

SPECIAL ORDER



DISTRICT OF COLUMBIA

Title	Preliminary Reports
Number	SO-12-18
Effective Date	July 24, 2012
Related to:	GO-PER-120.23 (Serious Misconduct Investigations) effective date, January 16, 2004 GO-OMA-120.24 (Revocation/Restoration of Police Powers), effective date, May 2, 2010 GO-OPS-301.03 (Vehicular Pursuits) effective date, February 25, 2003 GO-RAR-901.08 (Use of Force Investigations) effective date, October 7, 2002
Rescinds:	TT 09-018-08 (Administrative Preliminary Reports), effective date, September 5, 2008

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I. BACKGROUND

Three (3) report templates have been developed by the Internal Affairs Bureau (IAB) to streamline and standardize the preliminary reporting process. The templates are available to officials on the *MPDC Inside* Intranet homepage under the *Policies and Procedures* section, by clicking on the *Chain of Command Administrative Investigations* heading.

The purpose of this order is to enumerate the types of incidents requiring the completion of preliminary reports by chain of command.

II. PROCEDURES

A. Misconduct, Duty Status, and Unusual Incidents

1. Watch commanders shall complete a form PD Form 901a (Preliminary Report Form – Misconduct, Duty Status, or Unusual Incidents) (Attachment A) for the following specified incidents:
 - a. Arrests of members;
 - b. Members revoked of police powers and placed on administrative leave or non-contact status;
 - c. Serious misconduct allegations against members that result in a change of duty status, to include Temporary Protection Orders (TPO) and Civil Protection Orders (CPO);

- d. Conduct that may subject the Department to significant public criticism;
 - e. Any unusual incident that requires MPD resources to be moved from one (1) district to another;
 - f. Any major crime or incident for which a watch commander determines a preliminary report is necessary.
2. Prior to being relieved from duty, watch commanders shall email all completed PD Forms 901a (Preliminary Report Forms – Misconduct, Duty Status, or Unusual Incidents) directly to the Chief of Police at cop.admin@dc.gov with carbon copies (cc) to the Assistant Chief, Internal Affairs Bureau (IAB), at iab.adminbox@dc.gov, and the involved member's chain of command officials, to include the official's Administrative Captain.
 3. When a PD Form 901-a is completed for a member's revocation, watch commanders shall include a copy of the PD Form 77 (Revocation/Restoration of Police Powers) as an attachment to the report.

B. Use of Force Incidents

1. Watch commanders shall complete a PD Form 901b (Preliminary Report Form – Use of Force Incidents) (Attachment B) for the following specified use of force and reportable incidents:
 - a. Any firearm discharge at an animal;
 - b. Any use of force incident requiring completion of a PD Form 901-e (UFIR) where one or more members using force declines to complete a PD Form 901-e (UFIR) and a Force Investigation Branch (FIB) manager does not authorize a Reverse-Garrity warning;
 - c. Pointing of firearm incidents where one or more members pointing a firearm declines to complete a PD Form 901-g (RIF) and a FIB manager does not authorize a Reverse-Garrity warning.
2. Prior to being relieved from duty, watch commanders shall email all completed PD Forms 901b (Preliminary Report Forms – Use of Force Incidents) directly to the Assistant Chief, IAB, at iab.adminbox@dc.gov with carbon copies (cc) to the involved member's chain of command officials, to include the official's Administrative Captain.

C. Vehicle Pursuits

1. Watch commanders shall complete a PD Form 845 (Vehicular Pursuit Report) for all vehicle pursuits.

2. Prior to being relieved from duty, watch commanders shall email all completed PD Forms 845s (Vehicular Pursuit Report) directly to the Chief of Police at cop.admin@dc.gov with carbon copies (cc) to the Assistant Chief, Internal Affairs Bureau (IAB) at iab.adminbox@dc.gov , and the involved member's chain of command officials, to include the official's Administrative Captain.

D. Watch Commander Reports

Watch commanders shall attach copies of all completed and signed preliminary reports to their PD Form 150 (Tour of Duty Supervisors Report) prior to being relieved from duty.

III. ATTACHMENTS

1. Attachment A: Form PD-901a (Preliminary Report Form – Misconduct, Duty Status, or Unusual Incidents)
2. Attachment B: Form PD-901b (Preliminary Report Form – Use of Force Incidents)
3. Attachment C: Form PD-845 (Vehicular Pursuit Report)



Cathy L. Lanier
Chief of Police

**METROPOLITAN POLICE DEPARTMENT
Washington, DC**



Preliminary Report Form - Misconduct, Duty Status, or Unusual Incidents



Instructions: Watch commanders shall complete this form for any type of incident listed below, and email the form directly to the Chief of Police at cop.admin@dc.gov and IAB at iab.adminbox@dc.gov and all other offices in the routing below, prior to being relieved from duty.

TO: Chief of Police

CC: Assistant Chief of Police
Internal Affairs Bureau

CC: Assistant Chief or Executive Director
Bureau

CC: Commander/Director
District/Unit

CC: Administrative Captain
District/Unit

FROM: Official's Rank/Name Preparing this Report
District/Unit

IS#

Type of Incident - Check all that apply

Arrest of MPD Member

Revocation/Duty Status Change to: **Select**

Major Crime or Incident – **Brief Description**

Serious Misconduct – **Specify Here**

Other: **Specify Here**

Other: **Specify Here**

Incident Date: **Time:** **Location:**

Date MPD Learned of Incident: **Time:** **Receiving MPD Official:**

1. Member(s) Involved in Incident *Not Applicable*

Rank	Last Name	First Name	MI	Badge #	CAD #	Element

See narrative for additional names

2. Complainant/Victim/Operator Information

Name	Address	Phone Number	Sex	Injured?
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

See narrative for additional names

3. Narrative/Synopsis/Allegation(s) *(Describe applicable details of incident, officer's assignment, tour of duty, uniform, if on duty; actions leading up to incident; injuries to any person and how sustained, emergency transport/hospital facts/dates/times; crime scene response, actions taken, and any other relevant details of incident.)*

PD-901a, rev. 07/24/12

4. First Official on the Scene (if applicable) Not Applicable

Rank	Last Name	First Name	MI	Badge #	CAD #	Element	Injured?
							<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Non-Involved Sworn Witnesses Identified

Rank	Last Name	First Name	MI	Badge #	CAD #	Element

See narrative for additional names

6. Witness Canvass Conducted? (Witness canvasses for uninvolved witnesses are required) Not Applicable (if checked, explain why under "No")

Yes – Area(s) Date/Time Conducted: By Whom:
 No – Justify/Explain why not conducted?

7. Non-Involved Civilian Eye-Witnesses Identified

Last Name	First Name	MI	Phone #	Other Phone #	Address

See narrative for additional names

9. Notifications

Name	Position/Title	Unit	Date/Time	By Whom

10. Watch Commander Certification (Watch Commanders shall prepare and transmit this report electronically prior to being relieved from duty.)

Name of Watch Commander Preparing Report		Organizational Element	CAD#	Date
PD77 Executed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Service Weapon(s) Seized? <input type="checkbox"/> Yes – Location of Weapon <input type="checkbox"/> No	Additional Comments:		

**METROPOLITAN POLICE DEPARTMENT
Washington, DC**



Preliminary Report Form – Use of Force Incidents

Instructions: This form shall be completed by the **Watch Commander** when: 1) a chain-of-command level use of force or firearm pointing incident requiring a UFIR/RIF occurs **AND** 2) the member declines to complete a UFIR/RIF **AND** 3) the FIT Official does not authorize the issuance of a Reverse-Garrity warning to the member(s). The form shall also be completed when a member discharges his/her firearm at an animal. The Watch Commander shall submit this report electronically via email to IAB at iab_adminbox@dc.gov, and the appropriate chain of command officials prior to being relieved from duty. Note: Form fields will expand as information is entered.

TO: Assistant Chief of Police
Internal Affairs Bureau

CC: Enter Assistant Chief or Executive Director
Enter Bureau Here

CC: Enter Commander/Director
Enter District Division Here

CC: Enter Administrative Captain
Enter District Division Here

FROM: Enter Official's Rank/Name Preparing this Report
Enter District/Unit Here

IS#

Type of Incident - Check <u>all</u> that apply	
<input type="checkbox"/>	ASP
<input type="checkbox"/>	OC Spray
<input type="checkbox"/>	Firearm Discharge at Animal
<input type="checkbox"/>	Pointing of Firearm
<input type="checkbox"/>	Other: Specify
<input type="checkbox"/>	Other: Specify

Incident Date: **Time:** **Location:**

Date MPD Learned of Incident: **Time:** **Receiving MPD Official:**

1. Members Using Force or Pointing Firearm

Rank	Last Name	First Name	MI	Badge #	CAD #	Element
UFIR? <input type="checkbox"/> Yes <input type="checkbox"/> No	Injured? <input type="checkbox"/> Yes - Type <input type="checkbox"/> No	Revoked? (If so, fax a copy of the PD77 to IAB and OHRM) <input type="checkbox"/> Yes - Duty Status Select <input type="checkbox"/> No				
Rank	Last Name	First Name	MI	Badge #	CAD #	Element
UFIR? <input type="checkbox"/> Yes <input type="checkbox"/> No	Injured? <input type="checkbox"/> Yes - Type <input type="checkbox"/> No	Revoked? (If so, fax a copy of the PD77 to IAB and OHRM) <input type="checkbox"/> Yes - Duty Status Select <input type="checkbox"/> No				
Rank	Last Name	First Name	MI	Badge #	CAD #	Element
UFIR? <input type="checkbox"/> Yes <input type="checkbox"/> No	Injured? <input type="checkbox"/> Yes - Type <input type="checkbox"/> No	Revoked? (If so, fax a copy of the PD77 to IAB and OHRM) <input type="checkbox"/> Yes - Duty Status Select <input type="checkbox"/> No				

See narrative for additional names

2. Subject of Force

Name	Address	DOB	Race	Sex	Injured?
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

See narrative for additional names

3. First Officer on the Scene (whether or not this member used force or pointed firearm)

Rank	Last Name	First Name	MI	Badge #	CAD #	Element	Injured?
							<input type="checkbox"/> Yes <input type="checkbox"/> No

4. First Official on the Scene

Rank	Last Name	First Name	MI	Badge #	CAD #	Element	Injured?
							<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Narrative (Describe officer's assignment, tour of duty, type of uniform, actions leading up to use of force or firearm pointing incident, type of force used, injuries to any person(s) and how sustained, emergency transport/hospital facts/dates/times, crime scene response and names of CSSOs; and any other relevant known details.)

6. Witness Canvass Conducted? (Officials/Members are required to conduct witness canvasses for uninvolved witnesses)

Yes – Area(s) Date/Time Conducted: By Whom:
 No – Justify/Explain why no canvass conducted?

7. Non-Involved Civilian Eye-Witnesses

Last Name	First Name	MI	Phone #	Other Phone #	Address

See narrative for additional names

8. Non-Involved Officer Witnesses Identified

Rank	Last Name	First Name	MI	Badge #	CAD #	Element

See narrative for additional names

9. Statements of Subject of Force, Non-Subject Officers and Non-Involved Witnesses

10. Notifications (FIT shall be notified of all uses of force, regardless of type, within one hour of incident)

Name	Position/Title	Unit	Date/Time	By Whom
	FIT Official	IAB/FIT		
	FIT Investigator	IAB/FIT		

11. On the Scene (Other than officers and witnesses listed above)

Name	Position/Title	Name	Position/Title

12. Documents/Evidence Collected (All relevant and available documents shall be collected, and submitted to IAB.)

Type/Name of Item	Type/Name of Item
1.	4.
2.	5.
3.	6.

See narrative for additional items

13. Watch Commander Certification (Watch Commanders shall prepare and transmit this report electronically prior to being relieved from duty.)

Name of Watch Commander Preparing Report		Organizational Element	CAD#	Date
PD77 Executed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Service Weapon(s) Seized? <input type="checkbox"/> Yes – Location of Weapon <input type="checkbox"/> No	Additional Comments:		

METROPOLITAN POLICE DEPARTMENT VEHICULAR PURSUIT REPORT

Enter Organizational Element

INSTRUCTIONS: Watch commanders shall ensure this form is completed, emailed to iab.adminbox@dc.gov and cop.admin@dc.gov, with a (cc) copy to the involved member's chain of command officials, and the member's Administrative Captain. Watch Commanders shall also attach the completed signed form to the PD150 Watch Commander's Report, prior to being relieved from duty.

I. GENERAL INFORMATION

Date of Report: _____ Time of Report: _____ IS#: _____

II. PURSUIT INFORMATION – Use additional forms for additional names if necessary.

1. Primary Member (Driver) - Last Name			First Name		MI	Rank Select	CAD#
Primary Car #	Headlights Off	# of Passengers?	List Name(s):		Emergency Equipment Not Activated	Vehicle Windows Up	
Date Initiated	Time	Location			Reason		
Date Terminated	Time	Location			Bail Out? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Suspects
2. Secondary Member (Driver) - Last Name			First Name		MI	Rank Select	CAD#
Secondary Car #	Headlights Off	# of Passengers?	List Name(s):		Emergency Equipment Not Activated	Vehicle Windows Up	
3. Assisting Member - Last Name			First Name		MI	Rank Select	CAD#
Other Car #	Headlights Off	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger		# of Passengers	Emergency Equipment Not Activated	Vehicle Windows Up	
4. Assisting Member - Last Name			First Name		MI	Rank Select	CAD#
Other Car #	Headlights Off	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger		# of Passengers	Emergency Equipment Not Activated	Vehicle Windows Up	

III. SAFETY & POLICE ACTION

Resulting Accident? No	MPD Injuries? No Names:	Other Injuries? No Names:	CCN#
Road Conditions? Select:	1. 2.	1. 2.	(Attach copy to this report)
Air Support Requested? No	Air Support Provided? No	If Yes, Name of Air Unit?	
Apprehension? No	Use of Force? No	Type of Force?	

IV. AUTHORIZATION

Dispatcher Notified? No	Authorization? No	Authorized by:	Rank Select
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V. NARRATIVE

VI. ADMINISTRATIVE REVIEW & OFFICIAL CERTIFICATION

1. Did the Field Supervisor conduct an Administrative Review with the involved officers in accordance with **GO-OPS-301.3, Part VI-E-7?** **No**

Review conducted by: _____ If "**No**", explain reason: _____

2. Reporting Official - Last Name	First Name	MI	Rank	CAD#
Select				

Reporting Official's Signature

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