

COMMUNITY POLICE REVIEW COMMISSION POLICY RECOMMENDATION

JIMENEZ OID
CPRC CASE NO. 13-034 | RPD CASE NO. P13-133894

Rationale:

On June 24, 2015 the Commission began reviewing the Officer-Involved Death case of Mr. Jimenez that occurred on September 13, 2013. The Commission recognized the fact that officers responding that night were dealing with a subject who had already attempted to slash out at his wife with a knife. After careful review of the case, the majority of Commissioners found the involved officers' actions to be within policy.

Although Mr. Jimenez was in possession of a knife as officers interacted with him, they could see he was mentally and medically unstable. Commissioners then began looking at the officers' actions during the approach and contact with Mr. Jimenez. Although no policy violations existed, the Commission feels that for the safety of the officers and others, various aspects could have been handled better and made several recommendations.

Recommendations:

General

- 1) Continue to expand the Department's Mental Health program and if at all possible, that team should be dispatched when appropriate.
- 2) Continue to train all existing and new officers in recognition and proper handling of mentally ill subjects.
- 3) For safety purposes, premise history should be provided on all calls while officers are enroute to the call. This will alert responding officers to the possibility they will be engaging a mentally ill subject and attempt to provide the status of weapons at the location.
- 4) Use all tools available to an officer including a canine. However, if a canine handler cannot calm the dog, it should be removed from the scene.
- 5) Although this should no longer be a concern, but was evident in this case, all officers must be issued, trained to use and carry a Taser.

Specific to Mentally Ill or Suicidal Subjects

- 1) Establish a policy guiding an officer's response to a Mentally Ill or Suicidal Subject. The following should be included in such a policy:
 - a) If call dispatchers or first responding officers believe they are dealing with a mentally ill or suicidal subject, immediately dispatch the County Mental Health Team.

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- b) If the County Mental Health Team is not available, dispatch an officer who has been specifically trained in recognition and handling of a mentally ill or suicidal subject.
- c) Immediately dispatch two supervisors to all calls involving a mentally ill or suicidal subject. One supervisor should assess and manage the scene and the other should manage the tactical deployment of resources and implementation of an operational plan while maintaining communication with the on scene or first supervisor.
- d) Upon arrival and when safe to do so, all family and bystanders should be removed from the premises.
- e) When approaching a mentally ill or suicidal subject, and if safe to do so, officers should slow their approach. They should resist the temptation to move in too quickly. They should attempt to calm the scene using compassion and active listening.
- f) Officers should keep a safe distance from the subject to avoid limiting their options of interaction and safe apprehension.
- g) Officers should have less-lethal weapons available. If deployment becomes necessary, officers should maintain a safe distance from the subject to keep the weapon in its less-lethal status. The distance is negated if the officer or citizen is threatened and lethal use is required.

Respectfully submitted,

Robin Jackson, Chair
Community Police Review Commission

Date