

SUMMARY REPORT OF INVESTIGATION

I. EXECUTIVE SUMMARY

Date of Incident:	September 9, 2018
Time of Incident:	9:50 pm
Location of Incident:	████████████████████ Ave., 2E, Chicago, IL 60647
Date of COPA Notification:	September 10, 2018
Time of COPA Notification:	3:48 am

Officers ██████████ ██████████ and ██████████ (collectively “the Officers”) responded to ██████████ ██████████ to check the well-being of ██████████. Upon arrival, the Officers learned ██████████ was refusing treatment after consuming a large amount of ibuprofen, Klonopin, and alcohol. After several verbal attempts to gain ██████████ cooperation, CFD Ambulance Commander ██████████ informed Officer ██████████ that ██████████ needed immediate treatment at a hospital. AC ██████████ attempted to grab ██████████ who pulled away. Officer ██████████ was able to gain control of ██████████ with a wristlock and remove her from the bed. ██████████ responded by screaming and attempting to escape Officer ██████████ control. Officer ██████████ grabbed ██████████ by both wrists and dragged her, while she was in a seated position, to the front door. Once at the front door, ██████████ continued to refuse assistance and continued resist Officer ██████████ by striking, kicking, and generally flailing her arms and legs. ██████████ was eventually secured in the CFD stair-chair; however, she continued to resist treatment and made several attempts to escape the restraints. ██████████ resistance continued during her transport to the Norwegian American Hospital.

After reviewing Body Worn Camera (BWC) footage of Officer ██████████ use of force, Lieutenant ██████████ believed the force used was excessive, contacted COPA, and completed an Initiation Report. ██████████ never provided a statement to COPA; however, during a phone conversation she explained that she did not believe any of the officer’s actions were improper and that, in her opinion, the officers were doing what was needed to ensure she received treatment.

II. INVOLVED PARTIES

Involved Officer #1:	Officer ██████████ Star # ██████████ / Employee ID# ██████████ Date of Appointment: ██████████, 2003 Unit: ██████████ Date of Birth: ██████████, 1979 Male / Hispanic
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¹ During his statement Officer ██████████ informed COPA that his first name is incorrectly listed in CPD records as ██████████ and that it is actually ██████████. Therefore, Officer ██████████ correct first name will be listed in this report.

Involved Individual #1: [REDACTED]
 Date of Birth: [REDACTED], 1982
 Female / White

III. ALLEGATIONS

Officer	Allegation	Finding / Recommendation
Officer [REDACTED] [REDACTED]	1. Used excessive force when dragging Ms. [REDACTED] in violation of Rule 6.	Exonerated

IV. APPLICABLE RULES AND LAWS

Rules

- 1. Rule 6: Prohibits disobedience of an order or directive, whether written or oral.

General Orders

- 1. G03-02 – Use of Force – effective October 16, 2017.
- 2. G03-02-01 – Force Options – effective October 16, 2017.

Special Orders

- 1. S04-20 – Responding to Incidents Involving Persons in Need of Mental Health Treatment – effective April 25, 2018.

V. INVESTIGATION²

a. Interviews³

In a **statement to COPA⁴** on October 1, 2018, **Ambulance Commander (“AC”)** [REDACTED] stated that she has been a member of the Chicago Fire Department since December 2000. Upon her arrival at [REDACTED] [REDACTED] she observed [REDACTED] on a large bed in a small bedroom that was approximately 10 feet by 12 feet. AC [REDACTED] learned that [REDACTED] had taken 48 tablets of ibuprofen because she wanted to die. AC [REDACTED] made several attempts to convince [REDACTED] to walk to the ambulance, however [REDACTED] refused. Based on [REDACTED] refusal, AC [REDACTED] requested assistance from the Chicago Police Department.

Once the Officers arrived, Officer [REDACTED] attempted to convince [REDACTED] to walk to the ambulance, however [REDACTED] still refused. Officer [REDACTED] requested a Crisis Intervention Team

² COPA conducted a thorough and complete investigation. The following is a summary of the material evidence gathered and relied upon in our analysis.

³ As detailed in the Case Log, [REDACTED] initially stated she would provide a statement; however, never scheduled an appointment. [REDACTED] fiancé, never responded to COPA’s request for a statement.

⁴ Att. 22.

(CIT) officer. Upon hearing his request, AC [REDACTED] informed him that it was “in the best interest – medically – that [REDACTED] needed to go to the hospital” without delay. AC [REDACTED] explained she made this assessment because it had been approximately 45 minutes since [REDACTED] had ingested the medication and that further delay would place her in great medical risk. AC [REDACTED] attempted to grab [REDACTED] to sit her up. [REDACTED] pulled away and Officer [REDACTED] grabbed [REDACTED] wrists, pulled her from the bed, and dragged her, in a seated position, to the front door. Once at the front door, several attempts were made to secure [REDACTED] in the stair-chair; however, [REDACTED] was kicking, punching, pulling, and attempting to get away. Eventually, [REDACTED] was secured in the stair-chair; however, she was arching her back and attempting to escape the restraints. Once [REDACTED] was placed in the ambulance she was still verbally combative and attempting to escape the restraints. [REDACTED] continued her combativeness until the hospital staff appeared to give her an injection.

AC [REDACTED] explained that the interaction with [REDACTED] was “extremely difficult.” Additionally, AC [REDACTED] recounted the she was struck by [REDACTED] but was uninjured. AC [REDACTED] added that, in her opinion, the safest place to interact with [REDACTED] was the hallway just outside the front door, because the bedroom and living room were small and compact.

In a **statement to COPA**⁵ on October 1, 2018, **Fireman Paramedic (“FPM”)** [REDACTED] stated essentially the same information as AC [REDACTED]. Additionally, FPM [REDACTED] was clear the [REDACTED] was verbally and physically combative during the entire encounter and that he was struck by [REDACTED] but was not injured. Further, FPM [REDACTED] explained that, in his opinion, the hallway provided the largest and safest space to restrain and secure [REDACTED] because the bedroom and living room were small, and the living room was cluttered with furniture.

In a **statement to COPA**⁶ on November 29, 2018, **Accused Officer** [REDACTED] stated he and his partner, Officer [REDACTED] were dispatched to assist CFD with an uncooperative mentally ill person. Upon arrival, Officer [REDACTED] was briefed by CFD members that [REDACTED] had consumed pills to kill herself and needed medical treatment. Officer [REDACTED] attempted to convince [REDACTED] to cooperate, however [REDACTED] was clear she did not want to go to the hospital. Officer [REDACTED] requested a CIT Officer; however, AC [REDACTED] informed him that [REDACTED] needed treatment immediately and they could not wait for the CIT Officer. After learning this information, Officer [REDACTED] attempted to convince [REDACTED] to cooperate; however, she still refused. AC [REDACTED] then attempted to grab [REDACTED] but [REDACTED] pulled away and moved towards Officer [REDACTED]. Officer [REDACTED] grabbed [REDACTED] executed a wrist lock and removed her from the bed. Once [REDACTED] was seated on the floor with her back to Officer [REDACTED] he was able to gain control of both of her wrists and pulled her to the front door of the apartment. As Officer [REDACTED] was pulling [REDACTED] she attempted to pull away, and struck, and kicked Officer [REDACTED] and CFD members. Once at the door, [REDACTED] braced herself on the doorframe and was able to free her hands. Once her hands were free, [REDACTED] struck Officer [REDACTED]. Eventually, Officer [REDACTED] was able to handcuff [REDACTED] however, [REDACTED] continued her attempts to kick all parties on scene. Despite [REDACTED] lack of cooperation and combativeness, Officer [REDACTED] and CFD were able to move her to the ambulance. Once inside of the ambulance [REDACTED] remained combative. Officer [REDACTED] rode in the ambulance with [REDACTED] to the hospital while Officer [REDACTED] followed in the CPD vehicle.

⁵ Att. 24.

⁶ Att. 35.

Officer ██████ was clear that he understood that ██████ was in need of immediate medical treatment at a hospital. Additionally, Officer ██████ explained that once he had control of ██████ wrists he did not want to release her because he was concerned she would injure herself or others on scene based on her combative demeanor. Further, Officer ██████ explained that based on his experience, the bedroom and living room area was too small to safely address ██████ resistance. Additionally, Officer ██████ described his removal for ██████ from the bed as a wrist lock and takedown, and his pulling of ██████ as an escort hold. Further, Officer ██████ categorized ██████ as an active resister and assailant and explained that he used less force than authorized under policy and that ██████ did not suffer any injuries. Finally, Officer ██████ was clear that he did request a supervisor to the scene to report the use of force. However, because ██████ needed immediate medical treatment and was still being combative, he left the location to assist CFD with ██████ transport before the supervisor arrived.

In a **statement to COPA**⁷ on December 14, 2018, **Witness Officer ██████** stated essentially the same information as AC ██████ FPM ██████ and Officer ██████

b. Digital Evidence

BWC⁸ footage details the Officers entering ██████ bedroom and encountering AC ██████ who informs them that ██████ is suicidal and needs to be taken to the hospital. The bedroom is small with ██████ lying on a large bed. AC ██████ is standing on one side of the bed and Officer ██████ is on the other, while FPM ██████ Officer ██████ and ██████ stand in the doorway or at the foot of the bed.

As AC ██████ and Officer ██████ speak to ██████ she refuses to voluntarily go to the hospital. Officer ██████ requests a CIT Officer.⁹ Immediately after Officer ██████ requests a CIT Officer, AC ██████ asks to speak with Officer ██████ in the living room. Both AC ██████ and Officer ██████ exit the bedroom and AC ██████ informs Officer ██████ that because ██████ has taken medication that can kill her, they are not able to wait for a CIT Officer to arrive.¹⁰

Officer ██████ and AC ██████ return to the bedroom, ██████ admits to consuming two bottles of ibuprofen and one bottle of Kolonpin to kill herself. Officer ██████ and AC ██████ make several attempts to convince ██████ to voluntarily walk out of the apartment; however, ██████ refuses to move from the bed. After numerous attempts to get ██████ to voluntarily comply with requests to exit the bed, AC ██████ attempts to grab ██████¹¹ ██████ responds by pulling away and moving towards Officer ██████ Officer ██████ grabs ██████ wrists, applies a wrist lock, and escorts ██████ from the bed.¹² ██████ immediately responds by screaming and trying to pull away. Once ██████ is out of the bed, Officer ██████ grabs both of ██████ wrists and pulls her from the bedroom while she is seated on the floor.¹³ ██████ responds by screaming, yelling, flailing her legs, and attempting to

⁷ Att. 37.

⁸ CPD provided three files of In-Car Camera footage, however none of the files depict any interactions with ██████ Att. 21.

⁹ Relevant portion at 02:34 of ██████ – AXON_Body_2_Video_2018-09-09_2153 of Att. 21.

¹⁰ Relevant portions from 02:42 to 03:00 of ██████ – AXON_Body_2_Video_2018-09-09_2153 of Att. 21.

¹¹ Relevant portion at 06:37 of ██████ – AXON_Body_2_Video_2018-09-09_2153 of Att. 21.

¹² Relevant portions from 06:40 to 06:47 of ██████ – AXON_Body_2_Video_2018-09-09_2153 of Att. 21.

¹³ Relevant portions from 06:41 to 06:51 of ██████ – AXON_Body_2_Video_2018-09-09_2153 of Att. 21.

escape Officer ██████ grasp.¹⁴ Once at the front door of the apartment, Officer ██████ and AC ██████ ask ██████ to standup and walk, but she refuses. Officer ██████ pulls ██████ out of the apartment. ██████ responds by pulling away from and striking Officer ██████ while bracing herself against the door and doorframe to return inside the apartment.¹⁵ AC ██████ and Officer ██████ are able to pull ██████ to her feet and again escort her out of the apartment. ██████ continues to use her legs to push on the wall and doors, in an apparent attempt to defeat AC ██████ and Officer ██████ actions.¹⁶

Once in the hallway, ██████ continues to kick and flail her legs, and it takes AC ██████ FPM ██████ and the Officers to control her. As ██████ slightly calms, AC ██████ FPM ██████ and Officer ██████ attempt to place pants on ██████ responds by kicking AC ██████ and hitting FPM ██████ Officer ██████ handcuffs ██████ and escorts her to her feet. ██████ responds to being handcuffed by kicking Officer ██████ AC ██████ and Officer ██████ carry ██████ down one flight of stairs until all three of them fall onto the landing between the first and second floor.

Once on the landing, ██████ continues her attempts to escape control of AC ██████ and Officer ██████ and is still flailing her legs. ██████ is eventually secured in the CFD stair-chair. Once in the chair, ██████ writhes against the restraints while screaming and flailing her legs. ██████ attempts to calm ██████ but has no success and is kicked by ██████ AC ██████ FPM ██████ Officer ██████ eventually carry ██████ down the remaining stairs, all the while ██████ is writhing against the restraints and flailing her legs. After approximately 16 minutes of interaction, ██████ is placed in the ambulance.

Once in the ambulance ██████ continues to scream and verbally attack AC ██████ and Officer ██████ while writhing in the restraints. ██████ actions remain consistent during the entire transport to Norwegian American Hospital.

c. Documentary Evidence¹⁷

Lt. ██████ Initiation Report¹⁸ details that after reviewing BWC footage of Officer ██████ use of force, he believes Officer ██████ used an excessive amount of force and that Officer ██████ actions require additional investigation.

An **Original Case Incident Report**¹⁹ details essentially the same information provided by AC ██████ FPM ██████ and Officers ██████ and ██████ and detailed in the BWC footage. Additionally, the report details that Officer ██████ injured his knee and back during his interaction with ██████

Officer ██████ Tactical Response Report²⁰ (TRR) details ██████ actions as not following verbal direction, pulling away, and attacking with hands, knees/legs, and

¹⁴ Relevant portions from 06:40 to 06: 58 of ██████ – AXON_Body_2_Video_2018-09-09_2531 of Att. 21.

¹⁵ Relevant portions from 07:17 to 07:25 of ██████ – AXON_Body_2_Video_2018-09-09_2153 of Att. 21.

¹⁶ Relevant portions from 07:49 to 07:54 of ██████ – AXON_Body_2_Video_2018-09-09_2153 of Att. 21.

¹⁷ Norwegian American Hospital denied COPA’s request for ██████ medical records. Att. 26.

¹⁸ Att. 3.

¹⁹ Att. 5.

²⁰ Att. 6.

pushes/shoves/pulls. The report details Officer ██████ reason for response as defense of self, defense of a Department member, to overcome resistance or aggression, and to stop self-inflicted harm. The force mitigation efforts Officer ██████ used are detailed as member presence, verbal direction, control techniques, and movement to avoid attack. The force Officer ██████ used was detailed as escort holds, wrists locks, armbars, take downs, and emergency handcuffing.

The TRR also details that Sergeant ██████ who did not respond to the scene because he only learned of the use of force once Officer ██████ had returned to the ██████ District.²¹ Further, in the Lieutenant or Above/Incident Commander Review section, Lt. ██████ details that he did not interview ██████ because she was receiving treatment for a drug overdose. Additionally, Lt. ██████ details that upon reviewing Officer ██████ BWC footage he believed Officer ██████ used excessive force when taking ██████ into custody and that Officer ██████ actions were not in compliance with Department policy. Finally, the TRR details that Lt. ██████ notified COPA and obtained this Log Number.

██████ CFD Medical Records²² detail essentially the same information provided by AC ██████ FPM ██████ the Officers, and detailed in the BWC footage, Original Case Incident Report and TRR. Additionally, the records detail that once in the ambulance ██████ remained combative and was transported to Norwegian American Hospital. Upon arrival at the hospital ██████ remained combative. Finally, the records list ██████ chief complaint as suicidal.

d. Additional Evidence

In a **voicemail message**²³ ██████ stated that there was no police misconduct and that the problem was her actions.

In a **phone call**,²⁴ ██████ stated that she was at fault for the interaction, she was being an “asshole”, and that “the officers were just doing their jobs.” ██████ was clear that she did not believe any officers engaged in any misconduct and did not want the Officers to be disciplined for the interaction. ██████ also confirmed that ██████ had recorded the interaction and that she would call COPA back to schedule an appointment to provide a statement.²⁵

VI. LEGAL STANDARD

For each Allegation COPA must make one of the following findings:

1. Sustained - where it is determined the allegation is supported by a preponderance of the evidence;
2. Not Sustained - where it is determined there is insufficient evidence to prove the allegations by a preponderance of the evidence;

²¹ An Event Query shows that the Officers (Beat ██████ requested a supervisor and Sgt. ██████ (Beat ██████ was dispatched; but, prior to his arrival the Officers informed OEMC that he was accompanying ██████ to the hospital. Att. 8.

²² Att. 19.

²³ Att. 20.

²⁴ This conversation was contemporaneously documented in the Case Log and this Report.

²⁵ ██████ never contacted COPA again.

3. Unfounded - where it is determined by clear and convincing evidence that an allegation is false or not factual; or
4. Exonerated - where it is determined by clear and convincing evidence that the conduct described in the allegation occurred, but it is lawful and proper.

A **preponderance of evidence** can be described as evidence indicating that it is **more likely than not** that the conduct occurred and violated Department policy. *See Avery v. State Farm Mutual Automobile Insurance Co.*, 216 Ill. 2d 100, 191 (2005), (a proposition is proved by a preponderance of the evidence when it has found to be more probably true than not). If the evidence gathered in an investigation establishes that it is more likely that the misconduct occurred, even if by a narrow margin, then the preponderance of the evidence standard is met.

Clear and convincing evidence is a higher standard than a preponderance of the evidence but lower than the "beyond-a-reasonable doubt" standard required to convict a person of a criminal offense. *See e.g., People v. Coan*, 2016 IL App (2d) 151036 (2016). Clear and Convincing can be defined as a "degree of proof, which, considering all the evidence in the case, produces the firm and abiding belief that it is highly probable that the proposition . . . is true." *Id.* at ¶ 28.

VII. ANALYSIS

COPA finds that the allegation made against Officer ██████ to be **exonerated**. Chicago Police Department Special Order S04-20 "Responding to Incidents Involving Persons in Need of Mental Health Treatment" sets forth that any force used by Department members in mental health incidents should be consistent with the Department's Use of Force policy. The "Use of Force" directive²⁶ recognizes the principle that officers should both "seek[] to gain the voluntary compliance of subjects" and "eliminate the need to use force. . . ." ²⁷ General Order G03-02-01 governs when a Department member can use force to overcome resistance. Section (IV)(B)(1), in part, defines a passive resister as "a person who fails to comply (non-movement) with verbal or other direction" and permits a Department member to use holding and compliance techniques – to include wristlocks and escort holds – to gain compliance. Additionally, section (IV)(B)(2), in part, defines an active resister as "a person who attempts to create distance between . . . herself and the member's reach with the intent to avoid physical control" and permits a Department member to use the force described in section (IV)(B)(1) and takedowns to gain compliance. Further, section (IV)(C), in part, defines an assailant as "a subject who is using . . . force against another person or . . . herself which is likely to cause physical injury" and permits a Department member to use the force described in sections (IV)(B)(1), (2) and direct mechanical pressure to gain compliance.

Here, Officer ██████ repeatedly attempted to convince ██████ to voluntarily comply with his directions to accompany the paramedics to the hospital. It was only after continued non-compliance that force was used. COPA determined that ██████ initially presented as a passive resister when she was lying in the bed and refusing to cooperate with verbal directions to walk to the ambulance. As ██████ moved towards Officer ██████ his use of a wristlock to gain compliance from ██████ was permitted under G03-02-01 and was proper. COPA determined that once Officer

²⁶ CPD General Order G03-02 (effective October 16, 2017).

²⁷ G03-02(II)(C).

Appendix A

Assigned Investigative Staff

Squad#:	5
Investigator:	
Supervising Investigator:	
Deputy Chief Administrator:	Andrea Kersten