbox"/> CROWD CONTROL	<input type="checkbox"/> DUI	<input type="checkbox"/> OTHER (SPECIFY BELOW)	
OTHER SUBJECT ACTIVITY: _____			

SUBJECT WEAPON INFORMATION				
WEAPON	FIREARM	BLUNT WEAPON	EDGED WEAPON	OTHER WEAPON
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	TYPE: _____	TYPE: _____	TYPE: _____	TYPE: _____
	RECOVERED	RECOVERED	RECOVERED	RECOVERED
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	RECOVERY LOCATION	RECOVERY LOCATION	RECOVERY LOCATION	RECOVERY LOCATION
	DISCHARGED			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			

B. REVIEW

OFFICER SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
WATCH COMMANDER SIGNATURE	DATE